



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Request for Proposal

M&E Systems Technical Assistance

for the NRASD Global Fund TB Programme

20 July 2017

NRASD

National Religious Association
for Social Development

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ACRONYMS

ACSA	The Anglican Church of Southern Africa (Hope Africa)
ART	Antiretroviral Therapy
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-based Organisation
CFO	Chief Financial Officer
DoH	Department of Health
FBO	Faith Based Organisations
GF	Global Fund to Fight AIDS, TB and Malaria
HCBC	Home Community Based Care
HCT	HIV Counselling and Testing
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
NDoH	National Department of Health
NGO	Non-Governmental Organisation
NRASD	National Religious Association for Social Development
NSP	National Strategic Plan
SABCOHA	South African Business Coalition on Health & AIDS
SACBC	AIDS Office, SACBC Office, Catholic Church in South Africa
SANAC	South African National AIDS Council
SP	Service Provider
SR	Sub-Recipient
SSR	Sub-Sub-Recipient
STI	Sexually Transmitted Infection
PR	Principal Recipient
TB	Tuberculosis

1. BACKGROUND AND INTRODUCTION TO THE GLOBAL FUND TB PROGRAMME

The NRASD is a network of religious groups with the aim of fostering the role of religious organisations in social development projects. We believe in placing people first as we partner with a wide variety of institutions to develop policy and implement practical programmes. Our thinking and actions are guided by the inputs of national religious leaders (Baha'i, Buddhist, Christian, Hindu, Islamic, Jewish), the wealth of expertise within faith communities and the extensive experience of religious organisations who have been providing care to people over centuries.

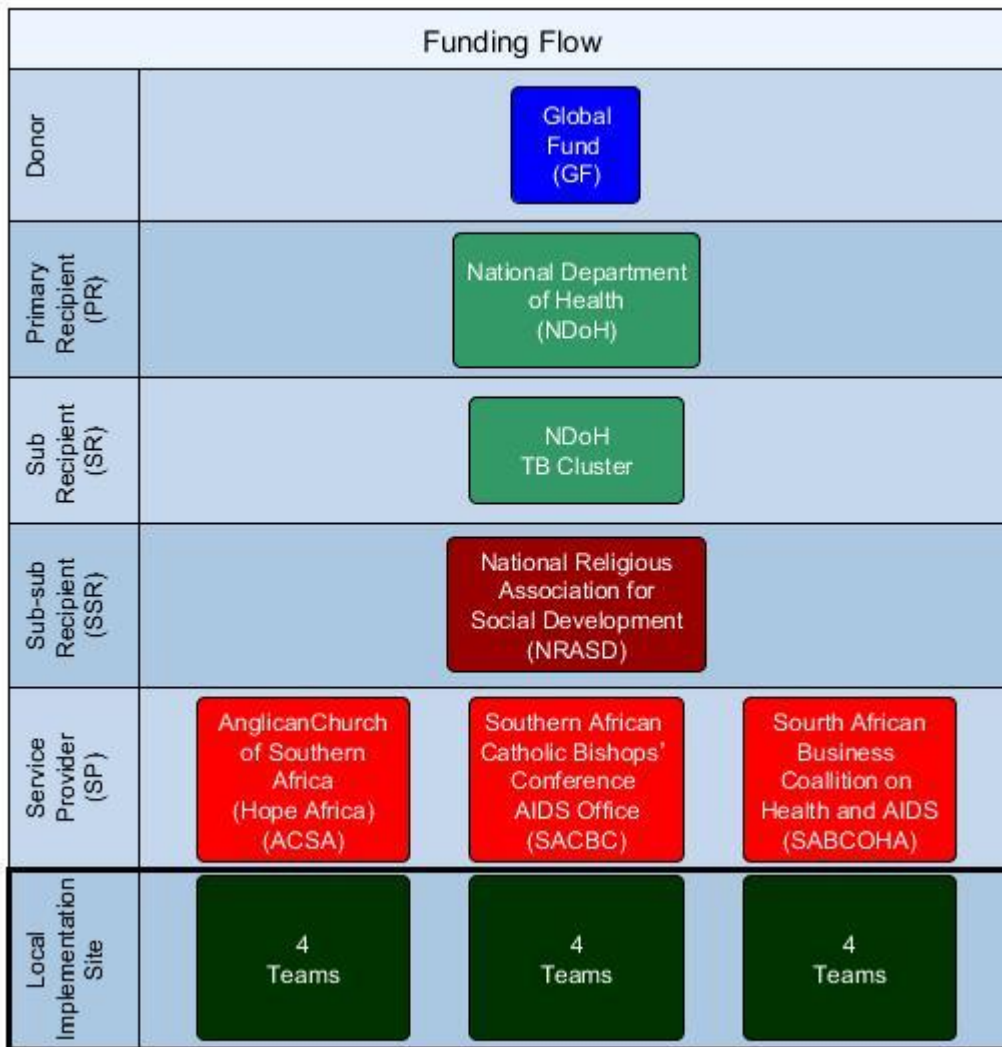
NRASD is a Sub-sub-Recipient (SSR) of the NDoH TB Cluster who is an SR of the NDoH Principal Recipient (PR) of the Global Fund Phase III Grant. The third implementation period is from 1 April 2016 to 31 March 2019. The NRASD is to complete its obligations under the TB disease component of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

