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Issuance Date: **January 27, 2023**
Closing Date: **February 23, 2023**
Subject: **Integrated Social and Behavior Change**
Reference: **Request For Information (RFI) 72052123R00004**

The United States Government, represented by the U.S. Agency for International Development (USAID) Mission in Haiti, is seeking input from interested organizations and individuals who may provide comments, opinions and recommendations in response to the proposed project approach and questions outlined in this Request for Information (RFI) announcement.

This RFI is issued solely for information and planning purposes and does not constitute a Notice of Funding Opportunity (NOFO) or Request for Applications (RFA), or a promise to issue a NOFO or RFA or an indication that USAID/Haiti will make an award from this RFI in the future. Responses to this RFI are not offers/applications and cannot be accepted by the Government to form a binding agreement; only the information requested in this RFI will be reviewed. Further, the Government is not seeking proposals and will not accept unsolicited proposals. Responses to this RFI will not be returned and respondents will not be notified of the result of the review. Phone calls or hard copy responses will not be accepted. Respondents are advised that the Government will not be responsible for any costs incurred in response to this RFI. Respondents are solely responsible for all expenses associated with responding to this RFI.

Not responding to this RFI does not preclude participation in any future RFA, if any is issued. If a solicitation is released, it will be posted at www.grants.gov. It is the responsibility of the potential offerors to monitor this site for additional information pertaining to this requirement. Please note that responding to this RFI will not give any advantage to or preclude any organization from responding to any potential solicitation, NOFO, or RFA that may be subsequently issued.

Submission is strictly voluntary. USAID will not provide debrief, feedback or responses to questions submitted in response to this RFI and no proposals or resumes will be accepted or considered. The RFI and information received will become the property of USAID and can be made public. Therefore, information that cannot be shared should not be submitted.

Thank you for your assistance and interest in USAID/Haiti programming.

Sincerely,

Edel Perez

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Date: 2023.01.31 15:29:35 -05'00'

Edel Perez-Campos
Contracting Officer/Agreement Officer

SECTION I - SUBMISSION INSTRUCTIONS

The purpose of this RFI is to solicit comments/suggestions in order to consider approaches that may be incorporated into a NOFO or RFA, should USAID decide to issue one, to address behavior change in the health sector. USAID is therefore providing industry the opportunity to review and comment on this draft Program Description (PD).

Respondents may provide responses to any or all of the below (2 pages maximum):

1) Please describe any specific challenges in the health SBC sector that should be taken into consideration in the PD.
2) USAID would like to hear from respondents about the suitability of the goal level objectives and approaches outlined in the PD, as well as any additional approaches or areas of health that would contribute to achieving the goal and result level objectives described in the PD?
3) Please describe what role the private sector can play in social and behavior change programming.
4) Please briefly describe any lessons learned from previous implementation of SBC interventions in Haiti that should be taken into consideration in the PD.

All responses must be submitted electronically to the email address point of contact identified below, by the date and time stated in the cover letter.

No other documents or information are requested at this time. USAID asks respondents to not send any additional information other than what is requested above and to kindly adhere to the page limits mentioned.

Please do not submit information related to corporate or organizational capacity, applications, proposals, resumes, or promotional material, as they will be discarded.

Send all responses to the RFI via email to usaidhaitioaa@usaid.gov, sricot@usaid.gov. Please reference the email with the subject title "Response to Social and Behavior Change RFI." You will receive electronic confirmation acknowledging receipt of your response, but will not receive feedback. Questions related to this RFI will not be answered. After USAID reviews and considers any responses, a decision will be made regarding whether or how to proceed with the new activity.

[End of Section I]

SECTION II: DRAFT PROGRAM DESCRIPTION

Activity Description
Health Service Delivery – Integrated Social and Behavior Change

I. ACTIVITY GOAL

The goal of the *Health Service Delivery – Integrated Social and Behavior Change Activity* (the "Activity") is to increase the adoption of targeted positive health behaviors and practices in multiple, intersecting areas of public health. This includes sectors such as family planning; maternal and newborn health; child and adolescent health; nutrition; water, sanitation and hygiene. In addition, this includes epidemic and emerging public health threats such as COVID-19, cholera, HIV, tuberculosis and other primary care, including consideration of gender based violence in health programs.

