REQUEST FOR PROPOSALS (RFP)

INNOVATIONS IN COVID-19 ANTIGEN RDT ROLLOUT IN UNDERSERVED POPULATIONS

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Contents

1. Acronyms & definitions

ACT-A	Access to COVID-19 Tools Accelerator
LMICs	Low and middle-income countries
Ag-RDTs	Antigen Rapid Diagnostic Tests
FIND	The Foundation for Innovative New Diagnostics
WHO	World Health Organization
IRD	Interactive Research & Development
MoH	Ministries of Health
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
TOT	Training of Trainers
KPI	Key Performance Indicator
PDF	Portable document format
COVID-19	Coronavirus disease 2019
IDP	Internally displaced persons

2. Background

The **Access to COVID-19 Tools (ACT) Accelerator** is a global collaboration focused on accelerating the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. The ACT-Accelerator aims to deliver 2 billion vaccine doses by the end of 2021, 245 million courses of treatment, and 800 million diagnostic tests to low- and middle-income countries (LMICs). The diagnostics pillar of the ACT-Accelerator is co-convened by FIND and the Global Fund. It aims to rapidly identify game-changing new diagnostics and bring 900 million affordable, high-quality tests to LMICs by 2022. In September 2020, the ACT-Accelerator announced that 120 million antigen rapid diagnostic tests (Ag-RDTs) had been reserved for LMICs at a maximum price of US$ 5 per unit, with subsequent investments in manufacturing further reducing Ag-RDT prices to under US$2.50 in Q1 2021.

FIND is a global non-profit organization that drives innovation in the development and delivery of diagnostics to combat major diseases affecting the world's poorest populations. Our work bridges R&D to access, overcoming scientific barriers to technology development; generating evidence for regulators and policymakers; addressing market failures; and enabling accelerated uptake and access to diagnostics in low- and middle-income countries (LMICs). Since 2003, we have been instrumental in the development of 24 new diagnostic tools used in 150 LMICs. Over 50 million FIND-supported products have been provided to our target markets since the start of 2015. A WHO Collaborating Center, we work with more than 200 academic, industry, governmental, and civil society partners worldwide, on over 70 active projects that cross six priority disease areas. FIND is committed to a

future in which diagnostics underpin treatment decisions and provide the foundation for disease surveillance, control and prevention.

IRD Global is a global health delivery and research organization committed to improving the lives of vulnerable communities by building networks that share ideas and innovations for global impact. IRD leverages process and technology innovations to address global health delivery gaps, and focuses on building implementation capacity within communities, especially those marginalized by centralized health delivery models. IRD Global is based in Singapore with affiliate IRD entities in Bangladesh, Indonesia, Nigeria, Pakistan, Philippines, South Africa, Vietnam, UAE, and Zimbabwe.

2.1. Project rationale

Rapid diagnostic tests (RDTs) are the cornerstone of decentralized screening and triaging in public health and ensure the appropriate next step to more complex confirmatory tests, treatment initiation and/or referral, and public health actions. Rolling out RDTs, particularly in peripheral, resource-constrained healthcare facilities, requires proper training and supervision. In remote healthcare and non-clinical settings, inadequate training or supervision can lead to incorrectly administered tests and misinterpreted results. These can also lead to wasted resources and missed treatment opportunities, and sometimes harm patients as well, ultimately reducing the demand and uptake of RDTs. Multiple in-country policies and market constraints limit the scaled utilization of Ag-RDTs. These include low accessibility of Ag-RDTs, lack of awareness of their accessibility at a reduced cost and lack of clarity of their appropriateness for use in clinical or non-clinical settings.

Appropriately structured and locally contextualized training can successfully impart skills to and assess competency among health workers and even laypersons to administer tests, increasing the acceptability and desirability of integrating RDTs into national screening and testing protocols. Local implementers can be provided an opportunity to help overcome these barriers by training testers to use Ag-RDTs effectively in clinical and even non-clinical settings. These pilot implementations could primarily target populations where understanding of disease incidence is especially poor. These early experiences can generate real-world evidence for Ministries of Health (MoH) to align Ag-RDTs with national testing strategies and increase the ability of MoH to monitor rollout and notifications.

2.2. Project objective

On behalf of the ACT-Accelerator, FIND and IRD are seeking proposals from organizations with a proven track record of training & capacity building in healthcare and community outreach settings utilizing innovative approaches to implement screening using SARS-CoV-2 Ag-RDTs in LMICs.

