



Request for Applications

July 12, 2013

A. INTRODUCTION

The MEASURE Evaluation project is a cooperative agreement funded by the United States Agency for International Development (USAID) implemented by Carolina Population Center of the University of North Carolina at Chapel Hill (UNC-CH) in partnership with The Futures Group International, ICF Macro, John Snow, Inc., Management Sciences for Health and Tulane University. MEASURE Evaluation aims to strengthen monitoring and evaluation systems and build capacity of individuals, organizations and systems to collect, analyze and use data to make decisions that will result in improved health programs and policies.

MEASURE Evaluation seeks an organization to implement the Priorities for Local AIDS Control Efforts (PLACE) protocol in five regions of the Dominican Republic.

B. BACKGROUND

In the Dominican Republic, HIV prevalence is estimated to be 0.8% in the general population (DHS 2007) and 1.37% among antenatal care patients (Sentinel Surveillance Survey). It is well documented that key populations, including gay, transgender and men who have sex with men (GTM), female sex workers (FSW), and drug users (DU) play an important role in the spread of the virus. The first round of Integrated Biological and Behavioral Surveillance Surveys in 2008 found varying HIV prevalence rates among those populations across different regions of the country: between 5.1 – 7.6% of GTM; between 3.3 – 8.4% of FSW and between 5.1 – 13.7% of DU. These populations also reported inconsistent condom use, putting them at risk for transmitting or acquiring HIV. Indeed, the Modes of Transmission analysis completed in 2010 found that most new infections come from GTM (33%) as well as from the general population with a steady partner and a low risk profile (32%), underscoring the need for prevention among both the general population and key populations.

Syphilis prevalence, another important indicator for the HIV epidemic, was found to be between 6.1 and 8.7% of GTM, 5.1 to 11.1% of FSW and 6.2 to 14.3% DU testing positive. Anecdotally, a clinic in Santiago reported that 80% of the approximately 150 tested for syphilis during a 2 week free testing period were positive. Most people tested in that clinic live in low income neighborhoods, and many were youth. This high rate among a population not defined by their sexual activity is of concern.

Where resources are scarce, it is important to target programs effectively. USAID has requested that MEASURE Evaluation conduct PLACE (Priorities for Local AIDS Control Efforts) studies as an effort to map places where prevention programs can provide outreach to people with high rates of new sexual

partnerships, that is, to populations who need these efforts the most. The PLACE methodology produces results that will inform outreach to GTM, FSW and DU, but also people with risk behavior that do not fall into risk group definitions, such as youth engaging in transactional sex or other vulnerable populations. The results will also shed light on any regional differences in terms of behaviors and risk group presence. Syphilis outreach testing concurrent with PLACE surveys will provide biological measures to bolster behavioral results.

C. OBJECTIVES

Each region will be conceived of a separate study. For each region, the specific objectives are:

- To identify and map priority prevention areas (PPAs) —also known as high transmission areas or “hot spots” in regions where prevention activities are needed.
- To characterize and map high risk venues and events in each PPA where people meet new sexual partners or where drug users socialize, and where outreach activities could reach people likely to acquire and transmit infection.
- To characterize the men and women who visit high risk venues and events and women who work at these venues in each region (including the prevalence of syphilis), and identify gaps in HIV prevention services (HIV Counseling and Testing (HCT), condoms, and syndromic/etiologic STI management).

Additional objectives are:

- To describe the characteristics of key populations on a national level, including an estimation of syphilis prevalence.
- To increase the capacity of local implementing organizations and service delivery providers to collect, analyze and interpret the data, and use the information to develop regional action plans to meet the needs of people at risk for HIV.

PLACE will be carried out in five regions, in the following order of priority:

- 1) Santo Domingo – defined as the area bounded to the north by Highway 4 and the south by the Caribbean sea between San Cristóbal in the west and Boca Chica in the east, and including the port town of Bajos de Haina;
- 2) Border – defined as the areas along the western border with Haiti, including the towns of Mao, Sabaneta, Dajabón and Monticristi in the north and Comendador, San Juan, Barahona, Pedernales, and Jimani in the South;
- 3) North – defined as the towns along the beach highway from Luperón to Cabarete, including Puerto Plata and Sosúa;
- 4) East – defined as the towns of San Pedro de Macoris, La Romana, Bayahibe/Dominicus, Higüey, Punta Cana/Bavaro;
- 5) Central – defined as the cities of Santiago, Moca, Salcedo, San Francisco de Macoris and La Vega.

