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REQUEST FOR INFORMATION

RFI SOLICITATION NUMBER: RFI-WCC-TZ-2020-002

Implementation Research Case Studies:
Approaches to Advance Respectful and Compassionate Care in
TANZANIA

DATE OF ISSUE: Date August 13, 2020

CLOSING DATE AND TIME FOR APPLICATIONS:

August 27, 2020

5:00 PM (EAT)

Applications must be emailed to: heard@urc-chs.com

Deadline for Questions: **August 19, 2020, 5:00 PM (EAT)**

Questions by email ONLY to: heard@urc-chs.com

Contact Person: Danielle Charlet, MD, PhD

Issuance of this RFI does not constitute an award commitment on the part of URC, nor does it commit URC/HEARD or the US government to pay for costs incurred in the preparation and submission of an application. URC may reject any submission that does not fully comply with requirements of the RFI. Furthermore, funding of successful proposals is contingent on the availability of funds from USAID.

USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

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1. INTRODUCTION

Some of the first implementation science activities that captured the prevalence of mistreatment during facility-based childbirth along with efforts to advance respectful maternity care took place in Tanzania and Kenya within the last decade. The initial studies supported by the Translating Research into Action (TRAction) project yielded critical evidence that helped fuel additional studies and a national dialogue around making respectful maternity care (RMC) a priority in Tanzania. From June 2016 to-date, significant policy advocacy efforts have facilitated continued action to ensure respectful care in Tanzania such as the Ministry of Health, Community Development, Gender, Elderly and Children's *National Guidelines on Respectful and Compassionate Nursing and Midwifery Care* (November 2017) and the *National Guideline for Gender and Respectful Care Mainstreaming and Integration Across RMNCAH services in Tanzania* (June 2019). Given the former, what is needed now is evidence-informed guidance on what approaches are successful, why, and how to implement interventions to address respectful care at scale.

2. PURPOSE OF THE RFI

The HEARD Project seeks to co-fund the documentation and analysis of existing efforts to advance respectful and compassionate care in Tanzania. Promising approaches generally refer to interventions that have potential to successfully advance policies, advocacy, systemic or interpersonal actions, facility-based and/or community driven efforts to improve respectful environments of care. (Reference the Annex for more information on approaches). Woman-centered respectful care approaches, for this purpose, span interventions that target antenatal care, maternity care and postnatal care and could, for example, include policy, advocacy, program (facility or community-based), training and mentoring interventions.

The COVID-19 pandemic underscores the need for adaptable health systems and approaches that ensure accessibility and availability of high-quality essential maternity services. Implementation science, or the study of real-life implementation of policies and programs, has never been more critical. Rapid documentation and sharing of information on how to maintain essential maternity services and respectful care—even in the context of a global crisis—is critical for maintaining progress toward national and global health goals.

The purpose of this RFI is to solicit short proposals from Tanzania-based partnerships between implementation assistance entities and local research institutions that demonstrate an opportunity to generate implementation research case studies that capture learning around how and why specific promising approaches advance respectful care within and beyond the context of a global pandemic such as COVID-19—specifically in Tanzania.

The RFI is the first step in the process to identify and eventually make awards to support embedded case studies within existing efforts. The ultimate goal is to contribute to global knowledge about what works and how promising approaches may be brought to scale and what critical adaptations are necessary when faced with a global pandemic

3. IMPLEMENTATION RESEARCH (IR) CASE STUDY OBJECTIVES

The HEARD Project will issue awards for IR case study development to achieve the following objectives:

1. Document existing or recently¹ completed implementation efforts in Tanzania to increase the evidence base around how to deliver woman-centered respectful care approaches (including implications for or resulting from COVID-19);
2. Support implementation science partnerships in Tanzania to document and assess how implementation approaches can be institutionalized, sustained, and scaled;
3. Leverage the process of case study development to engage and inform local stakeholders about the process and outcomes of the case study and support evidence needs during the COVID-19 crisis.

IR case studies will explore critical implementation questions such as: feasibility, acceptability, adaptability, sustainability, scalability, and cost-effectiveness (among others) related to the proposed promising approach(es). The IR case study will ideally demonstrate utility within and beyond the context in which the promising approach is implemented, including an assessment of implications of identified promising approach implementation during a global pandemic and required adaptations in Tanzania. The details of the IR case study design will be developed at a later stage in the process.