3. Who should apply

Organizations from the private, not-for-profit, public, or parastatal sector operating in underserved healthcare and community outreach settings of LMICs and with demonstrated experience in training and capacity building of healthcare workers and **test-providers** in programmatic screening and referrals are encouraged to apply. **Organizations proposing innovative engagement of non-public sector partners, coverage of populations lacking access to molecular tests, and the screening in non-clinical settings will have competitive advantages.** Ideally, applicants should be able to demonstrate an in-depth understanding of the eligibility criteria (WHO and national) for the use of Ag-RDTs in screening and triage algorithms in their country setting, a track record in training healthcare workers and/or test-providers in using RDTs, the ability to assess capacity strengthening for healthcare workers including extended outputs and outcomes from their work, and their ability to import donated RDTs

into the country or with support of partner organizations and/or Government. For reference, a preliminary list of possible indicators to be applied in the funded projects is attached as Annexure C. IRD and FIND welcome alternative methods and innovation in M&E; in the proposal, the applicants may specify proposed alternatives to this indicator list and justification for the proposed changes.

The applicants or their implementing partner(s) should be legally registered in their country of implementation. Applicants need to indicate their ability to enter into a legally enforceable project agreement with IRD, have the capacity to account for technical performance and financial expenditures under a grant, and directly receive funds in a designated organizational bank account.

4. Scope of work & deliverables

The project will involve customization of training materials, conducting training and proficiency assessment of trainees, implementing and monitoring testing conducted by trained users on SARS-CoV-2 Ag-RDTs within the country in accordance with local guidelines. Training materials and implementation guidance have been developed and disseminated online by WHO and FIND. IRD will facilitate the easy provision of these materials and training for grantees; however, grantees will be expected to tailor these materials to their local country context. The grantees can train their existing staff or Government staff involved in the Covid-19 response. Grantees are expected to engage with local MoH to revise and align the training with national testing strategies and monitor the implementation of testing and impact.

Detailed responsibilities will include:

a) Obtaining an in-depth understanding of training material and implementation guidelines and proposing adjustments in the local context.
b) Developing training plan indicating training approaches, training of master trainers, the training model proposed (TOTs, User Training or both), target groups, and delivery method (online, in-person, or combined) appropriate to the target population and setting where testing will be conducted.
c) Working with FIND and IRD to refine grant concepts and activities under the overall project strategic framework.
d) Identifying a group of healthcare workers/test-providers from which 400-500 individuals in healthcare or community outreach settings (with lower numbers applicable to other non-traditional or remote settings) will be trained on Ag-RDT tests using locally customized training material based on resources developed by WHO and FIND (https://www.finddx.org/covid-19/rdt-imp/rdt-training-pack).
e) Adapt and apply the tools for pre-post training evaluation and healthcare worker competency assessment (covering theoretical and practical components).
f) Plan for importation and in-country distribution of Ag-RDT test kits, if needed.
g) RDT test kits within the country and distribution to trained healthcare workers or test-providers.
h) Working with IRD to adapt the project monitoring and evaluation framework and tools and conducting regular monitoring of training and testing rollout.
i) Developing a deployment plan for trained testers and monitoring and collection of data on uptake of Ag-RDTs by same. The grantees will be required to report on a set of indicators agreed with IRD, including outcome and output indicators and other agreed KPIs.

j) Collection and reporting of M&E data, comprising all standardized indicators and selected, additional indicators based on the local context, using the designated online digital tool to be made available through FIND.

k) Ensuring collation of verifiable supporting documentation, as necessary for all project activities.

l) Working with IRD to develop a technical assistance program (including remote training) for the grantee during project development and implementation.

m) Participate in one or more learning and review sessions, document lessons learnt relevant to capacity building for health care workers / test-providers and Ag-RDTs, and barriers and enablers to scale-up testing.

n) Submit regular progress reports and project activity expenses against activity budgets.

o) Submit a final project report describing, among other things, lessons learned and guidance on best practices for healthcare worker training on Ag-RDTs and impact.

4.1. Deliverables

The project deliverables will include:

a) 400-500 individuals (or lower as specified above) trained on Ag-RDT testing
b) Training and test deployment plan, pre-post evaluation, and competency assessment tools
c) M&E tools for reporting on uptake of tests against an approved set of indicators
d) Data on training and uptake of Ag-RDTs by healthcare workers and other Ag-RDT test-providers via a designated, online tool, using standardized indicators
e) Final project report.

5. Instructions to applicants

This RFP is an invitation for suitable organizations to submit their proposal for the scope of work defined in Section 4. Accordingly, this RFP must not be construed or interpreted, directly or indirectly, as creating any obligations on the part of IRD or FIND or as creating any form of contractual, promissory, or other rights.

