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REQUEST FOR APPLICATIONS

RFA SOLICITATION NUMBER: FY17-RFA01-5007-011

Data Collection Services for the
USAID Human Resources for Health in 2030 (HRH2030) Project
Through University Research Co., LLC

Date of Issue: Wednesday, May 17, 2017

Closing Time and Date for Applications:
17:00 hrs. EAT on Wednesday, May 31, 2017

Applications must be emailed to: hrhassessments@urc-chs.com
No hard copies of applications will be accepted

Deadline for Questions: 17:00 hrs. EAT on Tuesday, May 23, 2017
Questions by email ONLY by to: hrhassessments@urc-chs.com

Issuance of this RFA does not constitute a contractual commitment on the part of URC (the "Client") nor does it commit URC or the US Government to pay for costs incurred in the submission of a application. All costs of the Offeror in the preparation and submission of an offer shall be borne by that Offeror. URC reserves the right to reject any and all applications and to make no award at all, or to make an award without further discussion or negotiations if it is considered to be in the best interests of the project and URC.

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1. CONTEXT

Since it was established more than 50 years ago, the United States Agency for International Development (USAID) has been a vital supporter of global- and national-level efforts to improve the health workforce in low- and middle-income countries. The USAID funded Human Resources for Health in 2030 (HRH2030) program, managed by Chemonics International Inc., builds on USAID's investments to improve the health workforce. HRH2030 contributes to increasing the sustained availability, accessibility, acceptability, and quality of the health workforce. The program aligns with the approaches that support the USAID and the United States Government (USG) strategies for achieving the goals of an AIDS-free generation, Ending Preventable Child and Maternal Deaths (EPCMD), and Family Planning 2020, in the framework of strengthening health systems to be able to deliver universal health coverage, as part of the Sustainable Development Goals (SDGs).

The adoption of the "Test and Start" strategy to accelerate the achievement of the UNAIDS 90-90-90 goals to end AIDS by 2020 has opened the door for a growing number of people living with HIV (PLHIV) to receive antiretroviral therapy (ART) and achieve viral suppression. This strategy requires streamlined service delivery approaches to combat health systems constraints, one of which is the shortage of human resources for health (HRH). Adopting differentiated ART delivery models, for stable clients, is part of the solution as this enables service delivery to respond to the preferences and expectations of clients on ART while simultaneously reducing unnecessary burdens on the health system and maximizing the use of available resources – including the health workforce – to ensure access to quality care and treatment.

Differentiated ART delivery models respond to the fact that stable clients do not need frequent clinical follow-up visits. This adaptation takes into consideration client and site-level contextual specificities, including clients who have different clinical characteristics, come from different sub-populations, have different living situations, attend different levels of health facilities, and have been on ART for varying periods of time. Differentiated ART delivery models can accommodate different client schedules; alternative locations for ART refills; and modified client flow patterns that reduce waiting times. In addition to the existing clinical guidelines, site managers who implement these models need strategies for maximizing the use of the available health workforce, learning from successful implementation experiences, and adapting those solutions to their context.

For differentiated ART delivery, sites can implement either one or a combination of the following approaches:

- *Facility-based individual models:* ART refills separated from clinical consultations; both happening at a facility, but requiring less frequent visits
- *Out-of-facility individual models:* ART refills separated from clinical consultations; minimizing consultation visits to the facility
- *Health care worker-managed group models:* ART refills through a group managed by a lay or professional health worker; group meetings in or outside the facility
- *Client-managed group models:* ART refills through a group managed by a group member; group meetings generally outside the facility

HRH2030 aims to develop a simple, standardized, client-centered, site-level Excel-based tool to help facility managers maximize the use of their health workforce for the rollout of "Test and Start" utilizing differentiated ART delivery models as they scale up, including a reference guide for addressing common efficiency challenges. The Excel-based tool will take into account various parameters, such as the health facility context characteristics (e.g., integrated HIV services vs. nonintegrated, hospital vs. health center, concentrated vs. generalized epidemic etc.); ART client grouping (stable vs. unstable patients); as well as the skill mix, workload, and workflow processes used by existing ART delivery models, and compare them with the locally existing conditions, and identify any additional HRH requirements and workflow changes

needed to adopt the various models in addition to the mainstream care being provided for ART clients at the facility.

