



## **REQUEST FOR PROPOSALS # S015325**

### **Extended Deadline: Violence Against Children Survey (VACS) Implementation in Jamaica**

in support of  
**ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION ("EGPAF")**  
**1140 Connecticut Avenue, NW**  
**Suite 200**  
**Washington, DC 20036**

*Extended Deadline: October 14, 2021*

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

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.

The Jamaica Violence Against Children Survey (VACS) Background and Purpose: Violence against children is a major human rights violation and an international social and health problem. The gravity of associated health issues indicates the critical need to understand the magnitude and nature of violence against children, as well as the epidemiologic link between violence in childhood and HIV. The welfare of Jamaica's children is undermined by the violence they experience. The lack of comprehensive data on violence against children contributes to challenges to plan, implement, monitor, and evaluate appropriate policies and programming around child protection in Jamaica. Limited reliable data on violence against children contributes to the inability of agencies to make informed programmatic decisions around this issue. Evidence to support advocacy, inform national planning and funding allocations, and monitor the impact of all forms of violence is urgently needed.

Globally, several surveys have documented violence against children. These include the Multiple Indicator Surveys, WorldSAFE, Health Behavior in School-Aged Children Surveys and Global School Health Surveys which focus on single type of perpetrator or event locations. Over 24 countries in Africa, Asia-Pacific, Latin America, and the Caribbean are actively engaged in violence against children and youth work. Since 2007, the US government has worked with over twenty PEPFAR-supported countries to collaborate on the VACS. VACS are national, household surveys designed to assess the burden of childhood sexual, physical and emotional violence, its risk factors, and health consequences including HIV risk. One of the main goals of the VACS is to



ensure the data are used to raise awareness about the problem of violence and its association with HIV, as well as to support relevant changes to policy and programs.

The Centers for Disease Control (CDC) and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will lead and support implementation of the VACS in Jamaica. The VACS, for which EGPAF is seeking this Contractor, is a national household survey designed to assess the burden of childhood sexual, physical and emotional violence, its risk factors, and health consequences including HIV risk. The VACS aims to provide data to inform stakeholders' efforts to reduce violence against children, improve children's health, and support the development of targeted and informed prevention programs and policy initiatives for young people in Jamaica.

The VACS will be implemented in Jamaica in collaboration with EGPAF and CDC. **The Contractor will be responsible for leading all VACS field work in Jamaica, including recruitment and management of field staff, coordination of trainings, and implementation of VACS data collection.** Final enumeration areas will be selected collaboratively by EGPAF, CDC, the Planning Institute of Jamaica, Ministry of Health & Wellness, STATIN, and any other stakeholders.

#### **PURPOSE/SCOPE OF WORK**

In collaboration with EGPAF, CDC, government ministries and key stakeholders in Jamaica, the Contractor will recruit and manage staff to lead the implementation of the VACS in Jamaica, training staff to prepare for and carry out data collection.

The survey will estimate the prevalence of sexual, physical and emotional violence against children, identify potential risk and protective factors for violence against children and HIV in adolescents; identify health and social outcomes of violence against children; and assess knowledge and utilization of services available for children who have experienced violence in Jamaica, as well as barriers to accessing such services.

#### **Methodology Details**

- **Target Population** – Children and youth aged 13–24 years
- **Proposed Timeline** – This project will be conducted in 12 months (September 30, 2021–September 29, 2022).
- **Study Design** – The VACS will be a nationally representative, cross-sectional household survey, using a multistage geo-graphically clustered sample design. Split sampling approach will be used such that survey for males and females will be conducted in different segments. The three-stage cluster and split-sample design will ensure that only one individual is selected per household and that boys and girls are interviewed in different enumeration areas. The male and female samples will be drawn separately and produce separate estimates.
- **Study Objectives**– the objectives of the survey are to:
  - Establish baseline data for the prevalence of sexual, physical and emotional violence against children and young adults in Jamaica
  - Describe the health and social consequences of violence against children and young adults in Jamaica and link to programming for children and policy change
  - Identify risk and protective factors for sexual, physical, and emotional violence against children and young adults in Jamaica and link to the HIV program for adaptation and policy change

- Describe facilitators and barriers to access to health (including HIV), psychosocial, legal, and protective services available for victims of violence in Jamaica
- Enhance the response to children and violence as articulated in the National Plan of Action for an integrated response to Children and Violence
- Enhance PEPFAR's response to the violence and HIV syndemic through expanded violence prevention programming, improved post-violence care services and integrated interventions to address the effect of violence on HIV-specific outcomes including HIV testing, linkage to, uptake, and adherence to care & treatment, including viral suppression.
- Raise awareness and guide policy interventions responding to the problem of violence and Adverse Childhood Experiences (ACEs). ACEs are linked to increase risk of violence, NCDs and HIV infection in later life. The survey will assist in gaining national support among government and its key stakeholders by outlining challenges and gaps in violence prevention and response, support policy changes, and expand increased focus on the HIV burden in the youth population. and
- Provide data to inform government and stakeholders on evidence informed strategies to reduce, prevent, identify and respond to violence against children and young adults in Jamaica

