



## **REQUEST FOR PROPOSAL (RFP)**

### **Amendment**

**RFP Number:** CLAH-RFP-001-2021

**RFP Amendment #:** One (1)

**RFP Title:** Testing remote and hybrid monitoring and evaluation activities of the USAID Health Project in the Philippines

To All Prospective Offerors:

We have decided to extend the proposal deadline and are pleased to inform you of the following amendment to the RFP on testing remote and hybrid monitoring and evaluation activities:

- The **revised closing date** and submission of proposals is now **April 27, 2021**.

We would like to inform prospective offerors that the selected offeror will be required to obtain a Data Universal Numbering System (DUNS) number (if offeror does not already have one), and sign and submit requisite representations and certifications upon award, including evidence of responsibility, Federal Funding and Accountability Transaction Act (FFATA), use of IT equipment of Chinese origin, and other standard items. The resulting subcontract with the selected offeror will incorporate all the flow down clauses required by the Panagora contract with USAID under which this work will be performed. The selected offeror will be required to obtain insurance and comply with all local labor requirements for employer payments. Please ensure these elements are included in your proposed budgets. Please inquire with us at [claimhealth@claimhealth.net](mailto:claimhealth@claimhealth.net) should you require further information regarding representations and certifications or subcontract requirements prior to the award decision.

For further general details, the originally issued RFP follows this amendment on page 2.

Sincerely,

Ms. Irene Guevarra  
Administration & Finance Manager  
USAID's CLAIHealth Project

## Request for Proposals (RFP)

**RFP Number:** CLAH-RFP-001-2021

**RFP Title:** Testing remote and hybrid monitoring and evaluation activities of the USAID Health Project in the Philippines

**Issue Date:** March 10, 2021

**Closing Date and Time for Questions:** March 17, 2021, 5:00 PM, Philippines Standard Time

**Revised Closing Date and Submission of Proposals:** April 27, 2021 (revised from an original closing date of March 31, 2021)

**Place of Performance:** Manila, Philippines

To All Prospective Offerors:

Panagora Group's USAID-funded activity, USAID's Collaborating, Learning, and Adapting for Improved Health Project (herein after referred to as CLAIMHealth) is seeking proposals from qualified vendors to provide services as described in the attached RFP. The purpose of this activity will be to conduct implementation research that focuses on identifying how effective remote and/or hybrid monitoring and evaluation (M&E) activities are in achieving the M&E and adaptive management goals of the USAID Health Project in the Philippines. The ceiling price for this work is PhP 2,436,500, which will cover an estimated six-month implementation time period. Proposals submitted with costs above this ceiling will not be considered.

The implementation research is to be conducted in the Philippines and as such Offerors should be based in the Philippines. Interested Offerors must submit separate technical and cost pricing proposals that comply with the requirements of the statement of work and this request for proposals (RFP) by the closing date. CLAIMHealth intends to award one Firm Fixed Price subcontract to the successful Offeror(s).

Please email your technical and price proposals no later than the closing date and time for submission of proposals indicated above. Proposals should be emailed to:

ATTN: Ms. Irene Guevarra

Email: [claimhealth@claimhealth.net](mailto:claimhealth@claimhealth.net); [ireneguevarra@claimhealth.net](mailto:ireneguevarra@claimhealth.net)

CLAIMHealth reserves the right to award a subcontract without discussions or the submittal of final revised proposals. Therefore, Offerors are advised to review the RFP in detail, raise questions and

request clarifications by the closing date for questions and submit a comprehensive and responsive proposal meeting all the requirements of this RFP. The Offeror's initial offer should contain its best terms from both a cost and technical standpoint. All proposals must be received by the closing date and time. Proposals received after the closing date and time will not be considered.

If substantive questions are received that affect the response to the solicitation, or if changes are made to the closing date and time, as well as other aspects of the RFP, this solicitation will be formally amended. Any amendments to this solicitation will be provided to all requesters of this RFP. All questions related to this RFP should be delivered by email to the contact person listed below, using both email addresses provided, by the closing date and time listed above. In addition, a Zoom meeting will be held on the closing date to provide opportunity for questions from all interested parties to be shared and discussed. Interested parties should use the contact information below to request a Zoom invitation.

