



## PACIFIC ISLAND HEALTH OFFICERS ASSOCIATION

EXECUTIVE SECRETARIAT

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### REQUEST FOR PROPOSAL

<b>RFP Title</b>	Evaluating the implementation and impact of PIHOA Board 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”  Short title: PIHOA Regional NCD Crisis Emergency Declaration Evaluation
<b>Required Registration of Interest</b>	All prospective respondents are required to register their interest in applying for this RFP via email to PIHOA’s Deputy Director, Janet Camacho, at <a href="mailto:janetc@pihoa.org">janetc@pihoa.org</a> , and PIHOA’s Programs and Operations Administrator, Cerina Mariano, at <a href="mailto:cerinam@pihoa.org">cerinam@pihoa.org</a> . 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	March 5, 2021
Questions about this RFP must be submitted to the email addresses above and will be accepted until	March 12, 2021
Responses to questions will post on	March 15, 2021 via email
Proposal Submission Deadline	March 19, 2021 via email
Proposal Review Period	March 19-24, 2021
Consultant Selection Notification	March 26, 2021
Contracts Finalized	March 31, 2021
Period of Performance	April 1, 2021 – June 30, 2021 (3 months)

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>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). Based on the priorities and needs identified by the USAPI health leadership, PIHOA’s Secretariat staff and consultants provide 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.

### **PIHOA NCD Emergency Response**

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 in responding to the 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 (USAPIs NCD Strategic Roadmap) was developed 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 agencies and in partnership with local health agencies and regional partners, has made significant efforts to mobilize resources to plan and implement a response to the emergency declaration. This included some key interventions including the development of and garnering the endorsement of regional and other key stakeholders for the USAPI NCD Policy Commitment Package; ensuring a coordinated response across the region by establishing the Health Leadership Council (PIHOA affiliates); developing and implementing the USAPI NCD Strategic Roadmap to guide the response; developing and maintaining the USAPI NCD Core Monitoring and Surveillance Framework and Data Set endorsed in consensus amongst all the USAPIs health agencies; and supporting local efforts to strengthen state/national-level NCD surveillance systems, capacities and processes to support evidence-based policy making and program improvement.

In early 2012, PIHOA had convened two regional technical working groups to discuss and develop the Regional NCD Surveillance Framework and Data Dashboard, including the Regional NCD Policy Commitment Package. In 2013, the USAPIs health leadership reviewed and endorsed the USAPI NCD Core Monitoring and Surveillance Framework and Data Set, as well as the USAPI NCD Policy Commitment Package addressing common NCD risk factors: alcohol and tobacco use, lack of physical activity and poor nutrition. A call to convene a USAPI NCD Law and Policy Summit was also made. In 2014, PIHOA contracted the University of Hawaii John A. Burns School of Medicine (JABSOM), Department of Family Medicine and Community Health, to develop in collaboration with USAPI NCD program staff, an online USAPI NCD Policy Toolkit to guide and inform NCD policy development relevant to the context and needs of the USAPIs. Commencing in 2015, PIHOA further expanded its efforts to implement the endorsed Regional NCD Core Monitoring and Surveillance Framework by implementing a field epidemiology training program targeting local NCD program staff and surveillance/data officers/administrators; providing direct technical support to local health agencies for the development and implementation of local NCD Surveillance Monitoring and Evaluation Plans; providing resources and technical assistance to local health agencies to plan, implement, and analyze population-based NCD prevalence and behavioral risk factor surveys (e.g. NCD hybrid Surveys, High

School Risk Factor Surveys, etc.), including information dissemination and formal publication of surveys results by local staff; compiling and analyzing national/state NCD data to inform PIHOA's Annual NCD Profile Report and Dashboard based against the regionally-endorsed NCD Data Set; and, ad hoc technical support for strengthening and integrating existing and/or development of new health information systems to improve the collection and analysis of NCD-related data from clinical and public health sources. Since 2015, PIHOA became a member of WHO's Monitoring Alliance for NCD Action (MANA) responsible for assisting the USAPIs to compile their annual NCD Policy MANA Dashboards, and supporting regional NCD partner communication and response coordination, including contribution and support to the wider Pacific Community's (SPC) Pacific NCD Roadmap endorsed in 2014.

All of these interventions continue to be implemented to the present day and, where feasible, scaled up accordingly. PIHOA's governing board continues to prioritize NCDs as a critical public health concern, and to date, have not declared an end to the NCD emergency crisis. Ten years on, it is critical to assess the parameters of the emergency declaration for continued relevancy, evaluate progress, successes and continued challenges/barriers, and look forward to a re-invigorated NCD response based on current information and data generated from the epidemiology and surveillance work achieved to date, and lessons learnt from the last ten years of regional and national/state response. PIHOA is committed to continuing its efforts to reduce the negative impact of NCDs through effective and timely regional monitoring of NCD-related health status and policy adoption/implementation, and to support regional, partner and local USAPI health agency efforts to strengthen local health systems and capacities for appropriately scaled-up, multi-sectoral responses to priority NCD risk factors.

