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REQUEST FOR QUALIFICATIONS

SOLICITATION NUMBER: RFQ-VOT-2019-001

Activity Title: Testing promising psychosocial support interventions with community-based components in low- and middle-income countries

DATE OF ISSUE: June 21, 2019

CLOSING DATE AND TIME FOR RESPONSES:

July 29, 2019

5:00 PM (EDT)

Applications must be emailed to: heard@urc-chs.com

Deadline for Comments and Questions: July 5, 2019, 5:00 PM (EDT)

Questions by email ONLY to: heard@urc-chs.com

Contact Person: Samantha Ski

Issuance of this RFQ does not constitute an award commitment on the part of URC, nor does it commit URC/HEARD or the US government to pay for costs incurred in the preparation and submission of a response. URC may reject any submission that does not fully comply with requirements of the RFQ. Furthermore, funding of successful applications is contingent on the availability of funds from USAID.

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1. PURPOSE OF THE RFQ

The purpose of the RFQ is to identify multi-stakeholder research teams that are ready and have technical, managerial, and administrative capacities to design and carry out a study of an existing mental health and psychosocial support (MHPSS) intervention in order to contribute to strengthening the evidence base on the effectiveness, replicability, and scalability of MHPSS interventions that have been identified as effective or potentially effective in other settings in the current literature.

2. SUCCESSFUL ORGANIZATIONS

Successful organizations will demonstrate the following characteristics, skills and organizational capacity:

- a. Mobilization of a multi-stakeholder research(-to-use) team that includes at minimum an implementing organization and a research partner (academic or non-academic);
- b. Identification of an existing MHPSS intervention that has improvement of PSS outcomes as an objective; that is implemented in a location where there are likely survivors of torture; and that features community-based service providers, options for a referral network, and proper training and supervision structures;
- c. In-depth knowledge of the methodology and processes used to design and carry out implementation and/or effectiveness research studies with strong stakeholder engagement throughout the study process to support study relevance and eventual use of the data among decision makers;
- d. Established working relationships with in-country MHPSS stakeholders;
- e. Demonstrated success in the design and implementation of rigorous, mixed methods implementation studies;
- f. Proven track record of collaborating and engaging successfully with governments, NGOs, donors and technical partners in the health sector;
- g. Demonstrated managerial, technical, and institutional capacities to achieve the results outlined in this RFQ; and
- h. Strong institutional financial and management capacities.

3. BACKGROUND

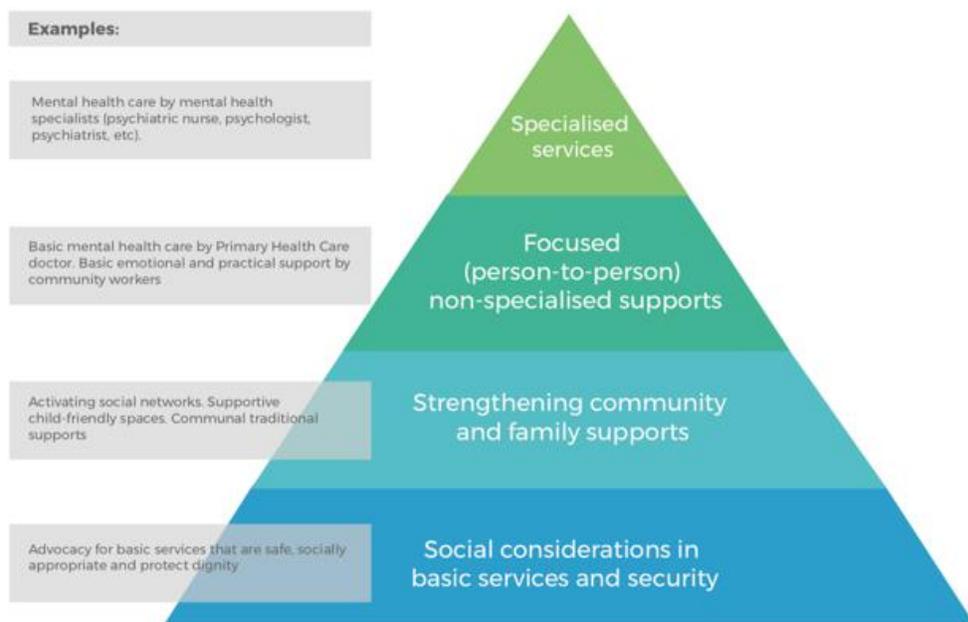
The United States Agency for International Development (USAID) implements a Victims of Torture Program (VOT)^{1,2}, as one of five programs within the Center of Excellence on Democracy, Human Rights and Governance (DRG). Through this Program, USAID works to assist in the treatment and rehabilitation of individuals, families, and community members who suffer from the physical and psychological effects of torture and trauma. USAID's VOT program works primarily through nongovernmental organizations (NGOs) overseas that (1) provide direct services to survivors, their families, and communities; (2) strengthen the capacity of country-based institutions in their delivery of services to survivors; and (3) increase the level of knowledge and understanding about the needs of torture and trauma victims.