II. BACKGROUND AND DEVELOPMENT CHALLENGES

Haiti's prolonged economic, political, and security crises and limited access to basic primary healthcare make it prone to public health crises. Recent health data reveals a number of weaknesses in the system. Although the last 2017 Demographic and Health Survey (DHS), known in Haiti as the *2016-2017 Enquête Mortalité, Morbidité et Utilisation des Services* or *EMMUS-VI*, suggests that trends in mortality and morbidity improved, poor health outcomes and low utilization of available services persist due to a number of factors, including social norms and low levels of knowledge and awareness among beneficiaries, as well as service providers.

Haiti has the highest HIV burden in the Caribbean region, and the country also has the highest incidence of tuberculosis in the region, further compounding the HIV epidemic. HIV incidence has seen a minimal decline of new annual cases in the past 10 years, but individual behaviors and practices, as well as stigma within the community and health service providers, hamper further progress on achievement of global UNAIDS targets. Inequitable social norms and conditions of women and youth are considered key enablers of HIV transmission, and women are disproportionately affected by HIV, accounting for greater than half of adult infections.

Emerging infectious diseases and public health emergencies, including COVID-19 in 2020 and the declaration of a cholera epidemic in late 2022 have strained public health systems, and have been exacerbated by low uptake of vaccines and recommended hygiene practices in vulnerable communities.

Infant and maternal mortality remain at high levels, with the lack of progress in reducing infant and neonatal mortality. This has been partially attributed to the fact that over 60 percent of births in Haiti still occur outside of health facilities without a skilled provider, driven in part by social norms and beliefs. Pregnant women also do not regularly seek out or consistently attend available routine care, and some service providers' behaviors and attitudes mean that they do not always provide respectful maternity care.

While *EMMUS-VI* data demonstrated progress in nutritional indicators, more recent surveys reveal backsliding, with higher levels of overall acute and chronic malnutrition rates in a nutritional survey presented by the Ministry of Public Health and Population in 2020.[1] Severe acute malnutrition is 2.1 percent, slightly exceeding the emergency threshold of 2 percent set by the World Health Organization.[2] Alongside rising staple food prices that have exacerbated already significant food insecurity, poor infant and young child feeding practices by parents and caregivers have contributed to malnutrition.

Children are also more vulnerable to disease due to a decline in the proportion of children who received all eight essential vaccines. While there had been a positive trend from 1994 to 2012, the numbers began to decline again in 2017, which may be attributed to multiple factors that include social norms and behavior. as well as the logistical capacity of the Ministry of Public Health and Population and certified Community Health Workers to serve the most remote facilities and reach children living in the last mile.

III. OBJECTIVES AND EXPECTED RESULTS

The goal of this Activity is to increase the adoption of targeted positive health behaviors and practices across a number of interconnected aspects of health and wellbeing, which includes the uptake of critical health services. The Activity's focus is therefore to identify and transform key priority behaviors and practices that are contributing to Haiti's declining health indicators, by using effective, integrated social and behavior change (SBC) approaches. This includes utilizing a number of evidence-based and theory-driven approaches and disciplines that are tailored to different communities and demographics, such as social behavior change communication campaigns, behavioral economics, choice architecture/nudges, psychology, sociology, and social marketing, among other things.

By taking into account underlying social norms, individual and institutional attitudes, and environmental factors that influence priority behaviors, the Activity will complement and enhance the impact of other health service delivery activities implemented by USAID, the Government of Haiti (GoH), and development partners. The Activity will operate across multiple health sectors, including those identified above, to plan and implement integrated, comprehensive and logically packaged interventions that unite different health or other development areas, where appropriate, or standalone SBC interventions where needed. Integration can help ensure efficient and effective use of resources, given the interrelated nature of health problems at the community level, and the comprehensive approach of GoH health services and USG-supported health and HIV/AIDS programs. Specific priorities for SBC interventions will be determined collaboratively by the GoH, USAID, and other stakeholders, and may also depend on available USAID funding streams. USAID is anticipating achieving the Activity goal through the results listed below, and potentially other results and intermediate results that will effectively contribute to the success of the Activity:

