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Avenir Health **Request for Proposals**

Data Collection and Preparation for Momentum Country and Global Leadership Core Activity **3.4: Estimating the costs and cost-savings of implementing a comprehensive infection prevention and control program in health care facilities**

Background

Healthcare-acquired infections (HAIs) are a constant and growing threat to healthcare systems around the world. The WHO estimates that hundreds of millions of patients are affected by health care-associated infections worldwide each year, leading to significant mortality and financial losses for health systems.¹ Although HAIs are the most frequent adverse event in health care, its true global burden remains unknown because of the difficulty in gathering reliable data: most countries lack surveillance systems for HAI, and those that do struggle with the complexity and the lack of uniformity of criteria for diagnosing those infections.

While little evidence exists on the cost of HAIs on patients, families, and health systems in low- and middle-income countries (LMICs), we know that HAIs are extremely expensive. HAIs have large financial costs for patients and their families resulting primarily from direct healthcare costs and loss of productive time. HAIs are also burdensome for healthcare systems due to increased patient stay times, antibiotic use, consumable supply use and provider time needed per patient. These impacts have secondary effects on the access to quality and efficient healthcare, which manifest in poor health outcomes for all patients - though patient populations are particularly vulnerable to infection.

Momentum Country and Global Leadership (MCGL) is undertaking a study to estimate the current cost of HAIs on the health system of Nigeria, along with the cost of implementing a comprehensive infection prevention program and the associated cost savings due to infection prevention improvements within one country context. MCGL is implemented as part of a suite of projects funded by the U.S. Agency for International Development (USAID) to holistically improve family planning and maternal and child health in partner countries around the world. The project builds on existing evidence and best practices and catalyzes innovations that enable government-led partnerships to deliver high-quality, evidence-based interventions that accelerate reductions in maternal, newborn, and child mortality and morbidity at scale. The hypothesis of this study is that the cost of treating HAIs far surpasses the costs associated with maintaining an effective infection prevention program in LMIC healthcare settings. If the

¹ WHO (2011). Healthcare-associated Infection Factsheet. WHO,

hypothesis proves true, study findings will be used to advocate for public and private health system investments in IPC as a cornerstone of providing efficient and quality healthcare services.

Purpose

The purpose of the activity is to collect and collate cost and related health information at selected health facilities in the Federal Capital Territory (FCT), Nigeria and, where necessary, to follow up with other sources to ensure the study has the necessary information to achieve study objectives. Once analysed, this information will be provided to policymakers at State and Federal levels in Nigeria, and their development partners, to provide insights into several key policy questions:

1. What is the cost of delivering a comprehensive infection prevention program in a public healthcare environment?
2. What is the cost of treating maternal and neonatal infections?
3. What is the change in healthcare-acquired maternal and newborn sepsis cases as a result of a comprehensive IPC intervention?
4. What is the potential impact of a comprehensive infection prevention program on avoided health system costs associated with healthcare acquired infections?

Scope of Work

The data collection team will be responsible for collecting all local level data and reporting this data to the costing team at Avenir Health. This will require the data collection team to visit all eight health facilities in the FCT selected to participate in the planned study, engage with relevant staff and obtain the cost, clinical, and expenditure data necessary. The team will use data collection software with the digitized data collection tools put on tablet that will be provided. The team will be trained on the use of the tools by the costing team at Avenir Health as well as submission requirements, data collection procedures, and administrative/reporting procedures. The data collection will take place intermittently between May and December 2022. The data collection team will engage with and respond to Jhpiego in-country staff, and state and federal health personnel. The specific tasks in support of this activity are as follows:

Tasks

1. Attend a two-day training meeting on the costing component of the project and data collection (dates TBD).
2. Based on structured tools provided by Avenir Health, collect government/public sector inputs and costs for the implementation of the IPC program at each of the eight selected health facilities.
3. Assist with the collection of inputs and local level costs for the treatment of maternal and neonatal infections at secondary and, if necessary, tertiary level health facilities. This will require follow ups with a panel of clinical experts.
4. Work with Jhpiego country staff to collect health statistics (births, infections, deaths, etc.) from each of the selected health facilities as per the data collection tool.

