

Call For Tenders

Subcontracting Services for 'THRIVE'

Objective of the procurement procedure	Subcontracting services for training expertise consultancy
Project	'THRIVE'
Expected starting date	August 2024
Tender notice issuance date	23 July, 2024
Deadline for tendering	31 July, 2024

TENDER FOR SUBCONTRACTING TWO PAEDIATRIC ADVANCE HIV EXPERTS THAT WILL LEAD THE DEVELOPMENT AND DELIVERY OF A BESPOKE TRAINING PROGRAMME FOR THE THRIVE PROJECT, AIMED AT THE IMPLEMENTATION OF THE WHO STOP-AIDS PACKAGE IN TARGETED COUNTRIES IN SUB-SAHARAN AFRICA.

TECHNICAL DOSSIER OF THE SERVICE

1. INTRODUCTION TO THE PROJECT
2. CONSULTANCY SERVICE AND DELIVERABLES
3. REQUIREMENTS FOR THE APPLICANT AND FOR THE TECHNICAL PROPOSAL
4. SUBMISSION OF PROPOSALS AND EVALUATION
5. CONTRACT DURATION
6. WORKING METHODOLOGY
7. ADDITIONAL INFORMATION

APPENDIX 1

1. INTRODUCTION TO THE PROJECT

1.1 The THRIVE Project

The THRIVE project aims to reduce mortality among adults and Children Living with HIV by enabling global access to critical prevention, screening, and treatment commodities, and centering local leadership and community-owned solutions to find and serve people living with AHD where they are. The consortium will generate replicable evidence on the implementation of the STOP-AIDS guidance and integrate community and civil society across AHD interventions.

Under the Unitaaid-CHAI Transforming Advanced HIV Disease CaRe in LMICs through Comprehensive and Equitable Access Project ('THRIVE'), Clinton Health Access Initiative will serve as the overall Project Lead with complete project oversight and management of THRIVE. As the Paediatric AHD Research lead, Penta will lead paediatric AHD operational research and support paediatric clinical gap identification, capacity building, and training across focal countries. Penta will also lead the Paediatric Expert Advisory Group and collaborate with leading clinicians across focal countries to inform the development of key paediatric AHD tools and implementation of PentaTr@ining modules.

Furthermore, Penta's expertise will be critical in helping to advise and design simple implementation guidance for the STOP-AIDS Toolkit to support an integrated, multi program response across and beyond focal countries (the 'Project').

1.2 Scope of the consultancy

To develop a bespoke training programme for the THRIVE project aimed at the implementation of the WHO STOP-AIDS package in targeted countries in Sub-Saharan Africa.

The consultancy entails the following activities:

1. Collaborate with other consortium experts and sites team leads in order to identify gaps and training needs across each project focal country;
2. Contribute to the development of an electronic survey for training gaps identification among focal countries (section 1.4) and the analysis of the subsequent collected data;

3. Lead training programme development and coordination;
4. In collaboration with project experts, conduct targeted online training on AHD in children, adolescents, and young people;
5. In collaboration with focal country leads, oversee organisation and delivery of two residential training workshops in focal countries venues;
6. Contribute to the drafting and review of impact and outcomes reporting.

1.3 Partners within THRIVE

1.3.1 Paediatric Project Lead and Scientific Coordinator

- Fondazione Penta ETS (Penta), Italy: Paediatric AHD Project Lead
- Fundacion Investigación Biomédica del Hospital 12 de Octubre ("Fundación i+12")/Hospital 12 de Octubre ("H12O"), Spain: Scientific Coordinator

1.3.2 Beneficiaries (Paediatric)

The work covered by the consultancy will be done in collaboration with THRIVE Penta partners:

- Swiss Tropical and Public Health Institute (Swiss TPH), Switzerland
- Universidade Eduardo Mondlane (UEM), Mozambique
- University College London (UCL), United Kingdom
- Zvitambo Institute for Maternal and Child Health Research, (ZVITAMBO), Zimbabwe
- Mildmay Research Center Uganda (MRCU), Uganda

1.3.3 Consortium Partners

In addition, the work will be conducted in collaboration with the THRIVE Consortium Partners:

- Clinton Health Foundation (CHAI), United States: Overall Project Lead
- AfroCAB, Zambia: HIV treatment advocates network
- Ministries of Health (MoH), Uganda, Zimbabwe & Mozambique

1.4 Focal paediatric countries of the THRIVE Project.

- Mozambique
- Uganda
- Zimbabwe

2. CONSULTANCY SERVICE AND DELIVERABLES

2.1. CONSULTANCY SERVICE

The THRIVE Project (Appendix 1) describes the Tasks and Milestones of the project, and includes the activities to be conducted by the External Consultant sought through this Tender:

Specifically:

Activity 1.04: Identify gaps and training needs across each focal country (section 1.4) and carry out targeted training on the topic of AHD in children, adolescents, and young people.

