REQUEST FOR PROPOSALS #3601483

Research Implementation Partner for the Malezi II Evaluation Study
in support of

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF)
395 Ursino, 2 Mwai Kibaki Road, PO Box 1628, Dar es Salaam, Tanzania

Firm Deadline: 4/30/2019

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.

1. **BACKGROUND:** The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is seeking a consultant/company to collect data related to a study entitled "**Effectiveness of Early Child Development Multi-Media Communication on Caregiver and Community Health Worker Behaviors: Evaluation of the Malezi II Program."**

   1.1. There is significant evidence that the parent-child relationship, in particular responsive, sensitive care in the earliest years of life, is critical for all domains of child development and to later school achievement and economic productivity in the adult years. Mass media communication campaigns for public health have also been shown to positively impact a wide range of child survival orientated parental health behaviors. Beyond radio campaigns, interventions at a health facility level have demonstrated that video job aids can be effective education tools across a wide range of health topics. The Government of Tanzania has shown a commitment to early child development through its policies which recognize that a child's right to quality health and basic social services is important for their survival, development, and protection.

   1.2. The Conrad N. Hilton Foundation supports the Elizabeth Glaser Pediatric AIDS Foundation to implement a targeted early stimulation program called Malezi (*caring for young children* in Kiswahili) at selected facilities in Tabora region. This program integrates extended early child development (ECD) interventions into reproductive and child health (RCH) and HIV services for young children, adapting the UNICEF Care for Child Development (CCD) curriculum to Tanzania, in collaboration with the Aga Khan Foundation, UNICEF and the Ministry of Health (MOHCDGEC). The follow-on grant for Malezi II will expand Malezi I coverage of the CCD program implementation and introduce a mass media campaign and video job aids. The addition of radio messaging aims to promote positive perceptions and knowledge of ECD at the community level, and video job aids aim to further support and improve CHW education and counselling skills.

2. **PURPOSE/SCOPE OF WORK:** Specific aims of the research project are to evaluate the effect of the Malezi II MR intervention on various caregiver outcomes.

   2.1. The scope of work for this RFP is to implement a significant part of the baseline and endline data collection for the study. The baseline round will take place in 2019, with the endline round taking place in 2020 with no required activities during the interim

period of about 9 months. The financial proposal should present costs separately for baseline and endline.

2.1.1. The work at baseline involves:

2.1.1.1. Enumeration of about 16,000 households in selected census enumeration areas (EA) in Tabora Region at baseline

2.1.1.2. Assessing eligibility of all caregivers (having children under 2 years) and obtaining verbal consent for about 1200 study participants to complete a listenership survey (about 30 minutes)

2.1.1.3. Revisiting these 1200 caregivers who completed the listenership survey for recruitment into a caregiver cohort, obtaining written consent, and administering a questionnaire, on different day from enumeration/listenership (about 90 minutes, some in 2 visits due to length).

2.1.2. The work at endline involves:

2.1.2.1. Follow-up all caregivers enrolled in the cohort (n=1200), administer endline questionnaire (about 90 minutes).

2.2. STUDY DESIGN: Two-arm pre/post intervention cohort(s) design.

2.3. STUDY AREA: The study will take place in Nzega Town, and Nzega, Igunga, Kaliua and Uyui Districts of Tabora, Tanzania.

2.3.1. The study will be implemented in probability selected geographic areas of the catchment villages surrounding selected health facilities in four districts of Tabora region. The health facilities will be purposefully selected, including the district hospital in each of the four districts. Each primary health facility has clearly designated villages assigned to that facility (about 3-7), and each village has recognized boundaries, administrative units and census enumeration areas (EA), defined by the National Bureau of Statistics (NBS).

2.3.2. Study communities are defined as the villages within the catchment area of the selected health facilities (n~30). The NBS EA census maps, estimating the total number of households in that EA as of the last census (2012) will constitute the sampling frame. The sampling unit will be the EA, and the sampling approach will use probability proportional to size (PPS). This will result in the final selection of EAs being statistically representative of the total population within selected study communities of each study district.

