REQUEST FOR INFORMATION

Subject:	**Request for Information (RFI) No. RFI-520-15-000005**
Project Name:	**Citizens for Healthy Communities Project (CHCP)**
Date of issuance:	**February 6, 2015**
Response due:	**Thursday, March 5, 2015 at 5 p.m., Guatemala time**
To e-mail:	**guatemalaproposals@usaid.gov**

This is a Request for Information. This is not a Request for Proposals (RFP) or Request for Applications (RFA) and is not to be construed as a commitment by the U.S. Government to issue any solicitation or ultimately award a contract/cooperative agreement on the basis of this RFI, or to pay for any information submitted as a result of this request. If a solicitation is released it will be synopsized in either www.fbo.gov or www.grants.gov. It is the potential offeror's/applicant's responsibility to monitor these sites for the release of any solicitation or synopsis. Please note that responding to this RFI will not give any advantage to any firm or organization in the subsequent competition. Responses will be held confidential. Proprietary information should not be sent. Responses may be considered in preparation of a future solicitation.

This Request for Information (RFI) offers the opportunity for interested individuals and organizations to provide recommendations on approaches for the implementation of the Citizens for Healthy Communities Project (CHCP). This RFI is open for comments from any interested U.S. and Non-U.S. organizations.

Responses should be sent using the Response Form included as the Attachment No.2 to this RFI. This RFI will be open from the date of release through March 5, 2015 at 5:00 PM (Guatemala time). Please send all responses to this RFI via email to **guatemalaproposals@usaid.gov.** You will receive an electronic confirmation acknowledging receipt of your response, but will not receive individualized feedback. Please do not submit applications/proposals or resumes at this time, as they will be discarded. Responses should not exceed five (5) pages.

Questions regarding this announcement must be submitted in writing by e-mail to guatemalaproposals@usaid.gov. Verbal questions will NOT be accepted.

Disclaimer: USAID may use any information provided as part of your submission without incurring any obligation. Issuance of this notice does not constitute an award commitment on the part of the Government, nor does it commit the government to pay for any costs incurred in the preparation of comments. Also, USAID/Guatemala reserves the right to or not to incorporate any and all comments into a future solicitation, funding opportunity or ultimately an award.

Thank you for your assistance and interest in USAID/Guatemala projects.

/S/
Dion L. Glisan
Contracting Officer

Attachments:

1. Concept Paper
2. Response Form

CONCEPT PAPER

Title:	Citizens for Healthy Communities Project (CHCP)
Purpose:	Empower citizens of the Western Highlands to improve the health of their communities and engage new partners for more sustainable community development in the region
Period of Performance:	5 years
Amount:	$35 million - $40 million
Required Leverage:	1:1
Proposed Implementing Mechanism:	Cooperative Agreement through the Global Development Alliance (GDA) Annual Program Statement (APS)

I. Introduction

The Citizens for Healthy Communities Project (CHCP) will empower citizens of Guatemala's Western Highlands (hereafter – Western Highlands) to sustainably improve the health and quality of life in their own communities. Using a community-based development approach that intentionally engages historically marginalized groups (indigenous, poor, women, youth, and others) in the design and implementation of community development, CHCP will also improve citizen participation and empowerment.

Additionally CHCP will engage new resource partners (particularly private sector and for-profit entities in Guatemala) to foster more sustainable community development in the Western Highlands.

II. Problem Statement

Social, cultural and historical divides between ethnic, economic, and geographic groups in Guatemala disenfranchise indigenous Mayan populations in the Western Highlands. Limited public resources allocated to this low-priority region lead to insufficient social services and infrastructure. Poor economic and educational opportunities exacerbate and reinforce cycles of poverty and chronic malnutrition.

While the resources to tackle these entrenched development issues exist in the middle-income country of Guatemala, social inequalities perpetuate a disengagement of the economically successful private sector and middle class population. A limited citizen voice from disenfranchised populations does not draw sufficient attention to these development issues or improve government accountability.

III. Approach

CHCP will use a community-based development (CBD) approach in the Western Highlands. This approach has been utilized by USAID, World Bank, the Inter-American Development Bank, and many other donors worldwide.[1] One way to frame the goal is in terms of "healthy communities." For example, the Healthy

[1] See for example: http://siteresources.worldbank.org/INTECAREGTOPCOMDRIDEV/Resources/DECstudy.pdf, http://siteresources.worldbank.org/INTRES/Resources/469232-1321568702932/8273725-1352313091329/PRR_Localizing_Development_full.pdf

Municipalities and Communities (HMC) Strategy of the Pan-American Health Organization (PAHO) defines health as quality of life, and supports a broad range of activities – from expanding access to clean water and quality education to creating public spaces for civil society engagement – that address the underlying determinants of community well-being. The CBD methodology actively engages beneficiaries in the full cycle of design, management, and evaluation of development activities. CBD is based on the concepts of:

- Inclusive participation of all community groups (including women, indigenous, youth, those who work in informal economies and other traditionally marginalized groups)
- Bargaining and decision making processes that identify the highest development priorities for the full community, including traditionally marginalized groups
- Community commitment, engagement, and accountability to ensure sustainability and a community ownership
- Technical assistance and facilitation from higher levels to guide processes and provide communities with the costs and benefits of various development activities

The CBD methodology will improve community participation and ownership, sustainability, and overall impact of CHCP while reducing implementation costs to USAID.

