



REQUEST FOR PROPOSALS # S009763

Expanded COVID-19 Infection Prevention and Control (IPC) Study Implementation in South Africa

in support of

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION ("EGPAF")

1140 Connecticut Avenue, NW

Suite 200

Washington, DC 20036

Firm Deadline: 10 May 2020

APPLICABILITY: The Contractor will be registered and located in South Africa. The RFP is open to universities, non-profit and for-profit organizations.

The Elizabeth Glaser Pediatric AIDS Foundation, a non-profit organization, is the world leader in the fight to eliminate pediatric AIDS. Our mission is to prevent pediatric HIV infection and to eliminate pediatric AIDS through research, advocacy, and prevention and treatment programs. For more information, please visit <http://www.pedaids.org>.

BACKGROUND

Global DELTA2 Technical Assistance Mechanism Background: The activities presented in this Request for Proposals (RFP) will be implemented as part of the Delivery of Technical Assistance (DELTA2) mechanism, a five-year, U.S. Centers for Disease Control and Prevention (CDC)-funded cooperative agreement implemented by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). The purpose of the overall DELTA2 award is to provide comprehensive and cost-effective technical assistance (TA), capacity building, and program implementation expertise for PEPFAR and Global Fund-supported global health activities. Under the unique circumstances presented by the coronavirus disease 2019 (COVID-19) pandemic, EGPAF is also utilizing the DELTA2 award to implement COVID-19 specific activities to protect people living with HIV (PLHIV) and healthcare workers (HCWs).

COVID-19 Infection Prevention and Control (IPC) Expanded Study Background and Purpose: Infection prevention and control (IPC) in healthcare facilities is an essential component of healthcare system response to COVID-19. Given the ongoing impacts of the pandemic and the need for continued adherence to social distancing guidelines and associated travel limitations, there is a prolonged need to provide remote subject matter expertise and assistance for IPC in the context of COVID-19 response for a wide variety of professionals in healthcare and public health settings. There is also a need for data on the scope of essential health service disruptions during the SARS-CoV2 pandemic, the extent to which IPC limitations may contribute to these service disruptions, and the numbers/types of patients who are affected by these changes. This information is critical in identifying gaps in the current implementation of IPC activities that can be used to develop more effective IPC protocols, training guides and priority interventions to both support the healthcare response to the current pandemic and be better prepared for subsequent ones.

The COVID-19 Expanded IPC Study, for which EGPAF is seeking this Contractor, will build on a smaller IPC pilot study currently being implemented by EGPAF in specific provinces/regions in Kenya and Cameroon, designed to determine the extent of health service disruption during the COVID-19 pandemic (March 2020- February 2021), and to what extent disruptions may be attributable to IPC-related factors. The pilot study is currently in the implementation/data collection phase. In collaboration with CDC, EGPAF will utilize feedback from pilot study data collection to inform the COVID-19 Expanded IPC Study final protocol design and implementation plans.

The COVID-19 Expanded IPC Study will be implemented in South Africa, Uganda, and Cote d'Ivoire. **EGPAF will lead implementation of the study in Uganda and Cote d'Ivoire, while the Contractor will lead implementation of the COVID-19 Expanded IPC Study in 2-3 provinces in South Africa.** Provinces will be selected collaboratively by EGPAF, CDC and the Contractor. Province selection criteria are likely to include prevalence of COVID-19, healthcare infrastructure, contractor presence among other factors.

PURPOSE/SCOPE OF WORK

In collaboration with EGPAF, the Contractor will lead the implementation of a study to further understand disruptions and reductions to essential health service delivery due to COVID-19 in 2-3 select provinces in South Africa. Provinces will be selected by EGPAF and CDC in collaboration with the selected Contractor. The study will: document changes/disruptions to the delivery of essential health services that were implemented in selected healthcare facilities due to COVID-19-related factors; assess the proportion of service delivery disruptions in which the IPC limitations contributed to the decision to change/reduce healthcare services; and make recommendations to strengthen IPC policies, personnel, and resources to limit the need to reduce essential healthcare services in the future. The study may include qualitative components through in-depth individual interviews and focus group discussions with health facility staff.

The contractor will also conduct an accompanying survey questionnaire pertaining to laboratory service capacity in a small select sub-set of COVID-19 Expanded IPC Study facilities, to examine lab service changes/disruptions/reassignments in the context of the COVID-19 pandemic. Data from this survey questionnaire will aid in understanding how the COVID-19 pandemic may have affected AMR surveillance in study areas, due to the need to shift laboratory resources from bacteriology to virology efforts, for example.

