

REQUEST FOR PROPOSAL

R2HC: Health in Food Insecure Contexts Rapid Literature Review

06.12.2022

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BACKGROUND

Overview

We are [Elrha](#). A global charity that finds solutions to complex humanitarian problems through research and innovation. We are an established actor in the humanitarian community, working in partnership with humanitarian organisations, researchers, innovators, and the private sector to tackle some of the most difficult challenges facing people all over the world.

We equip humanitarian responders with knowledge of what works, so that people affected by crises get the right help when they need it most. We have supported more than 200 world-class research studies and innovation projects, championing

new ideas and different approaches to evidence what works in humanitarian response.

Our Programmes

Elrha has two major humanitarian programmes; Research for Health in Humanitarian Crises (R2HC) and the Humanitarian Innovation Fund (HIF).

R2HC:

The R2HC programme aims to improve health outcomes for people affected by humanitarian crises by strengthening the evidence base for public health interventions.

This globally recognised research programme focuses on maximising the potential for public health research to bring about positive change in humanitarian response and helps inform decision making in humanitarian response. Since it was established in 2013, it has funded more than 100 research studies across a range of public health fields, bringing together researchers and humanitarian practitioners to undertake vital research.

The HIF:

The HIF programme improves outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective, scalable solutions.

The HIF is a globally recognised programme leading on the development and testing of innovation in the humanitarian system. Established in 2011, it was the first of its kind: an independent, grant-making programme open to the entire humanitarian community. It now leads the way in funding, supporting, and managing innovation at every stage of the process.

The HIF's portfolio of funded projects has informed a more detailed understanding of what successful innovation looks like, and what it can achieve for the humanitarian community. This work is leading the global conversation on innovation in humanitarian response.

RfP Background

Food Insecurity Crisis

According to the Global Report on Food Crises: 2022 is "the fourth consecutive year of rising levels of acute food insecurity," with up to 205.1 million people in 45 countries in crisis or worse (IPC/CH phase 3+) levels of food insecurity. Per the UNICEF/WHO/World Bank 2020 estimates, 6.7% (45.4 million) children are affected by wasting and 22.0% or 149.2 million children are affected by stunting globally. WFP reports that over 9 million people die from hunger every year, that is 24,000 per day. The drivers of food insecurity crises include acute and protracted conflict,

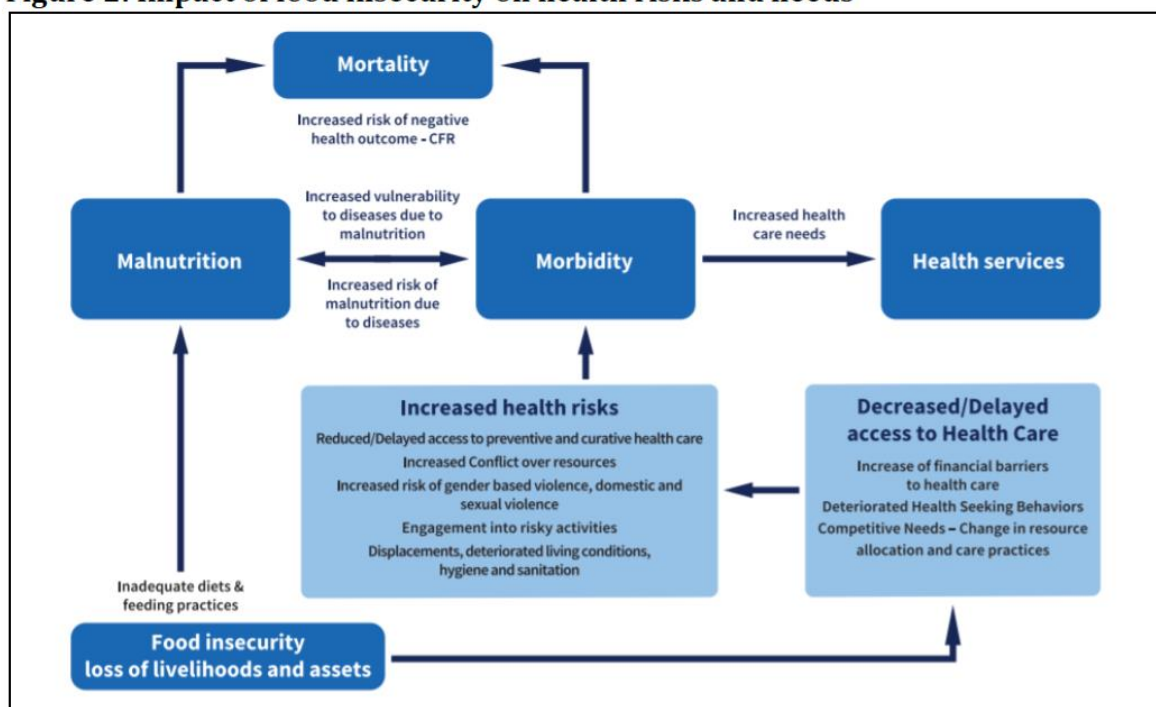
economic shocks (including ongoing impacts of the Covid-19 pandemic and the conflict in Ukraine) and the increasing effects of climate change.

