



Request for Proposals (RFP)

RFP Number: CLAH-RFP-002-2021

RFP Title: Evaluating the effectiveness of after-action reviews in adaptive management of selected interventions of the USAID/Philippines Health Project

Issue Date: April 7, 2021

Closing Date and Time for Questions: April 14, 2021, 5:00 PM, Philippines Standard Time

Closing Date and Submission of Proposals: April 28, 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 whether after-action reviews conducted by the USAID/Philippines Office of Health and its implementing partners are effective in generating short learning loops for adaptive management of its health interventions and technical assistance. The ceiling price for this work is PhP 2,436,500, which will cover an estimated six to eight-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; ireneguevarra@claimhealth.net"
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 ; 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

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Section 1 – Instructions to the Offeror

A. Request for Proposals for Implementation Research Issued By

USAID’s CLAIHealth Project
Panagora Office
11th 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

Evaluating the effectiveness of after-action reviews in adaptive management of selected interventions of the USAID/Philippines Health Project

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 to eight months, from June 2021 – January 2022.

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			Unit Cost x Quantity
Position No. 1 {name}			
Position No. 2 {name}			
Travel			
Transportation (type e.g., airfare, ground transportation)			
Lodging			
Per Diem			
Other Direct Costs			
Communications			

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

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. 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.

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.

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. Please inquire with us at claimhealth@claimhealth.net should you require further information regarding representations and certifications or subcontract requirements prior to the award decision.

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

The USAID/Philippines Office of Health (OH) has championed the regular use of collaborating, learning, and adapting (CLA) platforms, such as regular CLA technical working meetings, cluster meetings, pause-and-reflect (P&R) sessions, and after-action reviews (AARs), to foster a culture of learning, knowledge sharing, collaboration, and adaptive management. Of these CLA platforms, the AAR is an assessment conducted after a major activity, or after an identifiable event within a project or major activity, that allows team members and leaders to discuss what happened and why, reassess direction, review both successes and challenges, and identify action steps to meet goals.^{1, 2} In terms of organizational learning, AARs provide the opportunity for teams to continuously assess their performance and learn from successes and failures. AARs follow a sequence of four steps: planning, preparation, conduct, and follow through.

As such, AARs are intended to generate short learning loops for adaptive management among OH and IPs, functioning to facilitate the plan – do – study – act (PDSA) cycle through their iterative cycles and use of data and documentation over time to inform next steps and follow through. AARs may take place as regularly scheduled, individualized meetings or be incorporated as part of other CLA platforms, such as the cluster meetings and P&R sessions.

The Health Project has invested considerable resources in AARs for CLA purposes, and this investment is explored in this proposed implementation research.

B. Learning Questions and Objectives

Primary Learning Questions

Are the after-action reviews conducted by the USAID/Philippines Office of Health and its IPs effective in generating short learning loops for adaptive management and quality improvement of its health interventions and technical assistance? What is working well and what can be enhanced?

Secondary Learning Questions

How are Government and local implementing stakeholders actively involved in the AAR process, including adaptive management? Should AARs involve appropriate representatives from national and local partners or ensure their inputs are solicited?

¹ See also: USAID. After-Action Review: Technical Guidance. Available at: https://pdf.usaid.gov/pdf_docs/PNADF360.pdf

² See also: USAID Learning Lab. After Action Review Guidance. 2013. Available at: https://pdf.usaid.gov/pdf_docs/PNADF360.pdf

In terms of AAR follow through, how are agreed adaptive management actions brought down to the level of the right partners for action and implementation?

Objectives

1. Document the AAR processes, highlighting what is working well and what is not working well, on an ongoing, iterative basis, using the steps of the PDSA cycle
2. Generate evidence on AAR iterative results for adaptive management, including how OH and IPs are using evidence to manage the Health Project to improve high level health outputs and outcomes.
3. Assess AARs in terms of relative effectiveness (including effects on Health Project performance), process, feasibility (including time and resources spent), and generalizability.
4. Provide recommendations on how AARs should proceed moving forward. What should be maintained and what should be changed to enhance their effectiveness in generating short learning loops for improved Health Project performance?