Ms. Irene Guevarra

Email: [claimhealth@claimhealth.net](mailto:claimhealth@claimhealth.net); [ireneguevarra@claimhealth.net](mailto:ireneguevarra@claimhealth.net)

Issuance of this solicitation does not constitute an award commitment on the part of CLAIMHealth or Panagora Group, nor does it commit CLAIMHealth or Panagora to pay for any costs incurred in preparation or submission of a proposal. CLAIMHealth or Panagora reserves the right to reject any and all offers, if such action is considered to be in the best interest of the activity.

Sincerely,

Irene Guevarra  
Administration & Finance Manager  
USAID's CLAIMHealth Project

**Table of Contents**

Section 1 – Instructions to the Offeror ..... 3

- A. Request for Proposals for Implementation Research Issued By ..... 2**
- B. Project ..... 2**
- C. Scope of Work Title ..... 2**
- D. Award ..... 2**
- E. Period of Performance ..... 3**
- F. Technical Proposal ..... 3**

Section 2 – Technical Evaluation Criteria ..... 6

Section 3 – Statement of Work (SOW) ..... 7

- A. Background/Rationale ..... 7**
- B. Learning Questions and Objectives ..... 7**
- C. Key Tasks and Deliverables ..... 8**
- D. Illustrative Methods ..... 9**
- E. Implementation research team/institution ..... 9**
- F. Timeline ..... 9**
- G. Travel ..... 10**
- H. Reporting ..... 10**

**Annex 1: USAID/Philippines Health Project Background ..... 10**

**Annex 2: Health Project Activity Sites ..... 12**

## Section 1 – Instructions to the Offeror

### A. Request for Proposals for Implementation Research Issued By

USAID's CLAIHealth Project  
Panagora Office  
11<sup>th</sup> floor Ramon Magsaysay Center Tower  
1680 Roxas Boulevard, Malate, Manila 1004, Philippines  
Email: claimhealth@claimhealth.net

### B. Project

Panagora Group is contracted by the United States Agency for International Development Philippines (USAID/Philippines) to implement the Collaborating, Learning and Adapting for Improved Health (CLAIHealth) Project Prime Contract or Subcontract Number: IDIQ No. AID-OAA-I-15-00025, Task Order No. 72049218F00001.

USAID/Philippines assistance, through the work of nine current implementing partners (IPs), including CLAIHealth, enhances the capacity of the Philippines Department of Health, local governments (provinces, municipalities and cities), and the private sector to provide quality health services to the underserved. All USAID activities support the Philippine government's health care agenda and are implemented through a bilateral assistance agreement with the Department of Health. USAID-supported programs strengthen health systems while increasing the demand for and access to family planning and maternal and child health services; TB prevention, treatment and control; and community-based drug rehabilitation. Details of the USAID/Philippines Health Project may be found in **Annex 1**. Health Project sites may be found in **Annex 2**.

### C. Scope of Work Title

Testing remote and hybrid monitoring and evaluation activities of the USAID Health Project in the Philippines

### D. Award

1. Panagora Group will award one firm fixed price subcontract to the responsible Offeror whose response to the solicitation is most advantageous to the CLAIHealth project, cost, and other factors considered, as detailed in Section 1 of this solicitation.
2. Panagora Group may award a subcontract on the basis of initial offers received without discussions. Therefore, each initial offer should contain the Offeror's best terms from the

cost or price and technical standpoint. It is intended that one Offeror provide all the services being requested under this solicitation.

3. This solicitation does not commit Panagora Group to make an award. Panagora Group may (a) reject any or all offers, (b) not select the offer with the lowest cost, and (c) waive informalities or irregularities in offers received.

#### **E. Period of Performance**

The implementation research will be conducted for a period of approximately six months, from May 2021 – October 2021.

#### **F. Technical Proposal**

The Technical Proposal should be in the English language, typed, single-spaced, with each page numbered consecutively. All proposals should be in Source Sans Pro or Gill Sans MT, font size 11, “normal” margins (all 2.54 cm), and will adhere to the page limits below.