2.4. **STUDY POPULATION**: Caregivers of children under 2 years of age in selected study communities.

2.4.1. <u>Eligibility criteria for caregivers are:</u>

2.4.1.1. Caregiver to a child aged 0-23 months (<2 years; the *index child*) at time of recruitment

2.4.1.2. Resident in enumerated household and intending to remain resident for at least one year*

2.4.1.3. Willingness to be home-visited by a CHW

2.4.1.4. Age 18 years or older

2.4.1.5. Able to understand and willing to provide verbal consent

2.4.1.6. Note: Only one caregiver per household will be eligible to participate. In case there is more than one present at the time of enumeration, the caregiver of the youngest child will be selected.

2.4.2. Exclusion criteria for caregivers are:

2.4.2.1. Index child has an anomaly (congenital) or other disability identifiable at recruitment

2.4.2.2. Caregiver impairment of hearing, sight or speaking

2.4.2.3. Working as a CHW or medical provider

3. **SAMPLING AND SAMPLE SIZE**: N~1214 caregivers are expected to be enrolled through household enumeration. The enumeration will cover all households within selected EAs. EA maps must be purchased from the National Bureau of Statistics.

3.1. EAs average about 50 households, and do not overlap with other recognized administrative units (ward, village, hamlet, street), but their area and population size could vary from 20-100 households, and household size could vary as well. The most recent census showed 19% of rural households had children under 5 years, and that Tabora averaged six persons per household. Since this evaluation targets caregivers of children under 2 years of age at the time of recruitment, that means that an estimated 7.6% of households would be considered eligible ([19/5]*2). Thus a sample of about 250-300 EAs will be selected in the first selection, using the estimate of 8% of households being eligible. Then, recruitment rates will be monitored to know whether additional EAs will be needed or not. In case they are needed, a second sampling also using PPS will be done, and all households in second-sample EAs will be visited.

4. **RECRUITMENT**: Recruitment into the caregiver cohort will take place in two stages.

4.1. Potentially eligible caregivers are identified through household enumeration, screened for study eligibility, and verbally consented to participate in the listenership survey (stage I).

4.2. Caregivers who completed the listenership will be revisited by research interviewers for screening and recruitment into the caregiver cohort (stage II). Written informed consent will be obtained, followed by a structured interview (60 minutes) and cognitive ability test (30 minutes). These two activities may be scheduled on separate days due to their length.

4.3. We expect less than 5% loss between recruitment into in stage I (listenership) and stage II (caregiver cohort).

5. **ENUMERATION/LISTENESHIP DATA COLLECTION AT BASELINE** is expected to be completed within about 2 months (60 working days). Team may need to work 5.5-6 days per week.

5.1. **Enumerators** with at least secondary or higher education, and trained in study

procedures including community entry, household and caregiver eligibility determination, verbal consent and listenership survey administration will conduct stage I study procedures.

5.2. Enumerators will be escorted by local leaders to facilitate community entry, complete listing within the EA boundary, and household introductions. All households within the selected EAs will be enumerated and classified as an eligible household for study recruitment if at least one caregiver of a child under age 2 at the time of the enumeration visit resides in that household with the child.

5.2.1. Enumeration is defined as the process of identifying structures that are households (as opposed to vacant or commercial buildings), assigning a unique number to each household, and determining the study eligibility status of each household. After appropriate introductions, enumerators will ask to speak to an adult (>18 years) in the household, and ask how many people live in the household and whether the household includes any children "age 2 or younger" and will record the answer. If there are no young children reported, the household will be documented as ineligible and no further information collected. If there are young children in the household, a complete listing of any child age 2 or younger, by first name and date of birth (or approximate age), will be collected. A complete listing of children "age 2 or younger" is done to ensure that no child under 2 is missed, as it will allow for further screening of potentially eligible caregivers by verifying exact age using dates of birth as reported by caregivers.