5. Clean and validate all data collected and certify that all data collection tools are filled in accurately and completely, to ensure the project costing team has accurate and high-quality data for analysis.
6. Undertake follow up as required and directed.
7. Attend weekly MCGL status/follow up calls as and when required.
8. Regularly communicate with MCGL/Avenir & Jhpiego staff about progress, including transfer for comment data as it is collected.

Data Collection Schedule

DATA	SOURCE	TIMING/FREQUENCY ²
<u>Historical health statistics:</u> <ul style="list-style-type: none"> ▪ # deliveries; ▪ # maternal and neonatal HAI; ▪ # maternal and neonatal deaths per month per year from 2017 to present(?)	DHIS2 Health care facility records	Starting June/July (2-3 months)
<u>Development Partner financial data:</u> <ul style="list-style-type: none"> ▪ Financial systems data dump; or ▪ Data collection tools filled out 	Development Partner financial systems	Starting May/June Monthly (3 months)
<u>Infection treatment costing data:</u> <ul style="list-style-type: none"> ▪ Periodic follow-ups with health experts to fill data gaps in treatment costing tool and arrive at consensus 	Health care facility experts	Starting May/June (2 months)
<u>Health statistics:</u> <ul style="list-style-type: none"> ▪ # deliveries; ▪ # maternal and neonatal HAI; ▪ # maternal and neonatal deaths 	DHIS2 Health care facility records	Starting Aug. Monthly (to EOP) ³
<u>Government/Public sector financial data:</u> <ul style="list-style-type: none"> ▪ Identify HCF respondents ▪ Fill out Government/Public tool 	Health care facility <ul style="list-style-type: none"> ▪ Admin ▪ HR ▪ Stores 	Starting Sept./Oct. Monthly (to EOP)

Vendor Requirements

Only a qualified vendor should present a proposal. The vendor must be headquartered or have offices in Abuja, or the FCT, be registered as a qualified service provider, and have an official address, bank account, and reliable and established contact information. A qualified vendor will have knowledge of the health system in Nigeria, and the FCT specifically, and have experience in undertaking health-related studies. Additionally, the vendor will be familiar with conducting data collection and, will have the necessary data processing staff, sufficient equipment and software to store, clean, and transmit the data, and the ability to maintain data confidentiality. Previous experience with digital data collection will be a plus. The vendor should have the capability and capacity to meet all deadlines, ensure the

² All dates provided are provisional and are based on the estimated timeline of the entire WASH IPC project.

³ End of Project

proper workflow throughout the data collection period of the project, and maintain sufficient standards and quality controls as required by the project.

Proposal

To facilitate evaluation of proposals, the following should be included:

1. A summary of the understanding of the activity and the responsibilities of the data collecting team.
2. A brief organizational summary including previous clients/work undertaken, key staff, areas of experience of strengths, etc., as well as certificate of registration.
3. An outline of the proposed team including CVs.
4. Specific procedures for data management: collection, cleaning, validating, and onward transmission to the costing team for the project.
5. Budget. The budget ceiling for this work is \$80,000.

Submission of Proposal

Please send your completed proposal, with budget and attending materials to:

Peter Stegman
Senior Economist
Avenir Health
Email: PStegman@avenirhealth.org
Phone: +1 (202) 853-5301

Proposal Outline

The proposal should include the sections in the following outline:

1. Introduction/understanding of the work
2. Company experience (similar work and clients)
3. Personnel involved (include previous experience)
4. Approach to the work
5. Schedule or timetable
6. Budget

Selection Process

Each proposal will be reviewed by the project costing team at Avenir Health and selection will be made based on the merits of each proposal and according to the following criteria:

- Past experience and technical capacity – 30%
- Experience of proposed personnel – 20%
- Understanding of and approach to the work– 50%

Timeline

Proposals are to be submitted by close of business (EDT) May 16, 2022. Review of all submissions will take place from May 17-31, with determination and selection being communicated to all vendors by COB June 1, 2022 (EDT).