**Cover Page.** State the full legal name, address, and telephone number of the organization submitting the proposal and the date of submission. (1 page)

**Table of Contents.** The Technical Proposal must contain a Table of Contents with page numbers for each section indicated. (1 page)

**Technical Approach.** The Technical Approach in response to this solicitation should provide a straightforward, concise delineation of how the Offeror intends to carry out and satisfy the requirements contained in the Statement of Work. No cost information is to be included in the Offeror's technical proposal in order to evaluate strictly on its technical merit. A price proposal shall be submitted separately. The Technical proposal will be evaluated by a Panagora Group Technical Evaluation Committee in accordance with the Technical Evaluation Criteria set forth in Section 2 of this RFP. The Technical proposal will be evaluated to determine if the Offeror understands the required services and if the Offeror's approach is adequate to perform the work. The Statement of Work and its attachments reflect the requirements and the objectives of the work. Merely repeating the Statement of Work without sufficient elaboration will not be acceptable. (10 pages)

**Personnel.** The proposal shall provide an overall staffing plan for the activity. Offerors must describe the role and responsibilities of staff and their assigned management and decision-making authorities. CVs should be attached to the end of the proposal. (1-page plan, maximum two pages per CV)

Offerors must:

- Provide information on qualifications, background, and experience of the Personnel as they relate to the minimum requirements outlined in the Statement of Work.
- Submit a resume detailing the qualifications for each personnel. CVs are limited to two pages and are to be attached in an Annex.
- Submit a signed acknowledgement letter for each proposed personnel stating that he/she understands they have been proposed and that they intend to make themselves available should a contract be awarded.

**Past Performance.** The proposal should outline similar work Offerors have completed. Although not required, it is preferable to demonstrate work for USAID. (1 page)

In addition, proposals should include three professional references from other similar subcontracts. (Annex)

**Price.** The price proposal will be evaluated separately and will consider factors including effectiveness, control, and realism. Although price is one of several evaluation factors, the proposal with the lowest price may not be selected if Award to a higher priced proposal affords Panagora Group a greater overall benefit.

The Offeror must submit a cost/pricing proposal consistent with the technical proposal and the period of performance. The price proposal should not exceed three pages. Page 1 should present a detailed budget in the format shown below, in Excel and with unprotected cells. Page 2 should provide a written narrative to explain all proposed costs.

**DETAILED BUDGET BREAKDOWN WORKSHEET (SAMPLE FORMAT)**

Cost Category	Unit Cost (e.g., Daily Rate)	Quantity (e.g., Days, No.)	Total Cost (PhP)
Personnel			<b>Unit Cost x Quantity</b>
Position No. 1 {name}			
Position No. 2 {name}			
Travel			
Transportation (type e.g., airfare, ground transportation)			
Lodging			
Per Diem			
Other Direct Costs			
Communications			
Printing			

Cost Category	Unit Cost (e.g., Daily Rate)	Quantity (e.g., Days, No.)	Total Cost (PhP)
[List Items]			
Indirect Costs (e.g., overhead)			
Value Added Tax			
Subtotal			
<b>Total Firm Fixed Price</b>			

The Offeror should breakdown the proposed costs in sufficient detail to permit adequate costs analysis. Estimates must show sufficient detail to justify each cost element. Offerors are requested to itemize all costs for Labor, Travel, Transportation, Per Diem, and Other Direct Costs. Each cost element must include a basis or rationale for the estimate.

**Labor.** The Offeror shall list all personnel who will provide services, showing each individual’s daily rate and level of effort to be provided. Labor rates should represent base rates without mark up.

**Travel, Transportation, and Per Diem.** The budget must indicate travel costs related to performing this assignment. The basis or rationale of each unit cost should be included in the price proposal notes.

**Other Direct Costs (ODCs).** As part of the detailed budget breakdown, the Offeror shall submit a specific list of all ODCs required to perform the services under this subcontract. ODCs include costs such as communications, expendable supplies and materials, and report preparation/reproduction. The basis or rationale of each unit cost should be included in the price proposal notes.

