REQUEST FOR PROPOSALS FOR CONDUCTING COMPREHENSIVE DATA QUALITY ASSESSMENT AND AUDIT AMONG HEALTH FACILITIES SUPPORTED BY EGPAF UGANDA

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) seeks to end pediatric HIV/AIDS through research, advocacy, and prevention and treatment programs. EGPAF is recognized as a world leader in the fight to eliminate pediatric AIDS working in 15 countries and at 7,000 sites around the world to prevent the transmission of HIV to children, and to help those already HIV infected. Our mission is to prevent pediatric HIV infection and to eliminate pediatric AIDS through research, advocacy, and prevention and treatment programs. For more information, please visit http://www.pedaids.org.

BACKGROUND

EGPAF Uganda is implementing a district-based project USAID Regional Health Integration to Enhance Services in South Western Uganda (USAID RHITES–SW) which aims at increasing the utilization of health services including supporting provision of HIV care and treatment, Elimination of mother-to-child transmission (eMTCT), Voluntary medical male circumcision (VMMC), Malaria, Family Planning, TB and TB/HIV, Maternal Neonatal and Child Health (MNCH), family planning, nutrition, Early Childhood Development (ECD) and Water Sanitation and Hygiene (WASH).

EGPAF seeks services of consultant(s) to conduct a data quality assessment on selected process and output indicators on malaria, Maternal Neonatal and Child Health (MNCH), family planning, nutrition, Early Childhood Development (ECD) and Water Sanitation and Hygiene (WASH) in 14 districts in South western Uganda, namely in Kisoro, Kabale, Kanungu, Rukungiri, Ntungamo, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Isingiro, Kiruhura, Ibanda and Mbarara.

EGPAF Uganda anticipates to utilize the findings of the assessments to identify data quality challenges and resolve them as appropriately as possible and eventually strengthen the overall monitoring and evaluation systems. EGPAF Uganda, therefore, intends to engage (an) external consultant to conduct a comprehensive data quality audit (DQA) among representative sample of facilities providing Maternal Neonatal and Child Health (MNCH), family planning, malaria, nutrition, services in all 14 districts of South western Uganda. EGPAF anticipates review of selected core Maternal Neonatal and Child Health (MNCH), family planning, malaria, nutrition indicators.

PURPOSE OF THE DATA QUALITY AUDIT AND ASSESSMENT

The primary purpose of the data quality audit is to assess whether the data reported by health facilities is accurate and valid. The audit and assessment is also intended to assess concordance of data reports from routine data collection systems. The secondary purpose of this exercise is to assess EGPAF Uganda’s overall data management system with particular emphasis on the assessing the quality of data on the primary data sources as well the reports generated and submitted to MOH using standard data audit tools. The audit findings will facilitate improvement of EGPAF/Uganda monitoring systems at site and district level. The DQA is expected to highlight strengths and weaknesses of site, district and EGPAF/Uganda data management systems. In summary, the DQA focus will be to:

- Assess the quality of data (reports), in terms of its concordance with the source registers submitted by health facilities to MOH and EGPAF/Uganda through standard data quality parameters such as its validity, reliability, timeliness, precision and integrity.
- Assessing completeness of patient-level data in the registers
- Assess the understanding of the consistency of indicators definition with the national MOH indicators guidelines
- Estimate the margin of error of reported data vis-à-vis source data, by site and district
- Assess the various data collection, processing and management systems implemented by EGPAF/Uganda
- Assess availability and use of data collection and reporting forms
- Assess the flow of data from the initial collection point, to all subsequent higher levels of reporting.
• Identify areas of potential vulnerability that affect general credibility and usefulness of the datasets
• Recommend measures to address any identified weaknesses in the data submitted by health facilities, district and EGPAF/Uganda as well as the M&E procedures and systems in place

CONTRACTOR DELIVERABLES
The DQA Team will provide the following deliverables:

• DQA protocol describing objectives, methodologies, tools, timelines
• Consultative meeting with EGPAF M&E unit on the methodologies and tools to be used in the DQA to be done in Uganda
• Debriefing with EGPAF/Uganda senior management on the DQA findings and recommendations
• Submit draft report for comments and feedback to EGPAF
• The DQA should include a summary of all weaknesses found; the significance of the weaknesses, and recommendations for addressing the findings.
• The DQA results shall be presented in a draft report at a full debriefing meeting with EGPAF/Uganda. The final report shall be submitted to EGPAF/Uganda in hard copy and electronic format
• Electronic data collected during the DQA process along with its data dictionary

