



Request for Proposal # 2022-038

Support for Evaluation of Peer Supervision Model for CHVs in Madagascar

I. Summary of Deadlines

Release of Request for Proposal	August 4, 2022
Confirmation of interest due	August 11, 2022
Fact-finding questions received by	August 11, 2022
Response to fact-finding questions	August 17, 2022
Proposals due	August 31, 2022
Bidders notified of decision	September 9, 2022

Note that PATH reserves the right to modify this schedule as needed. All parties will be notified simultaneously by email of any changes.

II. PATH Statement of Business

PATH is the leader in global health innovation. An international nonprofit organization, we save lives and improve health, especially among women and children. We accelerate innovation across five platforms—vaccines, drugs, diagnostics, devices, and system and service innovations—that harness our entrepreneurial insight, scientific and public health expertise, and passion for health equity. By mobilizing partners around the world, we take innovation to scale, working alongside countries primarily in Africa and Asia to tackle their greatest health needs. Together, we deliver measurable results that disrupt the cycle of poor health. Learn more at www.path.org.

III. Project Background

The U.S. President's Malaria Initiative (PMI) Insights Project partners with malaria-endemic countries to ensure the most effective and efficient use of resources to fight malaria and save lives. Working in collaboration with national malaria programs (NMPs) and country research institutions, the project designs, implements, and disseminates research that identifies best practices for control and elimination, informs strategies to achieve and maintain high levels of intervention coverage, and guides deployment of new tools and approaches.

In the *PMI Strategy 2021-2026: End Malaria Faster*, the strengthening of community health systems is elevated as one of the key strategic focus areas to achievement of the outlined goals and objectives of the strategy. Under the strategic focus area, emphasis has been placed on improving the quality of community health services and extending the reach and range of community health services, with a predominant focus on services provided by community health workers (CHWs). A key component of community health systems is the provision of supervision, as a means of strengthening and reinforcing CHWs knowledge, skills, and performance in the provision of care and in reporting of services provided. However, CHWs often do not receive adequate supervision. To address this challenge, many countries are testing different approaches, such as creating new cadres of dedicated supervisors in an effort to ensure CHWs receive adequate supervision, with the overall aim of contributing to improved quality care delivered by CHWs.

To this end, the Community Health Team at PMI has expressed interest in conducting an evaluation of a new peer supervision model being rolled out in Madagascar. The USAID Accessible Continuum of Care and Essential Services Sustained (ACCESS) Program in Madagascar is supporting the rollout of the new peer supervision model in collaboration with the Ministry of Public Health (MoPH) and the National Malaria Control Program (PNLP). The evaluation of the new supervision model is expected to provide important evidence around this new model, with relevant findings for other country CHW programs. The PMI Insights project proposes to conduct the evaluation in partnership with a research institution in Madagascar.

Madagascar Community Health Volunteer Program

Madagascar recently launched a national strategy to strengthen community health, which outlines its plans to institutionalize its 35,000-community health volunteer (CHV) cadre (known locally as agents communautaires, or ACs) and strengthen community health. The strategy includes a focus on improving including supervision of CHVs. CHVs within Madagascar have traditionally been supervised by health providers based at basic health centers (known locally as CSBs), whose catchment area includes the CHV's village. However, insufficient staff in the CSBs and workload demands have resulted in CHVs receiving inadequate supervision. Thus, to balance the need for supervisory support for CHVs with the workload demands of the CSB supervisors, Madagascar has proposed in its National Strategic Plan to Strengthen Community Health, 2019-2030, to develop a peer supervision cadre (known as CHV peers, or ACPs in French) to provide supervisory support to CHVs. Peer supervision provided by the CHV peers is expected to be complemented by clinical supervision provided by the CSB supervisors. The USAID ACCESS Program is helping to identify and prepare eligible CHVs to take on the role of peer supervisors. The peer supervision model is first being rolled out in 4 Southern regions of the country (Atsimo Andrefana, Atsinanana, Vatovavy, and Fitovinany), with plans to expand to 7 northern regions of the country (Menabe, Melaky, Boeny, Sofia, Diana, Sava, and Analanjirofo) with USAID ACCESS Program support. The National Strategic Plan includes the eventual implementation of the supervision model in all 23 regions of the country.

Peer supervision model

The supervisory support that peer supervisors provide is intended to be primarily in non-clinical domains. Under the new supervisory model, the CSB supervisors’ role will shift to a supervisory role of the peer supervisors; however, they will continue to provide clinical supervisory support to the CHVs through their quarterly onsite supervisory visits. The specific duties of the peer supervisors and the CSB supervisors are summarized in Table 1.