Development of the Excel-based tool will be guided by the Differentiated ART Delivery Framework[1] as well as the Global Fund Differentiated Care for HIV and Tuberculosis Toolkit for Health Facilities.[2] PEPFAR implementing partners and country site managers will be able to utilize the tool in two ways: (i) for situations where the differentiated models of ART delivery to implement at a site have already been selected, the tool should be able to help site managers to estimate staffing needs, and also analyze how well the existing workforce can support the implementation of the selected model(s); and (ii) the tool can also be used by site managers to identify the most appropriate combination of ART delivery model(s) to implement based on HRH availability at that site.

The analysis performed by the tool will result in the identification of cadre-specific workforce information including excesses or deficiencies among health workers and will be able to inform inefficiencies in the distribution of tasks and/or bottle necks in the workflow. Using this information, the site managers will be able to make informed decisions to maximize the use of their available workforce or to request more HRH where appropriate.

To carry out the required HRH analysis at each site, the tool will prompt users to enter epidemiological data, such as the current and forecasted HIV client caseload at the facility; ART client classification (stable, unstable); and specific contextual factors characterizing the site, such as the epidemic type (concentrated or generalized); and site location (rural, peri-urban or urban). The tool will also prompt users to enter data on the available health workforce by cadre at the site, including facility- and community-based human resources for health and their workload (including the proportion of time spent providing non HIV-related and HIV-related service delivery as well as time spent doing various tasks along the ART delivery continuum). The tool will include on-screen user navigation help, and a separate reference guide will be developed for common efficiency challenges associated with the implementation of differentiated ART delivery.

To develop and fine tune such a site-level tool, HRH2030 will work with 12 experienced sites already implementing various models of differentiated ART delivery in Uganda. Following this, the prototype Excel tool will be piloted at an additional 10 sites in the country that either have just started implementing or are thinking about implementing differentiated models of ART delivery.

University Research Co., LLC (URC), a partner to Chemonics International on the HRH2030 project, will lead this activity.

2. PURPOSE OF THE RFA

URC is looking for the services of a local firm to support the **data collection** and **analysis** that will be required for the development of an Excel-based tool for the standardized use of site-level human resources of health (HRH) data for differentiated ART delivery.

The data collection needs for this assignment include the following:

- Contextual data about the site. This could include, but will not be limited to:
    - Facility type (hospital, health center, public facility, NGO, etc.)
    - Geographical location (rural, peri-urban, urban)
    - HIV service delivery mode (stand-alone or integrated with other services)

[1] International AIDS Society. A decision framework for antiretroviral therapy delivery. http://www.differentiatedcare.org
[2] A Toolkit for Health Facilities: Differentiated Care for HIV and Tuberculosis. The Global Fund, November 2015.

- Types of ART delivery model(s) being implemented at site.

- ART client characteristics could include, but are not limited to:
  - ART client load (actual and forecasted over the next 12 months)
  - ART client grouping (stable or unstable)[3]
  - Descriptive characteristics of stable ART clients by model of ART delivery that they are being managed through.
- Workload estimates for different cadres of staff who support the implementation of the different models of ART delivery at site. Data to be collected could include, but is not limited to:
  - Total number and types of human resource for health (HRH) available at site
  - Total number and types of HRH involved in HIV service delivery at site
  - Total number and types of HRH involved in critical tasks along the ART delivery continuum for the different models of ART delivery being implemented at site
  - Task distribution and breakdown for the various cadres of staff involved in ART delivery at site
  - Average time spent performing each task by the different cadres of staff involved in ART delivery for each model being implemented at site
  - Time spent by the various cadres of staff to provide "mainstream care" for unstable ATR client at site
  - Any other time-spent considerations (e.g., vacation, training, sick leave, etc.) that needs to be considered to accurately estimate workload for the different cadres of staff involved in ART delivery at site.
- ART delivery workflow processes. Data to be collected could include, but is not limited to:
  - Activity breakdown for each model of ART delivery implemented at site
  - Workflow for each model of ART delivery implemented at site.
- Documentation of HRH-related inefficiencies at the site that impact on ART service delivery. Data collection could include, but is not limited to:
  - Waiting time inefficiencies
  - Client scheduling inefficiencies
  - Lack of, or inefficient task shifting (when national guidelines allow task shifting)
- Documentation of other bottlenecks that affect ART service delivery at the site

The successful Offeror should be a firm with the capacity to carry out the required data collection activities at selected sites (to be determined) within the country, as well as conduct interviews with identified key stakeholders.