4. DESCRIPTION OF SUCCESSFUL RFI SUBMISSIONS

Successful RFI applicants will describe:

1. A clearly defined **promising approach** that is currently being implemented/recently implemented (as indicated above) to advance respectful and compassionate care in Tanzania;
2. Clear **value of learning** from the analysis and documentation of the promising approach— including the value within and beyond Tanzania and implications for COVID-19 context;
3. An **opportunity to study aspects of the promising approach** including how it is embedded into an implementation platform and how existing information and data can be incorporated into the analysis;
4. A **partnership** consisting of an **implementing organization and local research institution** with linkages to other organizations that operate in the areas of policy and advocacy to ensure sufficient capacity to successfully complete the technical aspects of the work and navigate the research-to-use process to advance woman-centered respectful care;
5. Strong **institutional and partnership capacity** including managerial, financial, and administrative institutional capacity to achieve the results outlined in this RFI;
6. Ability to **mobilize cost share resources** to contribute to the development of the IR case study and complement the funds provided by this RFI. Types of cost share contribution may include volunteer services, donated employee's time, donated supplies, donated equipment, donated space, project co-funding, cash contribution.

¹ Recent would mean the intervention implementation was completed roughly within 6 months.

5. TIME FRAME AND AWARD AMOUNT

The RFI applicants selected to move to the next round will be notified by September 18, 2020. The IR case study development process is slated to start in October 2020 and the work is projected to continue for roughly nine (9) months. Awards are anticipated to be 10,000-50,000 USD per award to complement the applicant's funding contribution (including second-tier sub-recipients, if any).

6. INSTRUCTIONS FOR THE RESPONSES

6.1 ELIGIBILITY

To be eligible to submit responses under this RFI, applicants must meet the requirements stated below. Responses from organizations that do not meet the eligibility criteria will not be reviewed and evaluated.

1. Applicants must be an implementation assistance provider or service delivery organization in partnership with a local research institution in Tanzania;
2. Applicants must be implementing or supporting the execution of a respectful and compassionate care approach in Tanzania;
3. Applicants must have established financial management, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations; and;
4. Applicants must have or be able to secure a minimum of 15% of the total resources needed for the IR case study as a cost-share contribution from non-US Government funds.

In accordance with a Mandatory Reference ADS Chapter 303, RAA29 (non-US Nongovernmental Organizations) and RAA28 (US Nongovernmental Organizations) Protecting Life in Global Health Assistance (May 2019), organizations that perform or actively promote abortion as a method of family planning are not eligible to apply.

6.2 GENERAL INFORMATION

- Due date for questions about RFI: **August 19, 2020, 5:00 PM (EAT)**
- Due date for responses: **August 27, 2020, 5:00 PM (EAT)**
- Number of award(s) expected: approximately two-five
- Maximum page length of the RFI response: 5 pages maximum (not including Cover Page, Annexes)
- Language for RFI response: English
- The geographic scope is limited to the following areas: Kigoma, Simiyu, Mara, Kagera, Geita, Mwanza, Shinyanga, Morogoro, Iringa, Njombe, Ruvuma, Lindi, Mtwara, Arusha, Kilimanjaro, Manyara, Dodoma, Singida and Tabora.

All responses received by the deadline will be reviewed for responsiveness to the specifications outlined in Section 6. Applications may be judged as nonresponsive if they do not follow the instructions in the RFI. Section 7 addresses the evaluation procedures and criteria for the responses. Applicants are advised to carefully read the instructions.

Questions about the RFI must be written in English and emailed heard@urc-chs.com by **August 18, 2020, 5:00 PM (EAT)**.

Responses to the RFI must be submitted in English and emailed to heard@urc-chs.com by **August 27, 2020, 5:00 PM (EAT)**.

The page limit for the RFI response is five (5) pages (not including Cover Page and Appendices) and should be typed in a 12-point font and submitted as a Word or PDF document.

The cost information is not requested under this RFI. Short-listed organizations will be invited to submit full applications (technical and cost applications).