5.2.2. Household classification outcomes of enumeration are:

5.2.2.1. Eligible and willing to participate (caregiver-verified under-2 child lives in household)

5.2.2.2. Potentially eligible (neighbor or other household resident reports child(ren) under 3 live in household, but listing not completed and/or caregiver verification not done)

5.2.2.3. Potentially eligible, refused (household informant refused participation at household level)

5.2.2.4. Eligible, refused (caregiver-verified child under 2 lives in household, but caregiver refused participation)

5.2.2.5. Not eligible (no child under 2 lives in household)

5.2.2.6. Unknown (no knowledge of household residents after >=2 attempted visits (vacant, absent)

5.2.3. Caregiver participation outcomes from households classified as eligible and willing to participate (1) are:

5.2.3.1. Verbally consented, completed listenership, accepted referral for recruitment into caregiver cohort

5.2.3.2. Verbally consented, completed listenership, refused referral for recruitment into caregiver cohort

5.2.3.3. Refused listenership and referral for recruitment into caregiver cohort

5.3. A household is defined as any structure where one or more people eat and sleep. Vacant households will be enumerated based on information provided by a neighbour or other community member (local leader). There could be several "households" in a family compound, if they are separated by their physical structure.

5.4. Selection of caregivers for the listenership survey will be done using the listing of children, age 2 or younger, in the household. The enumerator will ask to speak with caregivers of all listed children in order to identify only those children who are verified as under 2 years, by birth date, or caregiver reported age. If the household has more than one caregiver of children with verified ages under 2 years, the caregiver of the youngest child will be selected for participation. In case the caregiver with the youngest child is not present at the time of enumeration, the other caregiver will be selected. If no caregiver of listed children is available at the time of enumeration, the enumerator may return at a later time or another day to complete the enumeration visit.

5.5. Verbal consent will be obtained to administer the listenership survey and collection of contact details for stage II recruitment into the study. During the verbal consent process, the study will be described, and respondents will be asked permission to be re-contacted by a RA for further discussion about study participation (i.e. written consent and baseline survey). Household address, name and phone contacts (if provided) will be documented by the enumerator and shared with the research associate.

5.6. Both survey instruments described below will be programmed onto tablets for offline electronic data collection, with pre-programmed skip patterns and synchronization to a server as soon as the tablet's data access is enabled. This will allow for close monitoring of data collected in real time, and identification of any systematic errors or weaknesses in specific questions or sections that may require clarification or re-training of research associates. All interviews should be done in a private room or location; the caregiver's young child(ren) may be present.

5.7. The enumeration listing will require about 5-10 minutes to complete, and will include documentation of children in the household age 2 or younger, by date of birth, age, and first name. Household ID number and location coordinates, and other details describing location will also be documented.

5.8. The screening form will require about 5-10 minutes to complete, and will include documentation of all inclusion and exclusion criteria, household identification details, and confirmation by the data collector that the respondent provided informed verbal consent for participation.

5.9. The locator form will require about 5-10 minute to complete, and will include documentation of the household's location and description, and the caregiver's contact details (phone numbers), and preferred times/days to be re-contacted for stage II participation.

5.10. The listenership survey will require up to 30 minutes to complete, and will include questions about the household's socio-economic status (assets, wall/roof materials) and the informant's demographics (age, sex, position in household in relation to the child, employment), followed by questions about their exposure to radio

communication, and recall of health education messages (including ECD-related) with respect to content, and source. Most study questions on this survey instrument have been used previously in Tanzania by this team or other researchers.

6. **CAREGIVER COHORT DATA COLLECTION:** Both the baseline and endline data collection periods are expected to be completed within about 2 months (60 working days). Team may need to work 5.5-6 days per week.

   6.1. **Research interviewers** with at least post-secondary education and experience conducting research interviewing will be trained in study procedures including community entry, caregiver eligibility determination, written consent, the structured interview (including depression, anxiety, parenting stress scales).

