



PACIFIC ISLAND HEALTH OFFICERS' ASSOCIATION

EXECUTIVE SECRETARIAT

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REQUEST FOR PROPOSAL

RFP Title	Maternal Mortality Specialist
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 (janetc@pihoa.org), Grants Manager Cerina Mariano (cerinam@pihoa.org), and Contracts Management Officer Keleise Reid (keleiser@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	November 1, 2024
Proposal Submission Deadline	November 15, 2024
Period of Performance	Immediate upon contract execution to July 31, 2025, with possible extension based on the availability of funding and satisfactory performance

II. BACKGROUND
<p>Established in 1986 by the chief health officials of 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, the Pacific Island Health Officers' Association (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.</p> <p>Today, PIHOA is governed by the ministers, directors, and secretaries of health of the five USAPIs representing American Samoa, FSM, Guam, Palau, and RMI (Board of Directors) and their respective deputies, FSM state-level directors, and the Chief Executive Officers of the local public hospitals (Associates). PIHOA also has Affiliate members comprised of Pacific regional professional associations and development partners.</p> <p>PIHOA leadership have identified the following as key regional priorities for health systems strengthening: 1) health workforce development/human resources for health; 2) health information systems, epidemiology, and surveillance; 3) performance improvement; 4) laboratory services; 5) regional health policy and advocacy; 6) health security; and 7) partnership engagement.</p> <p>Eliminating preventable maternal mortality and correcting unacceptable levels of disparity is a key global health priority as stated in the Sustainable Development Goals (SDGs) and other international public health frameworks. Maternal and Child Health (MCH) teams in the USAPIs work towards these goals but require technical assistance in the areas described below. This project is supported by the Maternal Mortality Prevention Team (MMPT) within the Centers for Disease Control and Prevention (CDC) Division</p>

of Reproductive Health (DRH). The MMPT leads national approaches on the systematic collection, analysis, and use of data to end maternal health disparities, eliminate preventable maternal mortality and improve population health.

III. PURPOSE AND SCOPE OF WORK

PIHOA is seeking an experienced and qualified Maternal Mortality Specialist to lead a project with the goal of reducing maternal mortality in the five USAPIs to achieve the following outcomes:

- Increased knowledge among health personnel on maternal health, maternal mortality, and associated data and statistical resources and systems;
- Increased ability among health personnel to improve maternal health data systems and surveillance; and
- Increased knowledge among health personnel about regional and international efforts regarding maternal mortality, including commonalities and unique capacities and challenges.

Key tasks for will include:

1. Assessment Report
 - a) Conduct a formal assessment in each of the five USAPIs outlining the current ecosystem of MCH data collection, management, and reporting; integration with existing civil registration and vital statistics (CRVS) and health information systems (HIS); and data usage to inform health interventions, policies, and other activities related to maternal mortality monitoring and broader MCH programming.
 - b) In consultation with MCH personnel and leadership from the five USAPIs and relevant partners, develop and finalize a regional USAPI report on the findings of the assessment to include identified bottlenecks, gaps, and recommendations for jurisdictions and PIHOA to improve MCH data collection, management, and usage and associated systems and capacity-development interventions.
2. Develop/Adapt Guidance and Training Materials
 - a) In consultation with MCH personnel and leadership from the five USAPIs and relevant partners, develop new or adapt existing guidance and training materials supportive of implementing Pacific Island context-appropriate approaches for identifying and addressing maternal deaths in alignment with the findings of the Assessment Report.
 - (1) Key CDC resources include the *Reference Guide for Pregnancy-Associated Death Identification* and the *Reference Guide for Certification of Deaths Associated with Pregnancy on Death Certificates*.
3. Training and Technical Assistance
 - a) Provide training and other technical assistance (TA) using materials such as those available from the MMPT and similar resources and tools from the Health Resources and Services Administration (HRSA) MCH Bureau, the World Health Organization (WHO), and other UN agencies (e.g. UNICEF, UNFPA, and UNAIDS) supporting MCH activities in some USAPI jurisdictions.
 - b) In consultation with MCH personnel and leadership from the five USAPIs, provide technical support for the establishment of and/or strengthening of local USAPI Maternal Mortality Review Committees (MMRCs), inclusive of developing and/or strengthening local USAPI MMRC policies and protocols.
4. Collaborative Learning Activities
 - a) Participate in collaborative learning activities with CDC and other partners to share learning, successes, and challenges.