¹ <http://www.usaid.gov/documents/1866/victims-torture-programming-guidelines>

² https://www.usaid.gov/sites/default/files/documents/1866/Victims%20of%20Torture%20Guidelines_6_2014.pdf

One of the biggest challenges facing victims of torture (VOT) and those living in emergency contexts, is the lack of mental health care and psychosocial support in the areas that they live. Mental health and psychosocial support interventions (MHPSS) are defined as “any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorders.” (IASC, 2017) MHPSS interventions are commonly used by non-governmental and humanitarian organizations in challenging settings to improve psychosocial wellbeing and mental health. In many settings however, trauma-exposed individuals enter the mental health system through general community- or primary care-level services, rather than through interventions explicitly targeting Victims of Torture or other trauma-exposed individuals. Therefore, improving access to these services broadly will directly benefit survivors of torture and traumatic events related to war.

FIGURE 1.
Intervention pyramid for mental health and psychosocial support in emergencies



The Inter-Agency Standing Committee Reference Group (IASC RG) is a body of more than 30 members, including UN and International Agencies, academics and non-governmental organizations dedicated to establishing guidelines and promoting best practices in MHPSS. In 2017, the IASC RG published a Common Monitoring and Evaluation Framework to guide the assessment, research, design, implementation, monitoring, and evaluation of MHPSS programs in emergency settings. Included in the framework is the intervention pyramid for MHPSS (See Figure 1).

While mental health interventions have been more rigorously tested, PSS interventions are more commonly implemented (Tol, 2011). This highlights a particular evidence gap, because while the evidence base for MHPSS interventions which target the higher levels of the intervention pyramid is growing, there is a dearth of evidence for the lower levels of the pyramid which aim to strengthen community-based and family psychosocial supports, as well as address underlying social factors which enable access to basic services and security. However, one systematic review found community-based mental health interventions consistently demonstrated improved mental health outcomes among refugees (Williams,

2011). Furthermore, even as the evidence base on effectiveness grows, there continues to be insufficient evidence on replicability. The general lack of evidence for community-based MHPSS interventions is especially concerning because, as is the nature of a pyramid, the lower levels reach more people, and are often the access points of care for those experiencing MHPSS challenges due to torture or war.

In 2018, Johns Hopkins Bloomberg School of Public Health published a USAID/OFDA-funded evaluation of psychosocial support programs to assess what is known about the effectiveness of PSS programs and guide future research on PSS implementation and effectiveness in humanitarian settings. Through a series of interviews, meetings with key stakeholders, and a systematic review of PSS programming in low- and middle-income countries (LMICs), researchers found the need to: 1) apply principles of community-based PSS to evaluation of programs, 2) focus on hybrid implementation-effectiveness designs that address internal and external validity as well as replication of studies, and 3) encourage donors to fund and evaluate priority PSS programs in accordance with the IASC (2017) Framework. Findings from the stakeholder interviews revealed that the most frequently mentioned PSS programs to prioritize for further evaluation research were community-based programs (n=21). Furthermore, when the 87 stakeholders were asked to prioritize programs and outcomes in an online survey about PSS program priorities, the top two programs listed were 1) community-based PSS, and 2) MHPSS integrated into other sectors – specifically the first layer of the pyramid. Findings from the systematic review found that only eight out of 217 of the articles reviewed were implemented at the bottom tier of the IASC Pyramid focused on basic services.