Table 1. Summary of Peer Supervisor and CSB Facility Supervisors Duties

Peer Supervisor Duties:	CSB Facility Supervisors Duties for community health program
<p><i>Peer supervisory support for CHVs:</i></p> <ol style="list-style-type: none"> 1. Compile CHV register data 2. Compile CHV purchase orders 3. Perform knowledge tests of CHVs (one test per CHV every 3 months) 4. Provide quarterly on-site supervision using the supervisory checklist (non-technical components) 5. Carry out activities as a CHV in their village (Toby) <p><i>CSB support:</i></p> <ol style="list-style-type: none"> 1. Assist CSB facility staff during: <ul style="list-style-type: none"> ● Vaccination sessions, growth monitoring of children aged 0-5 years ● Preparation for CHV monthly meetings, which includes sorting out EPI cards and sorting out pregnant women’s follow-up forms ● CHV monthly meetings: Prepare minutes of the meeting; issues list of patients lost to follow-up (for vaccination and ANC); and sending invitations to CHVs. 	<p><i>Supervisory support for peer supervisors:</i></p> <ol style="list-style-type: none"> 1. Supervise peer supervisors in their roles as CHV and peer supervisor 2. Assess individual performance of the peer supervisor 3. Certify CHVs to serve as peer supervisors 4. Monitor CHVs reported as problematic by peer supervisors 5. Analyze community data 6. Send compiled community monthly report 7. Integrate CHVs’ order into their order to PhaGeDis 8. Ensure the peer supervisor’s terms of reference are followed <p><i>Supervisory support for CHVs:</i></p> <ol style="list-style-type: none"> 1. Provide clinical supervision of CHVs through quarterly onsite supervision visits

Evaluation Objectives

The USAID ACCESS Program, PMI Madagascar, the Madagascar MoPH, and the PNLN have requested an evaluation of the new supervisory model with the overarching aim of documenting how the model works, what aspects of the model work well or do not work well and why, and areas for further refinement/improvement of the model. The information generated from the evaluation will inform how the model should be scaled-up in Madagascar and provide learnings for improving CHW supervision more broadly.

The specific objectives of the evaluation are:

1. To understand and describe how the new peer supervision model is intended to work to influence specific outcomes, including for example, CHV motivation, satisfaction with their role/position

and support received, performance in terms of data reporting, stock management, community utilization/demand for their services, and quality of care.

2. To assess what aspects of the peer supervision model are and are not working well and why, and to identify areas for improvement to the model to guide scale-up to the rest of Madagascar. This will include assessing the intervention implementation fidelity.
3. To assess the acceptability and feasibility of the model among key stakeholders (CHVs, peer supervisors, CSB facility supervisors), to inform scale-up within Madagascar and replicability in other settings.
4. To evaluate the added value of the peer CHV supervision model on CHVs', peer supervisors' and CSB facility supervisors' motivation, satisfaction, workload, and overall performance.

Evaluation phases and design

Given the proposed evaluation objectives, it is intended that the evaluation will be conducted using a phased approach. The first phase of the evaluation will focus on addressing the first three evaluation objectives. Based on the findings from the first phase of the evaluation, the PMI Insights project in collaboration with the selected Madagascar research institution, PMI, the MoPH/PNLP, and other evaluation stakeholders will determine whether to move forward with the second phase of the evaluation, which would address the fourth evaluation objective through an outcome evaluation.

Based on the overarching objectives of the evaluation, PMI Insights envisions that the evaluation design would include a mixed methods approach for both the first and second phase of the evaluation drawing upon primary as well as secondary data sources. Key secondary data sources would include routine program monitoring data and program documentation around the new peer supervision model, intervention implementation fidelity, and performance of the CHVs and peer supervisors.

For the first phase, secondary data collection and analysis will be conducted using program monitoring reports, supervisory checklists, and other available sources. Primary data collection will include key informant interviews (KIIs) and focus group discussions (FGDs) with CHV peer supervisors, CHVs, CSB supervisors, community leaders, and USAID ACCESS program managers in the four southern regions of the country (Atsimo Andrefana, Atsimo Antsinanana, Vatovavy, and Fitovinany) where the peer supervision model is first being rolled out. A minimum of 8 communes across the four regions will be sampled, with the potential to sample up to 18 communes. In each commune, KIIs will be carried out with approximately 2 CHV peer supervisors, 2 CSB supervisors, and 1 community leader, and 1 FGD with CHVs. KIIs will also be conducted with approximately 5 USAID ACCESS program managers. Table 1 outlines the proposed KIIs and FGDs for the first phase.

