

Request for Applications

Serve as Local Research Partner for Baseline Data Collection for an Impact Evaluation of the Malawi ONSE Project

Introduction

The MEASURE Evaluation project (<http://www.cpc.unc.edu/measure>) is a United States Agency for International Development (USAID)-funded cooperative agreement led by the Carolina Population Center of the University of North Carolina at Chapel Hill (UNC-CH). MEASURE Evaluation seeks to strengthen monitoring and evaluation functions and systems and build individual, organizational, and national capacity to assess the effectiveness of public health interventions.

MEASURE Evaluation seeks a research organization to serve as our local partner for baseline data collection for an impact evaluation of the Malawi ONSE project. The purpose of this Request for Applications (RFA) is to determine the organization best suited to play this role. The successful applicant will demonstrate the superior technical, logistical, and organizational capacity needed to conduct a large-scale quantitative study. If a successful applicant is selected, they will be contracted through UNC-CH.

Malawi ONSE Overview

To support the Government of Malawi in their efforts to reduce maternal, newborn, and child mortality, USAID will fund the five-year Organized Network of Services for Everyone's Health (ONSE) project in 16 districts in Malawi. ONSE is the follow-on to USAID's flagship project in Malawi, Support for Service Delivery Integration (SSDI), which ends in March 2017. ONSE is designed to effect change through improved access to and quality of priority health services, including maternal, neonatal, and child health including nutrition (MNCH), family planning/reproductive health (FP/RH), malaria, and water, sanitation and hygiene (WASH) services. ONSE will also work to strengthen district health systems in support of MNCH, FP/RH, malaria, and WASH, and to increase community demand for these priority services.

Goals

ONSE's overarching goals are to:

- Reduce the maternal mortality rate;
- Reduce the under-five mortality rate;
- Reduce the infant mortality rate;
- Reduce the neonatal mortality rate; and
- Increase the modern contraceptive prevalence rate.

Strategy

ONSE will target 16 districts where need is greatest, based on malaria burden and the prevalence of unmet need for family planning.

Target populations include:

- Women of reproductive age (15-49);
- Children under 5 years, including a specific focus on newborns;
- Very young adolescents aged 10 to 14;

- Adolescents aged 15-24 years; and
- Pregnant and breastfeeding women.

ONSE has three activity areas that will be implemented in various combinations throughout 16 districts:

- The family health package (FHP) is ONSE’s service delivery component and is focused on improving access to and quality of MNCH, FP/RH, and WASH services. ONSE will be the primary implementer of services in the targeted districts.
- A health systems strengthening (HSS) component will be implemented to improve management, supervision of human resources for health, governance, policy implementation, and the use of data-based decision making at the district level.
- Malaria services will be provided in a subset of districts based on need, and will be integrated with the FHP.

One innovation of ONSE that is of particular interest to the impact evaluation is the “smart” approach. This approach entails three prongs of “smart” implementation: 1) “smart” capacity building targeting district and facility staff involved in managing and providing care to target beneficiaries; 2) “smart” planning that involves joint planning and needs-identification through a collaboration between the implementing partner and leadership in each district; and 3) “smart” integration with other USAID implementing partners.

The ONSE Impact Evaluation

Data collection is proposed in the ONSE project (intervention) districts of Machinga, Nkhotakota, and Salima, and in the non-project (comparison) districts of Nsanje, Ntchisi, and Ntcheu.

The evaluation has three primary research questions:

- 1) What is the impact of the ONSE project on changes in facility and health outcomes compared with changes in these outcomes in districts that did not receive the ONSE project? Did variation in the smart approaches and activities employed in each district and facility impact targeted outcomes?
- 2) How is the “smart approach” operationalized in each district?
- 3) What is the impact of ONSE’s strategic community engagement and mobilization activities on targeted outcomes compared with outcomes in communities that did not receive community engagement and mobilization support?

Each research question requires different methods of data collection and analysis, although some sources of data will be leveraged for more than one research question.

Baseline data collection will include:

- Household surveys in approximately 7200 households in the six districts named above. These surveys will include interviews with women aged 15-49 and/or caregivers of children under 5 living in these households;
- Health facility assessments from a census of public and Christian Health Association of Malawi (CHAM) facilities in the same 6 districts (approximately 200 facilities).

Note that this RFA is limited to baseline data collection. Subsequent RFAs are expected for ongoing process evaluation (document review and qualitative data collection at the district level) to be conducted from 2018-2020, and for the endline survey, which will include household surveys, health facility assessments, and a qualitative component focused on ONSE's community engagement and mobilization activities.