GFATM through the NDoH seeks to mobilise Civil Society more concertedly in stretching the national response in areas where FBO's, CBO's and NGO's have comparative advantage in service delivery, and where public-private partnership is vital for programme success. As a Global Fund Grant SSR in South Africa, we cooperate with different sectors (government, business, civil society, FBO's) in the field of HIV&AIDS and TB. The NRASD's geographic focus areas include Peri-Mining Communities and Informal Settlements. The comprehensive package of service for Informal Settlements are: (a) HIV counselling; (b) referral for HIV testing; (c) TB screening; (d) referral for TB testing and treatment; (e) STI screening; and (f) referral for STI management.

A SSR's responsibility is to manage the Global Fund (GF) grant and ensure that the grant objectives are achieved. This includes the disbursement to implementation partners who are part of the service delivery team as well as monitoring and evaluation of the achievement of grant objectives. Money thus flows through the NRASD to a number of national organisations, who then deliver services to patients. They are known as service providers.

Service Providers are the direct implementers of the TB programme. NRASD funds three service providers, who implement by means of local implementation sites. Figure 1 below shows the relationships between different stakeholders in the grant.

Figure 1: Structure of the GF TB programme Sub-Granting Relationships



This Request for Proposal sets out the requirements for the systems required for the TB programme. The timeframe for the implementation of these systems is July 2017 – September 2017.

BASIC APPROACH

The basic approach of the NRASD is to strengthen the capacity and programmes of existing networks to enable them to play an even bigger role in this field. Together the religious groups represent by far the largest networks for social, welfare and development work in South Africa.

NRASD GF SUB-RECIPIENTS

The following organisations are working with the NRASD as service providers of the Global Fund grant:

1. ACSA - The Anglican Church of Southern Africa, 1 Braehead House, Braehead Road, Kenilworth, Western Cape Province
2. SACBC - AIDS Office, SACBC Office, Catholic Church in South Africa, Khanya House, 399 Paul Kruger Street, Pretoria, Gauteng Province
3. SABCOHA, 3rd Floor, Fairland Business Park, 200 Smit Street, Fairland, 2170, Gauteng Province

The TB programme mainly contributes to Goal 1 (Reducing new HIV infections by at least 50%, using combination prevention approaches) and Goal 3 (Reducing the number of new TB infections and deaths from TB by 50%) through the effective screening of patients for early identification.

Coordinators would be deployed in Provinces to assist with coordination as well as data capture and verification. Nurses would be deployed at site level in communities to provide supervision, quality control and care to Care Workers. Nurses would be provided with a financial contribution in terms of per diems and for travel costs between clinics. In addition, Nurses would coordinate the work of Care Workers. Sites would be provided with a financial contribution to overheads costs.

Nutritional support would be provided to patients through both referrals for social assistance as well as direct service delivery through food parcels or feeding schemes.

