



PACIFIC ISLAND HEALTH OFFICERS ASSOCIATION

EXECUTIVE SECRETARIAT
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REQUEST FOR PROPOSAL

RFP Title	Evaluating the impact and effectiveness of the Pacific Chronic Disease Council's (PCDC) Non-Communicable Disease Collaborative Initiative (NCDC) and the effectiveness, efficiency, relevancy, and impact of the PIHOA US Affiliated Pacific Islands (USAPI) regional non-communicable disease (NCD) emergency response Short title: PCDC/PIHOA Regional NCD Response Evaluation
Required Registration of Interest	All prospective respondents are required to register their interest in applying for this RFP via email to PIHOA's Deputy Director, Janet Camacho, at janetc@pihoa.org , and PIHOA's Programs and Operations Administrator, Cerina Mariano, at cerinam@pihoa.org . Changes or clarifications made on this RFP will be communicated with all prospective respondents through the registered point of contact.

I. PROPOSED TIMEFRAME	
ACTIVITY	DATES
Release of RFP	October 1, 2021
Proposal Submission Deadline	October 22, 2021, via email
Contracts Finalized	November 5, 2021
Period of Performance	November 8, 2021 – June 30, 2022

II. BACKGROUND
<p>The National Association of Chronic Disease Director's (NACDD) Pacific Chronic Disease Council (PCDC) and the Pacific Island Health Officers' Association (PIHOA) are Pacific regional organizations that address health in the US-Affiliated Pacific Islands (USAPIs) of American Samoa, Commonwealth of the Northern Mariana Islands (CNMI), Federated States of Micronesia (FSM), Guam, Republic of the Marshall Islands (RMI), and the Republic of Palau.</p> <p>PIHOA NCD Emergency Response Established in 1986 by the USAPI chief health officials, PIHOA is a 501(c)3 headquartered in Honolulu, Hawaii, with a field office in Hagåtña, Guam. PIHOA's mission is to provide, through collective action and decision-making, a credible regional voice for health advocacy in and for the Pacific. PIHOA is governed by the ministers/directors/secretaries of health of the six USAPIs, their deputies, the Chief Executive Officers of the local public hospitals (associates), and Pacific regional professional associations and development partners (affiliates).</p> <p>PIHOA maintains a Secretariat comprised of full-time staff and consultants who, based on the priorities and needs identified by PIHOA's Governing Board, are tasked to provide support and technical assistance to the USAPI health agencies in the following health systems strengthening areas: 1) health workforce development/human resources for health; 2) epidemiology and surveillance; 3) performance</p>

improvement; 4) laboratory services; 5) regional health policy and advocacy; 6) health security; and 7) leadership development.

In May 2010, PIHOA's Governing Board joined forces in a landmark decision to declare a regional state of NCD emergency under ***PIHOA Resolution #48-01 - Declaring a Regional State of Health Emergency Due to the Epidemic of Non-Communicable Diseases in the United States-Affiliated Pacific Islands***. It was a critical decision that pulled the USAPIs together to respond to a shared NCD crisis in ways the region had never experienced. It triggered high-level responses and commitments across executive and legislative branches of government, and traditional leadership across the USAPIs.

Following the declaration, an 'incident command' response framework (***USAPI NCD Strategic Roadmap***) was developed and endorsed to inform the regional response over three key phases:

1. Sounding the Alert: raising awareness and advocacy amongst key decision-makers in the USAPIs and across the wider Pacific;
2. Crafting the Response: developing NCD-related tools and resources and establishing effective partnerships; and
3. Implementing the Response: adoption of an agreed package of NCD policies and legislation, convening a USAPIs NCD law and policy summit, and the collection and analysis of NCD data and information to track NCD progress and risk factors.