- b) Participate in the annual Maternal Mortality Review Information Application (MMRIA) User Meeting in Atlanta, GA to assure alignment with technical work in the USAPIs.
 - c) Identify USAPI MCH staff to travel to regional or national convenings to further support formative design and information sharing related to reducing maternal mortality in the region.
5. USAPI Maternal Health Summit
- a) With the support of PIHOA Secretariat staff, plan and convene a USAPI Maternal Health Summit with USAPI leadership, MCH focal points, and partners to encourage in-depth dialogue about USAPI maternal health priorities and to identify maternal health improvement strategies and interventions, including systemic challenges and opportunities for targeted intervention.
6. Monthly reports, which include status, progress, challenges, recommendations, and upcoming activities. Includes specifics for any major meetings, site visits, or other trips.

IV. SCHEDULE OF DELIVERABLES		
ACTIVITY	COMPLETION DATES	SUBMISSIONS
Participate in collaborative learning activities, planning meetings, and other relevant discussions	Immediately and throughout the contract period	Monthly reports and invoices
Complete assessments of the current MCH landscape in the five USAPIs	Within 2 months of contract execution date	Assessment Report
Develop a training and technical assistance plan addressing both common needs across the region and individual USAPI jurisdiction needs identified through the assessment	Within 3 months of contract execution date	USAPI MCH Training and Technical Assistance Plan Training guidance and materials
Deliver training and technical assistance	Within 4 months of the contract execution date	Training material (agendas, participant list, presentation slides, evaluations, etc.)
Complete the USAPI Maternal Health Summit	Within 6 months of the contract execution date	Summit report, including USAPI maternal health priorities, improvement strategies and interventions, systemic challenges and opportunities
Submit final programmatic and financial reports	No later than July 31, 2025	Final Reports and Invoice

V. MANDATORY QUALIFICATIONS
<ol style="list-style-type: none"> 1. Minimum of a master’s degree in public health or other social or health sciences-related fields from an accredited academic institution. Those with clinical degrees must have a Master’s in Public Health or extensive public health experience. 2. Minimum five (5) years of professional experience in public health, specifically in maternal mortality or maternal and child health.

3. Conducting participatory assessments and writing reports about health systems, specifically on data collection and management, connections to CRVS systems, how data is used to further programs, and proposed recommendations for improvement.
4. Developing materials and conducting training on maternal health and maternal mortality.
5. Providing technical assistance in the surveillance and prevention of maternal mortality, including the establishment and support of MMRCs.
6. Planning and conducting convenings of public health professionals from different sites and experiences.
7. Ability to conduct activities on-site and remotely.
8. Ability to travel extensively and to deploy SMEs to the USAPIs, Pacific Region, and Hawaii.

KNOWLEDGE AND DEMONSTRATED MASTERY

1. Expert knowledge of the principles and best practices of public health and health systems in low-resource settings.
2. Specialized knowledge of maternal health, surveillance and epidemiology, and program improvement.
3. Ability to communicate effectively with respect and diplomacy with people from differing backgrounds, cultures, and varying degrees of English speaking and writing competencies.
4. Excellent oral and written communication skills (English).

PREFERRED SKILLS/QUALIFICATIONS

1. Specialization in maternal health.
2. Experience working in the Pacific region or other resource-constrained, high-disease-burden environments, with experience conducting similar laboratory or health program assessments in the Pacific, is highly preferred.