[3] The definition for stable and unstable clients whilst being based on WHO guidance will also take into account country-specific criteria.

Key stakeholders who will be interviewed as part of this assignment include, but are not limited to:

- Facility managers
- Staff involved in supporting the differentiated models of ART service delivery
- Key informants from the Ministry of Health AIDS Control Program
- Managers/Technical Advisors of PEPFAR implementing partners supporting HIV service delivery
- Clients receiving treatment under the different models of ART delivery.

The successful Offeror should have a team leader with a high-level of knowledge, proficiency and capacity to conduct similar assignments. The successful Offeror should also have the capacity to assemble a team of experienced data collectors who are capable of collecting the required information from sites across country using data collection tools that they will develop in close collaboration with the Client and other key stakeholders. The successful Offeror should additionally have the capacity to enter collected information into a spreadsheet and the skills to collate, clean and analyze the data as guided by the Client so as to produce meaningful outputs that will be useful in the development of the above-mentioned Excel tool.

The successful Offeror should also clearly mention in their response to this RFA how they propose to contribute cost share towards implementing this activity. While cost share is not expected to be monetary, in-kind contributions that can be costed and validated (such as provision of training space, subsidization of transport to sites etc.,) should clearly be identified in the offerors response to the RFA. The proportion of cost share as part of the overall cost of this activity should be stated in the Offeror's Cost Application, our expectation is a cost share proportion of at least 15% of the overall cost of implementing this activity. The proposed cost share should be clearly itemized in the Offeror's cost application.

3. ACTIVITIES

3.1 Pre- Data Collection

a. In close collaboration with the Client, finalize the development of data collection tools listed in Section 2 above and interview guides for the following categories of respondents:
    1. Facility managers
    2. Staff who are involved in supporting the differentiated models of ART service delivery
    3. Key informants from the Ministry of Health AIDS Control Program
    4. Managers/Technical Advisors of PEPFAR implementing partners supporting HIV service delivery
    5. Clients receiving treatment under the different models of ART delivery
    6. Others (to be determined).

b. Development of appropriate electronic means of storage in which collected information will be kept.
    1. An Excel spreadsheet to store site-level quantitative data (*this is different from the Excel tool described in Section 1 above, but should be able to feed into it*)

2. An appropriate database in which to store and analyze qualitative data.

c. Develop an organizational structure and team coverage plan that identifies:
    1. Overall team leader.
    2. Team composition including information on how actual data collectors will be identified and appropriately trained.[4]
    3. Deployment plan for the assessment exercise when sites for assessment have been identified.
    4. Timeframe for the exercise
    5. Training plan for data collectors and execution of training.

d. Development of a data analysis plan for both the quantitative and qualitative data.

3.2 During Data Collection

a. Carry introductory letters to each facility to be assessed – these will be provided by the Uganda Ministry of Health.
b. Collect requisite data at site level, and conduct interviews with the key informants identified in Section 2
c. Conduct some focus group discussions (FGDs) with groups of cadres at facility to more accurately estimate the time it takes to carry out certain activities along the ART delivery continuum as well as to obtain more information on perceived bottlenecks to ART delivery under the different models being implemented at site
d. Develop illustrative workflow diagrams for each of the differentiated models of ART delivery being implemented at the site
e. Carry out exit interviews with a sample of clients receiving ART through the different models implemented at site
f. Ensure that all required site-level data is collected and recorded as accurately as possible before departing each site.

3.3 Post-Data Collection

a. Upload quantitative data from completed questionnaires into Excel database that has been approved by the client
b. Upload qualitative data from interview guides into database that has been approved by the client
c. Work with the client to do data cleaning and preliminary data analysis (*it is mainly the qualitative data that will need to be analyzed*)
d. Pilot the subsequently developed prototype tool at 10 sites not visited during initial data collection exercise.
e. Compile a report on the data collection exercise.

[4] The 12 experienced health facilities and 10 pilot sites where this exercise will be conducted are yet to be identified, but selection criteria are in place.

It should be noted that development of the Excel-based tool described in Section 1 is **not** part of the scope of work for this assignment.

