Request for Proposals (RFP)
For
Sub-award
in support of
Challenge TB Malawi Year 4
FAST APPROACH
USAID Cooperative Agreement No. AID-OAA-A-14-00029
Submit Questions to: anthony.abura@kncvtbc.org
Submit Questions to: Submit Requests for proposals to: *eleanor.banda@kncvtbc.org*

Closing Date for Submission of requests for proposals:
Sunday 5th November
Managed by:
KNCV Tuberculosis Foundation
Funded by:
United States Agency for International Development (USAID)

Table of Contents

Abbreviations

CHSU	Community Health Services Unit
CSCP	Community Sputum Collection points
CTB	Challenge TB
CXR	Chest X-ray
DHO	District Health Office (Officers)
DSSM	Direct Sputum Smear Microscopy
FAST	Finding TB cases Actively, Separating safely, and Treating effectively
HAD	HIV and Aids Department
HCW	Health Care Worker
HIV	Human immunodeficiency virus
IEC	Information Education and Counseling
IPC	Infection Prevention and Control
MDR-TB	Multi-drug-resistant tuberculosis
NGO	Non-Governmental Organisation
NTP	National Tuberculosis Control Program
OPD	Out-Patient Department
PEPFAR	Presidents Emergency Plan for AIDS and Relief
RFP	Request for Proposal
SOP	Standard Operation Procedure
TB	Tuberculosis
TB IC	TB infection control
TEP	Technical Evaluation Panel
USAID	United States Agency for International Development

Introduction

KNCV Tuberculosis Foundation

KNCV Tuberculosis Foundation (KNCV) is an international non-profit organization dedicated to the fight against tuberculosis (TB), the deadliest infectious disease in the world. KNCV is an international center of excellence for TB control that promotes effective, efficient, innovative and sustainable tuberculosis control strategies in a national and international context. Our multidisciplinary team of passionate professionals covers a broad range of expertise such as programmatic TB control, research, clinical management, social science, education, digital health, and project management. For more information see www.kncvtbc.org.

Over the past century KNCV has made a significant contribution to the successful fight against TB in the Netherlands. Since the 1970s, we have shared our knowledge and expertise with the rest of the world. We operate from a central office in The Hague, the Netherlands, a regional office in Central Asia and country offices in Africa, including Malawi, and (central) Asia. In Malawi we are based at the National Tuberculosis Programme at CHSU at Mtunthama Drive in Area 3 in Lilongwe. KNCV raises funds from private, institutional, corporate and government donors.

Challenge TB

KNCV is the lead partner in Challenge TB (CTB), the current United States Agency for International Development (USAID)-funded 5-year global project to decrease TB mortality and morbidity in high burdened countries. We lead an international consortium with eight partner organizations: American Thoracic Society (ATS), FHI 360, Interactive Research & Development (IRD), Japan Anti-Tuberculosis Foundation (JATA), Management Sciences for Health (MSH), PATH, The International Union Against Tuberculosis and Lung Disease (The Union), and the World Health Organization (WHO).

The overarching strategic objectives of CTB are to improve access to quality patient centered care for TB, TB/HIV, and MDR-TB services; to prevent transmission and disease progression; and to strengthen TB platforms. CTB project includes TB control activities in 23 countries and several overarching core projects in multiple countries. For more information see www.challengetb.org.

Challenge TB in Malawi

The CTB project in Malawi works towards reducing the number of deaths due to TB and TB/HIV co-infection following the overarching strategic objectives of CTB and supporting the establishment of enhanced and sustained systems. KNCV is the lead partner implementing the project in Malawi. CTB has focused activities in 15 districts of Malawi and is also supporting national level activities such as joint TB/HIV supervision, infrastructure renovation, active case finding, introduction of new 2nd line TB drugs and shorter DR-TB regimens and strengthening the diagnostic network, amongst others.