**Indirect Costs.** The Offeror should include any overhead, fringe, or profit elements in this line. The rationale for these costs must be explained in the price proposal notes. During subcontract negotiations, offerors may be required to provide company financial statements to substantiate indirect rates.

**Value Added Tax (VAT).** All taxation must be included as a separate line item in your price proposal. No other costs proposed in your budget should include VAT.



## **Section 2 – Technical Evaluation Criteria**

All proposals will be evaluated against the evaluation criteria below. The Offeror with the lowest cost may not be awarded the subcontract. Therefore, an award resulting from this RFP will be made to the company that offers the greatest value to CLAIHealth from a technical and cost standpoint.

### **1. Technical Approach (40%)**

- Extent to which the proposed technical approach is clear, logical, well-conceived, technically sound, and accurately interprets the request and solutions.
- Extent to which the proposed technical approach demonstrates an understanding of the implementation context.

### **2. Key Personnel (30%)**

- Extent to which the proposed key personnel meet the required qualifications and demonstrate the Offeror's ability to successfully perform the work.

### **3. Past Performance (30%)**

- Extent to which past performance information demonstrates successful implementation of similar activities.
- Previous work with USAID data (not required but preferable).

### **4. Price(no rating)**

- Price will be evaluated separately from the technical proposal and will be evaluated to assess the reasonableness of the costs/prices to determine the best value and most advantageous approach to the activity.
- Offeror must represent a price that provides the best value when considering salary rates within the marketplace and the technical and functional capabilities of the Offeror's team.
- The price must be reasonable, balanced, and demonstrate realism.

## **Section 3 – Statement of Work (SOW)**

### **A. Background/Rationale**

To generate, use, and assess the integrity and quality of its family planning (FP), tuberculosis (TB), and community-based drug rehabilitation (CBDR) performance data, monitoring and evaluation (M&E) activities have been a core component of the USAID/Philippines Health Project. Findings from activities such as data quality assurance and data validation have been used to bolster M&E and information systems and provide critical insights for program management, including in the areas of commodity and logistics services and health service delivery. Data quality assessments are regularly conducted to ensure that the USAID/Philippines Office of Health (OH) uses valid, reliable, and secure information that is timely and precise enough to permit evidence-based decision making. During a recent data validation of its FP performance data, for example, the Health Project identified issues on FP stock management, FP data reporting and recording, and lack of training on standard information systems procedures, such as the 2018 Field Health Services Information System Manual of Procedures. Third party monitoring (TPM) and continuous evaluation methods have also been employed to support TB and FP program implementation in the complex and post-conflict environment of Marawi City and other areas of the Bangsamoro Autonomous Region in Muslim Mindanao.

With the persistence of the COVID-19 pandemic, the Health Project has had to make considerable changes to its usual M&E activities, shifting to largely remote approaches (*e.g.*, by telephone, e-mail, online collaborative workspaces, and/or internet communications) and sometimes hybrid approaches (*i.e.*, blended use of remote communications and in-person/site visits). The shift from the standard, in-person, to more remote approaches for M&E activities in the Philippines is the subject of this proposed implementation research.

### **B. Learning Questions and Objectives**

#### Learning Questions

In the context of COVID-19 community quarantine rules and limited mobility, are remote or hybrid M&E activities effective (in terms of data validity, reliability, timeliness, precision, and integrity of data) in achieving the M&E and adaptive management goals of the Health project in the Philippines? As more remote approaches are expected to become part of the standard mode of conducting M&E, how can remote and hybrid M&E activities be enhanced in the Philippines?

## Objectives

1. Document the processes involved in remote and hybrid M&E activities, highlighting factors that facilitate and hinder these approaches. Include both quantitative and qualitative approaches used to monitor and assess the quality of interventions.
2. Assess the effectiveness of remote and hybrid M&E activities in terms of ability to accurately answer Health Project performance questions and achieve adaptive management goals. Take into consideration data validity, reliability, timeliness, precision, and integrity.
3. Assess the potential feasibility and sustainability (including during the COVID-19 pandemic time and post-COVID-19) of remote and hybrid M&E activities in terms of time and resources spent and ease of operations.
4. Provide recommendations for quality improvement of M&E activities moving forward, including during the COVID-19 pandemic time and post-COVID-19.

