

Request for Proposals for a Qualitative Research Partner to Conduct a Health Systems Change Evaluation for Adolescent Sexual Reproductive Health in Kenya

1. Background and Context

Adolescents 360 (A360) is an adolescent sexual and reproductive health program (ASRH) in Kenya, Nigeria, Ethiopia, and Tanzania which was launched in 2016. A360 employed a multi-disciplinary human-centered design (HCD) approach to develop five ASRH interventions each unique to its geographical context: *Matasa Matan Arewa* (MMA) in northern Nigeria, *9ja Girls* in southern Nigeria, *Smart Start* in Ethiopia, *Kuwa Mjanja* in Tanzania, and *Binti Shupavu* in Kenya.

Binti Shupavu taps into girls' aspirations, understanding their experiences, and placing their needs first. During clinic sessions, the health system is supported to create safe spaces for girls to build trust in the health system, learn about contraception, share experiences and stories with their peers, and access adolescent-friendly contraceptive service provision. *Binti Shupavu* engages and educates influencers in the community and those closest to girls so they can support the decisions girls make about their bodies and future. The intervention creates opportunities for smaller groups of girls to participate in sessions where they develop soft and vocational skills and then organize a community-wide celebration to highlight their unique achievements.

In the current phase of A360, that runs from September 2020 to September 2025, A360 has been pursuing institutionalization of *Binti Shupavu* within public health systems, for sustained impact and sustained implementation, across four counties in Kenya (Homabay, Migori, Kilifi, and Narok). Through the leadership of Population Services Kenya (PS Kenya) and Population Services International (PSI), A360 has transitioned from a direct implementation role to a technical assistance (TA) role, supporting government to own and implement *Binti Shupavu*. PS Kenya's TA is demand-driven and context-specific, built around a framework grounded on the six WHO building blocks. The key components of the TA framework are (i) intervention delivery, (ii) demand generation, (iii) health workforce, (iv) health information systems, (v) access to essential commodities, (vi) financing, and (vii) leadership/governance. Demand generation is not a block in the WHO framework but was included because it was identified as a critical ingredient for the sustainability of the interventions' impact.

In 2025, A360 intends to pursue an evaluation to demonstrate the impact of its TA mechanism and other support structures at building lasting changes in the routine health systems that will enable sustainable delivery of *Binti Shupavu*. This system change evaluation will employ a mixed methods approach consisting of relevant data from health management information systems, focus group discussions and in-depth interviews with government and program stakeholders and comprehensive document reviews. This evaluation is envisioned to employ descriptive and interpretative techniques to generate learning about what was done to stimulate system-wide changes, what structural, relational, and transformational impacts were observed, and what could have been done differently. Ultimately, the evaluation will demonstrate the value A360 has contributed to shaping the health systems to deliver progressive, aspirational, girl-centered ASRH interventions through its institutionalization efforts.

The evaluation framework and the study protocol for this health systems change evaluation have been developed. The protocol has been submitted to the institutional review board (IRB) and approvals are expected in February 2025. We are seeking for applications from local research consultants (either groups of individuals or institutional entities) based in Kenya to execute qualitative data collection and analysis for this research activity. This scope of work (SOW) specifically describes the activities to be executed by the local research partners. The partners will be expected to collaborate with the A360 investigators to critically review the IRB-approved study materials, prepare for and execute data collection, perform data analysis, and generate comprehensive reports of the study findings.

2. Purpose and Objectives of the Research

The proposed evaluation seeks to demonstrate the health system changes contributed by A360's efforts to institutionalize and provide TA to the government to implement Binti Shupavu in Kenya over the timeframe 2020-2025.

The secondary objectives of the evaluation are:

1. Establish whether the A360's strategies for institutionalization were implemented as intended, what were the successes and challenges.
2. Determine whether A360's institutionalization strategies produced changes to policy, practice and resourcing that will enable sustainable scale of ASRH interventions.
3. Document changes to the political ownership and accountability for the sustained implementation of the institutionalized ASRH interventions.
4. Describe the factors that contributed to the observed system changes.