6.3 REQUIRED OUTLINE AND CONTENT OF THE RFI RESPONSE

The RFI response must be specific, complete and presented concisely. **RFI Responses** must contain the following sections as outlined below. Page limits and total points based on evaluation criteria are found in parenthesis:

- 1. Promising Approach Overview** (maximum 1.5 page; worth 10 points). In this section, describe the opportunity to create a case study on the promising respectful and compassionate care approach. This includes a detailed description of the following: the intervention/approach, the theory of change (including contextual factors that influence implementation), the origin of the intervention development, stakeholders involved, geographic location, and timeline;
- 2. Value of Learning from the Promising Approach** (maximum 0.5 page; worth 10 points). In this section present the potential value of studying the promising approach in Tanzania, including how the promising approach links to national/sub-national goals, frameworks, priorities and implications for approach adaptation in the context of COVID-19
- 3. Aspects of Promising Approach to be Studied** (maximum 1 page; worth 10 points). In this section, describe the aspects of implementation that are proposed to be studied, and other existing data or information sources that can be leveraged for the case study development (e.g. existing documentation and monitoring and evaluation data). Explain how the IR case study would be embedded into the existing implementation platform and how this award would complement, and not duplicate, existing resources for implementation;
- 4. Partnership Description** (maximum 1 page; worth 10 points). Propose a partnership that includes at a minimum: an implementation assistance provider or service delivery partner lead and a local research institution. Describe the technical capacity of the partner institutions to implement the abovementioned activities. Please also describe linkages to policy and advocacy institutions and champions supporting activities that advance women-centered respectful care or experience of care;

5. **Institutional and Partnership Capacity** (maximum 1 page; not scored but included in strategic and operation review). Describe your institutional financial and administrative management capacity to coordinate and implement the abovementioned activities, including management of foreign-funded (including USG-funded) projects; and
6. **Cost Share** (1 paragraph; not scored but included in strategic and operation review). Indicate what additional USG and non-USG resources you plan to bring and how they will contribute to the development of the IR case study. Stronger consideration will be given to those who meet or exceed the non-USG cost share minimum. Examples of cost-share include volunteer services, donated employee's time, donated supplies, donated equipment, donated space, project co-funding, cash contribution.

The RFI response should have a **cover page** (not included in the page limit) with the following information:

- Program/Project title;
- RFI reference number;
- Name of organization applying to the RFI;
- Contact person, telephone number, fax number, address, and types name(s) and title(s) of person(s), who prepared the application, and corresponding signatures.
- CVs of proposed personnel may be included in Annex.

6.4 FORMAT REQUIREMENTS:

- The response must be written in English;
- Typed in a Microsoft Word compatible program, single-spaced with a 12-point Times New Roman font and one- inch margins;
- Saved and submitted as one document in pdf or Word format (must be searchable and editable), with all sections and appendices combined;
- Labeled with page numbers, the RFI number (RFI-WCC-TZ-2020-002) and the name of the lead applicant organization on every page;
- And must not exceed five (5) pages not including cover page and annexes.

7. REVIEW, SELECTION AND NOTIFICATION PROCESS

7.1 RFI REVIEW PROCESS

A Technical Review Committee will evaluate the organizations' RFI response taking into account the eligibility criteria (Section 6.1) and the review criteria (Section 7.2) found in this RFI.

7.2 EVALUATION CRITERIA FOR RFI RESPONSES

RFI responses will be reviewed and evaluated against the following criteria (10 points each):

- a. Strong articulation of the **promising approach** and how it advances respectful and compassionate care in Tanzania;

- b. Demonstration of the potential **value of learning from the promising approach** and how evidence from an IR case study will inform local context and along with potential applicability to other contexts including COVID-19;
- c. **Opportunity to study aspects of a promising approach** including a description of how the partnership will be embedded into an implementation platform and leverage existing data and information sources for the IR case study development; and
- d. **Partnership description** that includes technical capacity, experience, and expertise of the proposed partnership.

The following criteria will also be reviewed as part of a strategic and operation review, but not scored:

- e. **Institutional and partnership capacity** description of financial and administrative management experience and capacity to manage foreign-funded (including USG-funded) projects.
- f. **Clear cost share plan describing applicant's strategy and ability** to contribute additional resources to the IR case study.

7.3 NOTIFICATION PROCESS

URC will review and select responses submitted in accordance with the guidelines and criteria set forth in this RFI. Short-listed applicants will be contacted to answer further questions and/or will be invited to submit full application to undertake the work referenced in this RFI. URC reserves the right to disregard any responses that do not meet the requirements. URC is not obligated to issue a financial instrument or award as a result of this RFI. If URC's review of the applicant's response will result in a decision to request a full application, URC will provide specific requirements and instructions for the full application.