2. SCOPE OF WORK – DEVELOPMENT OF M&E SYSTEM

The scope of work of this system is to enhance the existing systems at the NRASD and its partners in order to enable the NRASD to meet the 10 day reporting deadlines (full reporting with verified supporting documentation by the 10th of the following month).

1. Allow for multiple projects

- NRASD NDoH GF TB Grant 2016-2019
- Other projects

2. Input Devices

- Android Mobile Phone & CamScanner (or similar software in app) Image Upload
- PC & Scanner Image Upload

3. Partners & Users

- 5 Organisations (minimum of 144 users)
 - 2 service providers (ACSA, SACBC) (80 users)
 - 4 staff (1 M&E & 1 Programme & 2 Coordinators)
 - 4 Teams each
 - 1 Supervisor (Nurse)
 - 8 HCW
 - 1 service provider (SABCOHA) (56 users)
 - 2 staff (1 M&E & 1 Programme)
 - 6 Teams
 - 1 Supervisor
 - 8 Mobilisors
 - 1 SSR (NRASD) (5 users)
 - 3 M&E users & 2 Programme users
 - 1 SR (NDoH) (3 users)
 - 3 users exception approval & verification

4. User Mobile Application

- Timesheet
 - Record date, start and end time, comment on non-screening activities (can have multiple per day)

4.1 Screening Service Providers

- List of clients to be created and allocated by supervisor (Nurse):
 - In list view (indicate index client contacts, with link to index client, indicate food distribution clients, indicate TB defaulter clients) and who client is allocated to – ability to filter view
 - Ability to add new clients to the list
 - New client could be contact of existing index client on open list (can be filtered by index clients as well)
 - New client could be totally new – i.e. could be new index client & their contacts
 - Ability to allocate client to team members
- List of clients allocated to me:
 - In list view (indicate index client contacts, with link to index client, indicate food distribution clients, indicate TB Positive clients, indicate TB defaulter clients) – ability to filter view
 - Map location view
 - Ability to get Phone dialler, SMS, WhatsApp or get Google Maps directions from this view
 - Track calls, sms, WhatsApp to each client
 - Track unsuccessful visits with GPS point capture & reason
 - Ability to add new clients to the list
 - New client could be contact of existing client on open list (or client of all my clients list) (can be filtered by index clients as well)
 - New client could be totally new – i.e. not be contact of any prior client
 - Ability to allocate client to someone else (another user)
- Scanning of a **Health Screening form** with free form data and tick box data (see Figure 2: CPC Community Referral Tool)
 - GPS point captured
 - Functionality similar to CamScanner required (or integration with free version)
 - Link to someone on list
 - Process form on phone or sync to central server for processing (similar to ABBYYFlexiCapture)

- Either verify while still with client & form – i.e. don't need to show the scanned fields, just confirm/edit the OCR result
 - Or verify afterwards (a copy of the form will be available), i.e. show OCR result to confirm (for PC web version could show scan and OCR result to confirm)
 - A 2nd user from the team must be able to verify without having the form available (the SP, SSR and SR must also be able to verify without having the form available)
 - Solution should cater for various scenarios (GPS only at client, form scanned at client through phone / form scanned afterwards at office through notebook)
- Scanning of a **TB Defaulter form** with free form data and tick box data
 - GPS point captured
 - Functionality similar to CamScanner required (or integration with free version)
 - Link to someone on list
 - Process form on phone or sync to central server for processing (similar to ABBYYFlexiCapture)
 - Either verify while still with client & form – i.e. don't need to show the scanned fields, just confirm/edit the OCR result
 - Or verify afterwards (a copy of the form will be available), i.e. show OCR result to confirm (for PC web version could show scan and OCR result to confirm)
 - A 2nd user from the team must be able to verify without having the form available (the SP, SSR and SR must also be able to verify without having the form available)
 - Solution should cater for various scenarios (GPS only at client, form scanned at client through phone / form scanned afterwards at office through notebook)
- Scanning of the **SASSA referral form / food distribution form** with free form data and tick box data
 - GPS point captured
 - Functionality similar to CamScanner required (or integration with free version)
 - Link to someone on list
 - Process form on phone or sync to central server for processing (similar to ABBYYFlexiCapture)
 - Either verify while still with client & form – i.e. don't need to show the scanned fields, just confirm/edit the OCR result
 - Or verify afterwards (a copy of the form will be available), i.e. show OCR result to confirm (for PC web version could show scan and OCR result to confirm)
 - A 2nd user from the team must be able to verify without having the form available (the SP, SSR and SR must also be able to verify without having the form available)