Table 1. Types and totals of expected interview participants

Participant	Interview type	Participants per commune	Participants (sample of 8 communes)	Participants (sample of 18 communes)
CHV peer supervisors	KII	2	16	36
CHVs	FGD	12	96 (8 FGD)	216 (18 FGD)
CSB facility supervisors	KII	2	16	36
Community leaders	KII	1	8	18
ACCESS program managers	KII	0	5	5
Total		17	141	311

The exact design and methods involved in second phase will be determined toward the end of the first phase (August/September 2023) based on the findings from the first phase. A cross-sectional approach with convergent mixed methods to assess CHV performance is anticipated. A separate protocol will be developed to detail the methods for the second phase.

Evaluation timeframe

The USAID ACCESS Program was launched in 2018 and is expected to go through September 2023; with program activities planned to wrap up by June 2023. Given the program timeframe, the data collection activities for the first phase of the evaluation will aim to be completed by May 2023. Analysis, writing up of the first phase of the evaluation findings, and dissemination and uptake of evaluation findings activities are expected to go through December 2023. The timeline for the second phase of the evaluation will be determined after the initial findings from the first phase are available, with a projected overall timeline of August 2023 through September 2024.

IV. Scope of Work and Deliverables

PATH seeks expressions of interest from interested institutions to co-lead on the design and implementation of this evaluation study, and on the dissemination of the findings from the study. The initial tasks laid out in this scope of work are for the first phase of the evaluation. A second scope of work will be developed to cover the second phase of the evaluation, in the event that the second phase is approved to move forward. PATH is interested in identifying a partner who will be interested and able to perform the tasks for both phases of the evaluation.

The specific tasks under this scope of work for the first phase of the evaluation include:

1. Collaborate on the development of the protocol outlining the methodology and data collection tools for the evaluation study.
2. Communicate and engage with MoH-PNLP, ACCESS and other relevant malaria partners in Madagascar to design, plan and implement the study. Coordinate closely with key contacts in the four target study regions to organize data collection.
3. Submit and obtain the necessary ethics approvals to conduct the evaluation in Madagascar (e.g., MoH IRB review).
4. Organize and conduct the training of data collectors and pilot-testing of the data collection tools.
5. Provide inputs into the development of a research use plan for the evaluation study. The research use plan includes a mapping of the key stakeholders for the evaluation, defines how the evaluation results will be used and by whom, and includes a stakeholder engagement and dissemination work plan to facilitate the uptake of the evaluation findings.
6. Organize and conduct key informant interviews and focus group discussions with community health volunteers (CHVs), CHV peer supervisors, health facility staff (CSBs facility supervisors), community leaders, USAID ACCESS Project staff, and MoPH/PNLP staff engaged in community health programming.
7. Transcribe the interviews/focus group discussions and translate them into French and English.
8. Lead the coding and analysis of interviews with support from PMI Insights staff.
9. Lead the write up of the key findings of the evaluation study in a full report, with support from PMI Insights staff.
10. Co-facilitate meetings and webinar(s) with evaluation stakeholders to facilitate their engagement and uptake of the findings from the study.

11. Participate in regular check-in meetings with the PMI Insights project team, and in meetings with PMI to update on the progress of the evaluation.

PATH is looking for an institution that has experience in conducting mixed methods research and/or evaluation studies. The institution will demonstrate experience and expertise in malaria control and elimination and/or in community health programming. The institution will possess experience in carrying out qualitative research, specifically key informant interviews and focus group discussions, thematic analysis, and report development. Quantitative research skills and experience with conducting household or community surveys is also required for this project. The institution will ideally possess French and English language capabilities. The institution will also be required to build and develop relationships with key contacts in the four target study regions.

The anticipated timeframe for the Phase I scope of work is from September 2022 – December 2023, and the projected timeline for Phase II would be from August 2023 – September 2024.

As the concept note for this Scope of Work is still subject to USAID/PMI approval, there may be additional changes to this Scope of Work; Offerors will be notified of any changes to this Scope of Work, and if so, all Offerors will be given an opportunity to make required amendments to their proposal based on those changes before a final selection is made.

V. Proposal Requirements - Financial

Provide itemized costs for the total scope of this project, based on the scope of work and deliverables outlined in Section IV. The final scope of work may be subject to negotiation; however, bidder selection will be made against the original scope of work. Bids should include itemized costs for key elements of the scope of work, as follows:

- Percent participation in total level of effort according to key staff.
- Rates of key staff.
- Estimated total level of effort and associated costs.
- Itemization of all other costs, e.g., agency costs, agency fees, sub-contracted resources, administrative costs, supplies, tax, etc.

VI. Proposal Requirements – Technical

Offerors are asked to provide a technical proposal, which includes three components: a technical approach, a summary of institutional qualifications, and a sample of work that demonstrates their experience in qualitative research. The total page limit for the technical approach and summary of institutional qualifications is **10 pages**; the sample of work is not included in this page limit.

