



REQUEST FOR QUALIFICATIONS:
CLEAN COOKING TO PREVENT COPD IN INDIAN WOMEN:
MEASURING BASELINE AND SHORT TERM IMPACTS ON PREDICTORS
OF RESPIRATORY HEALTH
(RFQ 15 - 3)

THE GLOBAL ALLIANCE FOR CLEAN COOKSTOVES

Exposure to smoke from traditional cookstoves and open fires – the primary means of cooking and heating for nearly three billion people in the developing world – causes 4.3 million premature deaths annually, with women and young children the most affected.¹ In sub-Saharan Africa and Asia, the lack of access to clean cookstoves and fuels for cooking is especially acute, with a third of the urban population and the vast majority of the rural poor using solid fuels to cook their daily meals over open fires or inefficient stoves. Cookstove smoke contributes to a range of chronic illnesses and acute health impacts such as pneumonia, lung cancer, chronic obstructive pulmonary disease, cataracts, low birth weight, and burns. Without intervention, the problem will continue to grow – the International Energy Agency estimates that by 2030, 100 million more people will use traditional biomass fuels than do so today.²

Reliance on biomass for cooking and heating also increases pressure on local natural resources (e.g., forests, habitat) and forces women and children to spend many hours each week gathering wood, or spend significant household income purchasing fuel. In addition, harvesting fuels for wood burning cookstoves can cause sustained land degradation. In conflict-affected settings, though food is distributed by the humanitarian community, fuel for cooking is often not provided or available, leaving millions of refugee and internally displaced women and girls at risk for daily attack. Inefficient cookstoves also contribute to global emissions of greenhouse gases such as carbon dioxide and short lived climate forcing agents such as black carbon aerosols, major contributors to current global warming.

The Global Alliance for Clean Cookstoves (the Alliance) is an innovative public-private partnership hosted by the United Nations Foundation to save lives, improve livelihoods, empower women, and combat climate change by creating a thriving global market for clean and efficient household cooking solutions. The Alliance's '100 by 2020' goal calls for 100 million homes to adopt clean and efficient stoves and fuels by 2020. The Alliance believes that the scope and severity of cookstoves' impacts on the health and environment of nearly half of the world's population – especially girls and women – necessitate an immediate and concerted response from the global research, policy, and donor communities.

ALLIANCE RESEARCH PRIORITIES

During the first phase (2012 – 2014) of its efforts, the Alliance's research portfolio focused on filling in key gaps in the evidence base needed to document the significant health, environmental, gender, and economic benefits of clean cookstoves and fuels. The Alliance helped direct almost \$5 million in research grants to the sector and supported 39 studies across 23 countries. Those studies show clean cooking solutions not only protect public health, but also offer clear environmental, gender and economic benefits that when aggregated, create a compelling case for global action.

The Alliance believes that by providing governments, NGOs, impact investors, and donors with evidence based information on the benefits of clean cooking technologies, it can help them quantify the impact of their investments in the sector. Thus, as we move into the next phase (2014-2017) of our efforts, and the Alliance focuses on scaling up adoption of clean cooking technologies, the Alliance has also redirected its research strategy to focus less on the magnitude of the problem, with an emphasis on the impacts of traditional cooking, towards an emphasis on quantifying the benefits (health, gender, livelihood, climate, environment) of adopting clean cooking technologies. For more detailed information, please refer to our [Marketing Enabling Roadmap](#) for Phase 2.

¹ World Health Organisation (2014) Burden of disease from Household Air Pollution 2012
S. S. Lim et al. (2012) A comparative risk assessment of burden of disease...” Lancet 380(9859): 2224-2260.

² World Energy Outlook 2010. (2010). World Energy Outlook. International Atomic Energy Agency.

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BACKGROUND

In India, COPD is responsible for around 10% of female deaths every year. The vast majority of India's women do not smoke, are not overweight, are physically active, and do not abuse alcohol. They do, however, share a widespread, but under-recognized risk factor: household air pollution (HAP) from cooking with solid fuels. With around 166 million of India's households relying on open fires or traditional chulhas as their primary method of cooking, HAP is arguably the greatest modifiable risk factor for noncommunicable diseases, including chronic respiratory diseases like COPD, among women in India.

OBJECTIVE

As part of its [Corporate Social Responsibility \(CSR\) Vision](#) to 'enable people to lead healthy and enriched lives by addressing the primary healthcare burdens of accessibility, affordability and awareness and by promoting education related to field of healthcare', [GlaxoSmithKline Pharmaceuticals Ltd. India](#) (GSK Rx India) is interested in evaluating approaches to preventing COPD and other chronic respiratory diseases through the promotion of clean cooking. The Global Alliance for Clean Cookstoves is pleased to partner with GSK- Rx India to activate this process. Up to INR 2-3 crore over a 2 year period may be available to support these activities, dependent on the identification and vetting of partners qualified to execute the project.

This Request for Qualifications seeks qualified nonprofit organisations, registered in India, with the demonstrated capability to conduct field-based assessments of key risk factors for and indicators of respiratory health.

A short list of responsive submissions will be shared with GSK to facilitate their own internal due diligence and approval process. Upon vetting and approval of potential applicants, GSK will notify the Alliance, and by the end of April the Alliance will invite selected applicant(s) to develop detailed project plans and corresponding budgets.

EXPECTED DELIVERABLES

GSK is interested in supporting project(s) to evaluate how COPD and other chronic respiratory diseases can be prevented through the promotion of clean cooking. This would involve measuring the baseline and short-term impacts of adopting cleaner cooking technologies on predictors of respiratory health over a 2 year period, along with corresponding measurement of changes in exposures to household air pollution.