METHODOLOGY
The DQA team will develop a protocol outlining their methodology, processes, steps and tools to be used in the audit. The DQA will mainly be conducted through site visits using a standardized tool. The team will analyze selected indicators at each stage of the data management process (from collection through reporting) and evaluate it for validity, reliability, integrity, precision, and timeliness. This will involve:

• Design: Cross-sectional health facility-based assessment
• Quantitative data will be obtained from facility registers on a set of selected indicators
• A desk review of site monthly or quarterly reports, to MOH through the DHIS2
• Interviews with identified EGPAF senior program management team, District bio-statisticians, staffs at the health facilities to better understand the routine M&E system including the indicators, indicator definitions, data collection processes and the context in which these data and the indicators are reported
• Verification of the reports by recounting of the data for selected indicators from the source registers and/or patient files for its concordance at each of the selected health facilities.
• Verify exactly where data are stored and how reports are filed
• An overall analysis of EGPAF/Uganda M&E system
• The DQA shall sample health units in each of the 14 districts of south western Uganda
• The DQA and recounting at the facility shall consider the period July 2015 to December 2015
• In each health unit, a sample of indicators for each technical area during the review period needs will be expected to be validated (see list of proposed indicators in Annex)
• The team should document all observed weaknesses in the files/record keeping or registers associated with the indicator being reviewed at site, district and organizational level.
• The team should be able to review files/records against the methodology for data collection laid out. Any data quality concerns should be documented
• Key standard data quality parameters to this assessment:

<table>
<thead>
<tr>
<th>Data quality dimensions</th>
<th>Operational definition</th>
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<tbody>
<tr>
<td>Completeness</td>
<td>Defined by the existence of data in clinical files clinical charts and registers for a set of key variables</td>
</tr>
<tr>
<td>Concordance</td>
<td>Defined by data reported in monthly or quarterly health program reports compared with primary sources (registers)</td>
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The DQA is intended to be a 3rd party audit of data, and therefore the audit team is expected to adhere to the principles of independence from all parties, including EGPAF.
CONTRACTOR QUALIFICATIONS
The contractor shall propose a DQA team composed of individuals with the following suggested qualifications:

- A minimum of eight years relevant professional experience in M&E of health programs, data management, data quality audit or other relevant fields
- Knowledge of USAID and PEPFAR funded programs, M&E, reporting requirements, and DQA tools and standards a plus
- Knowledge of Uganda Ministry of Health DQA processes and requirements
- Knowledge of Uganda Ministry of Health current health management information systems
- A proven experience with conducting DQAs preferably within the Uganda health care system
- Excellent report writing and presentation skills

LOGISTICS
The DQA team shall work at EGPAF/Uganda offices in Mbarara, but will work closely with M&E unit, senior program management team, and the district based teams. Depending on the contractual arrangements, EGPAF/Uganda will provide office space and any other necessary equipment as required.

KEY CONTRACT TERMS
All deliverables provided to the EGPAF must be furnished for the use of the Foundation without royalty or any additional fees. All materials developed as part of the contract will be owned exclusively by EGPAF. Contractor will not use or allow the use of the materials for any purpose other than contractor’s performance of the contract without the prior written consent of EGPAF.

EVALUATION CRITERIA AND SUBMISSION REQUIREMENTS:
All proposals will be evaluated against the following Evaluation Criteria. Each proposal must contain the items listed in the Submission Requirements column in the following chart. Please submit your Submission Requirements in the order that they appear below. EGPAF will select the Contractor that provides the Best Value to the Foundation based on the below criteria.

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Submission Requirements</th>
<th>Weight</th>
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<tbody>
<tr>
<td>Past performance of similar work</td>
<td>3 professional references from similar past projects with phone and email contact information and one or more examples of prior similar work.</td>
<td>20%</td>
</tr>
<tr>
<td>Technical understanding and Proposed Methodology and Approach</td>
<td>A maximum 5-page written proposal explaining the proposed methodology and approach.</td>
<td>35%</td>
</tr>
<tr>
<td>Timeframe of implementation</td>
<td>Estimated hours, timeframe with deliverables, final delivery date including a detailed timeline. The DQA is scheduled to be conducted in March/April 2016.</td>
<td>10%</td>
</tr>
<tr>
<td>Technical versus cost considerations</td>
<td>Budget Vs technical understanding.</td>
<td>15%</td>
</tr>
<tr>
<td>Qualifications of proposed individuals, management approach of the team</td>
<td>CV/Resume of proposed individuals to work on this project and 2 references per individual.</td>
<td>20%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100%</td>
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PROPOSED TIMELINE:
The DQA is scheduled to be conducted in March/April 2016. EGPAF/Uganda anticipates the assessment shall be conducted within a period of five weeks. The tentative schedule is as follows:
DATE: Jan 27, 2016 – Release of RFP
DATE: Feb 12 2016 – Submission of Technical and Budget proposals. Completed proposals must be delivered electronically by the deadline to: procurementuganda@pedaids.org

DATE: Feb 26, 2016 – Contract executed and services begin.