Objectives and Activities

- Implement the COVID-19 expanded IPC study in 2-3 select provinces in South Africa, building on preliminary results and implementation feedback of the current pilot study, to document changes/disruptions to the delivery of essential health services that were implemented in selected healthcare facilities due to COVID-19-related factors
 - Review COVID-19 expanded study protocol and accompanying study instruments (the protocol and study instruments including questionnaires and corresponding

databases will be developed by EGPAF and CDC, and shared with Contractor for review)

- Submit protocol to local IRB for review and approval
- Identify, hire and train study personnel, including data collectors, and train them on protocol and survey tools
- Secure approvals and buy-in from appropriate local stakeholders including MOH at various levels
- Implement data collection through: cross-sectional surveys of potential health service disruptions and IPC-related reasons for those disruptions in selected facilities (through in-person or telephone interview with health facility administrators and IPC staff), collection of routine service attendance data over time in the selected facilities within study provinces, and potentially in-depth individual interview and focus group discussions with staff in selected facilities (should funds allow)
- Submit all data to EGPAF for analysis and report writing (data analysis and report-writing would be led by EGPAF in collaboration with CDC)
- Review draft study report
- Support EGPAF with dissemination of findings to the MOH and other stakeholders
- In a small, select sub-set of facilities included in the COVID-19 Expanded IPC Study, implement a survey questionnaire (in person or via telephone) to document laboratory service changes/disruptions/reassignments during the pandemic, including a focus on factors which may affect detection of AMR.
 - Review the laboratory survey questionnaire to be developed by EGPAF and CDC
 - Submit protocol to local IRB for review and approval
 - Identify, hire and train study personnel, including data collectors, and train them on protocol and survey tools
 - Secure approvals and buy-in from appropriate local stakeholders including MOH at various levels
 - Implement data collection through: collection of data on routine laboratory services offered over time in selected sites, as well as conducting survey questionnaire which may include in-depth individual interviews with laboratory staff in selected facilities.
 - Submit all data to EGPAF for analysis and report writing (data analysis and report-writing would be led by EGPAF in collaboration with CDC)
 - Review draft study report
 - Support EGPAF with dissemination of findings to the MOH and other stakeholders

CONTRACTOR DELIVERABLES

Expected Outputs

- Implementation of the COVID-19 Expanded IPC study in 2-3 provinces in South Africa, building upon preliminary results of the pilot study on IPC in COVID-19-affected regions in Cameroon and Kenya



- Implementation of laboratory services survey questionnaire in small number of selected facilities within study provinces

Deliverables

- Trained data collectors
- IRB approvals
- COVID-19 Expanded IPC Study data delivered to EGPAF
- Laboratory questionnaire data delivered to EGPAF

ACTIVITIES	Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct-Dec 2021	Jan-Mar 2022
(EGPAF) Develop and finalize protocol, questionnaires & database			X			
(Contractor) IRB reviews and approval			X			
(Contractor) Secure stakeholder approvals (facility, provincial, etc.)			X			
(Contractor) Hire and train data collectors			X	X		
(Contractor) Data collection			X	X		
(EGPAF) Data analysis					X	
(EGPAF) Report writing					X	
(EGPAF) Dissemination of findings (MOH/stakeholders, manuscripts/abstracts)						X

ILLUSTRATIVE STUDY EXAMPLE

As EGPAF is currently conducting the pilot study which will inform this COVID-19 Expanded IPC Study, the protocol, study instruments and study plan for this COVID-19 Expanded Study are not yet finalized. In order to select a Contractor for this Scope of Work, EGPAF is asking respondents to base their submission documents on the following Illustrative Study Example.

Illustrative Study Component	Number	Notes
Timeline		Total timeline likely to be 8-10 months including preparation. Data collection should take no longer than 4 months, and will occur sometime between the period June 1 – December 30 (as early in this period as possible).
Provinces	3	For illustrative purposes, please assume three study provinces: <u>Gauteng, Western Cape, and Limpopo</u> . <i>Please note actual study provinces will be selected in coordination with EGPAF and CDC.</i>
Number of facilities per province	20 per province (total of 60)	All Public and Faith-based hospitals in the province, if necessary, random selection of lower-level health facilities
Interviews per facility	3 interviews at 30 facilities; 2 interviews at 30 facilities	Each questionnaire/interview should last approximately 1.5 hours. At each facility, data collectors would conduct an interview with the facility administrator and an interview with the IPC coordinator. At a select subset of facilities (30 facilities in this illustrative example), data collectors would conduct an additional interview with the laboratory administrator.



		Interviews can be via telephone or in-person. For budgeting purposes, assume 75% of interviews would be in person.
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Final COVID-19 Expanded Study details will likely vary from this Illustrative Study Example, and will be finalized with the selected Contactor post-selection. The Contractor will be given the opportunity to revise their overall proposal with the final study details. Specifically, the selected Contractor will have the opportunity to make reasonable and necessary adjustments to the proposed costs based on the final parameters of the study (e.g. final provinces, final interview length, etc.).

MINIMUM REQUIREMENTS:

- Demonstrated experience in study implementation, including monitoring of data collection and ethical and regulatory compliance
- Demonstrated experience in communicating with and responding to IRB comments and obtaining approvals in a timely manner

FOUNDATION RESPONSIBILITIES:

EGPAF will be responsible for drafting and finalizing the COVID-19 Expanded IPC study protocol and Laboratory survey questionnaire and all accompanying study instruments. EGPAF will also coordinate with CDC to ensure CDC approval of all materials, and will be responsible to US IRB submissions and approvals.