The Malawi Ministry of Health has provided strategic approaches to prevent, diagnose, treat TB and ensure treatment follow up care is provided through a decentralized system of care with TB registration sites that have been established to support these services and have both diagnostic and treatment services in the same facility. To date there are 326 TB registration sites and among these are 28 district hospitals (NTP report 2017). TB transmission being airborne has required strategic approaches to prevent infection that can last for many years in human hosts. Hence TB Infection Prevention and Control (IPC) has become paramount to minimize the risk of TB transmission within populations that include health care workers and non-TB patients in health facility settings and household family members. There are about 19,800 health care workers (HCW) in Malawi, among which are Medical and Clinical Officers, Medical Assistants, Nurses, Pharmacy and Lab Technicians, Environmental Health Officers, Health Surveillance Assistants and HIV Testing and Counselling counsellors.

FAST background in Malawi

FAST is an acronym that stands for Finding TB cases Actively, Separating safely, and Treating effectively. USAID supported implementation of FAST in Malawi under the TB CARE II project from March 2015 to September 2015, in Mangochi and Machinga District hospitals. The strategy is based on evidence that shows that the spread of TB is markedly reduced by providing effective treatment and standard operating procedures are available on FAST and *FAST in General health care settings versus TB settings* (MOH IPC Guidelines 2016). The FAST strategy includes and emphasizes on cough surveillance, triage and fast tracking of TB presumptives; use of GeneXpert as a primary diagnostic tool for high risk populations with rapid monitoring of the turn-around time to diagnosis and initiation of anti-TB treatment. Key elements included an implementation protocol, a core package on FAST, training, development of data collection tools and promotional materials, hosting progress review meetings and monitoring of activities.

The NTP included the FAST strategy in the revised TB Infection Prevention and Control guidelines of 2016. CTB supported orientation of six district hospitals in IPC including FAST. Mangochi and Machinga also participated in the orientation and developed an action plan for implementation of IPC. The NTP in partnership with the HIV and AIDS Department (HAD) conducts quarterly supervision visits to over 700 health facilities that provide HIV services. The joint TB/HIV supervision tool has included WHO standards for IPC where the performance of health facilities in IPC can be assessed and corrective action provided.

Site assessment visits are also conducted by the USAID mission in Malawi that include a focus on TB Infection Control (TB IC). The assessment includes PEPFAR indicators with five key areas looking at TB IC at facility level listed below:

1. TB IC focal person in place supporting TB control activities;
2. TB IC plan is in place;

3. TB IPC Implementation activities are in place and include fast tracking, cough monitoring, cough etiquette, IEC available, and health education teaching aids available;
4. N95 respirators are available at the facility;
5. Well-ventilated congregate areas present (e.g. OPD, waiting areas, ART clinics).

Planned Implementation of FAST

In year four of project support, CTB will implement FAST in four districts, with a focus on Zomba Central Hospital, Mangochi, Machinga and Chikwawa district hospitals. In this regard KNCV intends to contract a local non-governmental organization (NGO) to assist with the implementation of FAST from January to September 2018, monitoring of key indicators and eventual handover to respective facility administrations for continuity of activities.

Purpose of the assignment

The purpose of the assignment is to implement FAST in four hospitals, namely Zomba Central Hospital, Chikwawa district hospital, Mangochi district hospital and Machinga district hospital.

Specific objective
To reduce TB transmission in outpatient and inpatient health care settings

Sub-objectives

- To focus health care workers on the most important administrative TB transmission control intervention: effective treatment;
- To enhance TB case finding among otherwise unsuspected TB patients;
- To diagnose TB earlier among otherwise missed drug-susceptible TB patients;
- To diagnose drug-resistant TB earlier among inadequately treated TB patients.