- Solution should cater for various scenarios (GPS only at client, form scanned at client through phone / form scanned afterwards at office through notebook)
- The Nurse or Coordinator does the scanning of a **Health Screening Acknowledgement slip** (when Clinic fills in data) with free form data and tick box data (see Figure 2: CPC Community Referral Tool – the bottom part)
 - Clinic captured / selected from list
 - Functionality similar to CamScanner required (or integration with free version)
 - Process form on phone or sync to central server for processing (similar to ABBYYFlexiCapture)
 - Automated link to the original form (through the same unique number on the form)
 - Verify while still at the clinic or afterwards with the form– i.e. don't need to show the scanned fields, just confirm/edit the OCR result (for PC web version could show scan and OCR result to confirm)
 - A 2nd user from the team must be able to verify without having the form available (the SP, SSR and SR must also be able to verify without having the form available)
 - Solution should cater for various scenarios (form scanned at clinic through phone / form scanned afterwards at office through notebook)
- The Nurse or Coordinator updates further details on the client as they progress through the Clinic process
 - TB Status
 - TB date started on treatment
 - HIV Status
 - HIV data started on treatment

4.2 Mobilising Service Providers

- List of clients to be created and allocated by supervisor
 - Same as 4.1
- List of clients allocated to me:
 - Same as 4.1
- Scanning of a **TB Defaulter form** with free form data and tick box data
 - Same as 4.1

- Scanning of the **SASSA referral form / food distribution form** with free form data and tick box data
 - Same as 4.1
- Scanning of a **Mobilisation List**
 - Ability to scan a mobilisation list (as an attachment to summary data that will be captured)
 - Ability to capture summary data relating to the form (nr of people mobilised & area & date)

4.3 Screening Service Providers

- Dashboard (per HCW for selected periods / week (Mon-Sun) / month / quarter / year) – in comparison to average:
 - Nr of index patients
 - Nr of index patient contacts
 - Nr of other contacts
 - Nr of clients seen (Sun to Sat)
 - Nr of hours worked
 - Nr of clients referred
 - Nr of clients tested positive
 - Nr of clients started on treatment
- Reports (multiple dimensions of all the data on an easy configurable report writer – like Power BI)
 - Data periods must be locked/limited – i.e. reports must remain the same over time
- All data backed up on server

5. Group Web Interface

- Link users to a group (user could be part of multiple groups)
- Link groups to a group (group could be part of multiple groups)
- Select one or more users to have team supervision rights for that group (for all groups in that group)
- Select one or more users to have team verification rights for that group (for all groups in that group)
- Supervisors approve weekly timesheets (closed for edit, only Controller can open it again)
- Supervisors can create new clients and reallocate clients already allocated to anyone in the team

- Supervisors & Controllers & Verifiers can do spot checks on Health Screening form and OCR data in a side by side screen (with a magnifier glass functionality for scanned data) – verification recorded & any change of data

6. Workflow

With the reporting processes there are also feedback mechanisms that need to be put in place. The following is a breakdown of some generic steps for typical TB Screening programmes, the detail might vary between programmes and implementers:

1. At its core, the M&E system will be managing a list of clients and the interactions with them:
 - a. The Nurse will manage this data on a Web Interface on her notebook (all confidential personal data is stored in a secured web server)
 - b. The Health Care Workers (HCW) will manage this data on a Web interface/ app on his/ her phone (all phones will be issued through the grant and managed through a central management system that will ensure that all confidential personal data is secure and can be removed remotely in the case of theft)
2. The Nurse co-ordinator identifies clients at the clinic and enters them on the system and allocates them to a HCW:
 - a. Index patient
 - b. Index patient contacts
 - c. TB Defaulters
 - d. Referred clients that are TB positive and need to start on treatment
3. Health Care Workers follow up on clients in their list and may at times also add clients to the list:
 - a. During visits at the clients listed by the Nurse – when additional people are identified during the visit
 - b. During active case finding, when a client consents to be screened (for example screening houses around index patients)
4. HCW provide the following services:
 - a. Screening and educating clients in TB, HIV and STIs.

