



To : Offerors
From : Global Partnership for Sustainable Development Data (GPSDD)/
United Nations Foundation (UNF)
Subject : Joining-up Health Data: A DREAMS Project Case Study

RFP Issue Date : 18 July 2019
RFP Closing Date : 15 August 2019
RFP Closing Time : 17:00 hours U.S. Eastern Time.
Performance Period : September 2019 to February 2020

GPSDD is seeking a consultant/consulting firm or a consortium of organizations with considerable experience and knowledge of the data for development space and health data interoperability in particular, *to conduct a case study of PEPFAR DREAMS Partnership programs' data systems in Kenya, Uganda and Zimbabwe to identify health data interoperability good practices and lessons learned.* The Contract resulting from this award will be a **Consultant Agreement**.

Offerors are encouraged to read this RFP in its entirety, paying specific attention to the scope of services, instructions, and requirements. Issuance of this solicitation does not, in any way, obligate UNF to award a contract, nor will UNF pay for any costs incurred in the preparation and submission of a proposal. The agreement resulting from this RFP will be provided to the most responsive Offeror whose offer will be the most advantageous to GPSDD/UNF in terms of cost, functionality, and other factors as specified in this RFP.

Section 1: Background and Purpose

Background: United Nations Foundation

The United Nations Foundation links the UN's work with others around the world, mobilizing the energy and expertise of business and non-governmental organizations to help the UN tackle issues including climate change, data, global health, peace and security, women's empowerment, poverty eradication, energy access, and U.S.-UN relations. The United Nations Foundation hosts and provides administrative, financial and contractual services for GPSDD. For more information, visit www.unfoundation.org.

Background: Global Partnership for Sustainable Development Data

The Global Partnership for Sustainable Development Data is a fast-growing, dynamic international partnership bringing together over 200 different organizations including governments, UN agencies, private companies, civil society organizations, and many others. GPSDD convenes, connects and catalyzes action to address the problems of poor data use, access, quality and production, and to work with

stakeholders to fully harness the new opportunities of the data revolution in the service of sustainable development. GPSDD aims to link and align action, capacities and resources across geographies, sectors and data communities. For more information, please visit <http://www.data4sdgs.org>.

A collaborative on interoperability was established as an outcome of the UN World Data Forum in January 2017. This collaborative is co-convened by GPSDD and the UN Statistics Division. At the end of 2018, the collaborative launched [Interoperability: A practitioner's guide to joining-up data in the development sector](#) (Interoperability Guide), which brings together good practice examples from across the development sector highlighting the value that interoperable data brings to decision-making. The production of the guide was supported by an Advisory Group drawn from the collaborative's membership.

Background: Health Data Interoperability: Good practices and lessons-learned from DREAMS Data Systems¹

GPSDD and PEPFAR have identified the PEPFAR DREAMS Partnership as an example wherein significant experimentation has taken place across multiple countries toward interoperable data systems for tracking delivery of “layered” services for adolescent girls and young women. These recent use cases and the desire for replication present an important opportunity to document what has worked, what has not and compare factors that influence their success in individual country contexts. The overarching objective of this project is to collect and distil identified good practices into a compendium with the aim of enabling development of interoperable data systems for adolescent girls and young women (AGYW) across the DREAMS landscape and to inform similar efforts in other contexts.

The purpose of this project is two-fold: (1) Share practices in data interoperability among DREAMS partners to improve data systems across the DREAMS landscape and increase understanding of factors that impact their appropriateness and success in different country and institutional contexts, and (2) Share findings more broadly to increase understanding of data interoperability practices for other multisector, programmatic contexts. The anticipated outcomes include:

1. Understanding good practices from the DREAMS partnership's data systems along institutional, interpersonal (human), data and technological dimensions;
2. A program-level compendium of health data interoperability practices that can be used to support replication or adaptation of similar interoperable data system in other contexts;
3. Knowledge sharing of program-level interoperable data systems with regional stakeholders and the health community at-large.