### **Objectives and Activities**

The Contractor's activities will include:

- 1) Maintaining regular communication with EGPAF, CDC and other stakeholders, including participation in the Steering Committee Meetings.
- 2) Leading the planning and coordinating logistics for six routine in-person and/or virtual stakeholder meetings for up to 15 participants, including securing a venue, arranging the agenda and note-taking, arranging for refreshments, and any IT needs on site. Submitting the adapted VACS study protocol to the local Jamaican IRBs once approval is received from the Steering Committee, and tracking local IRB review process (*CDC and EGPAF will lead protocol development/adaptation*).
- 3) Interviewing and hiring 50-60 field staff, including a VACS study coordinator, a data manager, enumerators/interviewers, survey team leads, and drivers that will carry out all activities. The Contractor may identify existing staff for positions as appropriate.
- 4) In close collaboration with EGPAF and CDC, leading the planning and coordinating logistics for an 18-day data collection and pilot training, specifically:
  - a. Identifying, reserving and paying for an appropriate training venue, arranging for refreshments, and arranging accommodations for trainees.
  - b. Following necessary COVID-19 safety protocols in accordance with CDC and EGPAF standard operating procedures. For example, for example ensuring all participants have completed vaccination or have a negative COVID-19 test prior to the training.
  - c. Printing all training materials and providing training supplies (Note: Substantial printing must be done in advance of training sessions; however, on-the-spot printing will also be required. A detailed printing and supply list will be provided.)
- 5) Contractor staff will be responsible for providing administrative support during the trainings, including but not limited to the following:
  - a. Ensuring equipment functionality throughout trainings
  - b. Managing daily training attendance and resolving attendance issues through additional recruitment, if necessary, and working with facilitators to make up for missed sessions

- c. Once CDC Caribbean Regional Office (CRO) receives the survey tablets from the U.S. embassy, liaise with CDC CRO to transport and store the survey tablets for use during data collection.
  - d. Assist CDC training facilitators during training, as needed, including to troubleshoot facility issues and functionality of training equipment
- 6) Arranging the pilot test and field practice of the survey tools and procedures in enumeration areas (EAs) not included in the study sample.
  - a. The Planning Institute of Jamaica, alongside the Steering Committee, CDC CRO and STATIN, will provide the EAs as well as access to maps. CDC will then determine EAs to be included in the pilot and survey phases.
- 7) Booking vehicles for the pilot test and field practice days and coordinating community entry in the enumeration areas to be visited Procurement of all commodities for survey implementation including personal protective equipment for all recruited staff during the training and data collection and protective backpacks for all survey tablets for each data collector. *(tablets will be provided by CDC and do not need to be purchased by the Contractor).*
- 8) Planning, coordinating and implementing all data collection activities, including but not limited to the following:
  - a. Developing a detailed work plan and timeline for fieldwork, in collaboration with EGPAF and CDC
  - b. Creating teams of interviewers and team leaders and assigning teams to PSUs/EAs
  - c. Following necessary COVID-19 safety protocols in accordance with CDC and EGPAF standard operating procedures.
  - d. Completing all necessary data collection and data entry
  - e. Facilitating convenient and reliable payment and reimbursements to field staff during training and when teams are remotely located
  - f. Ensuring field staff maintain ethical research practices
  - g. Developing a data quality assurance plan and implementing quality control measures to ensure data quality during the survey
  - h. Participating in routine data quality review during data collection with the CDC Atlanta Data Manager.
  - i. Provide the Jamaica VACS main data set (including clean and raw files) in Open Data Kit to CDC and EGPAF after data collection is complete
- 9) Maintaining a Data Center and Data Management Team (comprised of the local Data Manager and a Data Manager from CDC Atlanta) who will correspond with EGPAF and CDC Programmers directly during and after data collection. The following will need to be acquired for the Data Center's use:
  - a. Laptop with extra battery, in case of power outages (A dedicated data center computer is preferred)
  - b. Minimum of 120 GB Hard Drive + a 500GB external hard drive, if possible
  - c. Minimum of 2 GB RAM
  - d. Windows 7, 8, or 10 (Professional Version preferred, but Home version will work as well)
  - e. Microsoft Office Professional
  - f. Anti-virus software
  - g. Adobe Reader (free download)
  - h. Java (free download)
  - i. Data Analysis Software (SAS preferred, SPSS or STATA)
  - j. An internet hotspot or dongle if Wi-Fi is not fast and reliable

- k. Internet access which is password protected and available to the Data Manager at all times
- 10) Drafting any necessary narrative work plans and reports throughout the implementation period:
  - a. A brief pilot survey report covering summary information, issues encountered in the field along with recommendations, and raw data from the survey pilot period
  - b. A field report including data cleaning report, a report on quality assurance activities, and adverse events and response plan activations during the data collection period.