7.4 CONSIDERATIONS FOR AN AWARD

In order to be eligible to receive U.S. Government funding, organizations must meet certain requirements. While these requirements do not have to be met in order to submit a response under the RFI, they will need to be met if the applicant is requested to submit a full application.

The requirements are:

- All first-time applicants for USAID funding are subject to a pre-award assessment to verify that the applicant has proper procedures in place to receive USAID funding (ADS 303.3.8)
- Each applicant (unless the applicant is an individual or Federal awarding agency that is excepted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)) is required to:
 - i. Be registered in SAM before submitting its application. Please allow several weeks for processing through SAM.GOV;
 - ii. Provide a valid DUNS number in its application; and
 - iii. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration

by a Federal awarding agency. To obtain information regarding the preceding, see the respective links: <http://www.dnb.com> and <https://www.sam.gov/portal/public/SAM/>

Those applicants that will be short-listed for the next round of this solicitation process will be required to submit the following documents upon request:

- Full application (details will be provided in full application requirements shared with short-listed applicants)
- Cost Application (details will be provided in full application requirements shared with short-listed applicants). The required documents will include:
 - Detailed Budget
 - Budget Narrative
 - Negotiated Indirect Costs Rate Agreement (NICRA) or audited financial statements to support indirect rates
 - A signed copy of ADS 303mav, Certifications, Assurances, and Other Statements of the Recipient and Solicitation Standard Provisions.
 - Complete Pre-Award Assessment Questionnaire
 - Organization's registration (e.g., certificate of incorporation, business license, certificate of registration with government).
 - Organization chart or list of company officers
 - Audited financial statements for the last two fiscal years.

Additional requirements will be specified by URC in the request to short-listed applicants.

8. ANNEXES

8.1 RESPECTFUL MATERNITY CARE BACKGROUND AND CONTEXT

The current awards support IR case studies which aim to build upon and expand the efforts of the respectful maternity care movement. Mistreatment or disrespect and abuse of women during the provision of maternity care is well-documented globally² and results from a complex confluence of determinants that often include sociocultural norms, health system constraints (e.g. infrastructure and human resource deficiencies/hierarchy/fear of being blamed), and disrespectful interpersonal interactions between clients and health providers. A conceptual taxonomy of disrespect and/or abuse in maternity services is provided in **Error! Reference source not found.** While the focus to date has been on women during childbirth in health facilities, there is also a recognition that the quality of reproductive, child, newborn and related services can impact the well-being of both the baby and mother.

The available documentation of implementation experiences is limited, but what is clear is no single intervention will solve this complex problem; addressing it requires participatory processes, multi-faceted efforts, and the engagement of a range of stakeholders (e.g. professional associations, training institutions/programs, district and facility-based management, ministries of health, community and advocacy groups, implementation assistance organizations, and development partners). Actions that advance respectful care include addressing health system infrastructure, training and support to health workers, community engagement and accountability mechanisms, addressing sociocultural and gender norms, and updating of policies and programs to highlight the importance of respectful care. **Error! Reference source not found.** provides illustrative examples of approaches that advance respectful care for mother and newborn.

Table 1: Disrespect and Abuse or Mistreatment: Categories and examples drawing from Bowser & Hill Landscape³ Analysis and the WHO Mistreatment Typology⁴

Category	Examples
Physical abuse	Hitting, slapping, pushing, sexual abuse, rape
Non-consented care	Failure to seek and receive consent before a procedure
Non-confidential care	Lack of physical privacy and/or privacy of information
Non-dignified care	Verbal abuse, negative gestures and comments
Discrimination	Differential treatment because of personal attributes

² A repository of all relevant evidence to promoting Respectful Maternity Care (RMC) and addressing disrespect and abuse (D&A) of childbearing women during facility births is available here:

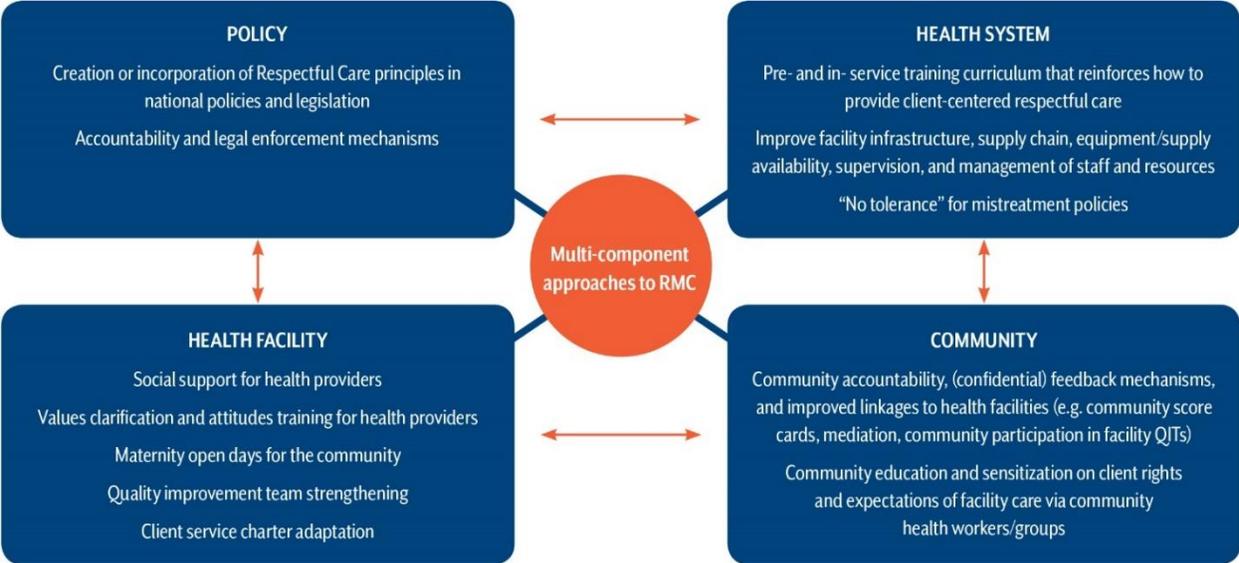
<http://rmcresources.pbworks.com/w/page/107697158/Respectful%20Maternity%20Care%20Resources>

³ Bowser and Hill (2010) "Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth: Report of a Landscape Analysis"

⁴ Bohren et al. (2015) "The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review." PLoS Medicine.

Abandonment/neglect	Neglect, delivering alone
Detention in facilities	Detention in facility until payment is made, bribes
Poor rapport between women and providers	Ineffective communication, lack of supportive care, loss of autonomy
Health System Conditions and Constraints	Lack of resources, lack of policies, facility culture

Figure 1: Illustrative examples of approaches taken to address respectful maternal care⁵



8.2 HEALTH, EVALUATION AND APPLIED RESEARCH (HEARD) PROJECT OVERVIEW

The purpose of the HEARD Project is to undertake research and evaluation efforts to accelerate progress towards achieving USAID’s global health and development goals, including Ending Preventable Child and Maternal Death, achieving an AIDS Free Generation, and Protecting Communities from Infectious Diseases Initiatives, including the Global Health Security Agenda. The HEARD Project will focus on evaluative and targeted research that accelerates research-to-use processes.

The HEARD Project is engaged with building a partnership comprised of organizations that work to advance global health goals. Partners include implementation support organizations, regional health bodies, policy advocacy groups, civil society-based evidence advocates, research organizations, and academic institutions. This strategic mix of partners will help to inform which research questions are

⁵ HEARD Project. Background Document: Disrespect and Abuse/Mistreatment and Respectful Maternity Care. <https://www.heardproject.org/wp-content/uploads/RMC-General-Background.pdf>

prioritized in different contexts, to generate and analyze evidence, and to better package and move evidence through channels which render it more accessible to inform policy and practice.

The HEARD Project seeks to:

- Effectively respond to evaluation and research-to-use global health priorities: developing the study designs and issue-specific partnerships required to navigate a complex effort along a strategic research-to-use pathway;
- Actively engage national, regional, and global-level stakeholders for the development of those priorities: engaging and supporting a growing community of interested implementers, policy makers, and investigators in shaping and promoting a more relevant research-to-use agenda and capacity; and by
- Strengthening and connecting the institutional applied research capacities required to sustain a vigorous implementation science agenda in support of global health goals, emerging threats and new opportunities.

Our approach is illustrated in Figure 1, below. Emphasizing effective stakeholder engagement and knowledge management throughout, the four main strategies of the HEARD Project are: (1) partnership and agenda development; (2) data liberation and evidence strengthening; (3) research and evaluation study design and implementation; and (4) the acceleration of evidence-to-use processes.

Figure 1. Key strategies for accelerating research-to-use.