3. Approach for the Evaluation

The A360 systems change evaluation will employ a mixed-methods study design combining systematic document review, primary qualitative data collection (focus group discussions- FGDs, In-depth interviews- IDIs and key informant interviews - KIIs) and secondary quantitative data analysis. The evaluation will use the [Health System Strengthening Evaluation Collaborative's \(HSSEC\) Health System Strengthening \(HSS\) Model](#) as its conceptual framework to examine health system inputs, pathways/mechanisms of change, health system effects, outputs and outcomes in each country. An overview of the methods and data sources for each element of the HSS Model is provided in **Table 1**. The local research partner is being recruited to conduct the systematic document review as well as key informant interviews and focus groups indicated by an asterisk in the table below.

Table 1. Overview of Research Methods and Data Sources

	<i>HSS Model Elements</i>			
	<i>HS Inputs</i>	<i>Pathways/ Mechanisms of Change</i>	<i>HS Effects: (Intended/Unintended, Positive/Negative) & HS Process Goals</i>	<i>HS Outputs</i>
Research Method & Data Source	*Systematic Document Review, Structured Data Extraction and Synthesis: <ul style="list-style-type: none"> • A360 project documents 			
		*Key Informant Interviews, Thematic Analysis: <ul style="list-style-type: none"> • A360 staff: <ul style="list-style-type: none"> ○ National ○ County • Government stakeholders (MOH, Education, Gender) <ul style="list-style-type: none"> ○ National ○ County ○ Sub County ○ Facility ○ Community (CHPs and Youth Champions/Mentors) 		
			*KIIs, FGDs and IDIs, Thematic Analysis: <ul style="list-style-type: none"> • Community members: <ul style="list-style-type: none"> ○ Adolescent girls ○ Husbands of adolescent girls ○ Key influencers (parents / in-laws, community, religious, and traditional leaders) 	
			*Systematic Document Review, Structured Data Extraction and Synthesis: <ul style="list-style-type: none"> • MOH and other government documents 	

An estimated 30 A360 documents and 50 MOH/government documents will be systematically reviewed by the local partner. Qualitative data collection will take place in four counties of Homabay, Migori, Kilifi, and Narok. Key informant interviews (KIIs) and focus groups discussion (FDGs) will be conducted at the national level with key government stakeholders and A360 staff and across the four implementation counties with A360 staff, government, adolescent girls and other key community members. At the sub-county level, KIIs and FDGs will be conducted in two sub-counties per county. The total sample size will include an estimated 82 KIIs and 40 FDGs. Please note that this sample size is still under development and the final sample will be negotiated with the selected partner during the contracting phase. This estimation is for the purpose of interested parties to submit their financial proposals. All KIIs are expected to range from 30-60 mins; FDGs will range from 90 mins to 2 hours.

4. SOW for Evaluation Partner

A360 is seeking a competent and experienced local Evaluation Partner in Kenya to:

- a) Pre-test data collection tools, recruitment materials, and standard operating procedures for the study.
- b) Conduct systematic document review following the study protocol procedures for review and data extraction.
- c) Conduct field data collection activities (i.e., key informant interviews and focus groups) following strict quality assurance procedures and in line with SFH/PSI's guidance on human subjects' research. Partner will be responsible for recruitment of research assistants / data collectors to conduct these activities. Female data collectors will be required for data collection activities conducted with adolescent girls.
- d) Facilitate the qualitative data collection and data processing (i.e., transcription, de-identification, and analysis) and generate a well synthesized qualitative report (in Microsoft Word) for each /county. This report should call out both national-level conclusions and tease out differences in systems changes observed at the county level.
- e) Deliver well labelled copies of all study materials.

5. Key Deliverables for The Evaluation Partner

Key Milestones	Deliverable(s)
1.	Completed data extraction templates and summary report for A360 documents.
2.	Completed data extraction templates and summary report for MOH/government documents.
3.	Deidentified transcripts for all key informant interviews and focus groups conducted.
4.	Coded transcripts according to agreed codebook and data analysis report (with national and state-level analysis).
5.	Well-labelled copies of all study materials.
6.	Final qualitative study report (in Microsoft Word) including national level conclusions and synthesis for each county.