- b. Referral to nutritional social support
 - c. TB Defaulter tracing (when there is capacity)
- 5. Health Care Workers will use the following tools and ensure that the completed forms are scanned and uploaded onto the system:
 - a. CPC Community Referral Tool
 - b. SASSA nutritional social support referral tool
 - c. Service provider meal or food distribution tool
 - d. TB Defaulter tracing tool
- 6. The HCW will ensure that they keep the system up to date on a continual basis (and that all scanned forms are verified by no later than 1 business day):
 - a. Attempts to contact
 - b. Successful contacts
 - c. Attempts to visit
 - d. Successful visit
 - e. Screening tool scanned and linked to client (includes the data per field & referrals)
 - f. Clinic Acknowledgement of Receipt scanned and linked to client (includes the data per field)
 - g. NHLS data
 - h. TB Register data
 - i. TB Defaulter Status and reasons (the forms are not defined yet – but will work on a similar basis/process to the screening)
 - j. Social support referral status (the forms are not defined yet – but will work on a similar basis/process to the screening)
 - k. Nutritional support provided (the forms are not defined yet – but will work on a similar basis/process to the screening)
- 7. The Nurse & co-ordinator:
 - a. Verifies the verified OCR data from the scanned forms to confirm that the information is correct and complete. (The nurse will see the list of forms that must be verified on the system – review and approve it on the system)

- b. There should be a process of ad hoc verification with some clients.
 - c. Ensures that the Acknowledgement of Receipt forms are collected, scanned and verified
 - d. Ensures that the TB register is regularly checked for updates on clients waiting for results or to be started on treatment
 - e. Ensures that the HCW files the forms at the Nurse's site office – all information to be treated as confidential and should be in lockable storage or secure office space
8. The M&E team of the partner organisation:
- a. Verifies a statistical set from each HCW, to confirm that the OCR data from the scanned forms to confirm that the information is correct and complete. (The M&E person will see the list of forms that must be verified from the HCW for a specific period, that have already been verified by the Nurse – the period for a HCW can be approved as a batch – it will be reviewed and approved on the system).
 - b. The M&E team should have a process whereby the implementing teams are visited and ad hoc data quality assessments are done right down to the original source documents.
 - c. The SP provides a monthly narrative report to the NRASD
9. NRASD M&E team:
- a. Verifies a statistical set from each HCW, to confirm that the OCR data from the scanned forms to confirm that the information is correct and complete. (The M&E person will see the list of forms that must be verified from the HCW for a specific period, that have already been verified by the SP – the period for a HCW can be approved as a batch – it will be reviewed and approved on the system).
 - b. Do ad hoc verification and DQAs at site level right down to the original source documents.
 - c. All data is stored electronically online in the MER system or shared drive.
 - d. A verification report must be done and shared with the SP.
 - e. A quarterly on-site review meeting is done by the NRASD project management unit (PMU). The quarterly report from the SP is discussed, any verification issues highlighted and planned activities reviewed.

- f. Ensure that all systems are secure (password protected), that HCW only see data related to clients allocated to them, that the system's cloud storage is backed up regularly.

