REQUEST FOR INFORMATION

RFI SOLICITATION NUMBER: RFI-WCC-2020-001

UPDATED

Implementation Research Case Studies:
Approaches to Advance Respectful Woman-Centered Care

DATE OF UPDATED ISSUE: October 2, 2020

RFI OPEN DATE AND TIME FOR APPLICATIONS:

Applications are currently being accepted and will reviewed on a rolling basis in accordance with the schedule below

SCHEDULE OF DUE DATES FOR APPLICATIONS:
October 15, 2020, 5:00 PM (EDT)
November 30, 2020, 5:00 PM (EST)
January 15, 2021, 5:00 PM (EST)
March 1, 2021, 5:00 PM (EST)

RFI EXPIRATION DATE AND TIME:

March 1, 2021 5:00 PM (EST)

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

Deadline for Questions: **October 8, 2020 5:00 PM (EDT)**

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

Questions and Answers Virtual Session: October 9, 2020 (tentative); time to be confirmed

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 applications is contingent on the availability of funds from USAID.

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

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1. PURPOSE OF THE RFI

The HEARD Project seeks to support the identification and documentation of significant learning opportunities that can inform the implementation of program and policy interventions that advance the provision of respectful care in woman-centered health services. The purpose of this RFI is to solicit short applications that may receive funding to develop a learning **case description** or **case study**.

2. LEARNING OBJECTIVES

The objective of this solicitation is to make awards to successful applicants to produce *either* a learning **case description** or **case study** that will:

a. Document experience from planned, existing or recently completed implementation efforts – successful or not – intended to increase the evidence base around how to deliver woman-centered respectful care approaches in low- and middle-income country (LMIC) settings;
b. Engender collaboration within implementation science partnerships to document and assess how implementation approaches can be sustained, and replicated in other contexts;
c. Leverage learning to engage stakeholders in the better use of data and evidence informing respectful care program strategies and policy advocacy.

3. KEY TERMS & DEFINITIONS

3.1 PROMISING APPROACHES FOR RESPECTFUL CARE DEFINITION

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. 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. (Reference the Annex for more information on approaches).

3.2 CASE DESCRIPTION DEFINITION

A case description is defined here as a structured analysis (i.e. description) of a "case" or particular experience that affords an opportunity to generate and apply lessons learned. The scope is open to one or more examples from an Implementation Assistance Provider (IAP)[1] that operates in multiple country settings. The expectation is a case description design will build from a structured outline/format and will employ methods such compilation, synthesis and assessment of existing program documentation in order to inform global programming for respectful care.

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[1] Implementation Assistance Providers, for the purposes of this RFA, are defined broadly to be non-governmental organizations that leverage development assistance funding in support of low- and middle-income country governments to implement programs in health and related sectors.

Specifically, we are interested in case descriptions that explore and document the range of IAP experiences developing and implementing respectful care programming in LMICs. This may include current or past activities (successfully or unsuccessfully implemented) or activities that are planned, but not yet implemented. The case descriptions will illustrate opportunities and challenges related to the design and implementation of respectful care programming. The assessment will culminate in a report which will form inputs to a broader consultation on respectful care programming.

3.3 (IR) CASE STUDY DEFINITION

Implementation Research (IR) case study is defined here as an approach to investigate and generate an in-depth understanding of a complex issue within its real-life context[2]. The scope is limited to one example of an implemented promising approach. The IR case study requires a research design and employs both use of existing program data along with some additional data collection. Research designs will be co-created if an applicant successfully advances to the next round.

3.4 COMPARISON OF CASE DESCRIPTION AND CASE STUDY

	Case Description	Case Study
Topic and scope	One or more examples of promising approaches to advance respectful care (planned or implemented) roughly within the last 12-18 months.	A promising approach to advance respectful care that is being implemented or was implemented within roughly the last six months in a priority LMIC.
Design, methods and example indicators	Co-created structured outline/format (facilitated by HEARD); use of existing program data and documentation. Example indicators: feasibility, acceptability, adaptability, sustainability, scalability, and cost-effectiveness.	Co-created research study design (facilitated by HEARD); use of existing program data and documentation combined with additional sources of primary data. Example indicators: feasibility, acceptability, adaptability, sustainability, scalability, and cost-effectiveness.
Who Produces it	IAP operating in multiple LMIC settings/countries	Global or local IAP and local research institution in priority LMICs

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[2] Our definition of case study is reflective of Yin, who states a case study is "an empirical inquiry that investigates a contemporary phenomenon (the "case") in depth and within its real-life context, especially when the boundaries between phenomenon and context may not be clearly evident" (Yin, 2013, Case Study Research: Design and Methods, 5th Edition).