      6.1.1. **At baseline only,** interviewers will administer a cognitive ability test to caregiver cohort participants.

      6.1.2. **At endline only,** the structured interview will include the listenership survey.

7. **DATA PROCESSING:** The day-to-day management of field operations and study data collection will be the responsibility of the study coordinator. The coordinator will oversee the development of a study database, and will design and implement data management SOPs and a tracking system for documentation of all entries to, and back-ups of the study database.

   7.1. Data will be captured on some paper (e.g. some aspects of the enumeration activity) but mostly on electronic forms. Paper-based recruitment/screening documentation from the enumeration study that contains personal identifiers linked to a unique study patient identifier (PTID) will be accessible to study team members only, and stored separately from other forms in locked cabinets when not in use. These logs will be used to create an electronic master recruitment and enrolment log containing study PTID, basic characteristics (age, sex, date of baseline/ endline, household number, etc.), and recruitment outcomes (active, withdrawn, refused, ineligible). All paper-based data will be routinely collected from sites and brought to the EGPAF office in Tabora for temporary storage. Data clerks will be responsible for close-to-real-time data entry (typically within 1-2 days of completion) of screening/recruitment data for internal study monitoring. These data will be entered into a cloud-based system (google form or custom database) that synchronizes the data to a server accessible by authorized study staff only.

   7.2. The listenership and structured surveys will be completed electronically using tablets (Open Data Kit software-based or other similar platform). Any questionnaires will include skip patterns, and alerts for missed items will be programmed to avoid user error. The quality of data and data entry also will be enhanced by automatic consistency checks and feasible range values, programmed into the study database. When there is no data access for immediate uploading of completed surveys, data will be stored temporarily on the device, and subsequently synchronized to a secure server as soon as the device is within data range (usually daily). Those data will be accessible from the server through a password-protected web-based dashboard for routine data download, quality reviews and back-ups. Only authorized study team members will be able to access these data.

7.3. Any paper-based data collected will be reviewed for quality control purposes by a study team member as soon after completion as possible, and by the coordinator on a routine basis during supervision. These data will be double-entered and discrepancies reconciled. Personal identifiers such as caregiver and child names will be included in the paper-based data forms for the purposes of data cleaning and verification, but no names will be entered into the study database.

8. **ETHICAL CONSIDERATIONS**: The protocol to be used in this study will be reviewed and approved by the Advarra Institutional Review Board in the United States and the National Institute for Medical Research (NIMR) in Tanzania prior to field work. Informed consents will be obtained from participants prior to undergoing any study procedures. The participants' privacy, confidentiality, and well-being will be safeguarded. Participants will not be compensated for their participation.

    8.1. Human Subjects Training and Confidentiality Protections

        8.1.1. All temporary data collectors will complete an appropriate training in human subjects' protections. This training will emphasize the ethical conduct of research such as the basic principles of research, responsibilities of researchers, examples of unethical research, informed consent, personal information, confidentiality, and documentation standards. In addition, all research staff will be required to sign a confidentiality agreement prior to interacting with human subjects.

        8.1.2. Databases will not record participant names or any other identifying contact details, but will be identified by unique PTID only. Names and contact details for listenership respondents, caregivers and CHWs who are recruited into the study will be documented only on screening/recruitment documentation, whereby these identifiers are needed to ensure review of eligibility, verification of data integrity, verification of consent, and identification/tracing of cohort respondents for endline assessments. Those names and contact details will remain on separate screening, consent and master recruitment lists, and will only ever be linked to any participant's characteristics collected through the study using the study PTID. All documents linking identifiers and PTID (recruitment, consents) will be stored securely in locked drawers or cabinets when not in use. All electronic data will be housed in password-protected personal computers.