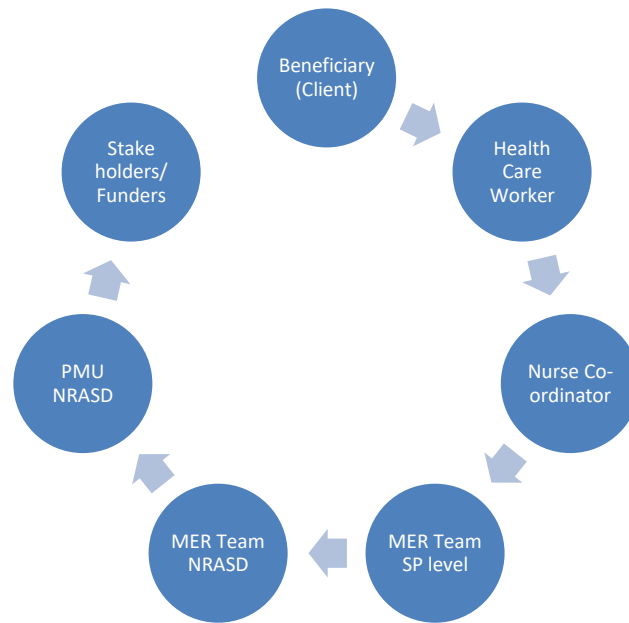



Figure 2: CPC Community Referral Tool

 health Department: Health REPUBLIC OF SOUTH AFRICA												COMMUNITY TB, HIV & STI SCREENING AND REFERRAL FORM FOR INFORMAL SETTLEMENTS AND PERI-												1 2 3 4 5 6 7						
HCW Surname: <input type="text"/> First Name: <input type="text"/>												HCW Signature: <input type="text"/>																		
Patient Surname: <input type="text"/> First Name: <input type="text"/>												ID No. / Passport: <input type="text"/> Date of Birth (dd/mm/year): <input type="text"/> / <input type="text"/> / <input type="text"/> Age: <input type="text"/>																		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Physical Address: <input type="text"/>												Cell no.: <input type="text"/> Date: <input type="text"/> / <input type="text"/> / <input type="text"/>																		
Index Case Surname: <input type="text"/> First Name: <input type="text"/>												OS-TB <input type="checkbox"/> RR-TB <input type="checkbox"/> MDR-TB <input type="checkbox"/> XDR-TB <input type="checkbox"/>																		
Are you (Please tick) Miner? <input type="checkbox"/> Ex-Miner? <input type="checkbox"/> Diabetic? <input type="checkbox"/> Pregnant? <input type="checkbox"/>												Are you on treatment? TB Treatment? Yes <input type="checkbox"/> No <input type="checkbox"/> ARVs? Yes <input type="checkbox"/> No <input type="checkbox"/> STI Treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
5 Years and Older TB Symptomatic Screening												Under 5 Years Old TB Symptomatic Screening																		
Cough of 2 weeks/more OR any duration if HIV+? Yes <input type="checkbox"/> No <input type="checkbox"/>												Cough of 2 weeks/more, not improving on treatme Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Fever of 2 weeks or more? Yes <input type="checkbox"/> No <input type="checkbox"/>												Persistent fever of 2 weeks or more? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Unexplained weight loss >1.5kg in a month? Yes <input type="checkbox"/> No <input type="checkbox"/>												Weight loss/ failure to thrive? (check road to health card) Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Drenching night sweats? Yes <input type="checkbox"/> No <input type="checkbox"/>												Fatigue (less playful/always tired)? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
TB Specimen collected? Yes <input type="checkbox"/> No <input type="checkbox"/>												Refer to health care facility for TB Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
TB Specimen collected? Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk <input type="checkbox"/>												if client responded yes to one or more of any screening symptoms (TB / HIV Counselling / STI), refer to health care facility for testing/management																		
Refer to health care facility for TB Test/Management? Yes <input type="checkbox"/> No <input type="checkbox"/>												2 Years and older HIV Counselling / Testing / Referral																		
Have you had an HIV test before? Yes <input type="checkbox"/> No <input type="checkbox"/>												15 Years and Older STI Symptomatic Screening																		
If yes, how long ago? <input type="text"/> Years + <input type="text"/> Months												Do you have any abnormal genital discharge? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
If yes, HIV Status? Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk <input type="checkbox"/>												Genital redness/burn/tingle/itchiness? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
HIV counselling done now? Yes <input type="checkbox"/> No <input type="checkbox"/>												Genital swelling/blisters/sores/ulcers? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
HIV test done now? Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk <input type="checkbox"/>												Your partner treated for an STI in the last 8 weeks? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Refer to health care facility for HIV Test/Management? Yes <input type="checkbox"/> No <input type="checkbox"/>												Refer to health care facility for STI management? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
I hereby consent to a blood test for HIV (if applicable), signature: <input type="text"/>												Clinic to Tear / Cut here																		
ACKNOWLEDGEMENT OF REFERRAL												1 2 3 4 5 6 7																		
Clinic Feedback: Sputum sent to NHLS Yes <input type="checkbox"/> No <input type="checkbox"/> HIV Test Done Yes <input type="checkbox"/> No <input type="checkbox"/> STI consultation done Yes <input type="checkbox"/> No <input type="checkbox"/>												Clinic Name: <input type="text"/>																		
Practitioner Surname: <input type="text"/> First Name: <input type="text"/>												Date received at clinic (dd/mm/year): <input type="text"/> / <input type="text"/> / <input type="text"/>																		
Clinic File No.: <input type="text"/>												TB Test Barcode: <input type="text"/>												Paste NHLS Barcode here						
TB Identification No.: <input type="text"/>												Clinic to only fill in below, if the Patient's Clinic File details, are different to the details in the form above (Name / ID No. / Date of Birth)																		
Patient Surname: <input type="text"/> First Name: <input type="text"/>												ID No. / Passport: <input type="text"/> Date of Birth (dd/mm/year): <input type="text"/> / <input type="text"/> / <input type="text"/>																		
photo of the acknowledgement (with ref no clearly visible & your clinic contact details).												WhatsApp a photo to: 083 449 8983 or email: referral@cdc.co.za												CPC Community Referral Form v1.8b NRRASD						

