Request for Proposals

Title of study: Assessing the Empathways Intervention as a Means of Enhancing Provision of Adolescent Reproductive Health Services in Côte d'Ivoire

RFP Date of Issuance:	**TBD**
Due date for Questions:	**TBD + 1 week**
Due Date for Proposals:	**TBD + 2-3 weeks**

Anticipated period of Performance: April to December, 2024

Background

Unintended pregnancies and HIV incidence both remain high among adolescent girls and young women. Ensuring access to contraceptive information and services, as well as pre-exposure prophylaxis (PrEP) by this group is essential to improve health outcomes. National policy in Cote d'Ivoire supports access to information and services to meet family planning (FP) and other sexual and reproductive health (SRH) needs of adolescent girls. Yet, in Cote d'Ivoire and many other countries around the world, identifying and implementing effective strategies that effectively address the unique needs of young population can be challenging. Evidence from a range of contexts indicates that provider behaviors can be a barrier for young people to having their SRH needs met.

Empathways is an intervention designed to increase empathy between providers of adolescent SRH services and young people seeking these services. Empathways pairs providers and young people to participate in three rounds of dialogues based on cards with pre-selected questions during a single session. Jhpiego is preparing to implement Empathways in Côte d'Ivoire through the PEPFAR-funded Reaching Impact, Saturation, and Epidemic Control (RISE) project.

In collaboration with the Ministry of Health, FHI 360 is conducting a study under the Research for Scalable Solutions (R4S) project to generate evidence on how Empathways can influence provider attitudes and behaviors related to the delivery of FP and PrEP services to adolescent girls and young women aged 15-21 years old. Specific objectives of the study are to:

1. Describe changes in empathy expressed by providers regarding AGYW, following providers' participation in the Empathways intervention.

2. Describe changes in providers' attitudes, beliefs, and views on social norms related to their provision of FP and PrEP services to this population, following providers' participation in the Empathways intervention.
3. Examine the extent to which FP and PrEP services offered to AGYW embody elements of unbiased care in facilities where providers participated in Empathways.
4. In facilities where providers participate in Empathways, compare FP method uptake among AGYW before and after that participation.
5. Explore perspectives of youth and provider participants regarding the Empathways intervention immediately following their participation in the activity.

Overview of study design

Empathways is expected to be implemented at six sites in Koumassi district with approximately 40 providers offering family planning and/or PrEP services. This will be a descriptive assessment with four phases of data collection:

- Phase 1: Survey with the 40 providers to be trained in Empathways prior to implementation of Empathways (to be conducted at providers' facilities);
- Phase 2: Surveys with 20 youth (above the age of 18) participating in Empathways at the time of the intervention (to be conducted at 2 training workshops);
- Phase 3: Mystery client (MC) visits at facilities approximately one month after the Empathways training (6 mystery clients are expected to visit each of the six facilities). Note that a briefing of facilities will need to be conducted approximately two months before the MC visits to inform managers that the visits will be happening and to obtain facility-level consent;
- Phase 4:
    - Survey with the 40 providers trained in Empathways approximately 3 - 4 months after the Empathways training. In addition, approximately 24 of the 40 interviews will include a qualitative component to be administered at the same time as the survey.
    - Retrospective extraction of monthly service statistics for women by age group (younger than 18, 18-24, 25 and older) for the past 12 months.

Table 1. Summary of data collection components

Phase	Type of data collected	Location (number of sites)	Number of interviews
1 (immediately prior to Empathways training)	Provider survey	Facilities (6)	40
2 (Empathways training)	Surveys with youth participants in Empathways training -	Empathways workshops (2-4)	20 youth participants
3 (1 month after Empathways training)	Mystery client visits	Facilities (6)	6 MC clients for each of 6 facilities
4 (3 to 4 months after Empathways training)	Provider survey, with additional qualitative component in subset of interviews	Facilities (6)	40 surveys (qualitative component to be conducted

			with 24 of the 40 providers)
	Extraction of service statistics		12 months of data from 6 facilities

Scope of Work

FHI 360 is seeking applications from research organizations, academic institutions, or consultancy firms to provide research and research utilization services related to the implementation of this study.

FHI 360 will supply an approved study protocol, all survey questionnaires and IDI topic guides, and informed consent forms (already translated from English into French or local languages as appropriate). FHI 360 will also be responsible for obtaining ethics approvals.