From 2010 to 2019, PIHOA's Secretariat, in close collaboration with USAPI health leadership and in partnership with local health agencies and regional partners, made significant efforts to mobilize resources to plan and implement a more cohesive response to the emergency declaration at both national/state and regional levels. This included key interventions spanning:

1. The development of and garnering the endorsement of regional and other key stakeholders for the ***USAPI NCD Policy Commitment Package***;
2. Ensuring a coordinated response across the region by establishing the Health Leadership Council comprised of PIHOA affiliate members;
3. Developing and implementing the ***USAPI NCD Strategic Roadmap*** to guide the response;
4. Developing and maintaining the ***USAPI NCD Core Monitoring and Surveillance Framework and Data Set*** endorsed in consensus amongst all the USAPIs health agencies; and
5. Supporting local efforts to enhance state/national-level NCD surveillance systems, capacities and processes to support evidence-based policy making and program improvement that also aligned with the ***USAPI NCD Core Monitoring and Surveillance Framework***.

NACDD NCD Collaborative

In 2008, dedicated advocates across the USAPIs banded together to protect the health of Pacific Islanders by addressing diabetes and related diseases through the establishment of the PCDC. Supported by NACDD, and comprised of USAPI member representatives, PCDC's mission is to bridge the gap in health disparities by reducing the chronic disease burden, mobilizing resources, and recognizing the uniqueness of our communities and people.

Using the Pacific Care Model (PCM) patterned after HRSA's Health Disparities Collaborative Model, the PCDC uses the outrigger canoe and traditional navigation system as an organizing framework for healthcare teams to work collaboratively to improve health outcomes. This was achieved by incorporating information technology, evidence-based disease management, organizational change best practices, and self-management support—strengthened by community resources. Specifically, the PCDC strived to:

- Reduce the chronic disease burden by adopting and implementing comprehensive chronic disease prevention and control programs;
- Advocate with policy makers to address the burden of chronic diseases in the Pacific Islands at the village, local government, faith-based, national government, and international levels;
- Respect the unique cultures, decision making process, and best practices of the Pacific Islands; and
- Acknowledge the strengths, wisdom, and resources of Pacific people.

Although the needs were great, PCDC members worked together to leverage scarce public health resources and provided critical leadership for targeting health system transformation and expanding population outreach across the USAPIs. In 2010, the PCDC formally established the ***Pacific Non-Communicable Disease Collaborative*** (NCDC) to equip health care clinic teams and communities across the USAPIs with tools to help address the growing burden of NCD care and management.

PIHOA's declaration of a regional NCD Emergency set a course of action for a united, multi-layered response to NCDs. PCDC's NCDC and PIHOA's NCD Emergency Declaration were unique and collaborative responses to NCDs designed to:

- Create and improve clinical systems and policies for identifying and treating early onset or pre-conditions of NCDs (i.e., secondary prevention);
- Create and improve clinical systems and policies for treatment and care of people diagnosed and living with an NCD (i.e., tertiary prevention); and
- Mobilize and motivate local jurisdictions, ministries of health and traditional leaders to develop a collective response and approach to address the NCD crisis that was already being experienced by USAPI communities.

III. PURPOSE AND SCOPE OF WORK

PIHOA and NACDD/PCDC are seeking a multi-disciplinary team or agency to plan and conduct a quantitative and qualitative summative evaluation and impact assessment of: 1) the PCDC's NCDC efforts to improve the ability of health care teams to address the clinical needs to screen, diagnose and treat NCDs, as well as to use clinical policy and systems change efforts; and 2) PIHOA's implementation of PIHOA Resolution #48-01 since May 2010 to date, and its impact on addressing key areas of NCD response priorities (leadership engagement, law and policy, surveillance, program improvement and improved health outcomes). The evaluation should cover the following components: process, effectiveness, relevancy and impact.

The ultimate goal of the evaluation is to provide USAPI health leadership and partners a detailed and candid assessment of the successes achieved and challenges experienced since 2010, and to provide key recommendations and potential opportunities for scale-up, sustainability, and implementation of new and innovative practices to further address/improve NCD-related health outcomes in the USAPIs.