9. **DISSEMINATION / POLICY SIGNIFICANCE**: Outcomes from this evaluation will inform decision makers in Tanzania about the feasibility and effectiveness of a health systems-based ECD intervention, augmented by radio communications and/or short video use. The feasibility and potential contributions of ECD short videos to CHW skills and caregiver behaviors will inform the potential scale-up of digital job aids, and is an area the Government of Tanzania has already invested in through various other digital health initiatives. While this evaluation is not designed to be generalizable to other countries or globally, we believe that the findings from this evaluation can still make substantive contributions to literature on how nurturing care (ECD) interventions can be integrated into routine MNCH and HIV care in resource-constrained settings. Results from this evaluation will be disseminated locally through meetings with R/CHMTs, nationally with Government policy-makers and program implementers, and internationally through presentations at scientific conferences and peer-reviewed journal publication.

10. **CONTRACTOR DELIVERABLES**: The contractor will be expected to deliver the following as shown in Tables 1 and 2.

11. **MINIMUM REQUIREMENTS:** The application for this contractor will be evaluated based on the criteria shown in Table 3.

12. **FOUNDATION RESPONSIBILITIES:** EGPAF will provide the following:

    12.1. IRB-approved study protocol, tools and consents

    12.2. EGPAF will facilitate TAMISEMI approvals for field work

    12.3. EGPAF will organize and co-facilitate the dissemination activity

    12.4. Regular check-ins to answer questions and facilitate progress towards the deliverables

13. **OUTPUTS AND KEY MILESTONES LINKED TO PAYMENT SCHEDULE:** Refer to Table 4 for details on expected milestones and payment schedule.

14. **PERFORMANCE PERIOD:** Six months from award date for the baseline, and about 5 months in 2020 for the endline.

15. **LOCATION:** The consultant will complete tasks at study sites and their home office location. The consultant/company is expected to have an office/workspace for the contracted study team. In-person meetings and training will be held at the EGPAF offices, unless otherwise arranged.

16. **CONTRACT DETAILS**

    16.1. Payment will be made in TZS within 30 days of receipt and acceptance of the invoice. Invoices will be invited after EGPAF verification of deliverables.

    16.2. Contractor is not authorized to invoice EGPAF for any amount in excess of this agreement.

    16.3. Last invoice should state “Final” and invoices should reference the Contract Number.

17. **EGPAF TECHNICAL MONITOR (Responsible for approving deliverables and invoices)**

    Name: Gretchen Antelman

    Address: Elizabeth Glaser Pediatric AIDS Foundation, 395 Ursino, 2 Mwai Kibaki Road, PO Box 1628, Dar es Salaam, Tanzania

    Email: gantelman@pedaids.org

    Phone: 255 762 475 145

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.

Should the agreed delivery or completion dates not be met in the case of fault of the Contractor the Foundation shall be entitled to demand payment of late delivery penalties amounting to **0.5%** of the value of the late deliverables/services per started week of delay up to a maximum amount of **5%** of the entire value of the contract.

Table 1: **Contractor deliverables at baseline**

Task	Deliverable
▪ Assemble a study team and implementation timeline	▪ Written plan with proposed key team members, their CVs, signed research confidentiality agreement forms and evidence of their completion of online ethics training in past year
▪ Preparation of training materials, SOPs, recruitment of study team (enumerators, research interviewers, and field supervisors) ▪ Work with EGPAF on finalizing sampling of EAs, and procurement of EA maps from NBS ▪ Design and programming of database and data capture (electronic) ▪ Ensure the proper and confidential collection and storage of all study data (paper and electronic) prior to hand-over to EGPAF	▪ Completed recruitment of field staff ▪ Completed training materials and SOPs ▪ Procured EA maps ▪ Written screening/recruitment, consent documentation and data handling plan, including plan for tracking recruitment, consent and participation at household and person level (master logs)
▪ Conduct pre-training pilot in Tabora ▪ Co-facilitate protocol training for data collectors with the EGPAF investigators ▪ Printing of all required study tools	▪ Brief written report of the re-pilot conducted in Tabora ▪ Detailed training plan attendance documentation ▪ Tools printed
▪ Conduct enumeration and data collection according to the protocol with regard to sampling, recruitment and informed consent ▪ Maintain tracking logs of all households visited, community members screened, consented and enrolled ▪ Maintain consent documentation ▪ Maintain electronic backups of questionnaires administered ▪ Conduct data entry and cleaning during field data collection ▪ Provide EGPAF with data sets throughout the data collection period in raw, usable format (csv, excel, mdb, etc.)	▪ Electronic file of data collected through interview (n~1200) ▪ Master logs documenting households visited, screened for recruitment, enrolled and not enrolled with reasons for exclusion, complete/incomplete study participation with reasons for incomplete participation/withdrawal ▪ Documentation of informed consent handover ▪ Submission of any revisions to study standard operating procedures, and field monitoring reports from supervisory visits to data collection teams