The PEPFAR DREAMS Partnership was initially implemented in ten African countries (eSwatini, Kenya, Lesotho, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe), and was recently expanded to five additional countries (Botswana, Cote d'Ivoire, Haiti, Namibia and Rwanda). Many of the programs in the initial DREAMS countries have developed (or are in the process of developing) data systems that address the need for data interoperability in different ways. This project will cover DREAMS Partnerships in Kenya, Uganda and Zimbabwe only.

High-Level Regional Event

Two key goals of GPSDD's work are (1) to increase awareness of the need to strengthen data ecosystems and (2) to increase the capacity of national and local data ecosystems to achieve and monitor the Global

¹ Further information about the DREAMS project can be found in Annex A below.

Goals. In order to help meet these outcomes, a high-level Africa-regional event will be held in Kenya during the project period (likely February 2020) to share and disseminate findings and outcomes from a national level project focused on developing a national-level health data interoperability framework in Kenya. The findings from this case study activity will also be shared during the event to enable knowledge sharing of program-level interoperable data systems with regional stakeholders and the health community at-large.

Tentative Timeline:

Activity	Month
Develop case study plan and data collection materials	September 2019
Conduct primary and secondary data collection from the selected DREAMS programs	October 2019 – December 2019
Draft Report	Early January 2020
Circulate draft report for review	January 2020
Final Report	Late January 2020
Present findings at the regional workshop	February 2020

Section 2: Scope of Services

The Consultant's role shall be to conduct a case study of three PEPFAR DREAMS Partnership programs' data systems (in **Kenya, Uganda and Zimbabwe**) to identify health data interoperability good practices and lessons learned. This includes planning the study, developing data collection materials, conducting primary and secondary data collection, analysis and synthesis of findings into a public facing document, and sharing findings at a regional event. It is expected that the Consultant will complete this activity within the period of performance stated above.

The Consultant will use the [Interoperability Guide](#) to better understand the interoperability practices along technological, data, human, and institutional layers across several of the DREAMS partner country data systems to identify what is and is not working, based on country context and the subsequent lessons-learned.

The assessment should highlight notable practices and approaches and focus on the factors that influence the development and use of the data system, including the institutional, interpersonal (human), data and technological dimensions of the system. This assessment should review any existing material on the data systems, such as the recent evaluation and case study of the DREAMS Zimbabwe data system and conduct primary data collection in the form of interviews and focus group discussions with key stakeholders involved in the development of the data system.

The assessment should analyze both the successes and challenges faced in defining systems requirements, capabilities, and processes to ensure that the right data are being collected digitally. Documentation of the challenges will serve as a resource for other similar programs of factors to consider and common pitfalls to avoid in developing interoperable health data systems. The analysis of the solutions should aim

to understand the commonalities around different effective methods of client-level data collection across multiple sectors including technical features, organizational processes, and relationship flows.

Building on the analysis conducted in the first phase, the second phase of the activity should focus on developing a document that identifies good practices and the factors that influence them as they relate to systems requirements, data producers, owners, and users, and the information flows between the various entities. This document should provide guidance for other programs either developing or looking to improve interoperable health data systems on common challenges to be aware of and effective methods of collecting and integrating client data across multiple sectors. In particular, the compendium should provide insights on the institutional, interpersonal (human), data and technological dimensions of the system that should be considered. The document should provide information on the necessary types of stakeholders, data, infrastructure, and processes, allowing for flexibility on the specific service delivery partners, data sources, etc. to enable replicability and scalability. The aim is for this document to serve as a reference guide that will enable other health data programs to develop effective interoperable data systems, while being able to adapt specifics to fit the context.

Key tasks include:

1. Understanding the Interoperability Guide and developing data collection materials that will elicit health data systems interoperability good practices and lessons learned;
2. Organize and conduct primary and secondary data collection including desk research and key informant interviews;
3. Develop a public facing document that highlights health data systems interoperability good practices and lessons learned that can be a reference document for health programs in various contexts;
4. Solicit and incorporate feedback of materials from relevant stakeholders;
5. Manage all data collection logistics, such as scheduling and following up on interviews; and
6. Present findings at the regional event in Kenya.