Activities and Responsibilities for the Local Research Partner

The objective of the baseline survey is to collect quantitative data on indicators relevant to the evaluation questions at both intervention and comparison sites. As described above, this will include household surveys and health facility assessments in six districts. The local research partner will work in close collaboration with MEASURE Evaluation to carry out the following activities:

Finalization of Data Collection Tools and Manuals

The local research partner will participate in the finalization of all data collection tools, manuals (supervisor and enumerator), household listing books, and control sheets, etc. The local research partner will be responsible for translating (and back-translating) the data collection tools and consent forms into Chichewa and potentially other local languages as necessary.

Ethics Approval

The local research partner will secure ethics approval for the study in Malawi.

Liase with Local Authorities

The local research partner will be responsible for conducting all necessary protocol visits with local authorities at all study locations prior to the start of data collection.

Recruitment of Enumerators

The local research partner will recruit a sufficient number of qualified enumerators (data collectors) to implement the household survey and health facility assessment in approximately four months (i.e., all data collection should be completed in a four-month period).

Training of Master Trainers and Pre-Test of Data Collection Tools

Prior to the training of enumerators, MEASURE Evaluation will lead a week-long training of trainers (TOT) for the local research partner. The local research partner will be asked to lead some sessions, manage all logistics, and arrange for a one to two-day pretest of the data collection tools.

Training of Enumerators

The local research partner, in collaboration with MEASURE Evaluation, will train enumerators on administration of the data collection tools and evaluation protocol prior to the beginning of data collection. MEASURE Evaluation will also train enumerators on how to use tablets for data collection. Enumerator training is expected to last two weeks, and should include a minimum of two days of field practice.

Household Listing

MEASURE Evaluation will randomly select standard enumeration areas (SEAs) in the six study districts. Prior to the start of data collection, the local research partner will conduct a household listing exercise in each selected SEA. Immediately following the listing exercise, team supervisors will randomly sample households for inclusion in the study. The sampling plan and procedures will be provided by MEASURE Evaluation.

Data Collection/Data Quality

Data will be collected from selected households and all public and CHAM health facilities in the six study districts using tablets preprogrammed by MEASURE Evaluation with the household survey and health facility assessment. Tablets will be provided by MEASURE Evaluation. Supervisors will upload data to a secure MEASURE Evaluation server each day, or whenever internet access is available. The data collection team will be responsible for conducting quality checks at different stages of field work.

A MEASURE Evaluation team member will remain in the field with the interview teams for the start of data collection to monitor data quality. Each team of interviewers should have a designated supervisor who is responsible for monitoring data quality for their team in order to ensure the integrity of the study protocol throughout the evaluation. A MEASURE Evaluation team member will also monitor the incoming data in real time to ensure data quality. The data collection team will be expected to respond promptly to data quality inquiries from MEASURE Evaluation.

Field Report

At the conclusion of data collection, the local research partner will draft a report describing the pre-test of the data collection tools, training of enumerators, all data collection and data management procedures, as well as supervisors' observations/comments and limitations/problems encountered.

Dissemination of Results

The local research partner will contribute to the development of the draft and final baseline reports concerning the results of the baseline survey. The local research partner should also plan for a full-day results dissemination meeting for approximately 40 persons, to be held in Lilongwe.

Deliverables

- Translated and back translated data collection tools and consent forms;
- Malawi ethical approval for the baseline survey;
- Finalized data collection tools and consent forms, translated and back-translated into Chichewa and other languages as appropriate. Final manuals, listing books, control sheets, etc.;
- Biweekly reports on field work preparations and progress;
- Field report as described above;
- Written comments on draft and final report and dissemination meeting;
- Provision of secure storage of all hard copy documents (e.g., consent forms)

Timeline

MEASURE Evaluation has already begun preliminary preparations for the baseline survey. The successful applicant should plan to start activities in early 2017 (estimated start date: February 2017). The expected timeframe for the main survey activities covered by this RFA is presented below:

- Translated and back translated data collection tools and consent forms: February 2017
- Submit Malawi ethics approval: February 2017
- Training of master trainers and pre-test of data collection tools: May 2017
- Final data collection tools and manuals: May 2017
- Training of enumerators: May 2017
- Household listing and data collection: June/July/August/Sept 2017
- Draft baseline report: January 2018
- Final baseline report and dissemination meeting: March 2018

Application Requirements

The successful applicant will be required to possess the following skills and competencies:

- Experience with household surveys and health facility assessments; experience with impact evaluations for health programs is strongly preferred;
- Experience managing large teams of enumerators collecting data in fieldwork settings;
- Evaluation design and research skills;
- Statistical sampling and data analysis expertise;
- Excellent project management and people management skills and the ability to deliver within timeframes as reflected in the work plan;
- Excellent writing skills in English.