[1] *Haiti - FLASH : Global acute malnutrition rate in Haiti up by 33% - HaitiLibre.com : Haiti news 7/7*

[2] *Ministère de la Santé publique et de la Population, National d'Alimentation et de Nutrition (UCPNANu), Enquête nationale nutritionnelle et de mortalité, Haïti, Janvier 2020*

Goal: Increased adoption of targeted positive health practices	
Result 1: High-quality integrated SBC health interventions designed and implemented	**Result 2: Capacity of local actors to collect and utilize evidence and implement integrated SBC approaches improved**

Goal: Increased adoption of targeted positive health practices

USAID is focused on ensuring that individuals and communities are empowered to adopt positive behaviors and practices, and maximize the impact of resources and services available to them. Analysis of the current context, as well as experience from other regions, indicates that individual and institutional behavior is often the "last mile" in successful public health programming. The Activity goal is therefore centered on tangible and measurable changes in behavior. This will be achieved by shifting attitudes, addressing norms, and reducing barriers to the consistent practice of healthy behaviors through the delivery of high-quality SBC programming and the increased capacity of local actors to design and implement them consistently. By the end of the Activity, it is therefore anticipated that there will be:

1) an increase in overall demand for and acceptance of modern family planning services, and in the rate of individuals reporting the practice of recommended family planning methods;
2) an increase in demand for essential pre- and post-natal care for mothers and newborns and infants, including attitudes towards delivery in healthcare facilities and increased uptake of routine childhood vaccinations;
3) improved awareness and reported use of practices at the household and community levels that can reduce chronic and acute malnutrition;
4) improved HIV patient Treatment literacy and continuity of HIV treatment;
5) increased community responsiveness to public health threats (eg. COVID-19, cholera, TB), including water, sanitation and hygiene practices, vaccination (eg. COVID-19, cholera); and
6) increased individual and community trust in service-providers.

Result 1: High-quality integrated SBC health interventions designed and implemented

Result 1 is centered on ensuring the delivery of a variety of high quality, integrated SBC interventions in the health sector that address key areas of focus, and the promotion, acceptance, and adoption of positive health behaviors. This includes youth and beneficiary-informed interventions in coordination with US government-funded activities and the Ministry of Public Health (MSPP) relating to sexual, reproductive, maternal, newborn, child and adolescent health, nutrition, family planning, emerging infectious diseases and public health threats, HIV health care, and water, sanitation and hygiene practices. USAID envisions that by the end of this Activity, targeted beneficiaries (including individuals, communities, as well as health workers and service delivery providers) will be exposed to tailored interventions that approach audiences holistically in a way that reflects their reality rather than a division by health topic. The interventions are expected to improve relevant knowledge, attitudes, beliefs and norms in geographic and programmatic areas where interventions are implemented.

Approaches that may contribute to successfully achieving Result 1 include those that:

- engage with communities, in particular youth, to identify priority health behaviors that should be targeted by the Activity and underlying factors that influence them, as well as key entry/leverage points for meaningful change.
- establish and institutionalize the interdependence of certain positive health behaviors and practices.
- harmonize high quality health communication messages and interventions that are responsive to needs at the local level, including shifting away from traditional disease-based messaging to targeted audience-specific programming.
- scale up existing successful approaches and enhance the sustainability of health service delivery interventions by improving on the SBC approaches and materials being used in USG-funded activities and amplifying their reach
- prioritize learning, such as participatory research including case studies, feedback studies, listening surveys, special surveys, and exit interviews, to feed directly into SBC design and adaptation.
- support healthcare workers by building skills and addressing biases that present barriers to care, for example respectful maternity care.

Result 2: Capacity of local actors to collect and utilize evidence and implement integrated SBC approaches improved

The focus under Result 2 is ensuring a system-wide incorporation of behavioral science approaches in the health sector by improving research and data collection, analysis, and utilization of SBC evidence by local actors. This includes an enhanced capacity of organizations and government entities - such as health service providers, the Ministry of Public Health and Population/*Direction de Promotion de la Santé et de Protection de l'Environnement (MSPP/DPSPE)* and *Comité d'appui au développement de Matériels éducatifs* (MSPP/CADME) - to design and manage integrated SBC interventions. This requires alignment of this Activity with GoH strategic and policy frameworks, and development of technical, management, and leadership competencies within the GoH and local organizations. By the end of this Activity, USAID envisions that the Government of Haiti will be better able to lead, coordinate, scale-up, and evaluate high quality SBC interventions, and that SBC will be more effectively mainstreamed as an integral element of addressing various public health issues. In addition, USAID envisions that health service providers will more effectively use SBC approaches to ensure their delivery of services accounts for local contexts and targeted priority behaviors.