Deliverables

1. Data collection materials;
2. Draft Report;
3. Final Report (summary and full version);
4. Presentation materials used at the regional event.

Qualifications

(If a consulting firm/consortium of organizations is bidding, GPSDD would look for these qualifications from the lead individual and others likely to be significantly engaged in the work.)

Essential

- Masters' degree in international development, public policy or related field or commensurate years of experience;
- At least five years' experience working in data-related development issues, preferably in international development;
- Excellent communication, engagement and organizational skills;
- Ability to communicate effectively in verbal and written forms with a wide range of stakeholders;

- Project management experience;
- Excellent qualitative data analysis skills and conducting qualitative interviews
- Ability to deliver high-quality, concise, and timely results;
- Fluency in English and ability to work in an environment of diverse languages and cultures.

Desirable

- Experience working with both technical and policy-making professionals;
- Experience working in Kenya, Uganda and/or Zimbabwe;
- Experience in data interoperability issues specifically; and
- Experience working in the health sector or with health-related data.

Section 3: RFP Conditions

UNF reserves the right to:

- Reject any or all offers and discontinue this RFP process without obligation or liability to any potential Offeror or other party.
- Accept other than the lowest price offered.
- Award a contract on the basis of initial offers received, without discussions or requests for best and final offers.
- Award more than one contract.

Nothing in this RFP is, or should be relied on by Offeror as a promise or representation by UNF. UNF does not make any representation or warranty as to the completeness of this RFP or have any liability for any representations (express or implied) contained in, or omissions from, this RFP. This RFP and any replies to any written notifications are transmitted to the Offeror solely for the purposes of the Offeror preparing and submitting a Proposal. Each Offeror shall keep the RFP and its contents confidential.

Any information or materials submitted in response to this RFP and/or as a proposal (whether successful or unsuccessful) shall become the property of UNF and will not be returned. In submitting a proposal, the Offeror must agree that the offer shall remain firm for a period of no less than **120** days from the RFP closing date. Failure to follow the specifications and requirements provided in this RFP may result in disqualification.

Section 4: Proposal Preparation Instructions

Proposals are expected to be comprehensive and include the information set forth below. Elaborate or unnecessarily voluminous proposals are not desired. Proposals must be submitted in English.

1. Proposal Narrative, no more than 6 pages

The proposal narrative will include:

- A brief description of the Offeror's experience and expertise in the field that illustrates overall qualifications and capabilities to meet the terms of the RFP
- A brief description of the Offeror's understanding of the scope of services and proposed methodology for the work

2. Resume or CV of individual or principals, in the case of consulting firm/consortium of organizations

3. Prior Experience

Provide two examples of prior experiences provided that are of comparable scope and complexity. The examples should include a summary of the services provided as well as information for a point of contact.

4. Cost Requirements

The Offeror should include a detailed budget, which at a minimum includes the daily rate and level of effort for each person who will work on the services described above. All budgets must be in U.S. dollars.

If the daily rate of any person included in the budget exceeds \$500, the successful Offeror will be asked to supply a 3-year history of daily rates charged by that person to justify the current rate. (This is a requirement of GPSDD's funder and cannot be waived.)

Proposal Questions: Questions regarding this RFP must be submitted to proposals@data4sdgs.org by 17:00 hours U.S. Eastern Time on **Wednesday 7 August**. Be sure to include in the subject line: DREAMS Interoperability Consultant - Clarification Questions. Answers to questions received by this deadline will be released on the GPSDD website on Friday 9 August.

Questions must be submitted in writing to the e-mail address referenced above. Questions submitted via other means or after the deadline will not be answered.