4. DESCRIPTION OF SUCCESSFUL RFI SUBMISSIONS

Successful RFI applicants will describe learning opportunities and value in terms of how the analysis will contribute to broader understanding of approaches, challenges and opportunities associated with advancing respectful care program design, implementation, scalability, sustainability and replicability.

Applicants must demonstrate managerial, financial, and administrative institutional capacity to achieve the results outlined in this RFI and the ability to mobilize modest cost share resources (20%) to contribute to the development of the case study or case example. Types of cost share contribution may include volunteer services, donated employee's time, donated supplies, donated equipment, donated space, project co-funding, cash contribution.

5. TIME FRAME AND AWARD AMOUNT

The RFI applicants selected to move to the next round will be notified by email. Decisions on applicants selected to the next (full application) phase will happen within one (1) month from submission due date. Case studies are expected to be completed within 6 months or less; and case descriptions are expected to be completed within 3 months or less. Awards are anticipated to be 20,000-50,000 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. IAP applicants interested in **case description development** must have an implementation platform and programming (planned, previously implemented or ongoing) relevant to respectful care and be an organization that operates in multiple LMIC settings/countries. Applicants interested in **case study development** must demonstrate active partnership between an IAP (global or local) and a relevant local research institution in the proposed LMIC setting;

2. 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;

3. Applicants must have or be able to secure a minimum of 20% of the total resources needed for the IR case study as a cost-share contribution from non-US Government funds. Types of cost share contribution may include volunteer services, donated employee's time, donated supplies, donated equipment, donated space, project co-funding, cash contribution.

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 updated RFI: **October 8, 2020, 5:00 PM (EDT)**

- Questions and Answers Virtual Session: tentatively scheduled on **October 9, 2020.** Time to be confirmed. If you are interested in this Q&A session, please email us at heard@urc-chs.com by October 8, 2020

- Due date for applications: **Applications are currently being accepted and will reviewed on a rolling basis, in accordance with the schedule below:**

  Schedule of due dates for short applications:

  > **October 15, 2020, 5:00 PM (EDT)**
  > **November 30, 2020, 5:00 PM (EST)**
  > **January 15, 2021, 5:00 PM (EST)**
  > **March 1, 2021, 5:00 PM (EST)**

- RFI Expiration Date: **March 1, 2021, 5:00 PM EST**

- Number of award(s) expected: two to five

- One organization can submit a maximum of **one (1) application to Case Study Development**, and **one (1) application to Case Description Development.** Organizations cannot apply for both a case study and case description in the same application.

- Maximum page length of the RFI response: 5 pages maximum (not including Cover Page, Annexes)

- Language for RFI response: English and French (English is preferred)

- At this time, country scope for the case studies only is limited to the following countries:
  - Bangladesh, Ghana, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Rwanda, Senegal, Tanzania, Uganda, Zambia

All responses received by the deadline will be reviewed for responsiveness to the specifications outlined in Section 6. Applicants are advised to carefully read the instructions.

Questions about the RFI must be submitted by email to heard@urc-chs.com by **October 8, 2020, 5:00 PM (EDT)**

Responses to the RFI must be submitted by email to heard@urc-chs.com, **by the due dates indicated in the due dates schedule above.**

The page limit for the RFI response is five (5) pages (not including Cover Page and Annexes) and should be typed in a Microsoft Word compatible program, single-spaced with a 12-point Times New Roman font and one-inch margins and submitted as one document in pdf or Word format (must be searchable and editable), with all sections and annexes combined. See Section 6.4 Format Requirements for additional details.

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 CONTENT AND SCORING OF THE RFI RESPONSE

The RFI response must be specific, complete and presented concisely. RFI responses must contain the following sections as outlined below. *Only the short technical response outlined below is required for the purposes of this RFI.* A Technical Review Committee will evaluate the organizations' RFI responses taking into account both the eligibility and quality of the responses to the required information indicated below. Total points based on evaluation criteria are found in parenthesis. Additional information will be solicited if applicants advance to the full application phase (see Section 7.2 below).

A. Response Outline

1. **Learning Opportunity Overview** (worth 10 points). In this section, describe the opportunity to create a case study or case description. This includes a detailed description of 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** (worth 10 points). In this section present the potential value of the case description or case study. Describe how the learning would add to global knowledge base around opportunities and challenges related to designing, implementing respectful care efforts – including how your case description or case study would contribute to global learning and inform future implementation strategies, programming investments, donor priorities, and local stakeholder engagement.

3. **Design and Methods** (worth 10 points). In this section, describe the aspects of the promising approach(es) proposed to be studied, and other existing data or information sources that can be leveraged for the case study or case example development. Sources of information may include existing program documentation and monitoring and evaluation data; strategic plans and agendas, for example. Explain how learning from the case study or case description proposed would be embedded into the existing implementation platform and how this award would complement, (and not duplicate), existing resources for implementation and learning;

4. **Partnership Description** (worth 10 points). Describe the technical capacity of the partner institutions to implement either the proposed case study or case description. Please also describe linkages to policy and advocacy institutions and champions supporting (or who could be supporting) activities that advance respectful care.