IV. Theory of Change

If communities in the Western Highlands are given the opportunity to identify and prioritize their own community development needs through a rigorous CBD methodology, communities will choose to address issues that lead to improved health and quality of life for their community members.

If communities are then provided with technical assistance/resources that complement local commitments to execute "Healthy Community Plans," empowerment will take place. In turn, prioritized development problems, sustainable improvements in health and quality of life as well as citizen participation will occur.

If USAID successfully engages the private sector in development in the Western Highlands, then the resources leveraged to reduce poverty and chronic malnutrition in the region will increase.

V. Geographic Focus

CHCP will work in at least 200 communities in the 30 target municipalities in the Western Highlands. The implementing partner will propose the criteria for community selection based on a balance of factors that capture both need for community development and opportunity for impact. USAID also expects the implementing partner to strike a balance between 1) expanding current USAID reach in the Western Highlands by working in communities that do not have strong USAID presence 2) and building upon existing experience and Western Highlands Integrated Program (WHIP)[2] coordination to efficiently move CHCP implementation forward. Geographic selections will be comprehensively justified by the implementing partner based on the above criteria. CHCP will also engage private sector entities in the Western Highlands and Guatemala City.

[2] The Western Highlands Integrated Program (WHIP) aims to reduce chronic malnutrition and poverty through improved integration of USAID implementing mechanisms. USAID/Guatemala values a variety of integration approaches and works closely with implementing partners to identify opportunities for integration that increase the impact of WHIP.

VI. Linkage to the Country Development Cooperation Strategy (CDCS)

USAID/Guatemala's CDCS was approved on March 16, 2012. The CDCS includes three Development Objectives (DOs). All DOs fall within the overall goal of: A more secure Guatemala that fosters greater socio-economic development in the Western Highlands and sustainability manages its natural resources.

CHCP will contribute to the achievement of DO2: Improved levels of economic growth and community development in the Western Highlands through each of the following intermediate results/PADs:

1. Broad based economic growth and food security improved
2. Access to and use of sustainable quality health care and nutrition services expanded
3. Education quality and access improved

Objective 1: Quality of life improved in 200 Communities in the Western Highlands through the Implementation of Healthy Community Plans

- Priority community development challenges identified using a rigorous CBD approach
- Key actions needed to address each community development challenge articulated
- Anticipated cost of addressing each community development challenge developed
- Key actions, costs, community inputs, and long-term sustainability plans developed into a CHCP community workplan called a Healthy Community Plan
- Community inputs (both in-kind and cash) mobilized to implement Healthy Community Plans
- Health Community Plans Implemented

Illustrative Indicators:

- Healthy Community Plans Developed in 200 Communities
- Healthy Community Plans Implemented in 200 Communities

Objective 2: Citizens in 200 Communities in the Western Highlands Empowered through Participation in the Development and Implementation of Healthy Community Plans

Illustrative Activities:

- Community members engaged in the prioritization of community development challenges through activities that reach all stakeholders including marginalized groups
- Cost-benefit analyses of each development challenge presented to all community members through multiple methods
- Bargaining processes between community members to select community priorities facilitated to reduce existing power dynamics and give voice to marginalized groups
- CBD process continuously monitored to ensure full engagement of all community stakeholders

Illustrative Indicators:

- Amount of GDA/APS match resources derived from within participating municipalities
- Percent of overall community participation in the development and implementation of the Healthy Community Plans
- Level of engagement of marginalized groups in the development and implementation of the Healthy Community Plans

Objective 3: Long-term sustainability of community development in the Western Highlands improved by increasing private sector engagement and resources

Illustrative Activities:

- Situational analysis of business opportunities in the Western Highlands completed and shared with potential new resource partners (private sector and for profit entities) in Guatemala
- New resource partners sensitized to the development challenges of the Western Highlands
- Win-win opportunities for new resource partners to contribute to the implementation of Healthy Community Plans identified and disseminated
- Community Development Fund (CDF) to co-finance the implementation of Healthy Community Plans established with Guatemalan financial institution with coverage in the Western Highlands
- Funding of Healthy Community Plan activities executed through implementing partner parallel funding mechanisms or via local systems such as municipalities or *mancomunidades* as appropriate
- Businesses based in the Western Highlands engaged in the execution of Healthy Community Plans in exchange for advertising or other win-win arrangement

Illustrative Indicators:

- CDF established
- Amount of GDA/APS match resources derived from private sector entities not currently engaged in community development in the Western Highlands
- Amount of GDA/APS match resources derived from for-profit entities

VII. Funding of Community Development Plans

Resources to develop and implement Healthy Community Plans will come from several sources. USAID will provide parallel funding through the implementing partner during the early phases of CHCP. After the development of the CDF, USAID will provide matching seed funds for private sector contributions to the Fund. Private sector entities will have the option to contribute to the Fund or make direct grants to community development activities. The Government of Guatemala (GOG) will provide financial support at the municipal level through cash and in-kind contributions to the development and implementation of Healthy Community Plans. At later phases of the mechanism USAID may pursue Government to Government (G2G) funding through municipalities or *mancommunidades* in conjunction with the Mission-wide Public Financial Management Risk Assessment Framework (PFMRAF) process. CHCP will work to ensure that community contributions, municipal resources, and national government funding work hand-in-hand with USAID financial support for the implementation of Healthy Community Plans. USAID aspires to engage these partners in a way that their funding streams can precede USAID contributions.