Food insecurity represents a significant driver of malnutrition, with the latest projections suggesting a dramatic increase in the prevalence of undernutrition worldwide (Figure 2). As of 2021, global projections suggest that none of the key nutrition targets will be met by 2030.

The impacts of the Covid-19 pandemic, including the constraints from reduced services and inadequate diets, on child undernutrition are still yet to be fully realised. In 2021 a report by UNICEF/WHO/World Bank Group estimated that the pandemic could have resulted in a 15% increase in children affected by wasting due to reductions in household finances and disruptions in food and nutrition services.

The below table (from a not-yet-published WHO strategic framework) demonstrates how food insecurity could lead to increased needs for health services, increased health risks, decreased/delayed access to health care and related increases in morbidity and mortality.

Figure 2: Impact of food insecurity on health risks and needs



Gap in Knowledge

WHO staff and colleagues from health partner agencies in 7 priority countries (Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan, Uganda) in the Horn of Africa region, have identified that health needs and programming associated with the current food security crisis are not being sufficiently addressed, resulting in a skewed response that focuses primarily on food and nutrition. They have identified a need for collated evidence (conducted through a literature review) on the

importance of the relationship between food insecurity/malnutrition and the risks of ill health and contracting or developing disease, and how this may contribute to increased morbidity and mortality.

Intended Pathway to Impact

The results from this evidence review will be used by WHO Focal Points (FPs) and other health actors to directly influence the health component of the food insecurity crisis in the 7 priority countries. Key activities that will contribute to the pathway to impact include:

- The next iterations of Strategic Response Plans at country level.
- Presentation of the outcomes of the systematic review at donor round tables for the Horn of Africa region (both those convened by OCHA and specially convened tables) to advocate for additional and multi-sectoral funding for Food Insecurity that includes Health
- Sharing of results at the monthly regional Food Security Network Working Group meeting attended by all the major humanitarian actors, thus contributing to a holistic and coordinated multi-sectoral response
- Including the results of the review in the WHO strategic framework for health in Food Insecure contexts.
- Including a Fact Sheet on the WHO website in the section on Food Insecurity and Health.

Clarifying the relationship between food insecurity, disease and ill health will also highlight the important role – and added value – health and health services can play in preventing and responding to food and nutrition crises and famine emergencies, and how this is a crucial element in preventing, reducing and reversing the linkages between poor nutrition, disease and death before, during and after of severe food shortages.

This work will contribute towards building a stronger role for the health sector within the framework of the response to food crises. WHO, as the leading actor in the coordination of health, will work to ensure that the research findings are available and of benefit to all health partners including MoH, international and local NGOs, as well as community-based health organisations.

The safeguarding level of this engagement is: 0.

PURPOSE, OBJECTIVE(S) & KEY ACTIVITIES

PURPOSE

R2HC seeks to commission a rapid scoping review of evidence to enable health actors in food insecure areas to effectively advocate for investment in health programming, inclusion of health in multi-sectoral packages, and to push health

actors to consider their role in mitigating the consequences of food insecurity crises.

OBJECTIVE:

The literature review will seek to answer the following questions:

- What scientific evidence exists around the relationship between malnutrition or food insecurity and being susceptible to contracting and/or developing relevant diseases (including those linked to animal-human interactions), the impacts on maternal and child health risks, increases in violence (including GBV), and to what extent does this result in increased morbidity/mortality?

