

**Request for Proposals: Instructions**  
Ending Preventable Maternal Mortality:  
Improving Maternal Health Measurement Capacity and Use Project

The Women and Health Initiative at the Harvard T. H. Chan School of Public Health (W&HI) is pleased to announce a request for proposals to fund research aimed at testing and validating key maternal health indicators that are not routinely collected and reported at national and global levels. The validation research will focus on core metrics prioritized through the global Ending Preventable Maternal Mortality (EPMM) indicator development work conducted from 2015-2017. These indicators form the basis of a comprehensive monitoring framework for tracking progress toward achieving the strategic objectives outlined in the 2015 report, “Strategies toward Ending Preventable Maternal Mortality (EPMM Strategies). Further background information on the EPMM Strategies and its accompanying monitoring framework is provided below under “Introduction & Background.”

W&HI will issue three grants of up to \$275,000 USD over 22 months, one each in the regions of Asia, Africa and Latin America and the Caribbean (LAC) to support the costs of conducting such research. Qualified applicants should prepare a proposal narrative, proposal budget, and summary of qualifications. Detailed instructions for proposal development and submission are included below under “Submission Parameters” and “Submission Details.”

## Introduction & Background

### About Ending Preventable Maternal Mortality (EPMM)

Ending preventable maternal mortality and correcting unacceptable levels of disparity are essential to achieving Sustainable Development Goal (SDG) 3, which focuses on ensuring healthy lives for all. Now is a time of both opportunity and threat for the global maternal health agenda. The latest report of “Trends in Maternal Mortality: 1990-2015” notes that despite dedicated efforts through the Millennium Development Goals (MDGs), maternal mortality was reduced by only 44% globally from 1990-2015, far short of the 75% target. In addition to insufficient overall reduction in maternal mortality, inequality both within and between countries is at unacceptable levels.

There is a real risk that the focus needed to improve maternal health and survival will be lost in the broad new SDG framework and the unfinished agenda for maternal health will not be completed. At the same time, research suggests it is possible to end preventable maternal deaths within a generation and eliminate wide disparities by reducing the highest levels of maternal deaths worldwide to rates now observed in the best-performing middle-income countries.

In 2015, the World Health Organization (WHO) released the direction-setting [EPMM Strategies](#) report, developed through broad stakeholder consultations led by the EPMM Working Group<sup>1</sup>, which outlines global targets and strategies for reducing maternal mortality in the SDG period. The targets and

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<sup>1</sup> The EPMM Working Group is composed of (in alphabetical order): FCI Program of Management Sciences for Health (FCI/MSH); Jhpiego, Johns Hopkins University; Maternal and Child Survival Program (MCSP); Maternal Health Task Force (MHTF)/Women & Health Initiative (W&HI), Harvard T. H. Chan School of Public Health; United Nations Population Fund (UNFPA); UNICEF; US Agency for International Development (USAID); White Ribbon Alliance (WRA); World Health Organization (WHO)

strategies are grounded in research and a human rights approach to maternal and newborn health, and focus on eliminating disparities in access, quality, and outcomes of care within and between countries.

### The Development of a Comprehensive Monitoring Framework for EPMM

Following the release of the EPMM Strategies, stakeholders—led by the EPMM Working Group—agreed that a comprehensive monitoring framework was needed to plan, track, and accelerate progress toward achieving the report’s priority objectives. Stakeholders also agreed that the framework should include not only indicators to track coverage, content, and impact of key interventions that are directly linked to causes of maternal death, but also measures of distal determinants of maternal health. These include the social, political, economic and health system determinants that impact maternal health and survival.

Thus, the EPMM Working Group initiated a plan to develop a comprehensive monitoring framework to track progress toward achievement of the EPMM strategic objectives and priority actions. The plan, divided into two phases, focused on identifying a set of methodologically robust indicators for measuring national and global progress towards improving maternal health and survival. Phase I (completed in October 2015) resulted in consensus on a set of 12 core metrics for global monitoring and reporting by all countries, to track coverage and impact of key interventions, and measures of health system inputs. More information on Phase I is available [here](#). Phase II (completed in October 2016) prioritized a set of supplemental “means of implementation” indicators for the 11 key themes identified in the EPMM Strategies report that highlight the broad social, political, and economic determinants of maternal health and survival, thus allowing countries to track these more distal determinants. More information on Phase II is available [here](#).