### **III. PURPOSE AND SCOPE OF WORK**

PIHOA is seeking an evaluation specialist consultant (individual, multi-disciplinary team, or organization) to plan and conduct a quantitative and qualitative summative review and impact assessment of PIHOA's implementation response to PIHOA Resolution #48-01 since May 2010 to date to encompass the following major thematic areas:

- Health leadership engagement
- Partner strategic engagement and coordination
- NCD policy and advocacy
- NCD epidemiology and surveillance
- NCD program improvement
- NCD response resource mobilization
- Capacity development/systems strengthening

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

- USAPI NCD health agency, legislative, executive and traditional leader endorsements, communique 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

The evaluation should assess the effectiveness, efficiency, relevancy and impact of the USAPI regional NCD emergency response to date since May 2010. Based on the results of the evaluation, key recommendations and potential opportunities for scale-up, sustainability, or implementing revised approaches/strategies, etc., should be identified and described in detail.

This is a summative evaluation utilizing a mix of qualitative (primarily), with some quantitative, approaches and methodologies. Key tasks must include:

1. Develop an evaluation plan for the overall initiative with input from the PIHOA Secretariat, Board and members. The plan methodology should include:
  - i. A timeline for completing the evaluation within the contract period;
  - ii. Data collection methods and development of appropriate assessment/evaluation tools, approaches and methodologies in consultation with PIHOA board members, Secretariat staff and Regional NCD Epidemiologist consultant; and
  - iii. Plans for:
    1. conducting document/literature review of key PIHOA regional NCD response and program activity documents, regional/local NCD data, and other documents of relevance to the review;
    2. conducting focus group discussions and key informant surveys/interviews with PIHOA members including affiliate members, USAPI NCD program staff and local/regional NCD partners;
    3. collaboration with PIHOA's Regional NCD Epidemiologist consultant on the analysis and inclusion of regional NCD epidemiologic data;
    4. analyzing reach/impact of all regional NCD products and suggesting recommendations for greater reach/impact; and
    5. regularly communicating with the PIHOA advisory team (Executive Director, Deputy Director, Regional NCD Epidemiologist, and Consultant Dr. Mark Durand), on work progress.
2. Implement the evaluation plan, providing status updates as prescribed.
3. Collate and analyze findings and draft evaluation report to be disseminated to PIHOA Board members and other key stakeholders for review and comments.
4. Complete evaluation report, to include:
  - i. Final data set, including one electronic file of the cleaned and final qualitative and quantitative data collected;
  - ii. Summary of Key Findings document which concisely summarizes key outcomes and findings of the evaluation; and
  - iii. The final report should contain, but is not limited to, the following:
    1. Executive Summary presenting the major findings and recommendations; and highlighting implications for strategic planning
    2. Description of the key methodologies and tools used
    3. Limitations of the evaluation or methodology
    4. Assessment of the project's underlying impact logic
    5. Detailed findings on progress, challenges and successes

- 6. Suggestions for new opportunities and evidence-base to implement/scale-up
  - 7. Analysis of the findings
  - 8. Conclusions
  - 9. Lessons learned and recommendations for the project approach, informing the next 5-10 years of the NCD response work
  - 10. Recommendations for sustainability of program outcomes
5. Present virtual evaluation findings/results to PIHOA Board and members.
  6. Plan and conduct virtual strategic planning session(s) with PIHOA Board members and Secretariat staff to discuss, plan and develop a concept plan for identifying and addressing NCD regional priorities for the next 5 years in light of the evaluation findings.
  7. 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, Guam and the CNMI.

<b>IV. SCHEDULE OF DELIVERABLES</b>		
<b>ACTIVITY</b>	<b>DATES</b>	<b>SUBMISSIONS</b>
Develop Evaluation Plan	April 1 – 9, 2021	Evaluation Plan, including evaluation tools/templates
Conduct Evaluation	April 10 – June 7, 2021	
Complete Evaluation Report and Present Evaluation Findings/Results <i>Time between June 7-18 should include process for draft review and feedback from PIHOA Board and staff prior to report completion and submission</i>	June 18, 2021	Evaluation Report of Key Findings and Recommendations
Conduct Strategic Planning Session with PIHOA Board and Staff	June 22 – 24, 2021	PIHOA Strategy Concept Paper: Regional NCD Priorities for the Next 5 Years
Final submission of all evaluation deliverables	June 30, 2021	

<b>V. MANDATORY QUALIFICATIONS</b>
<ol style="list-style-type: none"> <li>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</li> <li>2. At least 5 years of experience in designing, implementing and providing oversight for medium to large-scale public health program evaluations</li> <li>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</li> <li>4. Ability to conduct all evaluation activities remotely</li> <li>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.</li> </ol>

**KNOWLEDGE AND DEMONSTRATED MASTERY**

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**

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 analysis 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

**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. 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 during 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.

**FORMAT**

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 of 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.** Proposals will be scored on the following criteria:

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
<b>TOTAL POSSIBLE POINTS:</b> <i>Proposals must have a minimum score of 70 to qualify for a contract.</i>	<b>100</b>

**VIII. PROPOSAL SUBMISSION**

Proposals will be accepted until 11:59pm HST on March 19, 2021 via email to:

- Janet Camacho, Deputy Director at [janetc@pihoa.org](mailto:janetc@pihoa.org)
- Cerina Mariano, Programs and Operations Administrator at [cerinam@pihoa.org](mailto:cerinam@pihoa.org)
- Dr. Haley Cash, Regional NCD Epidemiologist at [haleyc@pihoa.org](mailto:haleyc@pihoa.org)

Award of the contract is subject to approval by the Executive Director. Any protest or dispute respective to the solicitation may be addressed to the Executive Director and submitted via email to [emic@pihoa.org](mailto:emic@pihoa.org).

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 any and 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 considered 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 inquiries 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.