To carry out the above-mentioned training activities it is necessary to involve an external consultant with the right expertise and clinical experience. The Tender requires, in particular, expertise in in the fields of training

and capacity building in the field of paediatric HIV and Opportunistic Infections (OI) in resource limited settings in Sub-Saharan Africa, and within the STOP-AIDS framework.

2.2. DELIVERABLES

- D1) Validation of gap assessment report (Q3 2024)
- D2) Draft training programme (Q4 2024)
- D3) Pilot content of six online training modules (Q4 2024)
- D4) Outcomes report on Online PentaTr@ining course (Q4 2025)
- D5) Outcomes report on two Face-to-face training workshops (Q4 2026)

2.3. MILESTONES

M19: Electronic survey available to for training gaps identification (Q3 2024)

M20: Report on gaps assessment completed (Q3 2024)

M21: Pilot training materials developed for use (Q4 2024)

M22: Online training course delivered (Q4 2025)

M23: Two Face-to-face training workshops delivered (Q3 2026)

M24: PentaTr@ining: final training outcomes and impact report completed (Q4 2026)

GANTT CHART

N°	Milestone	2024												2025				2026						
		Q1			Q2			Q3			Q4			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M12	M13											
19	Electronic survey available to for training gaps identification							◆																
20	Report on gaps assessment completed									◆														
21	Pilot training materials developed for use											◆												
22	Online training course delivered																						◆	
23	Two face-to-face training workshops delivered																							◆
24	Penta Tr@ining: final training outcomes and impact report completed																							◆

3. REQUIREMENTS FOR THE APPLICANT AND FOR THE TECHNICAL PROPOSAL

3.1. REQUIREMENTS FOR THE APPLICANTS

The applicant profile must be a senior paediatric infectious diseases medical physician with knowledge and expertise on the WHO STOP-AIDS package, and a proven track record on delivering Advanced HIV Disease ('AHD') care in paediatric populations to be directly involved in the project.

Requirements:

The consultants required for these activities should possess the following expertise:

1. **Public Health Expertise:** The consultant should have a strong background in public health, particularly in the field of HIV/AIDS prevention and treatment. This is crucial for understanding the WHO STOP-AIDS package and its implementation in Sub-Saharan Africa (SSA).
2. **Training and Capacity Building:** The consultant should have experience in developing and/or implementing training programmes, preferably in the field of public health. They should be able to identify training needs, develop bespoke training materials, and coordinate training programmes.
3. **Survey Development and Data Analysis:** The consultant should have skills in developing surveys and analysing the collected data. This includes understanding of statistical analysis; proficiency in data analysis tools is a plus.
4. **Collaboration and Communication:** The consultant should have excellent collaboration and communication skills. They will need to work with consortium experts, site team leads, and focal country leads, requiring clear and effective communication.
5. **Cultural and local expertise:** Since the project is targeted at specific countries in SSA (section 1.4), the consultant should have an understanding of the healthcare systems, HIV programs, and cultural, social and political context of these countries. This will help in tailoring the training programme to the local context.
6. **Language Proficiency:** Proficiency in English is a must, and knowledge of local languages in the targeted SSA countries would be a significant advantage.
7. **Experience in SSA:** Previous work experience in SSA countries is required, as the expert will need to have an understanding of the ground realities and challenges of implementing such a training programme.
8. **Education:** A Master's degree or higher in Medicine, Public Health, or a related field is a must.
9. **Expertise in STOP-AIDS Package:** The consultant must have a deep understanding of the WHO STOP-AIDS package. This includes knowledge of its strategies, guidelines, and implementation methods. They should be able to apply this knowledge to the context of the targeted SSA countries.
10. **HIV Expertise:** The consultant should have advanced knowledge of HIV, including the latest research, treatment strategies, and challenges in the field. This is crucial for developing a training programme that is up-to-date and effective.
11. **Expertise in Advanced HIV Disease (AHD):** Considering the focus on children living with HIV (CLWHIV) who are experiencing severe progression of HIV, it's crucial for the consultant to possess an in-depth knowledge of AHD. This is essential to effectively lead training activities, and to understand the project context so to tackle project challenges properly.
12. **Experience with HIV Programs:** The consultant should have experience working with HIV programs, particularly those that use the STOP-AIDS package. This will enable them to bring practical insights into the training programme.
13. **HIV Treatment and Care:** The consultant should have knowledge of advanced HIV treatment and care, including antiretroviral therapy (ART), management of opportunistic infections (OI), and palliative care.
14. **HIV Prevention:** The consultant should be well-versed in HIV prevention strategies, including behaviour change communication, sexual health and contraception, and prevention of vertical transmission (PMTCT).