Johns Hopkins also reported that community focused PSS interventions have been less rigorously studied and highlighted a general lack of specificity in terms of what defines “community-based PSS.” A lack of evidence on replicability was also identified as a challenge across all PSS interventions (the review identified 54 RCTs in total, which examined 50 different interventions). This demonstrates the need to test new or scaled-up applications of existing interventions rather than develop new ones and the need for hybrid effectiveness-implementation approaches in the research agenda. Considering these findings and IASC recommendations, this RFQ aims to fund research into PSS interventions which a) focuses on community health-based and other bottom of the pyramid interventions, b) measures intervention effects on PSS indicators, c) explores the potential replicability of existing interventions rather than developing novel ones, and d) can demonstrate the internal and external validity of PSS interventions through hybrid effectiveness-implementation approaches.

4. OVERALL OBJECTIVES

In an effort to improve the evidence-base on the effectiveness of MHPSS interventions in improving PSS outcomes and on factors influencing the success or failure of MHPSS interventions in achieving desired PSS outcomes, USAID’s HEARD Project intends to issue sub-awards to multi-stakeholder research teams capable of studying promising MHPSS interventions with community-level service providers in locations likely to include survivors of torture.

The anticipated funding could cover the costs of studying an ongoing intervention that already has funding for implementation. Alternatively, it could cover the costs of introducing and implementing the intervention in a new setting and studying the effectiveness and/or implementation in that setting. Studying multi-site interventions is desirable – we encourage applicants to put forth proposals for studies of the same intervention implemented in multiple settings within the same country and/or in multiple countries.

5. TIME FRAME

Activities are anticipated to start in September 2019 following a co-creation process in August 2019 and are projected to continue for approximately three (3) years. The initial period of performance will be for two (2) years, with an option to extend the period of performance for another year.

6. EXPECTED ACTIVITIES

It is anticipated that the activities to be carried out by the successful organization will include efforts to:

- a. Engage stakeholders in participatory study design
- b. Obtain ethical approval for proposed study from relevant institutional and country-based ethical review boards
- c. Implement rigorous, mixed methods study protocol and a well-planned evidence-translation effort
- d. Produce quarterly reports on study implementation progress
- e. Produce final study report, along with additional products designed to communicate evidence
- f. Share study results with relevant policy and implementation learning networks and communities of practice

7. INSTRUCTIONS FOR RESPONSES

7.1 ELIGIBILITY CRITERIA

Both U.S. and non-U.S. technical organizations are invited to apply. The applicant must be an organization of one of the following types:

1. Institutions of higher education;
2. Non-profit organizations; or
3. For-profit research organizations (no fee or profit will be allowed).

Responses from organizations that do not meet the above eligibility criteria will not be evaluated.

7.2 GENERAL INSTRUCTIONS

Key Information

- Due date for comments and questions about the RFQ: **July 5, 2019, 5:00 PM (EDT)**. In the Comment and Question Phase, HEARD requests comments from potential applicants and non-applicant technical experts on how best to focus this funding so that it is ultimately responsive to the needs of field-based implementers of MHPSS interventions, e.g.; What are the most strategic and highest priority MHPSS interventions for which a stronger evidence base is needed? What are the promising interventions (or intervention categories) ripe for testing to better understand effectiveness, adaptability, scalability, and/or replication? HEARD will consider your comments and questions and incorporate them when we develop the amendment to the RFQ.
- Amendment to the RFQ incorporating Comments and Questions will be issued **on/about July 19, 2019**.
- Due date for responses: **July 29, 2019, 5:00 PM (EDT)**
- Number of award(s) expected: up to three

- Anticipated award(s) amount: award amounts will range from \$300,000 to up to \$1,000,000; depending on whether winning proposals require implementation and research funds or research funds only.
- Maximum page length of technical response: 10 pages (not including Cover Page, Annexes)
- Language for technical response: English only

All responses received by the deadline will be reviewed for responsiveness to the specifications outlined in Section. Responses may be judged as nonresponsive if they do not follow the instructions in the RFQ. Section 4 addresses the technical evaluation procedures and criteria for the responses. Organizations are advised to carefully read the instructions.