Key activities:

I. Introduction of the FAST strategy to all four hospitals with involvement of the key management staff of the respective hospitals
II. Assessment of the current infection control practices and availability of tools in the four hospitals including an audit of the human resource
III. Development of infection prevention and control (IPC) action plans in Zomba Central Hospital and Chikwawa district hospital, with a review of the existing IPC plans in Mangochi and Machinga to emphasize the FAST strategy.
IV. Coordinate FAST implementation with the DHOs in the three district hospitals and with the Medical Director in Zomba Central Hospital ensuring that the key PEPFAR indicators are addressed.
V. Hire 4 local staff for the hospitals to coordinate the implementation

CTB together with the NTP TB IPC focal person, will also support targeted training and orientation for a total of 200 staff members in the FAST strategy that will include the hospital management and staff members from the OPD, Emergency, ART, hospital wards, adult medical and surgical wards, pediatric wards, maternity wards, laboratory, x-ray and other service delivery areas such as RMNCAH.

Key deliverables:

1. Costed facility infection control plan in place indicating in which areas of the facility (including rooms, space or department) FAST will be implemented and documented staff assignments and implementation timelines;
2. Availability of trained staff members in FAST in each department;
3. Evaluation and monitoring plan of key indicators in place;
4. Implementation of FAST being done at the facilities;
5. An increase in utilization of the GeneXpert MTB/RIF assay from current levels of Chikwawa 18%; Machinga 22%; Mangochi 39% and Zomba 31%).

Indicators:

- # And % of presumptive TB identified; disaggregated for gender and age group (<5, <15 and above 15)
- # And % of identified presumptives with known HIV status
- # And % of identified presumptives tested for HIV and TB; disaggregated for Direct Sputum Smear Microscopy (DSSM), Xpert and CXR
- # And % of tested presumptives with positive HIV test
- # And % of tested presumptives diagnosed with positive TB test; disaggregated for DSSM, Xpert and CXR suggestive for TB and for gender and age group (<5, <15 and above 15)
- # And % of tested presumptives with clinically diagnosed TB
- In-patient wards: time from admission to identification of TB symptoms
- Total # and % of diagnostic tests; disaggregated for DSSM, Xpert and CXR
- # And % of tests requested by other health facility
- # And % of tests from Community Sputum Collection Points (CPSP)
- Total # of patients with positive TB test
- # And % of patients (not tests) with Rif resistant results
- Turn-around time to diagnosis; # and % same day, next day, <7days and >7days
- Turn- around time to treatment initiation; # and % same day, next day, <7days and >7days
- % Contribution to district case notification

Following the adaptation of SOPs and monitoring tools, the NTP and the CTB staff working with the Zonal teams in South East and South West zones will conduct mentorship visits to the four hospitals every second month of implementation. The Zonal teams will include the Zonal TB Officer, the

Assistant Zonal Supervisor, the Nursing Officer and the Zonal Laboratory Supervisor. The visits will be conducted following the establishment of action plans and SOPs for enhancing FAST in the four hospitals.

Request for submission

Interested parties who would like to carry out this scope of work are expected to submit their proposals describing the methodological approach they intend to use with a time frame to conduct and fulfill the above objectives.

Application process

The proposal must be prepared in accordance with the instructions provided in the below section. Each organization shall submit only one proposal. Issuance of this RFP does not in any way constitute an award or commitment on the part of the CTB nor does it commit CTB to pay for costs incurred in the preparation and submission of a proposal.

General guidelines for developing requests for proposals

Applicants shall consider the following guidelines for developing the proposal:

- The proposal should address all activities under section 'Scope of Work';
- Proposed activities described in the proposal should be for the proposed geographic area, i.e. the four hospitals: District Hospitals of Chikwawa, Mangochi, Machinga and Zomba Central Hospital
- Applicants can receive funding for similar activities from other donors. However, proposed activities must not be duplication of activities that are covered or planned under the other funding source, and the organization must make clear how the different funding sources will be used for distinct objectives or distinct geographic areas.