4. DELIVERABLES

The following are the deliverables for this assignment:

1. Data collection tools for the various types of data that need to be collected as laid out in Section 2
2. Interview guides for the various key informants who will be interviewed as laid out in Section 2
3. Site-specific data uploaded into appropriate electronic storage as per client's instructions
4. Report including preliminary data analysis, as well as the data collection process, lessons learned and challenges faced during exercise.

5. TIMING, MILESTONES AND PERFORMANCE TARGETS

For the purposes of responding to this RFA, offerors should follow the illustrative timeline below with the understanding that the timeline may shift during implementation.

Tentative schedule for key tasks

Key Tasks	May	June	July	Aug
Preparing inception report	X			
Training of data collectors		X		
Collecting site-level data from experienced sites		X	X	
Entering, cleaning, and analyzing datasets		X	X	
Preliminary data analysis report			X	
Piloting prototype Excel tool at pilot sites			X	X
Producing final report as guided by client				X

Milestones and deadlines

Implementation Stage	Milestone	Deadline
Initial	Data collectors trained	June 9th 2017
Advanced	Data from all sites input into electronic storage	July 31st 2017
Completed	Final report submitted summarizing data collection exercise and key lessons learned	Aug 31th 2017

6. AWARD

An agreement will be entered into, at URC's discretion, with the Offeror whose technical and financial offer demonstrate the most responsive and cost-effective approach and methodology to meet the RFA requirements, and represents the best value to HRH2030 and clearly outlines plans for cost sharing towards the implementation of this activity.

7. ELIGIBLE CANDIDATES

Individuals and firms that are interested in participating in this RFA should meet the following requirements:

- Must be a firm with experience in carrying out similar work in Uganda
- Must have extensive experience carrying out assignments of similar size and complexity
- Demonstrated expertise in data collection, data analysis, and reporting
- Sufficient level of trained and experienced professionals committed to the work outlined in the Activities section
- A verifiable reputation of integrity and competence
- Experience serving USAID-funded programs and knowledge of USAID/PEPFAR programs preferred

8. SUBMISSION GUIDELINES FOR OFFERORS

Soft copies of this RFA can be online found at at http://www.urc-chs.com/partnerships. Only electronic submission of responses to this RFA will be permitted. All responses should be submitted to hrhassessments@urc-chs.com by the deadline mentioned in this RFA.

9. INSTRUCTIONS FOR OFFERORS:

Offerors are encouraged to review in detail the following eligibility requirements, preparation and submission instructions. Offerors requiring clarification should send their written questions in English to hrhassessments@urc-chs.com by 17:00 hrs. EAT, May 18, 2017 referencing the RFA Solicitation Number (FY17-RFA01-5007-011) in the subject line of the email.

9.1 TECHNICAL APPLICATION INSTRUCTIONS

The Technical Application shall be a maximum of 15 pages containing the following sections in the order shown, using clear and concise language.

9.1.1 EXECUTIVE SUMMARY (1 Page Maximum)

9.1.2 CONTEXT (1 Page Maximum)

This section should include a general overview of the proposed approach to this activity.

9.1.3 TECHNICAL APPROACH (10 Pages Maximum)

This section should include a brief description of the Offeror's technical and strategic approach to providing the services requested herein as well as a data entry and analysis plan.

9.1.4 INSTITUTIONAL CAPACITY (3 Pages Maximum)

This section should briefly describe the capacity of the Offeror with respect to:

- **Previous experience** in implementing data collection activities of similar size and scope, highlighting USAID or other donor-funded experience, as applicable;
- **Personnel experience and capability**. The Offeror will propose an individual or team with specific roles, responsibilities and qualifications of each member. Each team member will have a thorough understanding and demonstrated experience conducting similar assignments. The Offeror should propose at least 1 senior level team member to function as the team lead.

9.1.5 ANNEX TO THE TECHNICAL APPLICATION

Annex 1: In a separate annex, the Offeror should provide CVs (limit of 3 pages) and biographical data forms (USAID Form 1420) of proposed key personnel for this activity. All biographical data forms submitted must be properly filled out and signed by both the individual proposed and the offeror proposing him or her.