Comments and questions about the RFQ must be written in English and emailed heard@urc-chs.com by **July 5, 2019, 5:00 PM (EDT)**.

Responses to the RFQ must be submitted in English and emailed to heard@urc-chs.com by **July 29, 2019, 5:00 PM (EDT)**.

7.3 CONTENT OF TECHNICAL SUBMISSION

The technical submission must be specific, complete, and presented concisely, demonstrating the applicant's **Organizational Capabilities and Technical Expertise** with respect to achieving the activities described in the RFQ. The organization's statement of Organizational Capabilities and Technical Expertise must include the following areas:

- Section 1. The intervention and intervention setting(s) the applicant is proposing to study, whether the intervention's implementation is funded or would need to be funded by this award, the rationale for selecting the intervention proposed³, and a summary of the *anticipated* study design (**limit 2 pages**);
- Section 2. Experience and current expertise related to implementation and/or effectiveness research, particularly related to MHPSS interventions (**limit 2 pages**);
- Section 3. Experience and current expertise related to MHPSS (**limit 2 pages**);
- Section 4. Experience and current expertise leading and/or engaging in research activities that advance the evidence for MHPSS and that link to policy and advocacy stakeholders. Include names and nature of engagement with key partners involved (**limit 2 pages**);
- Section 5. Proposed Co-Principal Investigators, one from an implementing organization and one from a research institution, summarizing his/her specific training, role, and experience with MHPSS research (**limit 1 page**); and
- Section 6. Institutional capacity to coordinate and implement the above-mentioned activities; including technical, financial, and administrative management capacity (**limit 1 page**).

³ If the intervention proposed is not currently being implemented and funding from this award would be used to implement the intervention and study it, describe why this particular MHPSS intervention was selected for this setting. If the intervention proposed is currently being implemented and funding from this award would be used to

7.4 FORMAT REQUIREMENTS FOR TECHNICAL SUBMISSION

- a. The technical response should be:
 - Written in English
 - Typed in a Microsoft Word compatible program, single-spaced with a 12-point font and one- inch margins
 - Saved and submitted as one document in pdf or Word format, with all sections and appendices put together
 - Labeled with page numbers, the RFQ number (RFQ-VOT-2019-001) and the name of the organization on every page
 - Limited to ten (10) pages not including cover page and annexes
- b. The technical response should have **Cover Page** (not included in page limit) with the following information:
 - Program/Project title;
 - RFQ reference number;
 - Name of organization applying to the RFQ;
 - Contact person, telephone number, fax number, address, and types name(s) and title(s) of person(s), who prepared the application, and corresponding signatures.
- c. **Curricula Vitae (CVs)** of proposed Co-Principal Investigators and other personnel will be included in Annex.

8. REVIEW AND NOTIFICATION PROCESS

8.1 TECHNICAL REVIEW

A Technical Review Committee will evaluate the organizations' Organizational Capacity and Technical Expertise Statement taking into account the eligibility criteria (Section 7.1) and the technical review criteria (Section 8.2) found in this RFQ.

8.2 REVIEW CRITERIA FOR TECHNICAL RESPONSE

Technical responses will be reviewed and evaluated against the following criteria:

1. Demonstrated experience and expertise related to MHPSS;
2. Demonstrated experience and expertise related to design and implementation of implementation research studies;
3. Identification of an existing and appropriate PSS intervention that is already being implemented in an LMIC-based population likely to include survivors of torture, that aims to improve PSS outcomes, and that includes community-based service components, options for referral, and supervisory systems;
4. Access to and collaboration with existing MHPSS network(s) and demonstrated institutional ability to create partnerships and linkages among technical, policy, and service delivery stakeholders to successfully facilitate coordination and collaboration;
5. Proposed Co-Principal Investigators and team that possess demonstrated leadership, expertise, and experience in the area of MHPSS and implementation research design; and

6. Demonstrated programmatic experience and financial and administrative management capacity required to manage USG-funded projects.