Applicants' proposals must be prepared according to instructions provided in this RFP and provide the required information in the form and manner indicated in 5.2 Proposal requirements. Separate proposals must be submitted if the applicant is applying for more than one country.

References should be included in the relevant section of the proposal within the same page limit. These cannot be submitted as a separate document/attachment. Any additional information or pages over the limit will not be reviewed.

Applicants must include up to 4 CVs of key team members to demonstrate relevant information indicating their suitability to the project as described in the proposal. Each CV is limited to 2-3 pages. The annex of CVs will not be counted toward the 7-page limit of the main proposal.

IRD will not return applications due to missing data and/or components, with applicants bearing the risk of missing data and/or components negatively impacting their proposal's review.

Due diligence for applicant organizations will be carried out before the final contract is awarded. All shortlisted applicants will be required to provide consent to go through the due diligence within five working days of notification from IRD. Only those applicants who qualify through the due diligence process will be awarded the grant.

5.1. Submitting the proposal

The due date for application submission is Friday, May 28, 2021, close of business [23:59 Singapore time (GMT+8); 15:59 UTC].

Applicants must send responses via email to training.grant@ird.global. All documents, except the budget, should be in **PDF** format only. Email subject lines must include the reference: 'Ag-RDT innovation grant:'.

All costs incurred to prepare and submit an application must be borne by the submitting party.

IRD will send an email to each applicant acknowledging the receipt of their application. Any applicant who does not receive an email acknowledgment within 48 hours of the final response deadline should email training.grant@ird.global to confirm receipt.

5.2. Proposal requirements

Applicants should limit the proposal to a maximum of seven pages, standard spacing with font size not less than ten points. Supporting documents included as appendices do not count toward the seven-page count. The applicant's proposal must include the following categorized information:

a) **About the applicant**: Organization name, address/location, mission and vision, legal status (registration, for private/public/non-profit)
b) **Relevant experience**: Previous experience in training and capacity building of healthcare workers in different settings, experience in implementing rapid testing, and documenting results through M&E. Applicants must include at least two (2) detailed examples of relevant experience managing similar projects that demonstrate the organization's ability to perform the work under the requirements of this RFP satisfactorily. Contract reference details should also be provided for these two projects.
c) **Project proposal**: The section should include:
   ▪ Project rationale.
   ▪ In-country context (COVID-19 testing strategies and current status of testing), and description of the proposed site(s) for Ag-RDT rollout, including a socio-demographic profile of the sub-populations currently not accessing Covid-19 diagnostics.
   ▪ Use of RDTs to expand testing, applicant's approach, and methodology to execute the scope of work.
   ▪ A description of the proposed M&E framework, tools, indicators, and methodology that the applicant can rapidly put into practice for this project, along with suggested disaggregates for person-level data (e.g., gender, age, ethnicity, etc.).
   ▪ Additional M&E processes that are relevant to the local circumstances (e.g., migrant, refugee or IDP populations; inaccessible terrain; difficulties in internet access for routine reporting, etc.).

- ▪ Project risks and mitigation strategies.
- ▪ Statement on local requirements for ethical review and approval.
- ▪ List of key team members and CVs.
- ▪ A timetable of activities.
- ▪ Conflict of interest disclosure statement.
- ▪ Letter of support from Ministry/Department of Health or relevant Government program or authority, as applicable.

Supporting documents including organizational profile, CVs of key team members, details of key projects, any letter of support included as appendices may be provided as a separate PDF file.

d) **Project budget**: Financial proposal in Excel/XLS file format supplied by IRD and using the template distributed with the RFP.

5.3. Budget

The applicants can submit a budget of up to US$ 75,000. The budget should be prepared using the budget template provided with the RFP and include justification for each budget item reasonably.

The total amount available for the awards through this RFP is up to USD 1 million to be awarded to up to 15 grantees.

5.4. Duration

The implementation period of the projects proposed should generally be up to a 5-month duration (August - December 2021), and applicants should be ready to implement within four weeks of being notified of an award.

5.5. Timelines

The RFP and project timeline will be as follows:

	Activities	Expected by
1	Publication of RFP	May 7, 2021
2	Submission of queries via email	May 15, 2021
3	First live Q&A online session for potential applicants	May 17, 2021
4	Second live Q&A online session for potential applicants	May 20, 2021
5	Closing of RFP	May 28, 2021
6	Announcement of successful grant awards	June 25, 2021
7	Contract signed with grantee	July 30, 2021
8	Implementation of healthcare worker training launched	August 27, 2021
9	Submission of mid-term report	September 20, 2021
10	Submission of final project report & M&E data	December 7, 2021

5.6. Question and Answer sessions for applicants

IRD will arrange online live Question and Answer sessions to respond to questions by potential applicants on the RFP requirements.