Defined areas of regions to be included may change during the process of study protocol development.

D. METHODOLOGY

The general PLACE protocol can be found in English at <http://www.cpc.unc.edu/measure/tools/hiv-aids/place>, including example questionnaires. The protocol and questionnaires will be adapted to the setting in the Dominican Republic in collaboration with local stakeholders and the implementing organization.

PLACE is a rapid assessment tool to monitor and improve AIDS prevention program coverage in areas where HIV transmission is most likely to occur. PLACE is designed for local program managers who want to know where to target resources to prevent new infections. PLACE systematically identifies gaps in current prevention programs, enhances the local use of these findings to improve program delivery, and monitors program coverage over time using easy-to-understand indicators and coverage maps. Although PLACE findings may be used to inform several AIDS control activities, the focus is on monitoring behavior and program coverage.

The approach taken in the PLACE method is to identify public places (such as hotels, bars, and events) where people meet new sexual partners. These places are potential intervention venues where the individuals most likely to transmit HIV can be accessed. Venues and events are identified by informants in the community. Venues are then mapped and a knowledgeable person at each venue is interviewed. Next, venue patrons and workers are interviewed about their sexual behavior and exposure to HIV prevention at a sample of venues/events. Patrons and workers are also tested for syphilis at this time.

There are five steps in PLACE:

1. Preparation and protocol adaptation in consultation with PLACE steering committee
2. Community informant surveys
3. Venue visits and mapping
4. Interviews with venue patrons and workers, including GTM, FSW and DU
5. Feedback and data use

E. SCOPE OF WORK

Five Steps of PLACE Protocol

Each step is described below including how it will be implemented in the Dominican Republic.

1. **National Level Preparation and Protocol Adaptation:** Activities include discussing PLACE with stakeholders, protocol development, selection of PPAs within regions, training of the local implementing team, and obtaining ethical clearance or approval.

The local implementing organization will organize a meeting with a group of stakeholders, including USAID and the CDC; CONAVIHSIDA, DIGECITSS and REDES; and NGOs working in different regions.

MEASURE Evaluation will help facilitate this meeting. During the meeting, the PLACE strategy will be discussed, including the protocol, geographic approach and reaching key populations. An objective of this meeting is to present a clear vision for the PLACE studies in the Dominican Republic, facilitate a collaborative environment, and to stimulate interest in the results PLACE will provide. Participants at this meeting will engage in work sessions to develop a list of types of venues where people meet new sex partners in their region and to define a minimum package of prevention services against which program coverage can be measured. Afterward, the local implementing agency will finalize the protocol in conjunction with MEASURE Evaluation, and will submit a request for ethical review or study approval with the appropriate agency.

2. **Community Informant Surveys:** Brief (10 to 20 minute) community informant interviews with hundreds of knowledgeable people in each region will be conducted to identify specific venues and events within the PPAs where people meet new sexual partners or where drug users socialize. Community informants will also be asked specifically about places where FSW, GTM and DU go to meet partners or socialize.

Community informants are people knowledgeable about the movement and behavior of people in an area. Trained interviewers ask community informants to identify venues and events where people meet new sexual partners, including sex workers and GTM.

The implementation team will brainstorm a list of the types of people likely to be knowledgeable about venues. The local investigator sets a target number for each type of informant in each region to ensure venues visited by different types of people will be named. The variety of different venue types may include youth venues, clandestine venues, small venues, popular venues, venues where men who have sex with men meet partners, venues where sex workers solicit clients, and venues where drug users socialize. Interviewers also ask about events. Bar managers, taxi drivers, police, security guards, janitors/housekeepers, street cleaners, market sellers, sex workers, STI clinic patients, health workers, truckers, college students, and street sellers have proven to be knowledgeable informants. Networks of GTM must also be contacted as informants.