Phase I Indicators	Phase II Indicators
	<b>Coverage</b>
Four or more antenatal visits	Proportion of women ages 15-49 who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care
Skilled attendant at birth	Maternal death review coverage
Institutional delivery	Coverage of essential health services
Maternal death registration	Demand for family planning satisfied through modern methods of contraception
Early postnatal/postpartum care for woman and baby (within 2 days of birth)	Civil registration coverage of cause of death (percentage)
Met need for family planning	
Uterotonic immediately after birth	
Caesarean rate	
<b>Health Systems Strengthening &amp; Finance</b>	
Availability of functional emergency obstetric care facilities	Availability of functional emergency obstetric care facilities
	Geographic distribution of facilities that provide basic and comprehensive emergency obstetric care
	Health worker density and distribution (per 1,000 population)
	Density of midwives, by district (by births)
	Percentage of facilities that demonstrate readiness to deliver specific services: family planning, antenatal care, basic emergency obstetric care, and newborn care
	Percentage of total health expenditure on reproductive, maternal, newborn, and child health

Out-of-pocket expenditure as a percentage of total expenditure on health

<b>Impact</b>	
Maternal mortality ratio	
Maternal cause of death (direct/indirect) based on ICD-MM	
Adolescent birth rate	
<b>Policy</b>	
	Presence of laws and regulations that guarantee women ages 15-49 access to sexual and reproductive health care, information, and education
	Gender Parity Index
	Presence of legal frameworks to promote, enforce, and monitor equality and non-discrimination on the basis of sex
	Presence of protocols/policies on the combined care of mother and baby, immediate breastfeeding, and observations of care
	Maternity protection in accordance with ILO Convention 183
	International Code of Marketing of Breastmilk Substitutes
	Costed implementation plan for maternal, newborn, and child health
	Midwives authorized to deliver basic emergency obstetric and newborn care
	Legal status of abortion
	Presence of a national set of indicators with targets and annual report to inform annual health sector reviews and other planning cycles
	If fees exist for health services in the public sector, women of reproductive age (15-49) are exempt from user fees for maternal health-related health services
	Annual reviews are conducted of health spending from all financial sources, including spending on RMNCH, as part of broader health sector reviews
	Presence of a national policy/strategy to ensure engagement of civil society organization representatives in periodic review of national programs for maternal, newborn, child, and adolescent health
<b>Equity and Transparency (Stratifiers)</b>	
	Wealth
	Area of residence: urban/rural
	Area of residence: geographic region
	Level of education: women's education level
	Age
	Available in the public domain

### **Improving Maternal Health Measurement Capacity and Use**

The W&HI has received a new grant from the Bill & Melinda Gates Foundation for improving maternal health measurement capacity and use, on behalf of the EPMM Working Group. The aim of this grant is to develop a robust, research-validated, field-tested monitoring framework for the EPMM Strategies to support global and country level efforts to improve maternal health.

This project will improve maternal health measurement capacity and use through the development and validation of indicators to inform global standards and support to countries for the adoption and use of research-validated indicators. The ultimate goal is to provide knowledge, research, and evaluation data, as well as validated measurement tools, to track progress towards ending preventable maternal mortality in the most effective and timely way possible.

This project aims to achieve two primary outcomes:

1. A well-developed and research-validated monitoring framework for ending preventable maternal mortality; and
2. Research-validated indicators for ending preventable maternal mortality incorporated into global and national monitoring frameworks.

### **Request for Proposals: Research to Test and Validate EPMM Indicators**

To create a well-developed and research-validated monitoring framework the W&HI is seeking three (3) country partners to complete research to validate up to nine (9) core indicators and one (1) standard stratifier that are not routinely collected and reported at a national level in each country.

#### **Identification of Indicators for Validation**

Prior to the commencement of the research to be conducted by successful applicants to this RFP, the specific EPMM indicators for testing and validation through research in three countries will be selected via a series of consultations led by the W&HI and EPMM Working Group partners. These consultations will include:

- A landscape analysis to determine the current use of EPMM indicators in 20 countries;
- National dialogues in a smaller number of settings to gather information on country needs and priorities, and feasibility with respect to maternal health measurement; and
- Technical consultations to prioritize the subset of all EPMM indicators that will be included in the research protocol for testing and validation funded through this project.

#### **Indicator Validation**

Indicators to be validated fall into three categories: policy, health system strengthening, and financing, and coverage. Conducted by successful applicants to this RFP, testing and validation of each indicator will include a structured process to compare responses from government and health system officials, gathered through interviews and surveys, with a review of policy and program documents. Up to 10 measures (9 indicators and 1 stratifier) will be tested and validated in each of the three research settings selected via this RFP process.

#### **Research Partner Activities**

Successful applicants will be responsible for the activities below, to be carried out in close collaboration with the W&HI.