The first session will be held on Monday, May 17, 2021, at **20:00 Singapore time (GMT+8); 09:00 UTC].**

The second session will be held on Thursday, May 20, 2021, at **08:00 Singapore time (GMT+8); 23:00 UTC].**

Both the sessions will be held using the Zoom platform. Interested organizations can email at the email address mentioned in section 5.1, and they will be provided login credentials.

6. Evaluation process

6.1 Initial application screening

IRD will conduct an initial screening of all proposals for completeness. Incomplete applications will not be considered.

6.2 Proposal evaluation & criteria

IRD technical review teams will evaluate proposals based on the evaluation criteria described herein. Moreover, reviewers will generate a Proposal Scorecard (Annexure A) for each proposal. IRD may request follow-up or supplemental information from the applicants. However, such a request may only be made where it is needed to clarify an applicant's capacity or experience in one or more of the evaluation criteria or will help to explain other information contained in an applicant's proposal. All such communication will be through email using the email address mentioned in Section 5.1 above.

An independent project review committee comprising members from IRD, FIND, and partner institutions of the ACT-Accelerator will review and finalize the proposal evaluation and scorecard.

All proposals will be evaluated on the following criteria:

Proposal relevance and clarity (50% score weighting)– The proposal meets the criteria described in the RFP, including all essential requirements. The proposed strategy indicates a clear and pragmatic understanding of the project objective, innovative approach, and desired outcomes. The implementation approach suggested is practical and focuses on the local country context.

Organization capacity & experience (30% score weighting)- The applications will be assessed on organizational strategy and capability in the context of the project objectives, particularly experience in implementing similar projects and suitability of key team members.

Budget and rationale (20% score weighting)– The proposed budget is reasonable and realistic, aligned with the proposed implementation strategy, and gives clear justification for all budget line items, including in-kind support if any.

The proposals will be evaluated against the eight questions or criteria found in Annexure A: Proposal scorecard. Scores between zero (0) (indicating a 'poor' response) to four (4) (indicating an 'outstanding' response) will be assigned to reflect the assessment of the responsiveness of a proposal to each question or criterion.

The evaluators will use the following categorizations to assign scores:

Poor (0 Points) – The applicant's proposal neither provides a reasonable proposed approach and/ or budget justification nor meets the baseline requirements set out in this RFP.

Fair (1 Point) – The applicant's proposal provides a reasonable proposed approach and/ or budget justification but meets the baseline requirements set out in this RFP.

Good (2 Points) – The applicant's proposal provides a solid proposed approach and/ or budget justification and meets the baseline requirements set out in this RFP.

Excellent (3 Points) – The applicant's proposal provides a very good, proposed approach and/ or budget justification and meets the baseline requirements set out in this RFP.

Outstanding (4 Points) – The applicant's proposal provides an exceptional proposed approach and/ or budget justification and greatly meets the baseline requirements set out in this RFP.

7. Announcement of awards

The announcement of awards to successful applicants will be made as per section 5.5 above on IRD's website. All applicants will be informed of the results of their individual application in writing via email within three business days of the announcement of the final awards.

8. General award conditions ("GAC")

In submitting a bid in response to this RFP, the applicant agrees to accept all terms set forth in this RFP. These terms/ GAC apply to applicants' participation in this RFP process in any form whatsoever, including, without limitation:

(a) submitting a response to this RFP; and/or
(b) using the information contained in this RFP and/or any supporting documents relating to this RFP which may be made available by IRD from time to time.

This RFP process is an opportunity, and IRD does not guarantee the applicant's submission of a response and/or participation in this RFP process in any form whatsoever will lead to any result or commit IRD to any course of action.

IRD reserves the right to amend, add to or withdraw all or any part of this RFP at any time. Applicants will remain responsible for all costs and expenses incurred by them, their staff, and their advisors or by any third-party acting under their instructions in connection with this RFP process.

This RFP is governed by the laws of Singapore. All matters relating to the terms and conditions of the RFP will be subject to the exclusive jurisdiction of the courts of Singapore.

9. Questions

Any queries related to this RFP document and the process may be directed only at the email address mentioned in section 5.1 above. IRD will respond in writing via the same email. Additionally, frequently asked questions (FAQs) and responses will be published on the IRD website. Queries through any other medium will not be entertained.