3. DELIVERABLES

RAPID PROTOTYPE DESIGN

The NRASD would expect a rapid prototype design methodology that would be iterated with user testing to ensure the best solution.

ASSESSMENT OF PROPOSALS

The proposals should assist the NRASD in their objective to ensure that the tight deadlines of a verified financial report be done by the 10th of the following month. The NRASD will take the following quality assessment questions into account in the final selection of a proposal:

1. Clear understanding of the NRASD requirement
2. Solution & implementation methodology
3. Prior experience in similar implementations
4. Skill and availability of team members
5. Day/hourly rates of team members
6. Estimated total cost of the solution

TRAINING

The NRASD would expect the service provider to be available for at least a one day training of the NRASD and its Service Providers.

TIMEFRAMES

The project should be completed as quickly as possible – ideally within 2 months of initiation.

4. REQUIRED COMPETENCIES OF TA TEAM

The appointed applicant(s) is required to possess the following skills and experience:

- Demonstrated experience & references in undertaking similar implementations with the proposed technological solution.
- Web & application development skills
- Good project and people management skills and the ability to deliver within time frames as reflected in the Work Plan.
- To indicate the level of involvement of all relevant staff using a matrix.

5. SUBMISSION OF PROPOSALS

Please submit clarification questions by 1 August and final proposal via email to marc@cddc.co.za by **10h00 on Friday, 4 August 2017**. Late submissions will not be considered. Please ensure the subject line states: "RFP – M&E Systems Technical Assistance - for the NRASD Global Fund TB Programme"

The outline of the proposals should include the following:

1. Proposed Approach and Design
2. Motivation as to why you/organisation should be selected
3. Implementation Team, a summary of the role and responsibility of each staff person/consultant and estimated time to be spent by each staff person/consultant;
4. Implementation work plan reflecting proposed time frames and outputs/deliverables (including Gantt chart)
5. Budget - detailed budget including hourly/daily fees for each staff person/consultant and breakdown of all other costs to be charged to the contract. The prospective service provider must submit a budget range (min to max) for the project – the contract will be paid on a time and material basis and detailed time sheets will be required.
6. Addendum: Detailed CVs must include the names and contact numbers of the staff/consultants assigned to the project.

NB: If you are responding to a sub-set of the requirement – please clearly indicate what aspect is covered and what not.

Please note short-listed candidates, may be required to provide a presentation on the proposal for further discussion. The NRASD has the right to enter negotiations with any service provider that responds to the RFP (one or multiple depending on specific skill and expertise) or even not to appoint a service provider.