3.2. REQUIREMENTS FOR THE TECHNICAL PROPOSAL

Describe in detail how you will support Activity 1.04, the Deliverables and Milestones as laid out under sections 2.1 to 2.3, keeping in mind the importance of a very close collaboration and coordination with the responsible THRIVE partners under the lead of Penta.

3.2.1 BUDGET

The maximum amount of money available to hire both consultants to perform all the activities detailed in this document is 50,000 USD.

You will need to provide an expected min and max n° of hours that you will dedicate in order to achieve the detailed Deliverables and Milestones.

Please note:

- A) In order to fulfil the tender's requirements, we plan to evaluate two candidates in total, each expected to have distinct levels of commitment.

We are in search of:

a candidate who can commit to more than 100 hours and

a candidate who can commit approximately 100 hours.

- B) We will consider only profiles pertaining to WHO Bands C and D.

<i>Band Level</i>	C	D
<i>Daily rate range</i>	USD 500 - 625	USD 626 - 720

Band Level Description:

- **Level C:** Services related to projects or technical tasks of high complexity and depth requiring expert technical knowledge and skills. Minimum an advanced university degree, and over 10 years of relevant experience.
- **Level D:** Services related to projects or technical tasks of high political complexity, depth and visibility requiring senior expertise in the technical area. The individuals are typically credible, established experts recognized in their specific area of work. Minimum an advanced university degree, and over 15 years of relevant experience.

4. SUBMISSION OF PROPOSALS AND EVALUATION

4.1 Deadline for the submission of the proposals:

- The deadline to submit proposals is **31st July 2024**

4.2 Documentation to be submitted:

4.2.1 Documentation about the applicant

- Demonstrate the capability and capacity of the applicant with respect to the required work. Detail the:

- **CV of the applicant**, including a description of distinctive skills, past works regarding the topic of this proposal, h-index and list of the most relevant publications regarding HIV/AHD/TB/OI.
- **Specific expertise and experience in working with privately funded projects** (e.g. UNITAID) and/or public-private consortia.
- **Illustrate requirements laid out in Section 3** with practical examples of work done by the applicant.

4.2.2. Documentation about the technical proposal

- Technical proposal of tasks detailed in the subsection 1.2 and section 2 using the capabilities described in Section 3.
- Budget
- Timetable

4.3 Evaluation process

Evaluation will be done by:

- Fondazione Penta ETS (Penta), Italy: Paediatric AHD Project Lead
- Fundacion Investigación Biomédica del Hospital 12 de Octubre ("Fundación i+12")/Hospital 12 de Octubre ("H12O"), Spain: Scientific Coordinator

with the additional non-binding opinion of Beneficiaries (Paediatric) listed in section 1.3.2

4.3.1 Criteria for selection

- a) **Experience Years:** The candidate must have at least 10 years of experience in the relevant field.
- b) **Expert's Location:** The consultant's main office must be located in Africa.
- c) **Educational Background and Expertise:** The candidate should hold an Advanced University Degree in Medicine or a related field.

I) Points given from the following filled criteria:

- MD-PhD in medicine or related field (2 points)
- Under 10 years' experience on paediatric HIV or AHD (5 points) **or**
- Over 10 years' experience on paediatric HIV or AHD (10 points).

d) **Other experience:**

Minimum Requirement: The candidate must have participated in international research projects pertaining to HIV or AHD.

II) Points given from one of the following filled criteria:

- The candidate has been directly involved in conducting research projects for non-profit organizations or international organizations with multinational operations but has not had direct experience in leading work packages or full tasks in the past 3 years (up to 10 points).

- The candidate has been directly involved, conducted, or led a non-profit or international healthcare research project with multinational operations within the last 3 years in an African country (up to 20 points).