The Service Provider will be responsible for:

- Implementing the data collection activities described above, following the approved study protocol. The Service Provider will:
    - Collaborate with RISE to understand their plans for implementation of the Empathways intervention and develop a data collection schedule;
    - Recruit, hire, and manage data collectors and ensure that all project staff engaged in data collection and supervisors complete or show evidence of valid ethics and safeguarding trainings approved by FHI 360;
    - Conduct all coordination and logistics tasks related to the planning, scheduling, and successful completion of all data collection activities;
    - Ensure that data collectors conduct informed consent prior to all interviews;
    - Develop one or more training manuals for data collectors, participate in remote training-of-trainers sessions with FHI 360, and lead all training of data collectors;
    - Arrange and pay all costs for a pre-test of data collection tools as part of trainings;
    - Arrange for electronic data capture of survey data using tablets and upload data daily, or as soon as possible, to secure server agreed-upon with FHI 360;
    - Develop and test ODK programs for all surveys and make necessary adjustments following review by FHI 360 (note that the pre- and post-intervention survey questionnaires with providers are expected to be identical, with the addition of approximately 10 questions in the post-intervention questionnaire);
    - Record and transcribe (into French) all qualitative sections of provider interviews, arrange for check of all transcripts by supervisors against audio-recordings for completeness and accuracy, and transmit electronic transcripts to FHI 360 via secure means (Phase 4);
    - Provide all equipment necessary to support data collection (tablets, recorders, laptops);
    - Ensure MCs are referred to mental health/support services as needed;
    - Conduct quality assurance checks;
    - Securely store all study documents during study implementation and transfer relevant documents to FHI 360 at the end of the study.
- Performing descriptive analysis of quantitative survey data from the provider surveys (Phases 1 and 4), the post-training surveys with youth participants (Phase 2), the mystery client debriefing (Phase 3), and the service statistics abstraction (Phase 4). The Service Provider will:
    - Review and provide input into the development of a statistical analysis plan to be led by FHI 360;

    - Produce a raw and clean dataset for each survey;
    - Conduct descriptive analysis of all survey data according to the approved statistical analysis plan;
    - Share analysis files and a variable codebook;
    - Produce tables with results and make all necessary adjustments following verification by FHI 360.
- Planning and conducting a results dissemination meeting. In collaboration with FHI 360 and an advisory committee comprised of key stakeholders in Cote d'Ivoire, the Service Provider will:
    - Develop dissemination materials, such as a PowerPoint presentation;
    - Compile a draft list of participants;
    - Facilitate the meeting.
    - (The cost of organizing the meeting with be covered by FHI 360.)

Specific Tasks and Deliverables

Task	Deliverable
Orientation	
• Kick-off call with FHI 360 • Review of study documents • Development of field schedule	• Completed kickoff call with FHI 360 • List of any questions on the protocol and other documents • Recruitment criteria for data collectors • Field schedule • Letter of acceptance/meeting notes indicating acceptance of study in the district • Feedback on statistical analysis plan
Data collection - Phase 1: Provider pre-intervention survey	
• Training of data collectors, inclusive of pre-test • Data collection • Analysis of survey data	• Ethics and safeguarding training certificates for study staff • ODK program for pre-intervention survey with providers • Training manual for pre-intervention survey with providers • Signed informed consent forms • Weekly email updates to FHI 360 to report progress • Summary report of data collection activities, including response rates, challenges encountered, and general observations • Raw and clean datasets of provider pre-intervention survey data • Analysis file and variable codebook for provider pre-intervention survey • Table shells with results from analysis of provider pre-intervention survey data, adjusted based on FHI 360 feedback

Data collection – Phase 2: Surveys with participants in Empathways training	
• Training of data collectors, inclusive of pre-test • Data collection • Analysis of survey data	• Ethics and safeguarding training certificates for study staff (for any new staff) • ODK program from Empathways participation survey with providers and for Empathways participation survey with youth • Training manual for Empathways youth participation survey • Signed informed consent forms • Weekly email updates to FHI 360 to report progress • Summary report of data collection activities, including response rates, challenges encountered, and general observations • Raw and clean datasets of surveys with providers and youth • Analysis file and variable codebook for surveys with providers and youth • Table shells with results from analysis of data from surveys with providers and with youth, adjusted based on FHI 360 feedback
Data collection – Phase 3: Mystery client visits	
• Briefing of facilities • Training of mystery clients, inclusive of pre-test • Data collection, with debriefing conversations with mystery clients immediately after each visit using an electronic, programmed, guided data-collection instrument • Analysis of survey data	• Facility-level permission forms for MC visits • Feedback on character development of MC • Ethics and safeguarding training certificates for study staff (for any new staff) • ODK program or other electronic capture template for debriefing sessions with mystery clients after each visit • Training manual for MC visits • Weekly email updates to FHI 360 to report progress • Summary report of data collection activities, including response rates, challenges encountered, and general observations • Raw and clean datasets of MC debriefing sessions • Analysis file and variable codebook for MC debriefing forms • Table shells with results from analysis of data from MC visits, adjusted based on FHI 360 feedback
Data collection – Phase 4: Provider post-intervention interviews and extraction of service statistics	
• Training of data collectors, inclusive of pre-test • Data collection • Extraction of service statistics	• Ethics and safeguarding training certificates for study staff (for any new staff)