8.3 NOTIFICATION PROCESS

URC will review and select responses submitted in accordance with the guidelines and criteria set forth in this RFQ. Short-listed organizations will be contacted to answer further questions and will be invited to participate in a co-creation workshop, which is anticipated to take place in early August, location TBD, after which, selected organizations will be invited to submit a full application to undertake the work referenced in this RFQ.

URC reserves the right to disregard any responses that do not meet the guidelines. URC is not obligated to issue a financial instrument or award as a result of this RFQ.

If URC's review of the organization's response will result in a decision to request a full application, URC will provide specific requirements and instructions for the full application.

8.4 CONSIDERATIONS FOR AN AWARD

To be eligible to receive U.S. Government funding, organizations must meet certain requirements. While these requirements do not have to be met to submit a technical response under the RFQ, they will need to be met if the applicant is requested to submit a full application. Among those requirements are:

- A. All first-time applicants for USAID funding are subject to a pre-award assessment to verify that the applicant has proper procedures in place to receive USAID funding (ADS 303.3.8)
- B. Each applicant (unless the applicant is an individual or Federal awarding agency that is excepted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)) is required to:
 - i. Be registered in SAM before submitting its application (**Please allow several weeks for processing through SAM.GOV**);
 - ii. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency. To obtain information regarding the preceding, see the respective links: <http://www.dnb.com> and <https://www.sam.gov/portal/public/SAM/>
 - iii. Provide a valid DUNS number in its application (**Note: the DUNS number must be submitted with the application (it is required on the SF-424)**).
- C. Submission of a Detailed Budget and Budget Narrative
- D. Submission of additional documentation and certifications including:
 - i. Negotiated Indirect Costs Rate Agreement (NICRA) or audited financial statements to support indirect rates.
 - ii. A signed copy of ADS 303mav, Certifications, Assurances, and Other Statements of the Recipient and Solicitation Standard Provisions.
 - iii. Complete Pre-Award Assessment Questionnaire,
 - iv. Organization's registration (e.g., certificate of incorporation, business license, certificate of registration with government).
 - v. Organization chart or list of company officers.

vi. Audited financial statements for the last two fiscal years.

ANNEX I: HEALTH, EVALUATION AND APPLIED RESEARCH (HEARD) PROJECT

The purpose of the HEARD Project is to undertake research and evaluation efforts to accelerate progress towards achieving USAID’s global health and development goals, including Ending Preventable Child and Maternal Death, achieving an AIDS Free Generation, and Protecting Communities from Infectious Diseases Initiatives, including the Global Health Security Agenda. The HEARD Project will focus on evaluative and targeted research that accelerates research-to-use processes.

The HEARD Project is engaged with building a partnership around IS through the creation the Implementation Science Collaborative (ISC). The ISC is comprised of organizations that work to advance global health goals as implementation support organizations, regional health bodies, policy advocacy groups, civil society-based evidence advocates, research organizations, and academic institutions. This strategic mix of partners will help to inform which research questions are prioritized in different contexts, to generate and analyze evidence, and to better package and move evidence through channels which render it more accessible to inform policy and practice.

The HEARD Project and the ISC will seek to:

- Effectively respond to evaluation and research-to-use global health priorities: developing the study designs and issue-specific partnerships required to navigate a complex effort along a strategic research-to-use pathway;
- Actively engage national, regional, and global-level stakeholders for the development of those priorities: engaging and supporting a growing community of interested implementers, policy makers, and investigators in shaping and promoting a more relevant research-to-use agenda and capacity; and by
- Strengthening and connecting the institutional applied research capacities required to sustain a vigorous implementation science agenda in support of global health goals, emerging threats and new opportunities.

Our approach is illustrated in Figure 1, below. Emphasizing effective stakeholder engagement and knowledge management throughout, the four main strategies of the HEARD Project are: (1) partnership and agenda development; (2) data liberation and evidence strengthening; (3) research and evaluation study design and implementation; and (4) the acceleration of evidence-to-use processes.

Figure 1. Key strategies for accelerating research-to-use