Key regional strategies, processes, tools, and other source documents to be reviewed include, but are not limited to:

- USAPI NCD health agency, legislative, executive, and traditional leader endorsements, communiques and response follow-up to PIHOA Resolution 48-01
- USAPI NCD Emergency Response Strategic Roadmap
- USAPI NCD Policy Commitment Package
- USAPI NCD Law and Policy Summit Concept
- WHO's Pacific MANA NCD Policy Dashboard

- USAPI NCD Policy Toolkit
- USAPI NCD Core Monitoring and Surveillance Framework and Data Set
- USAPI Annual NCD Profile (Progress Report)
- Population-based NCD surveys (NCD Hybrid Survey, High School Behavioral Risk Survey, etc.) and other NCD-related data collection efforts (e.g., walkability assessments)
- PIHOA Executive Board Meeting minutes and presentations
- USAPI NCD publications
- Continuing Medical Education (CME) opportunities
- Collaborative learning sessions (CLS)
- Standard Operating Procedures (SOPs)/Standing Orders
- Storytelling
- Developed data systems
- Logic Models and Quality Improvement Models
- Project plans, reports, and other relevant documents
- Clinical data on NCDs (diagnosis, care, and treatment)
- Population level indicators on NCDs

This is a summative evaluation utilizing a mix of qualitative and quantitative approaches and methodologies. A phased approach is highly encouraged and must include these key activities:

1. Development of an evaluation plan to guide the evaluation focus and activities by defining the evaluation questions related to the effectiveness, efficiency, relevancy, and impact of the USAPI regional NCD responses, the evaluation methodology and supporting activities.
 - a. Design the program evaluation framework using available resources/tools, such as the Pacific Care Model [Conceptual framework]; NCD Collaborative logic model; data run charts; storyboards, and participant evaluation summary reports
 - b. Design the evaluation and impact assessment
 - c. Develop data collection procedures and tools, as needed
 - d. Develop and use online assessment tools, as needed
 - e. Assess the Chronic Disease Electronic Management System (CDEMS) data set (in partnership with CDEMS technical assistance team)
 - f. Assist with oversight on cultural relevancy and diplomacy related to evaluation/impact assessment.
2. Identification of qualitative and quantitative data and document. This may include meeting agendas, Emergency Response policies, evaluations of project meetings or events, summary annual project reports, briefings, archived storyboards, published manuscripts, partnership links, population level data on NCDs, and other documents and information as identified.
3. Develop document review and analysis protocol for quantitative and qualitative data to understand each component of the PCDC NCD Collaborative as well as the PIHOA Emergency Response. Components of the PIHOA Emergency Response include:
 - a. Health leadership engagement
 - b. Partner strategic engagement and coordination
 - c. NCD policy and advocacy
 - d. NCD epidemiology and surveillance
 - e. NCD program improvement
 - f. NCD response resource mobilization
 - g. Capacity development/systems strengthening

4. Quantitative review and analysis of existing documents and information, such as:
 - a. Analysis of NCD Collaborative archived storyboards by teams (10);
 - b. PIHOA Data for Decision Making;
 - c. PIHOA hybrid survey data;
 - d. Partnerships (WHO CVD) data;
 - e. Population level NCD data;
 - f. Other available reports;
 - g. Multivariable analysis; and
 - h. Integration linkage with other available USAPI health surveys or evaluation to further describe social determinants of health; NCD morbidity/mortality; and need for sustainable health system transformations navigated by USAPI and supported by external partners.
5. Qualitative review and analysis of existing documents to identify themes and key information that can speak to the evaluation questions listed in the evaluation plan.
6. Qualitative voluntary follow-up dialogues with leaders and stakeholders of the USAPI regional NCD emergency response.
 - a. Based on the quantitative document review, topics for possible follow-up dialogues will be identified.
 - b. The consultant will work with the PIHOA Emergency Response project team to determine the number of dialogues needed and how best to implement those dialogues to verify or clarify information and perspective on the effectiveness, efficiency, relevancy, and impact of the USAPI regional NCD emergency response. At a minimum, conversations with the ministers/directors/secretaries of health of the six USAPIs, their deputies, the Chief Executive Officers of the local public hospitals (associates), NCD Collaborative teams, and Pacific regional partners (affiliates) should be conducted.
 - c. The consultant should review notes from the follow-up dialogues to identify themes around successes and achievements, and barriers or challenges encountered. The findings will be triangulated to the findings from the qualitative document review, and the quantitative review and analysis, to identify areas of align or possible discord.
7. Write peer-reviewed or other scientific articles and prepare reports to USAPI leadership and community stakeholders.
8. Complete a summary evaluation report that includes a synthesis analysis from both quantitative and qualitative data.