Technical approach. The technical approach to accomplish the Scope of Work and Deliverables per section IV, including:

- Description of technical approach.
- Highlight any proposed modifications that the Offeror would suggest to better achieve the outcomes of the evaluation, as discussed in the RFP’s Background section
- Discussion of project management and roles of project team.
- Approach to conducting study activities in the specified geographical zones.

- Timeline to meet the deliverables.
- Potential obstacles and plan to overcome them.

Summary of institutional qualifications. Provide information on your overall qualifications, including:

- Profile of relevant institutional qualifications.
- Profile of relevant experience and examples of related work.
- Qualifications of key members of the proposed project team
- Proposed level of effort for each member of the team.

Sample of work. Offerors shall also submit a sample of their work (e.g., report, publication) that demonstrates their experience in either qualitative research and/or mixed methods research.

VII. Proposal Evaluation Criteria

The following is a list of significant technical criteria against which proposals will be assessed. Proposals will be evaluated on a best value basis, meaning that technical scores will also be weighted against Offerors’ costs. The criteria are listed in order of priority:

Demonstrated technical understanding of scope of the work, including suggested modifications	<u>20 pts</u>
Institutional capabilities/past experience relevant to the scope of work	<u>10 pts</u>
Relevancy of skills and experience of proposed staff/individuals to work on the scope	<u>5 pts</u>
Demonstrated experience working with the Madagascar MOH, PNLP, the ACCESS Project, or with other key stakeholders in the proposed evaluation study regions or direct relevant experience working in the evaluation study regions	<u>5 pts</u>
Reasonableness of proposed level of effort for the individual team members	<u>5 pts</u>

Note: PATH reserves the right to include additional criteria.

VIII. Instructions and Deadlines for Responding

A. PATH contacts

Technical/Program Contact: sherrera@path.org

Procurement Contact: kvu@path.org

B. Confirmation of interest

Please send a statement acknowledging receipt of this solicitation and your intent to respond or not respond no later than **August 11, 2022**. Send the confirmation to the contacts listed above.

C. Fact-finding questions

Questions on this solicitation will be accepted via email to the contacts listed above through **August 11, 2022**. Questions and answers to all questions will be provided on **August 17, 2022** to all participants who

confirmed interest. Please note that responses will not be confidential except in cases where proprietary information is involved. Inquiries after this date cannot be accommodated.

D. Proposals due: **August 31, 2022**

Completed proposals should be submitted by email to the contacts listed above. The subject line of the email should read: RFP # **2022-038 Your Company Name**.

E. Selection of short-list

PATH reserves the right to select a short list from the bids received. PATH has the option to interview and discuss specific details with those candidates who are on the short-list.

F. Conclusion of process

Applicants will be notified of PATH's decision by September 9, 2022. Final award is subject to the terms and conditions included in this solicitation, as well as successful final negotiations of all applicable terms and conditions affecting this work.

IX. Terms and Conditions of the Solicitation

A. Notice of non-binding solicitation

PATH reserves the right to reject any and all bids received in response to this solicitation and is in no way bound to accept any proposal.

B. Confidentiality

All information provided by PATH as part of this solicitation must be treated as confidential. In the event that any information is inappropriately released, PATH will seek appropriate remedies as allowed. Proposals, discussions, and all information received in response to this solicitation will be held as strictly confidential, except as otherwise noted.

C. Conflict of interest disclosure

Suppliers bidding on PATH business must disclose, to the procurement contact listed in the RFP, any actual or potential conflicts of interest. Conflicts of interest could be present if; there is a personal relationship with a PATH staff member that constitutes a significant financial interest, board memberships, other employment, and ownership or rights in intellectual property that may be in conflict with the supplier's obligations to PATH. Suppliers and PATH are protected when actual or perceived conflicts of interest are disclosed. When necessary, PATH will create a management plan that provides mitigation of potential risks presented by the disclosed conflict of interest.

D. Communication

All communications regarding this solicitation shall be directed to appropriate parties at PATH indicated in Section VIII. A. Contacting third parties involved in the project, the review panel, or any other party may be considered a conflict of interest and could result in disqualification of the proposal.

E. Acceptance

Acceptance of a proposal does not imply acceptance of its terms and conditions. PATH reserves the option to negotiate on the final terms and conditions. We additionally reserve the right to negotiate the substance of the finalists' proposals, as well as the option of accepting partial components of a proposal if appropriate.

F. Right to final negotiations

PATH reserves the option to negotiate on the final costs and final scope of work and reserves the option to limit or include third parties at PATH's sole and full discretion in such negotiations.

G. Third-party limitations

PATH does not represent, warrant, or act as an agent for any third party as a result of this solicitation. This solicitation does not authorize any third party to bind or commit PATH in any way without our express written consent.

H. Proposal Validity

Proposals submitted under this request shall be valid for 90 days from the date the proposal is due. The validity period shall be stated in the proposal submitted to PATH.