6. Expression of Interest

Interested institutions should submit an expression of interest (EOI) consisting of a technical proposal, relevant annexures, and an executed confidentiality/non-disclosure agreement adhering to the below guidance. EOIs should be submitted no later than January 31, 2025, and directed to a360procurement@psi.org

6 (a) Technical proposal

This should include the following components:

- i. **Cover Page** (one page): Full name of the local organization, address, and contact detail of the institution's representative.
- ii. **Executive Summary** (one page)

- iii. **Understanding of the Technical Approach** (three pages)
 - Applicant should detail their understanding and interpretation of the SOW and any critical considerations that would be taken in the execution of the SOW.
 - Detail (high level) regarding how the applicant would execute the qualitative research (much of the specifics will be provided in the protocol developed by PSI / SFH but applicants should provide some detail on execution based on the information which is provided above to demonstrate understanding of the SOW).
 - Summary of experience with quality assurance in qualitative data collection and analysis.
 - Illustrate how use of electronic data collection will be employed.

- iv. **Organization Profile and Capability** (three pages)
 - A summary of the institution's relevant experience and current institutional capacity.
 - Technical and financial management experience.
 - Staffing and structure (full time, part-time, and volunteer base).
 - Total number of currently active projects and annual operating budget.
 - Any potential conflict of interest disclosures and mitigation measures.
 - Year of establishment.
 - Governance structure.

- v. **Past Performance** (one page per assignment)
 - List all similar assignments conducted in the past three years. Include the following:
 - Title
 - Funder/client
 - Timeline (start and end date)
 - Total budget (expended or budgeted)
 - High level programmatic scope (one paragraph)
 - Performance reference contact details (name, title, and contact details of the donor focal person managing your program).

6 (b) Annexes

The candidate institution should submit the following documents as annexes:

- a) Certificate of registration with relevant authorities.
- b) Support letters from relevant national government and state regulatory authorities including the Federal Ministry of Health, National Health Research Authority, etc. (one page each).
- c) An executive summary of last completed financial audit (if an institutional entity).
- d) Annual financial statement summary (if an institutional entity).
- e) Details CVs of proposed technical focal persons (maximum five pages) and bio sketches of critical personnel included in the financial proposal (maximum two pages) including relevant research publications.
- f) Three copies of relevant technical publications for similar assignments.

6 (c) Financial Proposal

Subsequently, post technical proposal evaluation review, Candidate institution- will be required to submit a detailed account of costs alongside a summary table. The summary table should use the following headings for costs.

- a) **Personnel:** Daily rates and number of days budgeted for each proposed staff member and brief SOW. Staff fringe / benefit costs. This should include costs related to short term staff engaged as consultants.
- b) **Travel:** Number of trips, unit cost, and number of units for flights, hotel, and per diem for staff, participants, and other stakeholders. Purpose of the trips must be included.
- c) **Sub-awards:** No subawards will be allowed under this grant.
- d) **Capital Equipment:** No capital equipment should be procured under this grant.
- e) **Other Direct Costs:** Training, conference, and meeting costs. Any research-related costs. Communications, printing, and educational materials. Office supplies.

- f) **Indirect Cost Rate (ICR):** PSI will approve an administrative fee on direct program costs of a percentage no greater than 10%. Bidder must provide a justification within their proposal for the ICR that they propose, for example through historic ICR rates charged for other donor-funded activities.

7. Candidate Profile

We are looking for candidate institutions/partners who fulfill the following profile:

- Institution is legally registered with the required institutions in Kenya.
- Has extensive institutional capacity/experience with leading qualitative research studies.
- Institutional experience in evaluating programs in the following technical areas: ASRH, MNCH, HCD, and adaptive implementation and evaluating programs implemented in the public health sector in Kenya.
- Demonstrated experience working directly with state governments in Kenya.
- Proposed technical lead holds at least a master's degree in public health or health research and has over 15 years of relevant experience in health research, evaluation, and learning.
- Proposed technical team has at least one other highly qualified individual as a backup to the technical lead, with over 10 years of relevant experience.
- Technical team has valid certification in human subjects' research.
- Should be able to share two sample reports from similar assignments and at least two references.