Annexure A: Proposal scorecard (not to be filled by applicants)

Scoring: Poor = 0, Fair = 1, Good = 2, Excellent = 3, Outstanding = 4

Category	Criteria	Weighted score	Review comments
Proposal relevance and clarity (50% score Weighting)–	The proposal meets the criteria described in the RFP, including all key requirements		
	Applicant's strategy indicates a clear & pragmatic understanding of the project objective and desired outcomes		
	Applicant's approach to the scope of work is innovative and focuses on local country and sub-national contexts, including addressing the Covid-19 diagnostic gap among one or more underserved populations.		
	Applicant followed the proposal requirements, e.g., page count, and included all required information		
	Section Total		
Organization capacity & experience (30% score Weighting)	Applicant outlined an appropriate team to work on this project, with mix of project management, technical and M&E skills		
	Applicant's experience indicates organizational capacity to complete this project		
	Section Total		
Budget and rationale (20% score weighting)	Proposal included budget justification for all line items, including any in-kind support		
	Applicant's budget and justification are reasonable and realistic		
	Additional support or co-funding secured through a third-party		
	Section total		

Annexure B: Confidentiality & conflict of interest disclosure statement

The contents of this RFP and any supporting documents that may be made available by the IRD from time to time throughout this process belong to IRD.

Applicants must disclose in the application any circumstances, including personal, financial, and business, direct or indirect, that will or might give rise to an actual or perceived conflict of interest by taking part in this RFP process. The applicants are required to fill in and submit the Conflict-of-Interest statement provided with this RFP. This also applies to any implementing partners proposed by the applicant. In case of potential conflicts, a proposed conflict management plan should be included in the application.

FIND/IRD considers any proposal received under this RFP as confidential. FIND/IRD will not disclose the proposal to third parties without the prior written agreement of the proposal submitter. FIND/IRD will carry out a review of proposals, all members of which are also under confidentiality and who will recuse themselves if found to have a potential conflict of interest (which they are obliged to disclose). Any specific questions concerning confidentiality and conflict of interest should be sent to training.grant@ird.global.

Applicants shall not provide any sensitive or personally identifiable information during this RFP process other than necessary contact information which is required under the RFP process.

Annexure C: Preliminary list of indicators (for reference by applicants)

Outputs:
Ag-RDTs performed, by gender of the test recipient and other relevant factors
Ag-RDT positive results, by gender of the test recipient and other relevant factors
Ag-RDT negative results, by gender of the test recipient and other relevant factors
Ag-RDT invalid results, by gender of the test recipient and other relevant factors
community members accessing Ag-RDTs, by gender, age and other socio-demographic
        measures
#, % Ag-RDT recipients receiving their test results (disaggregated by gender, age, other socio-
        demographic factors and elapsed time)

Productivity and quality assurance metrics:
Ag-RDT kits distributed to health facilities or other testing sites (communities, mobile
        centers, etc.)
Ag-RDT kits received at health facilities or other testing sites (communities, mobile centers,
        etc.)
Ag-RDT kits conducted per trained test provider, per day
Elapsed time between Ag-RDT and test result availability (hours)
Ag-RDTs undergoing quality assurance (e.g., reviewed for faint bands, concordance with
        multiple readers, concordance with other RDTs, etc.)
#, % of those health facilities offering Ag-RDT testing by trained test-providers that actually
        conduct Ag-RDTs, weekly
health facilities offering Ag-RDT with stock-out of Ag-RDT kits in the previous week

Capacity strengthening metrics:
trainings conducted (disaggregated by cadre of test provider and type of location)
trainees able to administer RDT and report results
Test-providers (HWs, test-providers, community volunteers, etc.) trained in Ag-RDT
        provision, by gender and cadre
% trained participants scoring >85% on post-training survey quiz, by gender and cadre;
% trained test-providers actually performing Ag-RDTs at 3 months post-training, by gender
        and cadre;
health facilities (or other testing sites) with one or more trained Ag-RDT testers
        (disaggregated by gender of testers)
health facilities (or other testing sites) offering Ag-RDTs (new and existing)
Of those health facilities and other sites offering Ag-RDTs: #, % that perform Ag-RDTs only (no
        other Covid-19 diagnostic tests offered or performed)

Outcomes:
#, % of health facilities in targeted sub-national units that offer Ag-RDTs
% population coverage by Ag-RDT testing centers within 5 km, in targeted sub-national units
        (estimated, using available census/population data)
% change in Covid-19 test coverage in sub-national units (to be defined)
(Qualitative) Engagement of local/sub-national/national health authorities on use of Ag-RDTs
        in underserved populations (e.g., changes in SOPs, influence on Covid-19 policy, etc.)