C. Key Tasks and Deliverables

A critical output of this implementation research is to provide tested, proven, and practical strategies, tools, and guidance for after-action reviews to effectively achieve short learning loops. The emphasis of these products and the final report should be on sharing knowledge and evidence related to after-action reviews to achieve short learning loops and measurable, iterative results, in a way that Government, 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 including an initial desk review providing a systematic analysis of AAR methods (*e.g.*, facilitated loopbacks, root cause analysis, objective performance review media, alignment of AAR to team), plus an overview of AARs conducted by OH and IPs in the past six months; methodology; timeline; and data collection strategies and tools;
- C.3. Progress reports, including status updates of activities and iterative key findings, for discussion at fortnightly Zoom meetings. To provide iterative feedback, we recommend the use of a series of Plan-Do-Study-Act cycles to continuously improve, over the course of the research, on the available AAR approaches employed;³

³ 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,

- C.4. As agreed upon with CLAIHealth and OH, conduct research and data collection on selected AAR processes (e.g., AARs of continuous quality improvement practices, data quality assurance, third party monitoring, or quarterly reporting processes) in selected project sites. Inputs from local stakeholders should be incorporated. With the current quarantine restrictions, it is expected that data collection will be conducted both virtually and, to a limited extent, in person;
- C.5. Observe, document, and review the implementation of selected AAR processes and follow through of selected key activities, in coordination with the relevant IPs and OH. Review of follow through includes a review of communications, meetings, and related processes used to monitor and/or implement the AAR agreements and adaptive management actions to be undertaken.
- C.6. Assess the selected AAR processes and identify strengths/enabling factors and challenges/hindering factors. On an iterative basis, actively intervene and provide appreciative and constructive feedback and guidance on AAR tools;
- C.7. Approximately every two months, provide case studies and examples of effective (and/or ineffective) processes, tools, and strategies based on the study team's observations, documentation, and analyses of the Health Project interventions;
- C.8. Provide evidence-based recommendations of "best practice" AAR tools and strategies, with recommendations tailored for different contexts of the Philippines and project sites and activities;
- C.9. Complete preliminary report for review and presentation of research process and findings, including top AAR strategies and tools for use by OH and IPs;
- C.10. Final report (soft copy) that 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 CLAIHealth on where selected AAR

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.

activities (e.g., AARs of continuous quality improvement practices, data quality assurance, third party monitoring, or quarterly performance reporting processes) could be tested and will request CLAIMHealth's assistance with site selection (as needed), as well as coordination with IPs in obtaining reports and other logistics. Intervention sites/activities may be selected based on their potential for learning (including intervention-specific and more generalizable findings on the AAR process) and, because of the relatively brief study period, their potential measurable short-term outputs or outcomes. Depending on quarantine levels and associated travel restrictions at the time of research, AAR activities may be monitored remotely and, to a limited extent, on-site.

To describe and analyze the process of selected AAR activities, the following are some examples of methods and approaches that may be considered: a systematic review of the literature and IP reports; participant observation (through meeting participation or site visits when possible); process documentation of the AAR's iterative PDSA cycles; key informant interviews; and focus group discussions. It is expected that over the course of the research process, the research team will actively intervene and provide appreciative and constructive feedback and guidance on AAR tools.

The AAR research will take into consideration the factors that may influence process, feasibility, relative effectiveness, and generalizability. The research should provide insight into which specific AAR approaches are being used or could be used (e.g., facilitated loopbacks, root cause analysis, objective performance review media, alignment of AAR to team), which approaches worked well, and which did not work as well and why.

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 AAR activities, the implementation research will cover a period of approximately six to eight months (June 2021 – January 2022). 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 testing and 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-Activ
ity-Sites-2021.xlsx