III) Additional points:

- Direct experience with WHO and/or other UN funding schemes (up to 5 points).
- Direct experience in research projects related to AHD (up to 10 points).
- Experience with support and management of training courses/training activities for healthcare staff (up to 20 points).

e) **Budget:**

The maximum amount for both consultants is up to 50,000 USD

IV) Points given from the above filled criteria: up to 20 points.

f) **Working methodology**

Minimum requirement: Description of working hours needed - max 400hrs

V) Points given from the above filled criteria: up to 13 points.

SCORE: I (12 points) + II (20 points) + III (35 points) + IV (20 points) + V (13 points)

Max score: 100/100*

*In case of a tie in scores, the candidate with more years of experience will be given preference. If the years of experience are also the same, then the older candidate in terms of age will be chosen.

5. CONTRACT DURATION

Contract will start when both parties have signed the contract and will end after successful execution of all activities outlined in section 2. The maximum duration of the contract shall not exceed the overall THRIVE project duration.

6. WORKING METHODOLOGY

The selected Expert(s) will work under the coordination of Penta, who is coordinating all paediatric activities in close collaboration with the scientific coordinator (H12O). Regular telephone conferences will be established across the project as well with face-to-face meetings if needed.

Penta will request regular updates from the Expert(s) about the status of the activities in order to follow up on its development and to contribute to regular reports to CHAI.

7. ADDITIONAL INFORMATION

For any additional information related to this tender, the contact persons and e-mail will be:

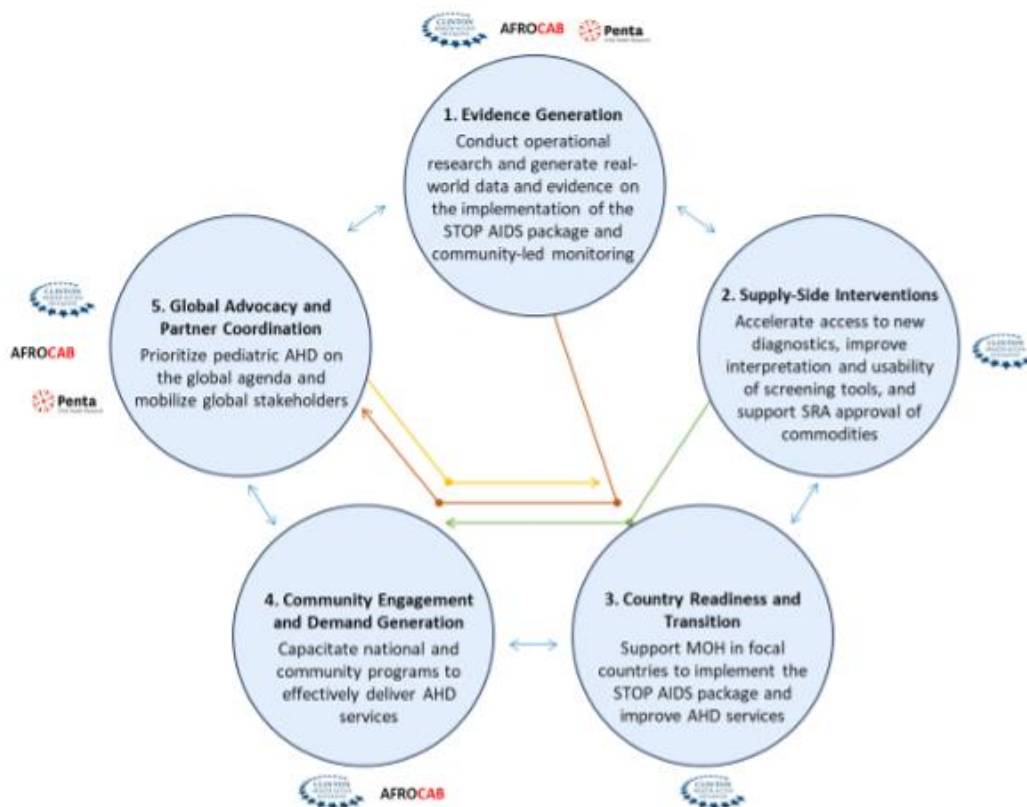
- Administrative and Tender information:
Riccardo Melillo Verri – riccardo.melilloverri@pentafoundation.org (Penta)
- Technical information related to Training:
Peter McEneaney - peter.mcneaney@pentafoundation.org (Penta)

Appendix 1

Project Context:

Portfolio Output 1: Evidence Generation	<ul style="list-style-type: none"> Partnerships with local researchers to identify and overcome barriers to generate operational evidence on the implementation of the STOP AIDS package of care, including through the Ugandan Paediatric Antiretroviral Therapy (UP ART) study and for hospitalized children in Mozambique Development of clear operational guidance for the STOP AIDS package of care and dissemination of data and learnings with MOH AHD programs, informing local guidance and supporting pediatric AHD strategy In consultation with HCWs and communities, design and implementation of innovative community-facility service delivery models and machine-learning predictive analytics to reduce loss to follow up
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Across the THRIVE project, all outputs will run concurrently from the beginning of the project and there is overlap amongst every output due to the integrated nature of the project design.