Organizations wishing to serve as MEASURE Evaluation’s local research partner for the ONSE baseline survey should submit:

- 1) A **Cover Letter** that clearly identifies the application is responding to this “Malawi ONSE RFA” and stating the applicant organization’s name, address, phone numbers, URL, and main email address. There should be a contact person listed for any purpose related to this RFA.
- 2) A **Technical Proposal/Scope of Work** that describes in detail the approach to addressing the technical and logistical requirements to conduct a household survey and health facility assessment of the magnitude described above. The approach should describe:
 - The languages necessary for translation given the study locations;
 - A plan for obtaining ethics approval for the study, highlighting past experience obtaining ethics approval for health evaluations in Malawi;
 - A recruitment plan for enumerators (qualifications, where recruited from, size of overall team, number of team members, etc.);
 - Training topics for enumerator training;
 - A discussion of data collection logistics and data quality measures.

The technical proposal should highlight any activities that will build local evaluation research capacity, including that of the data collection team itself. The applicant should also include a description of its organizational resources that will be used to carry out the required tasks.

The technical proposal should be no more than 15 pages, 1.5 spaced with 1 inch margins and 11 point Calibri font.

- 3) A **Detailed Timeline** that lays out all the project activities and tasks with projected completion dates for each activity and task.
- 4) An **Organizational Description and Experience Statement**. The applicant should provide a brief description of the overall governance structure of their organization. The applicant should present the proposed organization and governance structure for the implementation of the 2017 ONSE baseline survey. The applicant should describe the number and roles/responsibilities of the staff that will implement the survey.

The applicant should name the key technical and administrative/financial personnel that will be involved in the activities. It should name a Principal Investigator and a Chief

Administrative/Financial Officer who will serve as the main technical and financial liaison persons with MEASURE Evaluation. CVs of key staff should be included in the application.

The applicant should also describe their organization's past experience successfully organizing and conducting household surveys and health facility assessments in Malawi. The applicant should provide a description of past projects (up to 5, with no more than 1 page description per project; these pages will not count to overall length of the application). The demonstrated capacity to do high quality work will be a crucial consideration.

The organizational description should be no more than 3 pages, 1.5 spaced with 1 inch margins and 11 point Calibri font, exclusive of CVs and past projects.

- 5) A **Description of Financial/Accounting Structures and Practices**. The applicant should provide key information related to their financial/accounting procedures. It should submit, on letterhead, a statement of how the applicant calculates any indirect costs (if charged in the budget).

The description should be no more than 2 pages, 1.5 spaced with 1 inch margins and 11 point Calibri font.

- 6) A **Detailed Budget and Budget Narrative** that breaks down costing information by line item. It should include, but is not be limited to the following cost categories:

Personnel cost: List name and/or position title, annual base salary or daily rate, percent of effort or number of workdays for each category of staff (e.g., principal investigators, field coordinator, supervisor, enumerator, etc.). Please provide justification and a description of responsibilities for each category of staff.

Training: Include expenses for training of master trainers and training of enumerators, such as lunch and tea breaks, training materials, venue, and per diem.

Travel/Transport: List travel/transport expenses, such as vehicle rental, driver per diem, etc., for training and data collection.

Other Direct Costs: Indicate cost for printing of supervisor and enumerator manuals, consent forms, listing books, control sheets, etc.; equipment and material used for data collection and management; cost of dissemination meeting; bank transfer fees; and any other direct costs. *(Note: Tablets for data collection will be preprogrammed and provided by MEASURE Evaluation. They do not need to be included in the budget; however the subcontractor should budget for costs associated with Internet access and data uploads).*

Budgets can be supplied in a separate spreadsheet along with budget notes in a Word document.

Deadline

Proposals must be submitted electronically to measure_rfp@unc.edu by 8 am on U.S. Eastern Standard Time on November 28, 2016. The submission should include all materials related to the application.

Questions

Questions will be accepted via email at measure_rfp@unc.edu until 5pm U.S. Eastern Daylight Savings Time until October 31, 2016. Answers will be provided via email to each declared/intended bidder by 5pm U.S. Eastern Standard Time on November 7, 2016. A list of all questions and answers will be posted at <http://www.cpc.unc.edu/measure/about/contracting-with-us>.

Proposal Review and Notification of Intent to Enter into a Sub-Agreement

Following receipt of applications, MEASURE Evaluation will review the received materials and may conduct a second round review of “best and final” applicants. If this occurs, MEASURE Evaluation will follow-up with specific questions and may request additional information from the “best and final” applicants. Applications will be reviewed in terms of their technical soundness, organization past experience, quality of key staff, and financial competitiveness. MEASURE Evaluation will inform the successful applicant by December 21, 2016. The process of developing a sub-agreement with the successful applicant will then begin.

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