8. SOW Duration

This SOW will be valid from March 2025 through August 2025.

9. Candidate Evaluation Criteria

The following is a list of significant criteria against which candidate institutions for the Evaluation Partner will be assessed:

- a. **Organizational capacity:** Relevance and depth of the candidate institutions' expertise. The candidate institution will be required to demonstrate experience in executing relevant health research including effectiveness trials, health systems research, and epidemiological studies in the areas of MNCH, ASRH, and community health and program evaluations including published studies. (20 Points)
- b. **Strategy and approach:** Thoughtfulness, thoroughness, and appropriateness of the methodology proposed by the candidate institution in response to the SOW. (25 Points)
- c. **Staffing plan:** The capacity of the key personnel proposed in designing, conducting, and applying evidence from research by the candidate institution to undertake the work. (20 Points)
- d. **Cost, pricing, and resource allocation:** The costs proposed by the candidate institution are reasonable and appropriate. The candidate institution's cost proposal is good value for the technical caliber of the approach they propose. (20 Points)
- e. **Past performance and preferences:** Previous experience performing work of similar scope, and positive references from prior clients. (15 Points)

The table below includes the specific evaluation components including elements for each of the significant criteria.

	Evaluation Criteria	Score (1-6)
1.	Organizational Capacity	
a.	Extensive institutional capacity/experience with leading effectiveness evaluations.	5
b.	Extensive institutional capacity in population-based studies.	5
c.	Institutional experience in evaluating programs in the following technical areas: ASRH, MNCH, HCD, and adaptive implementation.	5
d.	Institutional experience in evaluating programs implemented in the public health sector in Kenya. Including experience working directly with Kenyan county governments.	5
2.	Strategy and Approach	

a.	Proposed execution plan demonstrates a good understanding of the SOW and clearly tries to A360's priorities and needs.	6
b.	Proposed execution plan is comprehensive and addresses the core components of the SOW thoroughly and with a clear strategy for achieving the outlined evaluation objectives.	6
c.	Proposed execution plan is rigorous . It shows a robust approach to executing, analyzing, and reporting evidence.	4
d.	Proposed execution plan is collaborative . It lays out a thoughtful strategy for validating evaluation and learning with the A360 and government stakeholders.	4
e.	Proposed plan is responsive to the context (e.g., in-country political and security context) and shows flexibility to respond to new exigencies should they arise.	5
3.	Staffing Plan	
a.	Staffing plan includes a designated technical lead who has substantial (15+ years) experience in health research, evaluation, and learning.	5
b.	Staffing plan includes at least one other highly qualified individual as a backup to the technical lead, with at least 10 years of relevant experience.	5
c.	Other individuals proposed as part of the staffing plan collectively possess the requisite experience. This includes: <ul style="list-style-type: none"> • Quantitative research methods skills and quantitative data analysis expertise. • Epidemiological research methods skills. • Technical area subject expertise in MNCH, ASRH, community health, epidemiology, and public health sector strengthening. • A balanced gender composition in the technical team. 	5
d.	Staffing plan includes sufficient staff to fulfill the demands of the technical strategy and approach.	5
7.	Cost, Pricing, and Resource Allocation	
a.	The cost is proportionate to the methodology outlined.	5
b.	The cost does not include any unrealistic assumptions or caveats.	3
c.	The cost is allocated appropriately and realistically between the different milestones on the three cycles of data collection for the quantitative survey.	4
d.	The cost is reasonable and justifiable.	3
e.	The cost accounts for the existing context.	5
8.	Past Performance and References	
a.	References provided by candidates are relevant to the SOW.	5
b.	Past references provided by candidates are positive/successful.	5
c.	Sample reports and publications are well written and relevant	5