VI. RFP RESPONSE

Respondents should include the following information in their proposals:

1. Experience with a similar scope of work.
2. A clear summary of their approach to the work.
3. Work samples: assessment plan, training plan, etc.
4. 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.
5. Description of project management approach and ability to manage the project scope within the designated timeline.
6. Fee for services based on the performance period and completion of stated deliverables as itemized in **Section IV. Schedule of Deliverables**. This is anticipated to be a flat-rate consultancy contract inclusive of consultant fees, travel expenses, and sub-contracting and deployment expenses of SMEs out into the field.
7. The names, phone numbers and email addresses of three individuals, preferably at different organizations, who have been clients during the last three years and 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

<p>opportunity employer, and the applicant will comply with all applicable contract provisions required for contracts under federal awards or other grantor stipulations.</p>
<p>RFP RESPONSE FORMAT</p>
<ol style="list-style-type: none"> 1. May not exceed 10 pages, excluding the budget, attachments, and sample work 2. 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. 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.

VII. EVALUATION	
DESCRIPTION	MAX POINTS
Proposals will be scored on the following criteria:	
– Experience and technical proficiency	25
– Technical proposal, work methodology, and proposed work plan in line with consultancy objectives	35
– Staffing/capacity to complete the work	20
– Proposed consultancy cost	20
TOTAL POSSIBLE POINTS: <i>Proposals must have a minimum score of 70 to qualify for a contract.</i>	100

<p>VIII. PROPOSAL SUBMISSION</p> <p>Proposals will be accepted until consultancy is awarded. Submit proposals via email to:</p> <ul style="list-style-type: none"> • Janet Camacho (Deputy Director) at janetc@pihoa.org • Cerina Mariano (Grants Manager) at cerinam@pihoa.org • Keleise Reid (Contracts Management Officer) at keleiser@pihoa.org <p>The award of the contract is subject to approval by the Executive Director. Any protest or dispute regarding the solicitation may be addressed to the Executive Director and submitted via email to emic@pihoa.org.</p> <p>PIHOA is an equal-opportunity employer. Discrimination based on age, race, sex, handicap, or national origin is expressly prohibited.</p>
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<p>IX. RFP TERMS & CONDITIONS</p> <ol style="list-style-type: none"> a. PIHOA is not liable for any costs or expenses incurred by the Respondent or any other person or entity in the preparation of their Proposal. b. PIHOA reserves the right to reject any and all Proposals received from Respondents as a result of this RFP, as is in the best interests of PIHOA, as determined solely by PIHOA. c. In determining which Proposal is best, PIHOA will consider the responsiveness to the requirements, the consultant cost, and the experience, qualifications, references, responsibility, and current availability of the Respondent to perform the Services. PIHOA may waive any technicalities or formalities in determining how best to serve PIHOA's interests. 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.

- d. 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 Respondent.
- e. 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 uncopyrighted concepts presented in any Proposal. Approval or disapproval of a Proposal does not affect this right.
- f. Any changes to any part of this RFP, will be communicated to all Respondents who have registered their interest, as required and explained on page 1 of this RFP.
- g. 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. Respondents will not be given an opportunity to change any part of a proposal after submission. A respondent 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 considered grounds for disqualification and/or rejection of the proposals involved unless prior approval has been given by PIHOA.
- h. If the Respondent 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 Respondent were the original party to whom the award was made, or PIHOA may reject all of the bids, as its interest may require.
- i. From the issue date of this RFP until a determination is made regarding the qualification of Respondents, all contacts with PIHOA concerning this RFP must be made through the Deputy Director, Janet Camacho, and Grants Manager, Cerina Mariano. All questions about the meanings or intent, discrepancies, or omissions of the RFP shall be submitted in writing. Replies to these inquiries shall be made in writing. The written responses become part of the RFP and will be provided to each Respondent who has registered their interest in this RFP.