Approaches that may contribute to successfully achieving Result 2 include those that:

- improve coordination of health SBC interventions, including reaching consensus on adoption of a national integrated SBC approach.

- consider current shortfalls and gaps in understanding and utilization of SBC by service providers to adapt service delivery to account for local contexts and priority behaviors.

- prioritize local ownership and the internal capacity of local organizations and MSPP to design integrated SBC interventions

- enable local actors to develop qualitative research tools and interpret results, and make recommendations to service providers (including medical and non-medical staff at healthcare facilities) on areas where certain adaptations/adjustments could enhance the impact of their service delivery.

IV. RELATIONSHIP TO USAID PRIORITIES

The Activity will contribute to USAID/Haiti's goal that "*Haitians are more engaged in creating and sustaining a more resilient, prosperous, and democratic future*"; Development Objective (DO) 1: Haiti is more resilient to shocks and stresses and DO 3: Governance that is more responsive to citizens' needs; and Intermediate Result (IR) 1.3: Increased capacity of systems to support Haitians when shocks and stress occur and IR 3.1: Provision of public services improved of USAID/Haiti's Strategic Framework 2022-2024 approved on December 23, 2020.[3]

V. GUIDING PRINCIPLES

USAID considers the following to be characteristics of a successful Activity:

➔ ***Country ownership:*** Ensuring GoH leadership in the coordination of all health sector activities to ensure sustainability and institutionalize capacity building support.

➔ ***Equitable, strategic partnerships and local resources:*** Promoting equitable and collaborative relationships among implementing partners, including prime awardees and their sub-partners, as well as including local, regional and/or international non-governmental and private sector organizations as both beneficiaries and implementing partners, to draw on their local knowledge, expertise, and relationships, and institutionalize change. This includes engagement with cultural gatekeepers and other sources of local knowledge to deepen understanding of social norms, contexts, and risk factors in different regions of the country. Many health sector partners are successfully engaging local communities in health communication activities.

➔ ***Inclusion and gender equity****:* Consideration of how gender norms, decision-making practices, and gender-based violence (GBV) play a role in access to messages and services, resources, treatment and subsequent health outcomes, and how programming will affect/be affected by gender dynamics. In addition, consideration of how current service delivery attitudes and practices may reinforce stereotypes and marginalization of individuals based on disability status, health status, geography, socio-economic limitations, and ensuring that all interventions are inclusive of all beneficiaries. (See also Section VI below)

[3] *USAID/Haiti Strategic Framework 2020-2024*

- ➔ ***Youth and adolescent engagement and empowerment:*** Prioritizing the engagement of youth and adolescents in the design and implementation of interventions, in particular in reproductive health and HIV programming. (See also Section VI below)

- ➔ ***Effective Technology Use:*** Relying on evidence-based and cost-effective use of technology and innovations in digital communication, as well as utilizing no-tech and low-tech approaches where appropriate.

- ➔ ***Adaptation and Flexibility:*** Planning for piloting/testing then refining/scaling up interventions, and continually assessing whether the timing, selected approach, participants, location, etc. are still appropriate, effective, and achieving the anticipated results. This includes seeking new opportunities and shifting methodologies if a particular approach is not yielding results or is no longer optimal due to external shocks and change of circumstances (eg. shifts in GoH needs and priorities, and political and environmental challenges), and pivoting levels of support for different interventions depending on need, new opportunities, and comparative advantage.

- ➔ ***Sustainability:*** Ensuring the sustainability of interventions and partnerships beyond the life of the activity, including through financially sustainable commitments and prioritizing the integration of materials and resources within the health system to ensure institutionalization and standardization, particularly in light of continually evolving GoH priorities, emerging public health threats, and other external shocks. It is not essential that the interventions of this project are sustained, but that the systemic changes in Haitian institutions are sustainable and will continue to improve beyond the life of the award.