Each interview of a community informant takes between 10 and 20 minutes. The informant is asked to name venues and events where people meet new sex partners, and then to indicate the location and type of each place named.

Interviewers will be trained in administering community informant interviews during a one-day training. Also during this first training day, interviewers will be trained in the PLACE method in general, ethical considerations of research, the importance of confidentiality during the study, and general interviewing techniques. MEASURE Evaluation will provide training materials that can be modified for use in the Dominican Republic and will be present during the training session. MEASURE Evaluation staff will be present during training.

Community informant data collection will be done using paper questionnaires.

After all interviews are completed, a venue/event list is made in Excel, and the number of times each venue or event is named is recorded. Some venues will be named by only one informant while others will be named by many informants. The list must indicate which venues were named as places where key populations meet new partners or socialize, and which were named as venues where the general population meets sex partners.

3. **Venue and Event Visits and Mapping:** The venues and events named by community informants will be visited and mapped. We expect to visit between 600 and 800 venues and events in each region. For each venue and event, information useful for planning outreach prevention services will be collected through a brief interview (20 to 30 minutes) with someone knowledgeable about the venue and through interviewer observations.

In this step, interviewers visit venues reported by community informants to verify the existence of the venues. At each venue, an interview is performed with a person knowledgeable about the venue (such as a manager, owner, employee or regular patron at a place of business) to obtain characteristics of the venue. These venue characteristics include number of patrons, whether people meet new sexual partners at the venue, whether sex occurs at the venue, condom availability, and whether key populations visit the venue — information important for HIV/AIDS prevention efforts. GPS coordinates (latitude and longitude) of each venue are also obtained so that the geographic distribution of venues within a PPA can be displayed on a map.

Each interviewer visits his or her assigned venues, identifies a person knowledgeable about each venue, and then requests an interview. The knowledgeable person at a venue may not be a manager or owner of that venue. At places like taxi stands, street corners, or parks, where there is no one in a position of leadership, the interviewer chooses a person who is likely to be familiar with the venue. For example, a food vendor who regularly sets up near a city park could be approached for an interview about the park. While not in a position of responsibility for the park, this person is likely to know about the types of people that visit there.

After the completion of community informant interviews, interviewers will undergo a one-day training in the use of the questionnaire, as well as in using a measuring the latitude and longitude of each venue. MEASURE Evaluation will provide training materials that can be modified for use in the Dominican Republic and will be present during the training session. MEASURE Evaluation staff will be present during training.

Venue verification data collection will be done digitally, using Android phones or tablets. Measuring mapping coordinates of venues will also be done with the digital device. The data will be uploaded to a secure server at the University of North Carolina at Chapel Hill frequently during data collection. This will eliminate the need for data entry of paper forms. MEASURE Evaluation will likely purchase the devices in the United States, transport them to the Dominican Republic, and provide training in their use. The implementing organization must have the technical capacity to learn the use and maintenance of the devices, and to troubleshoot any problems in the field.

All venues and events named will be visited and mapped to fulfill the sample size found in the table below. If the number of venues and events named by community informants is greater than the sample size of the region, MEASURE Evaluation will develop a strategy to sample which venues will be visited.

The venue list in Excel will be updated with a few variables from venue verification interviews. This updated list will be used in the next step of data collection.

- 4. Interviews and Syphilis Testing of Workers and Patrons:** A representative sample of 40 to 60 venues and events will be visited in each region for interviews with men and women socializing and with women working there. The survey will include questions about sexual behavior, condom use, drug use, exposure to HIV prevention programs, and the accessibility of services during a structured interview which takes 20 to 40 minutes. Participants will be tested for syphilis by trained staff in a mobile unit parked at or near the venue.

Before interviews with workers and patrons, MEASURE Evaluation will work with the local implementing organization to select a representative sample of venues to be included in this data collection step. The updated venue list in Excel will be used as the sampling frame.

Interviewers will return to the sampled venues at a busy time to interview all female workers and a representative sample of men and women socializing at the venue. Busy times typically include evenings, nights and weekends. A sample of patron is selected randomly; some respondents will be FSW, GTM and DU, however there are no screening questions to predetermine key populations. All participants will give a drop of blood to be tested for syphilis.