VIII. Illustrative Technical Staff

USAID anticipates the following illustrative technical staff for CHCP:

Project Management	COP to provide overall leadership and direction DCOP to lead Healthy Community Plan development and implementation DCOP to lead Private Sector Engagement

Community Based Development	CBD specialists to oversee community selection and CBD process CBD field staff to guide plan development and implementation
Private Sector Engagement	Western Highlands private sector specialists to generate local match National-level private sector specialists to generate national-level match
Financial and Legal Management	Financial and legal specialists to establish the CDF mechanism, management structure, and by-laws

IX. Sustainability

This project fundamentally seeks to increase the sustainability of WHIP by increasing citizen voice and accountability through Healthy Community Plans. The implementer should work through and strengthen local systems and institutions, including community and municipal development councils, women's and indigenous groups, municipalities and *mancomunidades*, and civil society organizations, so that they continue to define priorities and take financial and organizational responsibility for sustaining development plans and implementation beyond the life of the project.

Partnerships and co-financing of activities by communities, the private sector, and other stakeholders, including via the Community Development Fund, will provide additional resources to sustain community development efforts over the long term. The CDF established under this project is expected to stay in operation beyond the life of the CHCP implementing mechanism.

X. Gender

USAID is committed to the advancement of gender equality and the pursuit of gender as a key development issue, and USAID/Guatemala seeks to ensure that appropriate gender considerations are incorporated into all aspects of its portfolio. Due to the CBD methodology proposed for CHCP, the implementing partner will execute a rigorous gender strategy to ensure that women and men are equitably included in the full implementation process of CHCP and that project outcomes successfully reach women and other marginalized groups. All monitoring and evaluation activities will include sex disaggregated indicators to measure project results for women and men.

XI. Monitoring and Evaluation

A comprehensive process evaluation that includes both qualitative and quantitative data collection at the baseline, midterm, and endline of the CHCP project will answer the following evaluation questions:

1. Did participant communities experience measurable changes in key indicators that reflect the desired outcome (improved quality of life) of each Healthy Community Plan?
2. Did the CHCP successfully execute a CBD approach that encouraged the participation of all community members (including women, indigenous, youth, those who work in informal economies and other traditionally marginalized groups)?

3. Did CHCP increase the sense of empowerment, community engagement, and confidence in local government among the traditionally marginalized groups listed above?

Random, representative sampling of households for quantitative surveys of key output and outcome indicators conducted at the baseline and endline will provide the data to answer evaluation question one. The baseline will be conducted after communities have identified the objectives of the Healthy Community Plans in order to properly select the key indicators to measure over time.

Qualitative data collection (interviews with leaders and marginalized group representatives as well as focus groups with CHCP community participants and non-participants) will provide the data to answer evaluation questions two and three. Qualitative data collection will take place at the baseline, midterm, and endline to serve as critical monitoring of the implementation of the CBD methodology. Additional yearly monitoring will ensure that high standards for both CBD processes and outcomes are met.

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FROM THE AMERICAN PEOPLE

RESPONSE FORM

RFI No. RFI-520-15-000005 – Citizens for Healthy Communities Project

I. GENERAL INFORMATION	
Name of the Organization:	
Contact Person (name, position title, telephone number and email):	

II. QUESTIONS

1. Do you consider it possible for one organization or consortium of organizations to fulfill all the requirements of this project? Please explain your response.
2. How realistic do you consider the requested leverage for this project? Who do you perceive as the main partners?
3. Please share your experience successfully providing direct assistance to mancomunidades and municipalities for this type of activities. For this specific project, would you recommend to work directly with mancomunidades or municipalities? Please explain your recommendation.
4. One of the illustrative activities under Objective 3 is the establishment of the Community Development Fund (CDF), which will pool funding from the private sector, the Government of Guatemala (GOG), other donors and USAID to fund the implementation of the Healthy Community Plans and other activities prioritized by the communities.
    a. As a potential implementer, what factors should be considered when establishing the CDF and integrating it into the overall project?
    b. What governing structure or review body should the CDF have to ensure proper technical expertise and oversight when approving funding of the Healthy Community Plans and other community priorities?
    c. What are the advantages and disadvantages of having a separate implementer for the establishment and management of the CDF?
5. How appropriate do you consider the mechanism that USAID is proposing for the implementation of this project? If you do not consider this mechanism appropriate, please provide your rationale and recommendation.