Proposal Submission: Proposals, including any attachments (limited to 6MB), should be sent electronically in PDF format to: proposals@data4sdgs.org by **17:00 hours U.S. Eastern Time on Thursday 15th August 2019**. Be sure to include in the subject line: **Joining-up Health Data: DREAMS Project Consultant**. UNF will not accept proposals received by fax or mail.

All proposals are due by the date and time stated above. Any proposal received after the required time and date specified for receipt shall be considered late and non-responsive. Late proposals will not be evaluated.

Section 5: Selection

GPSDD will review proposals with the goal of selecting the Offeror most advantageous to GPSDD, based on the qualifications listed above, as demonstrated by the proposal materials. GPSDD will consider the Offeror's capability to deliver the scope of services, and the feasibility of the approach. GPSDD intends to enter into a contract that provides the best value and benefit, not necessarily the lowest price. GPSDD may meet with one or more Offerors prior to selection.

To select the winning Offeror, GPSDD will use the following evaluation method:

- 1) **Threshold Criteria** – Before judging proposals on their merits, GPSDD will eliminate all proposals that fail to adhere to proposal preparation and submission instructions, including deadlines.

- 2) Merit Criteria – GPSDD will award merit points to each proposal. A proposal can earn up to 100 points. The evaluation criteria and their point values are these:

Scoring	Criteria
Understanding of project scope and objectives (40 points)	Understanding of the scope and objectives of the project demonstrated in clear and articulate description of interest, skills and experience and suggested approach to achieving project goals
Personnel Capabilities and Experience (40 points)	Essential - Masters’ degree in international development, public policy or related field or commensurate years of experience; - At least five years’ experience working in data-related development issues, preferably in international development; - Excellent communication, engagement and organizational skills; - Ability to communicate effectively in verbal and written forms with a wide range of stakeholders; - Project management experience; - Excellent qualitative analysis skills; - Ability to deliver high-quality, concise, and timely results; - Experience organizing events, including high level events, and coordinating and facilitating meetings; and - Fluency in English and ability to work in an environment of diverse languages and cultures. Desirable - Experience working with both technical and policy-making professionals; - Experience in data interoperability issues specifically; and - Experience working in the health sector or with health-related data.
Budget and Value for Money (20 points)	- Overall cost of work - Realistic and reasonable cost efficiency, relative to methodology and approach - Completeness of financial considerations - Evidence of sound financial practices

Section 6: Terms of Payment

Payment terms for the award shall be on a fixed fee basis. Payment is dependent upon receipt of valid invoice, and contingent upon successful completion of deliverables and related activities, at the sole discretion of UNF. Payment shall be made in U.S. dollars by the UNF via check or electronic funds transfer/bank wire. The final payment terms in the contract will control, not this RFP. No advance payments will be provided.

Annex A: Summary of the DREAMS project

DREAMS is an ambitious partnership to reduce HIV infections among adolescent girls and young women in 10 sub-Saharan African countries. The goal of DREAMS is to help girls develop into **Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe** women. Girls and young women account for 74 percent of new HIV infections among adolescents in sub-Saharan Africa. As many as 7,000 new infections a week are occurring among the most vulnerable girls and young women in this region – people who are critical to the future of their countries.

The first 10 DREAMS countries (Kenya, Lesotho, Malawi, Mozambique, South Africa, Eswatini, Tanzania, Uganda, Zambia, and Zimbabwe) account for more than half of all the new HIV infections that occurred among adolescent girls and young women globally in 2015.

DREAMS is about multiple solutions surrounding one problem. With support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Bill & Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences, and ViiV Healthcare, DREAMS is delivering a core package that combines evidence-based approaches that go beyond the health sector, addressing the structural drivers that directly and indirectly increase girls' HIV risk, including poverty, gender inequality, sexual violence, and a lack of education.

The DREAMS core package includes:

- Empowering girls and young women
- Reducing risks of sex partners
- Strengthening families and mobilizing communities for change.

Reference: <https://www.pepfar.gov/documents/organization/269309.pdf>