The interview includes questions about whether the respondent believes other people meet new sexual partners at the venue, if they themselves have ever met a new sexual partner at the venue, sociodemographic characteristics, number of sex partners, condom use, drug use, exposure to HIV prevention programs and access to services. This is the only step of field work in which self-reported information is gathered from respondents. The interview lasts between 20 and 40 minutes. Due to the loud environment of some venues, it may be necessary to conduct interviews outside the venue in a location where the conversation cannot be overheard by others.

Participants will receive test results as part of participation in the study and will be linked with care. The test is free to participants. Confidentiality of results is essential. Testers will record the results next to a code number assigned to each participant, and will give those results to study personnel so that syphilis results can later be linked with interview data. However, no study personnel will know the test result of any individual respondent. (Note: The mechanism for the syphilis testing portion of the study has not yet been identified. At this time, proposals should assume that outreach testing will be arranged separately and not be funded via the local implementing organization. Proposals should assume that the local implementing agency will be responsible for coordinating field work with the testing team but not for staffing mobile units with trained testers, accessing mobile units, and obtaining testing kits and supplies.)

After the completion of venue verification field work, interviewers will be trained over the course of three days using materials developed by MEASURE Evaluation and adapted by the local implementing organization. MEASURE Evaluation will be present for training.

Patron and worker data collection will be done digitally, using Android phones or tablets, as described above in the section on venue visits and mapping. Syphilis test results and corresponding participant codes must be entered into a database, such as Excel, SPSS or EpiData, that can later be merged with interview data.

Sample sizes for PLACE studies in the Dominican Republic

	Santo Domingo	Border (North and South)*	North, Central and East (each)	Total
Community Informant Interviews	1400	800	600	4000
Venue visits and mapping**	800	800	600	3400
Venues sampled for individual interviews	60	40	40	220
Patron interviews and tests	600 total (300 men 300 women)	600 total (300 men 300 women)	600 total (300 men 300 women)	3000
Worker interviews and tests	180	180	180	900

*The northern border and southern border areas will each implement half the sample allotted for the total border region.

**Sampling may be necessary

- 5. National and Regional Feedback and Data Use:** This step includes data analysis and the preparation of materials to share in feedback sessions in each region, as well as at the national level.

In each region, the local implementing organization will organize a feedback session in which local stakeholders can view a PowerPoint presentation of results, and participate in a discussion about the interpretation of results and how the information can be used to improve HIV prevention efforts. If the capacity exists, the local implementing organization will carry out data analysis and the creation of slides, tables and maps for regional feedback sessions. MEASURE Evaluation will provide technical assistance during this process. At each dissemination meeting, participants will receive a printed copy of the PowerPoint slides and frequency tables of results. The slides will include maps of venues. Products of each meeting will be a written description of the discussion, as well as written action plans that will be distributed to stakeholders via email in the week following the meeting.

After all regions have completed the PLACE studies, a report compiling the results will be produced. The analysis and report writing may be done by the local implementing organization and/or by MEASURE Evaluation staff. To share the national level results, the local implementing organization will organize and lead a two-day workshop to be attended by stakeholders from all regions. At this workshop, the national results will be shared with PowerPoint slides and with the dissemination of the locally printed report. An in-depth examination of how the results can be used to strengthen and/or expand programs will be led by consultants from Jamaica who have ten years of experience using PLACE to guide HIV programs. MEASURE Evaluation staff will also help facilitate this workshop. Products of the meeting will be a written description of the discussion, as well as written action plans that will be distributed to stakeholders via email in the week following the meeting.

Implementation Issues

MEASURE Evaluation will contract one organization to implement the PLACE studies. However, it is expected that implementation is done in a cooperative manner such that the experience of organizations working in various regions is utilized. For example, the lead organization may subcontract other organizations to implement in the regions where they currently operate. This would enable the PLACE study to benefit from the extensive knowledge of local organizations while increasing the capacity of organizations and service delivery providers to carry out research useful for their programs.

All data collection must be completed by March 2014.