KEY ACTIVITIES

The key activities envisaged to complete this work are as follows:

- Consult with key health stakeholders active in the food insecurity crisis response (including WHO, MSF, UNFPA, UNICEF, Concern Worldwide, ALIMA and others) to define the boundaries of this literature review to ensure that the work and recommendations are contextually appropriate (4 person-days)
- Write a protocol for a scoping review to identify relevant grey and academic literature, and propose an analysis framework for the synthesis (3 person-days)
- Conduct the scoping review and narrative synthesis and write a report of no more than 10 pages. (10 person-days)
- Gather feedback on the report from key actors involved in consultations and from R2HC and integrate feedback (2 person-days)
- Finalise the report and create a 2-page document that will be used for advocacy purposes & a set of accessible slides for sharing with stakeholders. (2 person-days)
- Draft a paper for publication in an academic journal with the results of the scoping review (5 person-days)

*Please note that the number of days proposed above are indicative based on our previous experience, if more days are needed please justify in the applicant proposal.

DELIVERABLES REQUIRED

Expected deliverables for this piece of work are:

- A final report of no more than 10 pages with a 2-page executive summary.
- A 2-page advocacy document tailored to the 7 priority countries – R2HC will provide the graphic design support and commission any needed infographics.
- A slide deck with well-described methods, findings and recommendations.
- A published academic paper – R2HC will cover any article processing charges, these do not need to be included in the budget.

TIMELINE

ACTIVITY	TIMELINE
Stakeholder meetings/engagement to define scope of literature review	Completed by Jan 31 st
Scoping review protocol	Completed by Feb 10 th
Literature searches	Completed by Feb 17 th
Analysis of papers and narrative synthesis drafted and shared	Completed by Feb 28 th
Draft report feedback integrated	Completed by Mar 14 th
2 page advocacy document & slide-deck prepared and shared	Completed by Mar 18 th
Draft manuscript for submission to peer reviewed journal	Dec 2023

WAYS OF WORKING

The selected provider will report to Gillian McKay, Senior Humanitarian Health Research Advisor and Anne Harmer, Head of the R2HC programme.

We anticipate having check in calls every other week to monitor progress and provide guidance, and additional calls may be scheduled as needed.

QUALIFICATIONS AND EXPERIENCE REQUIRED

The selected provider(s) is/are expected to have the following essential and desirable qualifications:

Essential

- A Doctoral degree in public health, epidemiology, library science (focus on health) or similar
- At least 5 years experience in conducting scoping reviews on health topics
- Experience in extracting lessons learned from literature to develop recommendations
- Excellent writing skills with a proven record of publication
- Experience translating research findings into easily digestible formats (eg. advocacy documents, slide-decks)

Desirable

- 3 years experience in the international development or humanitarian response space, with a focus on health and/or nutrition/food insecurity

AVAILABLE BUDGET AND EXPECTED STRUCTURE OF FINANCIAL OFFER

We anticipate proposals with budgets of approximately £16,000, excluding applicable UK VAT but including any taxes that overseas suppliers may be liable for outside the UK.

*R2HC are proposing this budget based on our previous experience with procurements, but will consider applications with slightly higher budgets if the need for additional funds is well justified in the proposal.

Please indicate if you/your company is VAT registered and where.

The budget submitted to us should be broken down by activity and with any allocations for individual team members shown clearly. We do not anticipate that the selected provider will undertake any travel for this work.

Please note that payment is in arrears and linked to satisfactory completion of specific tasks (e.g. the delivery of reports) by the deadlines specified in Section 4 above (Timeline).

PROPOSAL REQUIREMENTS

Proposals should be in English and should include:

- a concise summary of team and demonstration of suitability and relevant experience as per the above (maximum three pages);
- your proposed approach to achieve the required deliverables and overall aim;
- your proposed budget broken down by activity and including allocations for individual team members.
- CVs of team members.

You may wish to include (attached as links or appendices):

- examples of relevant work and materials produced (eg. published systematic reviews, examples of advocacy briefs)
- references or testimonies from previous partners or clients.