- ➔ ***Collaboration with Other Activities:*** Coordinating with other USAID implementing partners working in relevant sectors (in particular the USAID/Haiti *Improved Health Service Delivery Activity* partners), as well as with implementing partners of other donors, in order to complement and avoid duplicating other efforts.

VI. GENDER, ADOLESCENCE, AND YOUTH

Gender-based violence is a critical issue for women and girls in Haiti. Health providers at USAID-supported facilities will see incidents of GBV and overall abuse. Gender issues are central to achieving equitable, sustainable health outcomes. USAID strives to promote gender equality, in which both women and men have equal opportunity to benefit from and contribute to economic, social, cultural, and political development; enjoy socially valued resources and rewards; and realize their human rights.

The Activity must therefore account for gender differentiated rights, roles, and responsibilities in developing strategies and interventions, while also supporting positive gender roles for women, especially young women, and men within communities. incidents of GBV, and The Activity should include interventions focused on people living with disabilities, noting that women with disabilities are victimized at higher rates, enjoy fewer socially valued resources and rewards and are at greater risk for HIV infection, overall abuse. Adult and young women need support to enhance their roles in decision-making and control over resources and services.

Adult men and young men, especially, need assistance to redefine masculinity as being supportive and discouraging of risk behaviors. The Applicant must therefore develop gender transformative approaches that will shift how men and women interact with each other and the health system.

A Mission Gender Analysis was performed in November 2020 and is applicable to this Activity in compliance with ADS 205. Additionally, the Activity must comply with USAID's 2020 policy on Gender Equality and Women's Empowerment.

Adolescents and youth are unique clients of health care due to their rapid and varied physical, emotional and psychological changes, and the number of social determinants and ecological factors at play in their lives, health seeking behaviors, and risk factors. Adolescents and youth represent nearly 70 percent of the population in Haiti and are an underserved population.

Establishing an understanding of equitable gender roles and conveying the negative impacts of gender based violence, which is extremely high, should begin with very young adolescents (VYA) from 10 to 14 years of age. This is the optimal time frame to initiate discussion on inequitable gender norms that perpetuate disparities and even unhealthy behaviors such as non-consensual sex, coercion, or transactional sex. This includes addressing the needs of adolescent girls for information about how to prevent both HIV and unintended pregnancy, and access family planning services. Within the youth population, the Applicant should consider prioritizing out-of-school, high-risk youth in efforts to encourage utilization of health services and adoption of healthier behaviors.

This Activity's intervention package must include use of a multi-sectoral and gendered approach, where multi-dimensional barriers can be addressed to confront women's and youth's disempowerment and the complex factors that lead to poor health. The Applicant must include gender and youth considerations, including VYA considerations, into all Activity components to help reduce gender and age disparities in SBCC activities.

VII. GEOGRAPHIC SCOPE

Under their bilateral agreement with the Government of Haiti, the U.S. Government has committed to support improved health service delivery to a significant portion of the population in Haiti within a certain number of primary health care facilities and in hard-to-reach geographic regions. For over two decades, USAID-supported service delivery projects have been implementing activities in all ten departments targeting the most vulnerable within their communities.

The Activity is designed to have national coverage, and will support multi-channel efforts (electronic and non-electronic), including mass media initiatives that are national in reach. However, in some instances, the Activity may work with selected partners to target and tailor interventions to specific Haitian contexts and cultures. Interventions, whether national or targeted, will ensure appropriate coverage and reach to achieve impact on priority health outcomes. The Activity will support implementation by other partners by developing and adapting evidence-based SBC approaches and materials.

VIII. MONITORING, EVALUATION AND REPORTING

The Activity will implement rigorous performance management and learning to guide decision-making within the program and contribute to the global community of practice. In particular, the Activity will support a robust learning agenda to strengthen project implementation, document impact, and contribute to the knowledge base relating to health communication. It will also ensure the dissemination results to the MSPP, the Mission, USAID partners, and stakeholders.

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[End of Section II]

[END OF REQUEST FOR INFORMATION]