Timeframe

The period of performance for this sub-agreement will be from the date of signing and shall not extend beyond June 30, 2014.

F. DELIVERABLES

The final work plan will be negotiated with MEASURE Evaluation at UNC-CH within 30 days of signing the contract. The work plan includes the subcontracting of other organizations, target dates for training and field work, and a final budget. The deliverables expected from the implementing organization include:

- Study approval from DIGECITSS or appropriate local ethical approval
- Field work reports from each region at the end of each step of the PLACE protocol (community informant interviews, venue and event visits, patron, sex worker and GTM interviews/testing, and feedback workshop). Reports include numbers of interviews completed, dates of field work, and issues encountered in the field.
- A table of the targets and actual interviews completed with community informants, by type, for each region.
- A list of venues and events where people meet new sexual partners or where drug users socialize, according to specifications in an Excel file. A separate list will be made for each region.
- Data from venue verification interviews, including geographic coordinates, uploaded to the secure server at UNC, collected using Android phones or tablets, for each region.
- A list of venues and events updated with key variables from venue visit interviews.

- Data from venue patron and worker interviews uploaded to the secure server at UNC, collected using Android phones or tablets, for each region.
- A dataset of syphilis test results and participant codes that can be linked to patron and worker interview data.
- PowerPoint slides of results, including maps, and frequency tables of results for each region.
- Report of each regional dissemination workshop, including a summary of stakeholders' interpretation of results and action plans.
- National level report, if produced by local implementing organization.
- Report of national-level dissemination workshop, including a summary of stakeholders' interpretation of results and action plans.
- Other deliverables as agreed, at the time of contract signing.

G. APPLICATION REQUIREMENTS

Organizations wishing to implement the PLACE studies in the Dominican Republic must submit an application that describes their technical, organizational and logistical capacity to do so. The proposal should be no more than 10 pages, 1.5 spaced with 1 inch margins and 11 point Arial font. Curriculum vitae, the budget, and budget narrative will not count against page limits. The application should provide the following:

Proposal Cover Sheet that clearly identifies the proposal as responding to this RFA in its title and states the vendor's address, phone numbers and URL. There should also be a contact person listed for purposes related to this procurement. The cover sheet must provide an email address so that further communication can take place to answer and ask questions.

Technical Proposal that responds to each of the items listed above. The applicant should describe in detail their experience with key populations, especially in regards to research involving these populations. Any experience incorporating STI testing into a survey, mapping, data use for HIV prevention, and how they achieve high data quality and maintain confidentiality should be explained. Many interviews will be conducted at night and on weekends. The proposal must describe the willingness of the applicant to find interviewers willing to travel and work evenings and weekends. Persons working as outreach workers for HIV programs may be used as interviewers with community informants and venue visits, but would not be appropriate for interviews with patrons and workers. The proposal must describe the ability to recruit an appropriate interviewing team.

Organizational Description that describes permanent staff and affiliated individuals that will implement the project. The applicant should name a project director to provide technical leadership and oversight. A curriculum vita of no more than 3 pages each for all technical staff should accompany the proposal.

Description of Any Constraints regarding implementing the data collection before March 31, 2014 and any other tasks before June 30, 2014.

Budget and Budget Narrative. The budget should show each line item clearly and must list salaries and level of effort per person. All travel and meeting expenses must be itemized in the budget. A budget narrative documenting assumptions, a description of line items and other documentation should accompany the budget.

H. QUESTIONS

Questions will be accepted via email at measure_rfp@unc.edu through close of business on July 22, 2013. Answers will be provided via email to each declared/intended bidder by close of business July 24, 2013. A list of all questions and answers will be posted at <http://www.cpc.unc.edu/measure/about/contracting-with-us>.

I. DEADLINE AND PROPOSAL REVIEW

The proposal must be submitted electronically to measure_rfp@unc.edu no later than 5pm EST on August 7, 2013.

Following receipt of the applications, the MEASURE Evaluation team will review the application materials and will contact a sub-set of applicants with questions and an interview via Skype or telephone. Following that, a final selection will be made and the process of developing a contract with a successful applicant will begin. All organizations not awarded the contract will be informed.