- **TECHNOLOGIES TO BE EVALUATED:** Only studies assessing how the use of demonstrably clean³ cooking technologies (i.e. those with the potential to achieve extremely low emissions and associated health benefits) will be considered. In order to maximize public health benefits, ‘demonstrably clean’ is defined here as clean cookstoves at [IWA](#) tier 4 indoor air emissions, based on third-party verification, or clean fuels (LPG, electricity, ethanol, biogas, induction).
- **HEALTH OUTCOMES AND COVARIATE DATA:** Projects will involve the field-based collection of specific indicators and biomarkers, including the use of modern diagnostics techniques where relevant. Experience limited to imprecise confirmation of respiratory health indicators such as self-reported respiratory symptoms will be considered insufficient. Respondents are encouraged to review technical materials from the recent meeting on [indicators and biomarkers of NCDs](#) as they consider the indicators most likely to demonstrate measurable changes over a short term period.

Projects will have to evaluate the possible impact of potential confounders/effect modifiers, including, but not limited to: other combustion-sources of pollution (e.g. ambient air pollution and direct or environmental tobacco smoke), access to or utilization of prenatal care, nutritional status, and socio-economic status.

- **EXPOSURE DATA:** Projects will have to measure changes in exposures to fine particulate household air pollution, i.e. differences in exposure will not be solely based on qualitative factors or stove/fuel types. NGOs with the capability to conduct quantitative exposure assessments preferred, but not required. If appropriate, the Alliance may facilitate a partnership between organisations with complementary skills.
- **STUDY LOCATION:** Locations of particular interest include states with the highest current use of solid fuels for cooking (Bihar and Odisha) and/or states with the highest prevalence of COPD in women (Maharashtra).

ELIGIBILITY REQUIREMENTS

- GSK will provide support to nonprofit NGO organisations registered in India – NGOs must have a Foreign Contribution Regulation Act (FCRA) certificate to receive foreign currency funds.
- Funds provided by GSK may not exceed 25% of the NGO’s annual budget.
- **SUBCONTRACTS:** Respondents must demonstrate capacity to execute activities on their own. Subcontracting to third party consultants will not be permitted by GSK. While investigative teams must demonstrate the technical and human capacity to execute the proposed project, we recognize that not all teams will have direct experience in all required areas of expertise. There will be opportunities during the proposal development period to consider where additional resources from the Alliance and/or other partners may be required to supplement institutional capacity where needed.

³ Demonstrably clean based on IWA of <http://www.cleancookstoves.org/our-work/standards-and-testing/guidelines-and-standards/guidelines--standards-documents/iso-iwa-final.pdf>

- NGOs must also be partners of the Global Alliance for Clean Cookstoves. For partnership details, and to register as a partner, visit <http://cleancookstoves.org/partners/>.

APPLICATION INSTRUCTIONS

Please demonstrate experience conducting field-based public health research in India, with in-depth technical expertise in clinical assessment of respiratory health and associated risk factors. Demonstration of experience measuring personal exposures to air pollution is preferred but not required.

Opportunities to leverage ongoing efforts to scale up clean cooking are welcome. Please provide detailed description of relevant projects, including location, target population, cooking technologies etc. in section C as relevant.

Statements of qualification (maximum of 12 pages, 11 point font, single-spaced, plus appendices) should include:

- A. General description of NGO, including organisational qualifications as relevant (1-2 pages)
- B. Description of Qualified Team Members (1-2 pages)
- C. Description of Related Previous Studies (2-3 pages)
- D. Description of Related Ongoing Studies: (2-3 pages)
- E. Detailed budget cost estimates (use attached template)

Required Attachments (intended to facilitate GSK's internal due diligence process):

1. Biosketches of qualified team members (use attached template)
2. Request on letter-head of institution including purpose
3. Proof of charitable organisation
4. Copy of PAN or TAN card of institution
5. 12 A & 80G certificate
6. FCRA Certificate
7. 1 page overview of the institution
8. List of full names of Board of Directors
9. Last 3 years' audited financial reports
10. Last 3 years' annual report
11. Any media/press coverage of the supported organisation (negative or positive)

PROCESS AND DEADLINES

SUBMISSION OF QUALIFICATIONS

The deadline for submission of qualifications is Friday April 3, 2015, 11:59 pm IST.

EVALUATION PROCESS AND NEXT STEPS

A short list of responsive submissions will be shared with GSK to facilitate their own internal due diligence and approval process. Upon vetting and approval of potential applicants, GSK will notify the Alliance, and by the end of April the Alliance will invite selected applicant(s) to develop detailed project plans and corresponding budgets.

QUESTIONS ABOUT RFQ

Questions should be sent by email to Sumi Mehta, Director of Research and Evaluation, at smehta@cleancookstoves.org.

KEY PERSONNEL BIOGRAPHICAL SKETCH

(2 page max per person)

Name (last, first, middle)

Title

Organisation

Education / Training

List in chronological order, beginning with baccalaureate or similar professional training. Include postdoctoral training as applicable

Institution and location	Degree	Year	Field

Research and/or Professional Experience

List in chronological order, including titles, major responsibilities, and any honors/awards received

Selected Peer-reviewed Publications

Research Support

List both ongoing and completed projects for the past five years, including a brief description of the project and responsibilities

E. DETAILED BUDGET COST ESTIMATES

Please provide descriptions of key roles, responsibilities, and unit costs for project team members likely involved in the project, i.e. field-based measurement of baseline and short term impacts of adopting clean cooking on predictors of respiratory health over a two year period. Also include estimated unit costs for domestic travel, supplies, and equipment to be purchased.

	Unit Cost (INR)
Personnel Costs for Key Project Team Members and Field Staff (including fringe benefits)	
Transport/ Conferences / Meetings	
Supplies / Equipment	
Other Anticipated Direct Costs (specify)	
Institutional Overhead	%