9.1.6 COST APPLICATION INSTRUCTIONS

The Cost Application must be submitted in a separate document in Microsoft Excel format (with formulas) at the same time the technical application is submitted. The Cost Application shall consist of a budget and budget narrative describing the following costs, as applicable:

9.1.7 What can be funded

URC will reimburse the awardee for all expenses and charges that are reasonable, allowable, allocable and eligible. Examples of types of cost that will be allowed under the anticipated Subcontract:

1. Staff or consultant time specifically related to the scope of work
2. Expenses for meetings required for assignment purposes, including: data collector training, review of assessment documentation, production or printing of documents
3. Expenses for data collection, analysis, and report write-up
4. Per diem, Meals and Incidental (M&IE) expenses whilst in the field
5. Local travel costs associated with data collection
6. Telecommunications related to the assessment
7. Itemized cost share that the Offeror proposes to cover as part of this assignment
8. Other expenses that are directly related to the assignment

9.1.8 Examples of what cannot be funded:

Operating costs of a program such as:

1. Salary supplements or stipends
2. Transportation of interviewees/respondents for data collection
3. Purchase of computers or other equipment
4. Purchase of vehicles
5. Rent for office space

This list is not all-inclusive, and additional questions on eligibility of items and costs should be addressed to hrhassessment@urc-chs.com prior to the deadline for questions noted on the cover page of this RFA.

* If the Offeror includes indirect costs (i.e., overhead, G&A) in its budget, it should clearly describe the basis for the claim of indirect costs (e.g., financial statement, audit report) or simply list only direct charges in the budget (i.e., no indirect costs as a percentage of direct costs).

The anticipated range for this award is **$25,000 – $30,000**. However, the Client will consider the best value for money from Offerors. The Cost Application should be submitted in United States Dollars.

As already mentioned in Section 2, it is a requirement of this RFA that the Offeror propose cost sharing opportunities as part of the response.

10. EVALUATION CRITERIA FOR APPLICATION

The complete technical application will be reviewed by a technical review panel, convened by HRH2030 and evaluated against the following criteria:

1. Technical Approach **(40 points)**
    a. Technical approach reflects knowledge and expertise in data collection and analysis
    b. Proposed training and deployment timeline is realistic and reflects a good comprehension of the activities presented in this RFA
    c. Technical approach is clearly articulated and presents a thorough understanding of data collection methods and clearly articulates how to operationalize this activity in Uganda.
2. Qualifications of Team Leaders and Trainers **(20 points)**
    a. Team leader has demonstrated experience carrying out data collection activities, including site-level assessment, training and facilitation in Uganda
    b. Experience and qualifications of personnel are appropriate relative to their respective roles on the team.
3. Organizational Capacity/Past Performance **(10 points)**
    a. Strong capability of the Offeror to successfully conduct all aspects of the data collection, analysis and reporting as determined by past successful implementation of similar activities.
    b. Clear description of the roles and responsibilities of team members
    c. Proposed team leader have the qualifications necessary to successfully complete the work detailed in the RFA
4. Evaluation of Cost Application **(30 points)**

    After the Technical Application is evaluated by the technical review panel, HRH2030 will review the Cost Application. HRH2030 will assess whether the proposed budget is realistic and feasible given the items and activities described. HRH2030 may contact Offerors to revise budgets if any issues or questions are identified.

11. SUBMISSION INSTRUCTIONS

Applications must be submitted in English to hrhassessments@urc-chs.com no later than Friday May 26th, 2017, by 17:00 hrs. EAT. The application must be divided into two parts, the Technical Application and the Cost Application. The two parts should be electronically submitted at the same time.

1. The Technical Application should be typed in a 12 point font and not exceed 10 pages (not including Cover Page, Table of Contents, List of Acronyms or Appendices).
2. The Technical Application should be submitted in the below order.
    I. Cover Page
    II. Table of Contents
    III. List of Acronyms
    IV. Executive Summary
    V. Context
    VI. Technical Approach
    VII. Institutional Capacity
    VIII. Annex with CVs and biodata forms of proposed staff

Note that the Cover Page, Table of Contents, and List of Acronyms do not count toward the 15 page maximum for the Technical Application.

3. The Cost Application should be sent as a Microsoft Excel document.
4. A Budget Narrative should be typed in a 12 point font, not to exceed 2 pages, and submitted in Microsoft Word or searchable PDF format.
5. Modifications to the RFA may be made at any time prior to the Application submission deadline. Deadline for submission may be extended depending on the scope of a modification. Modifications after the deadline for applications will be communicated only to those Offerors who submitted applications.