We are looking for proposals to demonstrate a concise and clear communication style. Proposals can be submitted as word documents or pdfs.

PROPOSAL SUBMISSION

The application deadline is **12:00pm GMT on 04/01/23**. We will not be able to consider incomplete applications or applications submitted after the deadline.

We would welcome applications from both individual consultants and small teams, where each member of the team has a clearly defined role related to their specific areas of expertise and there is a lead point of contact for Elrha.

Applications must include the documentation as specified in the Proposal Requirements section above.

Submit proposal FAO Gillian McKay, to r2hc@elrha.org

PROPOSAL EVALUATION

The quality of each technical offer will be evaluated in accordance with the award criteria and the weighting detailed in the evaluation grid below. The award criteria will be examined in accordance with the requirements indicated in these terms of reference.

Upon completion of the technical evaluation, the financial offers will be evaluated. Financial offers exceeding the maximum budget available for the contract are unacceptable and will be eliminated. The best price-quality ratio is established by weighing technical quality against price on a 70/30 basis.

Evaluation Criteria	Maximum score
Approach methodology (coherence with purpose, objective(s), key activities & expected deliverables)	30
Timeline	15
Qualifications & Experience of key staff	25
Financial offer	30
Overall total score	100

DUE DILIGENCE CHECKS AND CONTRACTING

We must ensure any potential supplier is evaluated for compliance to relevant statutory and quality requirements, and that appropriate due diligence checks are carried out, proportionate to the nature and value of the contract.

Due Diligence is our process of reviewing your organisation's finances, governance structure and business activities (including vetting key team members and/or board members, as applicable). We carry out this process on all our suppliers before we can enter into an agreement.

Please provide the following information:

1 Basic Details of Your Organisation			
1.1	Name of the organisation submitting the tender/proposal:		
1.2	Address: Post Code:		
1.3	Telephone number:		
1.4	E-mail address:		
1.5	Website:		
1.6	Company Registration number: Company DnB number:		
1.7	VAT Registration number:		
1.8	Is your organisation: (Please tick one)	i) a public limited company?	
		ii) a limited company?	
		iii) a partnership	
		iv) a sole trader	
		v) other (please specify)	
1.9	Name of (ultimate) parent company (if this applies):		
1.10	Companies House Registration number of parent company (if this applies):		
1.11	Insurance type:	Do you have this cover?	Value insured up to:
	Public liability	Y/N	
	Employer's liability	Y/N	
	Professional indemnity	Y/N	
1.12	Please declare any personal connections between you/your staff and staff or trustees of Elrha that may pose a conflict of interest.		
1.13	Please declare any contracts or connections with organisations at potential conflict of interest with Elrha.		

1.14	Please declare any legal actions against you which are pending or underway.
1.15	Please advise whether you have any financial links with the tobacco, pornography, arms or carbon intensive fossil fuels (thermal coal, oil shale and tar sands) industries.
1.16	Any suppliers not registered in the UK (and UK suppliers that travel overseas in the delivery of services under contract with Elrha) will be subject to an anti-terrorism check. Do you accept this?
1.17	Please provide details of three reference clients for which you have provided services similar to our requirements. References will only be taken up for the successful bidder.

At the conclusion of the evaluation process and subject to the provisions contained in these ToR, Elrha will decide to which supplier the contract will be awarded and the successful provider will be expected to enter into a formal agreement. The formal contract agreement will be in a form prepared by Elrha. You may request a copy to contracts@elrha.org. If you have any questions about this, please include them in your submission.

CONFIDENTIALITY

Documentation in relation to this Request for Proposal and any proposals received by Elrha in response to it shall be treated as private and confidential save where the disclosure is required by law.

Provider shall not:

Release any information relating to the Request for Proposal and the proposal that they intend to make; other than with professional advisers who need to be consulted with regards to the preparation of the proposal;

Canvass directly or indirectly with any other bidder concerning the award of the contract or directly or indirectly obtain, or attempt to obtain information;

Canvass directly or indirectly with a member of Elrha or their trustees concerning the award of the contract or directly or indirectly obtain or attempt to obtain information from said individuals.

If a Provider does not observe points a), b) and c) above, Elrha will reject their proposal and may decide not to invite the agency to bid for future business opportunities.

Thank you.