Due to COVID-19, most of the activities for this evaluation will be conducted virtually (primarily via Zoom and/or MS Teams). Where feasible, some on-site travel may be possible to Hawaii, Palau, Guam, American Samoa, and the CNMI.

IV. SCHEDULE OF DELIVERABLES		
ACTIVITY	DEADLINES	SUBMISSIONS
Develop Evaluation Plan	Two months from contract execution	Evaluation Plan, including evaluation tools/templates
Conduct Evaluation	April 30, 2022	Evaluation Report of Key Findings and Recommendations
Complete Evaluation Report and Present Evaluation Findings/Results		
<i>This time period should include process for draft review and feedback from PIHOA Board</i>		

<i>and staff prior to report completion and submission.</i>		
Conduct a Working Session with the PIHOA Board and Staff towards the development of an NCD policy brief	June 30, 2022	2022 PIHOA Regional NCD Policy Brief
Final submission of all evaluation deliverables		Final Invoice, Final Evaluation Report, PIHOA Regional NCD Policy Brief

V. MANDATORY QUALIFICATIONS
<ol style="list-style-type: none"> 1. Post-graduate degree(s) in public health or health administration with specialization in monitoring and evaluation/program evaluation, or other relevant social and health sciences fields 2. At least 5 years of experience in designing, implementing, and providing oversight for medium to large-scale public health program evaluations 3. Experience working in the Pacific region, or other resource-constrained, high disease burden environments, with experience conducting similar health program evaluations in the Pacific preferred 4. Ability to conduct all evaluation activities remotely 5. Ability to travel to the USAPIs, Pacific Region and Hawaii. Pending status of COVID-19 and associated travel restrictions, travel may or may not be feasible during the performance period. If travel is feasible, PIHOA will arrange and fully cover cost of travel expenses in accordance with PIHOA’s Travel Policy.
KNOWLEDGE AND DEMONSTRATED MASTERY
<ol style="list-style-type: none"> 1. Evaluation logic model design and development 2. Conducting various types of program evaluation designs (experimental, quasi-experimental, and observational) and summative/formative evaluations 3. Conducting qualitative, quantitative, and mixed method data analysis 4. Experience with building evaluation capacity in non-profit, public, or private organizations/agencies 5. Excellent verbal and written communication skills (English), with experience in developing detailed reports and presenting technical information that can be easily understood by non-technical audiences 6. Evaluation project management capacity and skills including leading evaluation project teams, developing evaluation plans, and managing data collection protocols and schedules 7. General project management skills – i.e., designing and tracking program budgets as well as identifying project risks and recommending mitigation approaches 8. Work experience in the field in public health, health care, or related relevant settings (e.g., university research centers) 9. Familiarity with behavioral and policy interventions for non-communicable/chronic diseases and related global, Pacific regional, and US NCD strategies 10. Demonstrated client management, stakeholder engagement, and meeting facilitation skills
PREFERRED SKILLS
<ol style="list-style-type: none"> 1. Experience working with and in the USAPIs and/or multi-cultural, limited-resource settings 2. Proficient in statistical programming (SAS, SPSS, STATA), data management and working with large datasets 3. Proficient in qualitative and quantitative data analyses tools and techniques 4. Excellent writing and oral presentation skills 5. Current membership in professional evaluation association(s); or certificate from an accredited and recognized certifying body

<p>VI. RFP RESPONSE. Respondents should include the following information in their proposals:</p> <ol style="list-style-type: none"> 1. Experience with a similar scope of work. 2. A clear summary of their approach to the work. 3. Statement of qualifications and experience to perform the scope of work, including staffing plan (as applicable), summary of related experience for all those to be involved in the project, and a resume/CV for all those to be involved in the project. 4. Description of project management approach and ability to manage the project scope within the designated timeline. 5. Fee for services based on the performance period and completion of stated deliverables as itemized in Section IV. Schedule of Deliverables. 6. Sample evaluation plan, logic model, and evaluation report. 7. The names, phone numbers and email addresses of three individuals, preferably at different organizations, who have been clients in the last three years who can be contacted as references. 8. Certification of Eligibility. All respondents must include a signed certification that the respondent is not debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities, the applicant is an equal employment opportunity employer, and the applicant will comply with all applicable contract provisions required for contracts under federal awards or other grantor stipulations.
<p>FORMAT</p> <ol style="list-style-type: none"> 1. The Proposal shall not exceed more than 10 pages, excluding budget, attachments, and sample work. 2. The Proposal should be organized in the order in which the requirements are presented above and should clearly indicate the specific requirement that is being addressed. 3. The Proposal shall include all the required information indicated herein. Failure to submit all required information may result in a request for prompt submission of missing information, giving a lowered evaluation of the Proposal, or rejection of the Proposal.