### **C. Key Tasks and Deliverables**

A critical output of this implementation research is to identify tested, proven, and practical strategies and/or tools for remote and/or hybrid M&E activities in the Philippines. Although global experience on remote M&E techniques is growing, the unique context and status of information, communications, and technology in different parts of the country makes this research useful and practical for health program managers and evaluators. The emphasis of these products and the final report should be on sharing knowledge on the array of remote and/or hybrid approaches for M&E in a way that Government, implementing partners (IPs), and other stakeholders in the Philippines can easily take away key lessons and adapt to their own context.

Specific key tasks and deliverables include the following:

- C.1. An initial work plan/Gantt chart;
- C.2. An inception report with an initial desk review summarizing key, related literature (globally and in the Philippines), methodology, timeline, and data collection strategies and tools;
- C.3. Progress reports, including status updates of activities and iterative key findings, for discussion at bi-monthly Zoom meetings. To provide iterative key findings, we recommend the use of a series of Plan-Do-Study-Act cycles to continuously improve on the available remote/hybrid M&E methods employed;<sup>1</sup>

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<sup>1</sup> PDSA cycles provide a structure for iterative testing of changes for improvement. Key features include clear iterative cycles, prediction-based tests of change, small-scale testing, use of data over time, and documentation. Source: Taylor MJ, McNicholas C, Nicolay C, et al. Systematic review of the application of the plan-do-study-act method to improve quality in healthcare. *BMJ Quality & Safety* 2014;23:290-298.

- C.4. As agreed upon with CLAIMHealth, conduct research and data collection on selected M&E processes (*e.g.*, data collection, performance monitoring, data validation, data quality assurance, or third party monitoring) in selected project sites, including conduct of key informant interviews and/or focus group discussions. Inputs from local stakeholders should be incorporated. With the current quarantine restrictions, it is expected that data collection will be conducted both virtually and in person;
- C.5. Assess the selected M&E systems and identify strengths/enabling factors and challenges/hindering factors across the complete M&E process flow;
- C.6. Observe, document, and review the implementation of selected processes/stages of key activities, in coordination with the relevant IPs;
- C.7. Provide evidence-based recommendations of “best practice” M&E tools and strategies, with recommendations specified for the unique contexts of the Philippines and project sites;
- C.8. Complete preliminary report for review and presentation of IR process and findings, including top M&E strategies and tools for potential scale-up;
- C.9. Final report (soft copy) which integrates suggestions/comments from reviewers. The final report, which should include an executive summary, should be reader-friendly for a wide variety of stakeholders at both national and local levels; and
- C.10 Final presentation.

#### **D. Illustrative Methods**

The Offeror will elaborate on the methods and research approaches to be used, in collaboration with OH and the Health Project IPs. The Offeror will also consult with CLAIMHealth on where selected M&E approaches and tools (*e.g.*, data collection, indicator monitoring, data validation, data quality assessments, and third party monitoring) could be tested and will request CLAIMHealth’s assistance with site selection, as well as coordination with IPs in obtaining data, reports, and other logistics. In their proposed site selection, the Offeror should include hard-to-reach areas, including those with limited internet connectivity, so they can make recommendations on the best M&E approaches for areas of this kind.

To describe and analyze the process of selected M&E activities, the following are some examples of methods and approaches that may be considered: a desk review of documents, data, and reports; observation (through meeting participation or site visits when possible); process mapping (for

determining work flows for remote and actual site monitoring); surveys; key informant interviews; and focus group discussions.

The proposed research should take a broad, health systems approach to take into consideration the many factors that may influence process, feasibility, relative effectiveness, and sustainability. This may include socio-economic conditions (including internet connectivity), relative reliance on relationships to accomplish tasks, and human resource constraints, among others.