Once all study data are received from the Contractor, EGPAF will lead data analysis and report writing activities. EGPAF will coordinate with CDC to ensure CDC approval of final study reports, and will lead dissemination activities.

BUDGET: The anticipated budget range for this contact is between \$75,000 and \$150,000. Budgets above this amount will not be disqualified but will be evaluated in accordance with the Evaluation Criteria.

KEY CONTRACT TERMS:

The anticipated contract type is **Firm Fixed Price**. Unless stated otherwise in the statement of the work, the Contractor is responsible for providing equipment and/or supplies required to perform the services.

All deliverables provided to the Foundation must be furnished for the use of the Foundation without royalty or any additional fees.

All Materials will be owned exclusively by the Foundation. Contractor will not use or allow the use of the Materials for any purpose other than Contractor's performance of the Contract without the prior written consent of the Foundation.



EVALUATION CRITERIA AND SUBMISSION REQUIREMENTS:

The Foundation will accept the proposal that best meets the Evaluation Criteria below. All proposals will be evaluated against the following Evaluation Criteria. Each proposal must contain the items listed in the Submission Requirements column in the following chart. Please submit your Submission Requirements in the order that they appear below.

Evaluation Criteria	Submission Requirements	Weight
1. Past performance of similar work	1. Two (minimum) professional references from similar past studies with phone and email contact information, and two (or more) examples of prior similar work	25%
2. Contractor's proposed process and approach to meet our needs efficiently	2. A maximum 5-page written narrative proposal explaining the process and timeline for implementation, based on the Illustrative Study Example below. <u>Within this written narrative proposal, please include a list of all South African provinces in which the organization has an office/presence, and list of 4-5 top choice provinces for implementation.</u>	35%
3. Total fixed price	4. Total fixed price for activities as outlined in the Illustrative Study Example, as well as fixed price per each of the following specific tasks: - Data collection training (assuming 4-5-day training for 4-5 data collectors) - 1.5-hour interview with health facility staff including data entry For purposes of this total fixed price budget, please assume 75% of the interviews will need to be completed in person. The fixed price budget should include any associated travel, lodging, and MI&E costs.	25%
4. Qualifications of proposed individuals	5. CV/Resume of proposed individuals to work on this project and 2 references per individual	15%
Total		100%

All applicants are required to be registered and authorized to perform the scope of work in the place of performance. A copy of valid registration must be submitted with each proposal.

PROPOSED TIMELINE:



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

DATE: 19 April 2021– Release of RFP

DATE: 23 April 2021– Submission of Contractual and Technical Inquiries: Christa Moore, Senior Director Awards & Compliance, cmoore@pedaids.org

No phone calls please.

DATE: 28 April 2021– Question and Answer Response Document posted on EGPAF website at <http://www.pedaids.org/pages/contracting-opportunities>.

DATE: 10 May 2021 - Completed proposals must be delivered electronically by the deadline mentioned on page one to: **Christa Moore, Senior Director Awards & Compliance**, cmoore@pedaids.org with a “cc” to **Andrea Uehling, Senior Manager DELTA2**, auehling@pedaids.org.

DATE: 19 May 2021: – Final decision announced and Offerors notified

DATE: Late May/June: – Final Study Details Shared for budget revision. Contract executed and Services begin.

Please note it is our best intent to comply with the above timeline but unavoidable delays may occur and in this case the final Contract will be dependent on the availability of the relevant study information.

ADDITIONAL INFORMATION

Please include the RFP # reflected on the first page of this document on all proposals and e-mail communications.

Any proposal not addressing each of the foregoing items could be considered non-responsive. Any exceptions to the requirements or terms of the RFP must be noted in the proposal. The Foundation reserves the right to consider any exceptions to the RFP to be non-responsive.

Late proposals may be rejected without being considered.

This RFP is not an offer to enter into agreement with any party, but rather a request to receive proposals from persons interested in providing the services outlined below. Such proposals shall be considered and treated by the Foundation as offers to enter into an agreement. The Foundation reserves the right to reject all proposals, in whole or in part, enter into negotiations with any party, and/or award multiple contracts.

The Foundation shall not be obligated for the payment of any sums whatsoever to any recipient of this RFP until and unless a written contract between the parties is executed.

Equal Opportunity Notice. The Elizabeth Glaser Pediatric AIDS Foundation is an Equal Employment Opportunity employer and represents that all qualified bidders will receive consideration without regard to race, color, religion, sex, or national origin.



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ETHICAL BEHAVIOR:

As a core value to help achieve our mission, the Foundation embraces a culture of honesty, integrity, and ethical business practices and expects its business partners to do the same. Specifically, our procurement processes are fair and open and allow all vendors/consultants equal opportunity to win our business. We will not tolerate fraud or corruption, including kickbacks, bribes, undisclosed familial or close personal relationships between vendors and Foundation employees, or other unethical practices. If you experience or suspect unethical behavior by a Foundation employee, please contact fraud@pedaids.org or the Foundation's Ethics Hotline at www.reportlineweb.com/PedAids/. Any vendor/consultant who attempts to engage, or engages, in corrupt practices with the Foundation will have their proposal disqualified and will not be solicited for future work.