Task	Deliverable
▪ Conduct caregiver cohort recruitment and data collection according to the protocol with regard to eligibility screening and informed consent ▪ Maintain logs of caregivers screened, consented and enrolled ▪ Maintain consent documentation ▪ Maintain electronic backups of questionnaires administered ▪ Conduct data entry and cleaning during field data collection ▪ Provide EGPAF with data sets throughout the data collection period in raw, usable format (csv, excel, mdb, etc.)	▪ Electronic file of data collected through interview (n~1200) ▪ Master logs documenting caregivers screened for recruitment, enrolled and not enrolled with reasons for exclusion, complete/incomplete study participation with reasons for incomplete participation/withdrawal ▪ Documentation of informed consent handover ▪ Submission of any revisions to study standard operating procedures, and field monitoring reports from supervisory visits to data collection teams
▪ Write a brief report composed primarily of a detailed study methodology including dates and locations, and recruitment monitoring metrics over time	▪ Written document with detailed description of the field methodology ▪ Dataset handover, with accompanying documentation (electronic) with a data dictionary, and any irregularities (i.e. missing, incomplete, etc.) well-documented
▪ Provide written weekly progress reports to the Principal Investigator at EGPAF Dar es Salaam, and in person or by phone as needed	▪ Weekly email updates and periodic phone calls

Table 2: **Contractor deliverables at endline**

Task	Deliverable
▪ Assemble a study team and implementation timeline	▪ Written plan with proposed key team members, their CVs, signed research confidentiality agreement forms and evidence of their completion of online ethics training in past year
▪ Review and update of training materials, SOPs, recruitment of study team (interviewers and field supervisors) ▪ Ensure the proper and confidential collection and storage of all study data (paper and electronic) prior to hand-over to EGPAF	▪ Completed recruitment of field staff ▪ Completed training materials and SOPs ▪ Written follow-up and tracing documentation of enrolled cohort (from baseline round), data handling plan, and participation at household and person level (master logs)

Task	Deliverable
▪ Co-facilitate protocol training for data collectors with the EGPAF investigators ▪ Printing of all required study tools	▪ Detailed training plan attendance documentation ▪ Tools printed
▪ Maintain tracking logs of all households visited, including follow-up attempts and final participation/tracing outcomes ▪ Maintain electronic backups of questionnaires administered ▪ Conduct data entry and cleaning during field data collection ▪ Provide EGPAF with data sets throughout the data collection period in raw, usable format (csv, excel, mdb, etc.)	▪ Electronic file of data collected through interview (n~1200) ▪ Master logs documenting households visited, completed and and not completed with reasons for non-completion ▪ Submission of any revisions to study standard operating procedures, and field monitoring reports from supervisory visits to data collection teams
▪ Write a brief report composed primarily of a detailed study methodology including dates and locations, and follow-up monitoring metrics over time	▪ Written document with detailed description of the field methodology ▪ Dataset handover, with accompanying documentation (electronic) with a data dictionary, and any irregularities (i.e. missing, incomplete, etc.) well-documented
▪ Provide written weekly progress reports to the Principal Investigator at EGPAF Dar es Salaam, and in person or by phone as needed	▪ Weekly email updates and periodic phone calls
▪ Participate in dissemination activity	▪ Technical leadership from the consultant/company to participate in co-facilitating (and presenting) at the dissemination meeting