#### **E. Implementation research team/institution**

This SOW is intended to engage one institutional partner through an open competitive process to co-design and co-manage the implementation of the implementation research, in partnership with OH, the IPs, and stakeholders.

#### **F. Timeline**

To be able to monitor and observe the processes of remote and hybrid M&E activities, the implementation research will cover a period of approximately six months (May 2021 – October 2021). The Offeror will provide a timeline with examples of activities and when key tasks and deliverables will be completed. The Offeror will operate collaboratively and adapt and integrate with the current Health Project workflow, to leverage efforts, build on meeting discussions and momentum, and avoid duplication.

#### **G. Travel**

The proposed team will be responsible for arranging their travel and including travel costs in their budget. Costs for COVID-19 vaccination are not covered in the budget. The proposed team will also be responsible for coordinating with local authorities and counterparts so that the teams may carry out all planned interviews. While we still cannot predict the trajectory of the COVID-19 pandemic, it is expected that most work will be done virtually but will require some in-person field visits.

#### **H. Reporting**

During the assignment, the selected service provider will report to the CLAIMHealth Senior Research & Learning Specialist.

## **Annex 1: USAID/Philippines Health Project Background**

The purpose of the USAID/Philippines Health Project (2019 - 2024) is to improve the health of underserved Filipinos. Three sub-purposes comprise the HP outputs leading to the HP purpose: 1. healthy behaviors strengthened; 2. quality of services fortified; and 3. key health systems bolstered and institutionalized. The following is a list and brief explanation of activities within the USAID/Philippines Health Project:

### *Family planning and adolescent reproductive health focus*

- **Family Planning and Maternal and Neonatal Health Innovations and Capacity Building Platforms (ReachHealth)** aims to reduce unmet need for FP services and decrease teen pregnancy and newborn morbidity and mortality through improving knowledge and behaviors of FP and maternal and neonatal health; increasing access to comprehensive quality care and the capacity of providers to deliver this care; generating demand; and strengthening health systems.
- **Bangsamoro Autonomous Region in Muslim Mindanao Health Capacity Building (BARMMHealth)** works to improve the demand for and supply of quality family planning and maternal and child health services for underserved Filipinos in BARMM.

### *Tuberculosis focus*

- **TB Innovations and Health Systems Strengthening (TB Innovations)** assists the DOH to actively identify, develop, test and scale-up innovative technologies and approaches for case detection, treatment seeking, and treatment adherence interventions for vulnerable and high-risk populations.
- **TB Platforms for Sustainable Detection, Care and Treatment (TB Platforms)**, through local capacity building, system strengthening, and community engagement, aims to strengthen supportive and cross-cutting TB interventions at the provincial, local government and community levels to increase TB and drug-resistant TB case detection and treatment success rates.
- **TB Local Organizations Network (TB LON)** aims to develop a network of TB civil society organizations to effectively advocate for a people-centered TB response.

### *Health systems strengthening focus*

- **Health Equity and Financial Protection Platform (ProtectHealth)** aims to improve financial protection and equitable access to essential health services, including support to the DOH and PhilHealth to address operational bottlenecks that impede effective implementation of health financing policies.
- **Medicines, Technology, and Pharmaceutical Systems (MTaPS)** assists DOH in establishing a fully functional supply chain management system from demand and supply planning to distribution and use at the point of care, to facilitate reliable and timely supply of FP and TB drugs and commodities.

*Community-based drug treatment and recovery focus*

- **Expanding Access to Community-Based Drug Rehabilitation (CBDR) (RenewHealth)** seeks to improve the quality of community-based treatment and recovery and ultimately reduce drug dependence in the Philippines through enabling healthy behaviors, increasing demand for CBDTR services, and strengthening the policies and systems for sustainable CBDTR service delivery.

Finally, **Collaborating, Learning, and Adapting for Improved Health (CLAimHealth)** provides technical assistance, capacity-building, and related logistical support to USAID to carry out its monitoring and evaluation, learning, and adaptive management of its Health Project.

## **Annex 2: Health Project Activity Sites**

*(Please click on the icon below)*



Health-Project-Activity-Sites-2021.xlsx