<p>VII. EVALUATION. Proposals will be scored on the following criteria:</p>	
DESCRIPTION	MAX POINTS
Experience and technical proficiency in monitoring and evaluation processes, and evaluating similar programs	25
Technical proposal, work methodology, and proposed work plan in line with consultancy objectives	35
Writing and presentation skills (communication)	20
Proposed consultancy cost	20
TOTAL POSSIBLE POINTS:	100
<p><i>Proposals must have a minimum score of 70 to qualify for a contract.</i></p>	

<p>VIII. PROPOSAL SUBMISSION</p> <p>Proposals will be accepted until 11:59pm HST on October 22, 2021, via email to:</p> <ul style="list-style-type: none"> • Janet Camacho, Deputy Director at janetc@pihoa.org • Cerina Mariano, Programs and Operations Administrator at cerinam@pihoa.org • Dr. Haley Cash, Regional NCD Epidemiologist at haleyc@pihoa.org <p>Award of the contract is subject to approval by the Executive Director. Any protest or dispute respective to the solicitation may be addressed to Emi Chutaró at emic@pihoa.org.</p>

PIHOA is an equal opportunity employer. Discrimination based on age, race, sex, handicap, or national origin is expressly prohibited.

IX. RFP TERMS & CONDITIONS

1. PIHOA is not liable for any costs or expenses incurred by a Responder or any other person or entity in the preparation of their Proposal.
2. PIHOA reserves the right to reject all Proposals received from Responders as a result of this RFP, as is in the best interests of PIHOA, as determined solely by PIHOA.
3. In determining which Proposal is best, PIHOA will take into consideration the responsiveness to the requirements, the consultant cost and the experience, qualifications, references, responsibility, and current availability of the Responder to perform the Services. PIHOA may waive any technicalities or formalities in determining how best to serve the interests of PIHOA. PIHOA reserves the right to cancel the award of the contract at any time prior to execution of the contract without liability on the part of PIHOA.
4. This RFP may be sent as a courtesy to known interested individuals and firms. The receipt of this RFP from PIHOA in no way implies that the recipient is a qualified Responder.
5. Any Proposal submitted to PIHOA is not confidential. All materials submitted become the property of PIHOA. PIHOA has the right to use any or all un-copyrighted concepts presented in any Proposal. Approval or disapproval of a Proposal does not affect this right.
6. Any changes to any part of this RFP, will be communicated to all Responders who have registered their interest, as required, and explained on page 1 of this RFP.
7. To be considered, proposals must be complete, in the format indicated in this RFP, and delivered by the date and time indicated in this RFP. Responders will not be given an opportunity to change any part of a proposal after submission. A Responder may submit only one proposal. More than one proposal from an individual, firm or partnership, corporation, or association under the same or different names will not be considered and will be deemed grounds for disqualification and/or rejection of the proposals involved, unless prior approval has been given by PIHOA.
8. If the Responder to whom the award is made fails to execute the subsequent contract within 14 days of receipt, the award may be annulled and the contract awarded to the second lowest responsible Responder, and such Responder shall fulfill every stipulation embraced herein, as if the Responder were the original party to whom the award was made, or PIHOA may reject all of the bids, as its interest may require.
9. From the issue date of this RFP until a determination is made regarding the qualification of Responders, all contacts with PIHOA concerning this RFP must be made through the Deputy Director, Janet Camacho, and Programs & Operations Administrator, Cerina Mariano. All questions about the meanings or intent, discrepancies or omissions of the RFP shall be submitted in writing. Replies to these inquires shall be made in writing. The written responses become part of the RFP and will be provided to each Responder who has registered their interest in this RFP.