• Analysis of survey data • Analysis of service statistics abstraction	• ODK program from pre-intervention survey with providers adapted for post-intervention survey • Training manual for post-intervention interviews (survey and qualitative component) with providers • Signed informed consent forms • Weekly email updates to FHI 360 to report progress • Summary report of data collection activities, including response rates, challenges encountered, and general observations • Raw and clean datasets of provider post-intervention survey data (12 months, by month and by facility) • Raw and clean datasets with service statistics • Analysis file and variable codebook for provider post-intervention survey • Table shells with results from analysis of provider post-intervention survey data, adjusted based on FHI 360 feedback • Table shells with results from service statistics data abstraction, adjusted based on FHI 360 feedback • Audio-recordings and verified transcripts in French for qualitative section of post-intervention provider interviews
Results dissemination	
• Planning for dissemination • Conducting dissemination	• List of participants • Powerpoint presentation

Duration and Location

The total duration of the work is expected to be approximately eight months, from the end of April to through December 2023. However, it is not expected that the activities will require full-time engagement throughout the entire eight-month period. All data collection activities will take place in Koumassi district.

- **End of April:** Orientation
- **May:** Phase 1 data collection
- **June:** Phase 2 data collection and analysis of Phase 1 data
- **July:** Analysis of Phase 2 data and Phase 3 data collection
- **October:** Phase 4 data collection
- **November/December:** Analysis of Phase 4 data, review of results, interpretation, and dissemination

Questions and Submissions

Questions and proposals must be delivered electronically to **IvoryCoastrecruitement@fhi360.org & Recruitement-CotedivoireOffice@fhi360.org by March 22,2024 at 6pm.**

Any questions must be submitted by March 16, 2024.

All submissions should include:

1. ***Technical Proposal:*** A summary (maximum of 4 pages) of experience relevant to the present assignment including:
    a. A brief description of your organization
    b. Description of related organizational experiences to include:
        i. Experience conducting family planning research;
        ii. Experience engaging with youth and/or conducting research related to youth;
        iii. Experience planning for and conducting results dissemination meetings with stakeholders
        iv. Experience with qualitative and quantitative data collection, including electronic data collection and management;
        v. Experience with mystery clients;
        vi. Experience with family planning service statistics;
        vii. Procedures for ensuring quality assurance during data collection, including mitigating data collector's own biases;
        viii. Experience with quantitative data analysis.
2. ***Workplan and timeline*** for completing required tasks.
3. ***Staffing plan***, including data collectors (and allocation across data collection components), supervisors, and a study coordinator, along with appropriate justification.
4. ***CV or resume*** (maximum 3 pages each) for key personnel (maximum 5 staff).
5. ***Budget***, including proposed labor costs, expenses, and other direct costs, and a ***proposed payment schedule attached to deliverables***. (See attached budget template for submitting budget details.) All proposed costs will be assessed based on demonstrated allocability in terms of the direct benefit to the program, shall be fair, reasonable and allowable in accordance with the 2 CFR 200 Cost Principles. Disbursements will be made periodically and will be subject to the approval of deliverables/milestones.

Proposals will be evaluated based on the following criteria:

Completeness and efficiency of implementation plan	25%
Relevant past experience	20%
Staff credentials	15%
Cost	40%

Disclaimers and FHI 360 Protection Clauses

a) FHI 360 may cancel solicitation and not award.
b) FHI 360 may reject any or all responses received.
c) Issuance of solicitation does not constitute award commitment by FHI 360.
d) FHI 360 reserves the right to disqualify any offer based on offeror failure to follow solicitation instructions.
e) FHI 360 will not compensate offerors for response to solicitation.

f) FHI 360 reserves the right to issue award based on initial evaluation of offers without further discussion.
g) FHI 360 may choose to award only part of the activities in the solicitation, or issue multiple awards based on the solicitation activities.
h) FHI 360 reserves the right to waive minor proposal deficiencies that can be corrected prior to award determination to promote competition.
i) FHI 360 will be contacting offerors to confirm contact person, address and that bid was submitted for this solicitation.