   For those seeking support for case study development, propose a partnership that includes at a minimum: an implementation assistance provider or service delivery partner lead and a local research institution.

5. **Institutional Capacity** (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** (not included in the page limit and 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 case study OR case description. Stronger consideration may be given to those who meet or exceed the 20% 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. HEARD can work with applicants to determine strategies for meeting the cost share requirement.

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;
- Indicate if you are submitting a case description or case study;
- Contact person, telephone number, fax number, address, and 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 (French is allowed, but English is preferred);
- 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-2020-001) and the name of the lead applicant organization on every page;
- Must not exceed five (5) pages not including cover page and annexes.

7. REVIEW, SELECTION AND NOTIFICATION PROCESS

7.1 RFI REVIEW PROCESS

Responses will be accepted by email on a rolling basis in accordance with the schedule indicated in Section 6.2 and reviewed within one (1) month of applications' respective submission due date (see schedule for due dates). A Technical Review Committee will review and evaluate the organizations' RFI responses taking into account the eligibility criteria (Section 6.1) and the review criteria (Section 6.3) found in this RFI.

7.2 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.

7.3 CONSIDERATIONS FOR AN AWARD

In order to be eligible to receive U.S. Government funding, organizations must meet certain requirements. These requirements **do not** have to be met in order to submit a response under the RFI but will need to be met at a later date 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;

    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/

- Please allow several weeks for processing through SAM.GOV.

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:

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

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

8. ANNEX

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 globally[3] 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 *Table 1*. 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. *Figure 1*. 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 Landscape[4] Analysis and the WHO Mistreatment Typology[5]

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
Abandonment/neglect	Neglect, delivering alone
Detention in facilities	Detention in facility until payment is made, bribes

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[3] 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
[4] Bowser and Hill (2010) "Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth: Report of a Landscape Analysis"
[5] Bohren et al. (2015) "The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review." PLoS Medicine.

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 care[6]
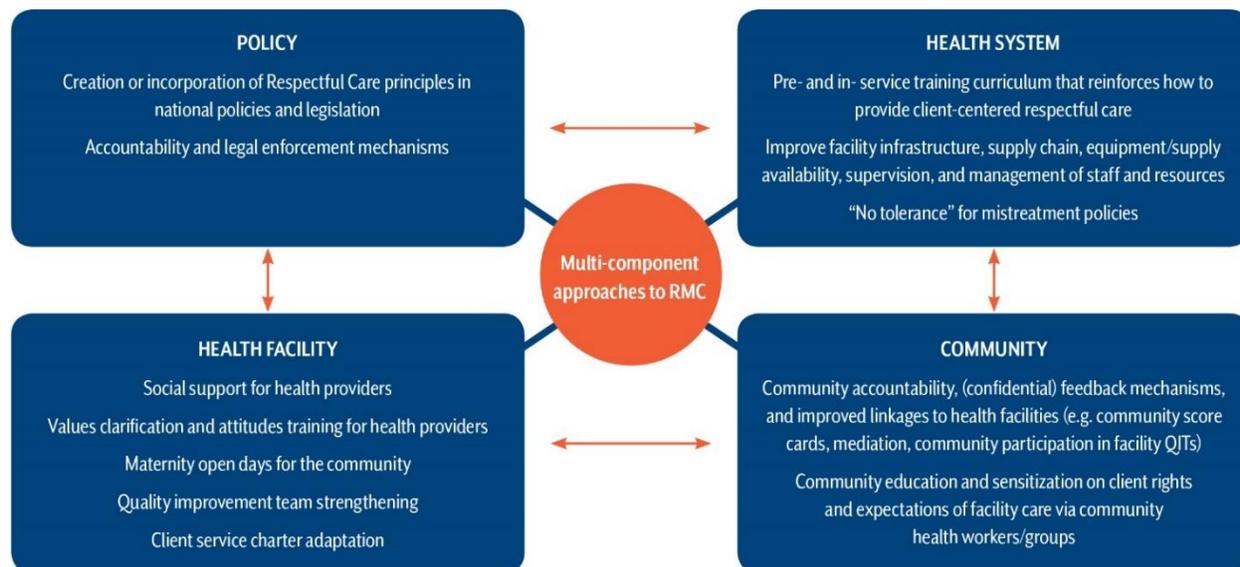
8.2 HEALTH, EVALUATION AND APPLIED RESEARCH (HEARD) PROJECT OVERVIEW

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 around IS through the creation the Implementation Science Collaborative (ISC). The ISC is comprised of organizations that work to advance global health goals as 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 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.

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

The HEARD Project and the ISC will seek 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.