Table 3. Contractor evaluation criteria

Criteria	Submission Requirement	Weight %
Experience in a similar assignment, organization reputation, references	List of prior research/data collection, references, examples of completed work	40%
Technical proposal with focus on organization's capacity to implement large scale research activities and hire/manage large teams in different geographic areas	Detailed activities, implementation plan, staffing plan, training plan, quality assurance, data handling	40%
Cost	Overall total fixed cost of the services, and detailed budget justification and cost component outline	20%

Total	**100%**

Table 4. Description of tasks tied to milestone payments, and expected timeline

Output/Deliverable -- Baseline in 2019	Expected Timeline	Payment Baseline (2019)
Written plan with proposed key team members, their CVs, signed research confidentiality agreement forms and evidence of their completion of online ethics training in past year	3 days after signed contract	20%
Completed recruitment of field staff Procured EA maps Written screening/recruitment, consent documentation (baseline only) and data handling plan, including plan for tracking recruitment, consent and participation at household and person level (master logs)	3 weeks after signed contract	15%
Completed training materials and SOPs Brief written report of the pre-pilot conducted in Tabora Detailed training plan attendance documentation Tools printed	5 weeks after signed contract	5%
Electronic file of data collected through enumeration/listenership and structured interviews of cohort participants (n~1200) Master logs documenting households visited, screened for recruitment, enrolled and not enrolled with reasons for exclusion, complete/incomplete study participation with reasons for incomplete participation/withdrawal Documentation of informed consent handover Submission of any revisions to study standard operating procedures, and field monitoring reports from supervisory visits to data collection teams Written document with detailed description of the field methodology	About 4 months after contract signed	10%
Output/Deliverable -- Endline 2020	**Expected Timeline**	**Payment**
Written plan with proposed key team members, their CVs, signed research confidentiality agreement forms and evidence of their completion of online ethics training in past year Updated training materials and SOPs Written plan for tracking follow-up at household and person level (master logs)	4 weeks before endline data collection in 2020	25%
Completed recruitment of field staff Detailed training plan attendance documentation Tools printed	1 week before endline data collection	10%

Output/Deliverable -- Baseline in 2019	Expected Timeline	Payment Baseline (2019)
Electronic file of data collected through interview (n~1200) Master logs documenting households visited, follow-up and participation outcomes, with reasons for incomplete participation/withdrawal Submission of any revisions to study standard operating procedures, and field monitoring reports from supervisory visits to data collection teams	Payments may be divided into more than one, proportional to participants followed	10%
Written document with detailed description of the field methodology Final cleaned dataset handover, with accompanying documentation (electronic)	3 weeks after completion of field work	5%

DATE: 4/12/2019 – Release of RFP

DATE: 4/23/2019 – Submission of Contractual and Technical Inquiries:
Gretchen Antelman – gantelman@pedaids.org

No phone calls please.

DATE: 4/25/2019 – Question and Answer Response Document posted on EGPAF website at http://www.pedaids.org/pages/contracting-opportunities.

DATE: 4/30/2019 - Completed proposals must be delivered electronically by the deadline mentioned on page one to: Tanzania Procurement unit, procurement-tz@pedaids.org with a "cc" to Gretchen Antelman gantelman@pedaids.org

DATE: 5/17/2019: – Final decision announced and Offerors notified

DATE: 5/22/2019: – Contract executed and Services begin.

Please note it is our best intent to comply with the above timeline but unavoidable delays may occur.

ADDITIONAL INFORMATION

All proposals and communications must be identified by the unique RFP# reflected on the first page of this document. Failure to comply with this requirement may result in non-consideration of your proposal.

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 will 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.

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 of suspect unethical behavior by a Foundation employee, please contact Doug Horner, Vice President, Awards, Compliance & International Operations, at dhorner[at]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.