Please note it is our best intent to comply with the above timeline but unavoidable delays may occur.

ADDITIONAL INFORMATION

• Any proposal not addressing each of the foregoing items could be considered non-responsive.
• Late proposals will be rejected without being considered.
• This RFP is not an offer to enter into agreement with any party, but rather a request to receive proposals from persons interested in providing the services outlined below. Such proposals shall be considered and treated by the Foundation as offers to enter into an agreement. The Foundation reserves the right to reject all proposals, in whole or in part, and/or enter into negotiations with any party.
• The Foundation shall not be obligated for the payment of any sums whatsoever to any recipient of this RFP until and unless a written contract between the parties is executed.
• Equal Opportunity Notice. The Elizabeth Glaser Pediatric AIDS Foundation is an Equal Employment Opportunity employer and represents that all qualified bidders will receive consideration without regard to race, color, religion, sex, or national origin.

ETHICAL BEHAVIOR
As a core value to help achieve our mission, the Foundation embraces a culture of honesty, integrity, and ethical business practices and expects its business partners to do the same. Specifically, our procurement processes are fair and open and allow all vendors/consultants equal opportunity to win our business. We will not tolerate fraud or corruption, including kickbacks, bribes, undisclosed familial or close personal relationships between vendors and Foundation employees, or other unethical practices. If you experience of suspect unethical behavior by a Foundation employee, please contact Doug Horner, Vice President, Awards, Compliance & International Operations, at dhorner@pedaids.org or the Foundation’s Ethics Hotline at www.reportlineweb.com/PedAids/ Any vendor/consultant who attempts to engage, or engages, in corrupt practices with the Foundation will have their proposal disqualified and will not be solicited for future work.
Proposed List of Indicators for the DQA

**Malaria**
- MCH: Number of pregnant women received IPTp1
- MCH: Number of pregnant women received IPTp2
- MCH: Number of LLIN Distributed to pregnant women attending ANC (disaggregate LLIN distribution according to ANC 1, ANC 4, Total ANC)
- OPD: Total Number of Malaria cases Confirmed (Microscopic & RDT), disaggregated by age and sex

**Neonatal services**
- Number of neonatal sepsis (0-7days)
- Number of neonatal sepsis (8-28days)
- Number of neonatal pneumonia
- Number of neonatal meningitis
- Number of neonatal Jaundice
- Number of premature baby
- Number of newborn deaths (0-7 days)
- Number of birth asphyxia

**Child Health Services**
- Number of children who received BCG: disaggregated by age and sex
- Number of children who received BCG Polio 0, 1, 2, 3: disaggregated by age and sex
- Number of children who received DPT-HepB+Hib 1, 2, 3: disaggregated by age and sex
- Number of children fully immunized by 1 yea.; disaggregated by age and sex

**Maternal Health**
- Number of pregnant women attending ANC 1
- Number of pregnant women attending ANC 4
- Total number of pregnant women attended ANC visits (new clients + Re-attendances)
- Number of pregnant women received first dose IPT (IpT1)
- Number of pregnant women received first dose IPT (IpT2)
- Pregnant women received Iron/Folic Acid at first ANC
- Number of Pregnant Women received free LLINs

**Nutrition**
- Number of pregnant and lactating women who received maternal nutrition counseling disaggregated by HIV status
- Number of pregnant and lactating women who received infant feeding counseling disaggregated by HIV status
- Number of clients who received nutritional assessment and had malnutrition desegregated by SAM without oedema, SAM with oedema and MAM, age
- Number of newly identified malnourished cases in this quarter disaggregated by HIV status, age
- Number of clients who received nutrition supplementary / therapeutic feeds disaggregated by HIV status, age

**Family Planning**
- Number of family planning users (disaggregated by age, new users and revisits)
- Number HIV positive Family Planning users (disaggregated by age, new users and revisits)

**Laboratory Services**
- Number of Malaria Microscopy tests done: disaggregated by age, total tests, total positive
- Number of Malaria RDTs done: disaggregated by age, total tests, total positive