Eligibility criteria

The organization submitting the proposal should meet the following eligibility criteria:

- Is a reputable local organization legally registered in Malawi;
- Have demonstrated collaborative interactions with the NTP;
- Have demonstrated capability for TB field implementation;
- Have demonstrated data management capacity;
- Have demonstrated capacity to manage sub-award and/or research contracts funds;
- Possess audited financial statements of last 3 fiscal years.

Budget and funding period

A budget should be added in format provided by CTB (a separate budget template will be provided upon request). The budget should specify all staff levels and numbers needed full-time/part-time %, equipment, maintenance, consumables, communication, transport, database set-up and maintenance. The following categories of cost should be used: salary and wages, fringe benefits,

travel and transportation, equipment, supplies, contractual, other direct costs, indirect costs.[1] All items should be specified and justified.

Subject to the availability of funds and technical evaluation outcomes, KNCV intends to award one sub-award to a local Malawi organization under the CTB project. Funding amount for the sub-award will be commensurate with the proposed sites/facilities and outcomes in terms of case finding and management.

The funding period of the sub-award is maximum 9 months, depending on the signature date and the project close out by 30th September 2018.

Questions and answers

Questions can be submitted to the following email address until a week before the application deadline (**Sunday 5th November**): anthony.abura@kncvtbc.org. Responses will be provided within 3 working days to all organizations that have shown interest to apply.

Request for proposals format

The proposal should be prepared in English. Applicants are requested to use A4 size paper, with single space, 9-point font Verdana. The proposal should not exceed 5 pages excluding the cover page.

The organization will develop both technical and financial proposal, which describes:

1. Applicant information (Name of Applicant Institute, Name and title of contact person, Mailing Address, Telephone (including mobile), Email address);
2. Number and names of staff involved, including their CVs;
3. Experience in implementation of TB control activities, including:
    a. Experience in obtaining approvals to work in health facilities and communities;
    b. Experience in data management
4. Experience in working with the Malawi NTP;
5. Specific proposal on:
    a. How to ensure FAST is achieved;
    b. How to engage the PEPFAR implementing partners;

[1] For an indirect cost rate: In accordance with the provisional negotiated indirect cost rate agreement (NICRA) allowable indirect costs shall be reimbursed: 1) on the basis of the negotiated provisional or predetermined indirect cost rates and the appropriate bases (NICRA) or 2) Sub-Recipient can budget an indirect cost rate which can be independent from KNCV's indirect cost rate provided the following is in place: a) Job cost or activity based accounting system which accumulates indirect costs by pool (e.g. fringe benefits, overhead, indirect, general and administrative); b) Timekeeping system which supports direct and indirect costs; c) Cost policy statement which identifies base and pool, direct and indirect functions/costs; d) Timely (monthly) closing of books and records; and e) Financial statement audit and/or independent review of rates annually to attest to compliance the relevant USAID cost principles. This indirect cost rate needs to be approved by KNCV. For budget purposes, Sub-Recipient shall submit a substantiated indirect rate calculation and a confirmation that the above is in place to KNCV. Reimbursements will be made based on actual rates determined by an audit, if budgets allow.

c. Proposed methodology and design based on the before mentioned instructions;
d. Time plan to finish the implementation by September 2018, after signing the contract;
e. How the activity will be managed.

Evaluation criteria

KNCV will establish a Technical Evaluation Panel (TEP), together with the central unit of the NTP to review and evaluate all proposal papers received before the deadline. *Only proposals that meet the eligibility criteria will be considered.* The TEP will evaluate the proposal using the following criteria and scoring as described below. The TEP will assign maximum 100 points. Behind each item is the maximum number of points that can be obtained:

1. TB Operational Research experience, as specified above (30 points)
2. Suitability of specific proposal, as specified above (30 points)
3. Budget (30 points)
4. Timeliness (10 points)

The organization that has been selected to collaborate for developing a full proposal and budget based on their proposal will be notified within 1 month after the closing date for submission.