Output 1: Evidence Generation
<ul style="list-style-type: none"> • 1.01 Penta will collaborate with the Zimbabwe Ministry of Health and Child Care (MoHCC) and the Zvitambo Institute for Maternal and Child Health Research (Zvitambo) to identify and overcome barriers to implementation of the STOP AIDS package at the primary care level across an entire rural, high-burden district, with the objective of improving coverage and quality of care for AHD
<ul style="list-style-type: none"> • 1.02 Generate operational evidence on the implementation and impact of the STOP AIDS package in children through the UP ART study with the use of real-world data in HIV clinics with electronic medical records (EMRs) in Uganda
<ul style="list-style-type: none"> • 1.03 Share operational research learnings with MOH AHD programs, develop clear operational guidance on how to implement the pediatric AHD STOP AIDS package, and provide a digital application to support HCWs implementing the WHO guidelines and disseminate clinical and implementation tools for adults and children through the Global AHD Toolkit
<ul style="list-style-type: none"> • 1.04 Identify gaps and training needs across each focal country and carry out targeted training on AHD in children, adolescents, and young people
<ul style="list-style-type: none"> • 1.05 In consultation with HCWs and communities, design and implement innovative community-facility service delivery models
<ul style="list-style-type: none"> • 1.06 Develop and implement novel qualitative and machine-learning predictive analytics to reduce loss to follow-up
<ul style="list-style-type: none"> • 1.07 Generate operational and clinical evidence on the implementation and optimization of the inpatient STOP-AIDS package for hospitalized children in Mozambique

Output 1 of the THRIVE project is focused on evidence generation around the STOP AIDS package of care and includes partnering with local organizations to lead operational research and identify barriers to implementing the STOP AIDS package of care, producing and disseminating research learnings to inform broader adoption, and developing practical operational guidance to support implementation. The project will develop training modules where necessary through the Pediatric Expert Advisory Group to facilitate knowledge exchanges across focal countries. To ensure widespread dissemination of project learnings throughout and beyond focal countries under THRIVE, the project will leverage key learning networks and platforms to document best practices and approaches. The project’s critical operational research and evidence generation will be complemented by pathfinding facility-community interventions, helping to ensure that learnings from the project’s research activities are operationalized and directly inform program implementation. Specifically, Penta will engage Afrocab to include community input in the evidence-generation workstream and establish bi-directional communication and knowledge-sharing channels.

Output 1 key activity for consultant:

Activity 1.04: Identify gaps and training needs across each focal country and carry out targeted training on AHD in children, adolescents, and young people.

CHAI and Penta will proactively identify gaps and training needs across each focal country to develop targeted resources and tools. This will be achieved through the development and dissemination of an electronic survey across each focal country aimed at identifying specific knowledge and competencies that need to be developed. The results of this survey will help establish training needs regarding AHD in children, adolescents, and young people, and find ways to prioritize and address them. Through the PentaTr@ining online training platform, the project will establish and host an online knowledge hub to deliver advanced and tailored training modules, track user progress, and disseminate relevant documents and innovative, patient-centered educational resources. The online training will cover the five participating countries. Around 70-80 participants will be selected with different levels of expertise in each country, covering around 400 trained people. Training materials will be created based on WHO recommendations, considering the identified gaps

and advisory of the Pediatric Expert Advisory Group. Furthermore, two in-person “residential” workshops that will include assistance from each focal country will take place in Africa. The workshop will provide a collegial space to facilitate clinical and research knowledge exchanges focused on the lessons learned from the operational research studies. The residential courses will promote a ‘cross-fertilization’ of knowledge, with particular attention and space being provided for the exchange of clinical and research experiences from each participant country.

- **Milestone:** Electronic survey available to for training gaps identification
- **Milestone:** Report on gaps assessment completed
- **Milestone:** Pilot training materials developed for use
- **Milestone:** Online training course delivered
- **Milestone:** Two Face-to-face training workshops delivered
- **Milestone:** PentaTr@ining: final training outcomes and impact report completed