## **CONTRACTOR DELIVERABLES**

### **Expected Outputs**

- IRB approval for protocol and tools
- Enumerators/interviewers, team leads and data manager recruited/identified
- Data collection team trained
- Piloted VACS survey
- A pilot survey report covering summary information, issues encountered in the field along with recommendations, and raw data
- The main survey dataset (clean and raw files) in Open Data Kit
- A field report including data cleaning report, a report on quality assurance activities, and adverse events and response plan activations

### **Deliverables**

- Monthly status reports to EGPAF
- VACS main survey dataset delivered to EGPAF and CDC
- A brief report from the pilot survey that includes high-level summary information, issues encountered in the field along with recommendations, and raw data
- A field report including data cleaning report, a report on quality assurance activities, and adverse events and response plan activations

### **Estimated Timeline of Activities**

ACTIVITIES	Oct-Dec 2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sep 2022
(EGPAF) Develop a detailed VACS work plan	X			
(EGPAF and Contractor) Submit the Jamaica VACS protocol to local Jamaica IRB (EGPAF and CDC will submit to international/CDC IRBs)	X	X		
(Contractor) Recruit survey data collection leaders/team	X			
(Contractor) Coordinate all VACS stakeholder meetings	X	X	X	X
(Contractor) Complete all logistics and preparations for the training to train survey data collection leaders/team and pilot the VACS	X	X		
(Contractor) Collect VACS data			X	
(EGPAF and Contractor) Initiate data cleaning and weighting exercise			X	
(Contractor) Share data sets with CDC colleagues and stakeholders			X	X
(Contractor) Brief Pilot Survey Report and Data Collection Field Report				X



**MINIMUM REQUIREMENTS:**

- Demonstrated experience in communicating with and responding to IRB comments and obtaining IRB approvals in a timely manner
- Demonstrated experience in study implementation, including monitoring of data collection and ethical and regulatory compliance, with a preference for experience coordinating and implementing national household surveys in Jamaica
- Highly effective and routine communication with multiple stakeholders

**FOUNDATION RESPONSIBILITIES:**

EGPAF and CDC will be responsible for adapting and finalizing the study protocol. EGPAF will also coordinate with CDC to ensure CDC approval of all materials, and will be responsible to US IRB submissions and approvals.

CDC and EGPAF will lead the development of the VACS database, and CDC will provide tablets programmed for data collection.

Once all study data are received from the Contractor, EGPAF will lead sharing this with CDC, for data analysis. EGPAF will coordinate with CDC to ensure CDC approval of final survey reports.

**BUDGET:**

The anticipated budget range for this contact is between \$690,000-\$700,000 USD. 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 clearly explaining the process and timeline for recruitment, preparation and survey implementation	35%
3. Total fixed price	0. Total fixed price for activities as outlined in the <b>'Objectives and Activities' section</b> . The fixed price budget should include any associated travel, lodging, and MI&E costs.	25%
4. Qualifications of proposed individuals	4. CV/Resume of proposed individuals to work on this project and 2 references per individual	15%
<b>Total</b>		<b>100%</b>

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:**

**DATE: 27 September 2021**– Release of RFP

**DATE: 30 September 2021**– Submission of Contractual and Technical Inquiries: Christa Moore, Senior Director Awards & Compliance, [cmoore@pedaids.org](mailto:cmoore@pedaids.org) with a 'cc' to Laura Reynolds, Senior Program Officer, DELTA2, [lreynolds@pedaids.org](mailto:lreynolds@pedaids.org) and Kyu San Shim at [kshim@pedaids.org](mailto:kshim@pedaids.org).

No phone calls please.

**DATE: 4 October 2021**– Question and Answer Response Document posted on EGPAF website at <http://www.pedaids.org/pages/contracting-opportunities>.

**DATE: 14 October 2021**- Completed proposals must be delivered electronically by the deadline mentioned on page one to: **Christa Moore, Senior Director Awards & Compliance**, [cmoore@pedaids.org](mailto:cmoore@pedaids.org) with a 'cc' to Laura Reynolds, Senior Program Officer, DELTA2, [lreynolds@pedaids.org](mailto:lreynolds@pedaids.org) and Kyu San Shim at [kshim@pedaids.org](mailto:kshim@pedaids.org).

**DATE: 15 October 2021:** – Final decision announced and Offerors notified

**DATE: Mid October 2021** –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.

## **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](mailto:fraud@pedaids.org) or the Foundation's Ethics Hotline at [www.reportlineweb.com/PedAids/](http://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.