- a) Develop a research protocol, including research methods and data collection tools to carry out the work included in this output
- b) Conduct research to validate up to nine (9) core indicators and one (1) standard stratifier (selected via technical consultations prior to the commencement of this research work)
- c) Disseminate the findings of the research and work closely with the W&HI to plan and conduct a wrap-up technical meeting to share findings and provide operational guidance to improve collection and use of these indicators
- d) Participate as members of the steering committee for the overall project

Successful applicants will designate one representative from their organization to participate in the project's steering committee whose role is to plan, guide, and monitor the implementation of the overall "Improving Maternal Health Measurement Capacity and Use" project.

Each successful applicant's principal investigator (PI) and research team will be expected to report on their progress and outcomes on a quarterly basis along with members from all three participating research teams. They will also be expected to join in a monthly status update with W&HI to discuss progress, challenges and solutions, and action steps.

## Submission Parameters

### Time Frame

The research partner activities listed above will be carried out over 22 months:

- Steering Committee Participation: April 2018 – July 2020
- Research: October 2018 – March 2020
- Wrap-up, including Technical Meeting: January 2020 – July 2020

### Available Funds

The MHTF is seeking three (3) country research partners, one each in the regions of Asia, Africa and Latin America/the Caribbean (LAC).

Proposed studies may budget up to (\$275,000 USD), including indirect costs. Indirect costs may be requested according to the following limits: For Government Agencies, 0%. For all others, the lesser of 15% or the organization's established rate. For-profit entities may propose indirect costs from 0% up to 15%. Adequate explanation of the cost must be provided.

Budgets of up to (\$275,000) USD will be considered; however, applicants should determine project budgets based on the amount of funding needed to accomplish the proposed aims (not the maximum allowable amount). The final funding amounts to be awarded will depend on the budgetary needs of the three studies to be funded; therefore, budget negotiations will take place across all projects.

### Applicant Eligibility

- Principal Investigator (PI) Eligibility: Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research may apply.
- Applicant Organization Eligibility: The primary applicant should be employed by an institution with a robust technical capacity and financial and administrative infrastructure. Applicants from non-US universities, governmental agencies, non-governmental organizations, and for-profit organizations are eligible to apply.
- Organizations are eligible for funding provided they meet the following criteria:
  - They have the capacity and expertise to carry out the research;
  - They have a proven background in measure development, testing, and validation; and
  - The organization is located in Asia, Africa, or LAC (click for [World Bank classification](#)).
    - Please note that "Asia" for this project includes countries in both East Asia and South Asia; "Africa" includes countries in Sub-Saharan Africa; and LAC includes all countries designated in the hyperlinked World Bank classification map. We will select one partner from each region.

## Evaluation Criteria

Proposals will be evaluated on a scale of 1 (lowest) to 5 (highest) for each of the following criteria:

1. **CAPABILITY:** Assess the capabilities of the research team for conducting each of the proposed activities, including relevant publications, experience and skills, and connections to key partners or study participants (e.g. national policymakers). Assess whether the research team is lacking any relevant methodological skills or experience.
2. **APPROACH:** Consider the quality and thoroughness of the proposed research methods. To what extent does the proposed approach or research plan reflect understanding of the technical and methodological issues that this research will address?
3. **FEASIBILITY:** How feasible is this study given real-world constraints in the research context (allotted time, available data sources, political support from key stakeholders at MOH, study context stability, etc.)? Consider any limitations of the research.
4. **APPLICABILITY and IMPACT:** Assess the applicability of likely study findings to real-world policy in the research country setting, given the measurement capacity, data availability and priorities of decision makers there. How likely are the results of this study to have an impact on maternal health policy, i.e., add to the evidence base, change the way policymakers think in the research country, or translate to other settings.
5. **RANK WITHIN GEOGRAPHIC REGION:** How does the proposal rank in quality compared to others from the same geographic region (Asia, Africa, or LAC)?

## Submission Details

### Required Submission Components

1. Proposal Cover Sheet
2. Proposal Narrative
3. Budget and Budget Narrative estimating the costs for the proposed research.
4. CVs for key personnel
5. Letters of support from organizational leadership

The Proposal Narrative should include the following elements:

- *Project Scope and Description:* For the three (3) EPMM core indicators listed in the narrative template, describe the overall approach you would take to test and validate each indicator (one of each of the following types of indicators: coverage, health system, and policy indicators). Include proposed indicator validation methodology, data sources, study participants and partners who should be included to carry out this research successfully.
- *Project Milestones and Outcomes:* Describe how the proposed approach will achieve the desired outputs and how this will be measured.
- *Budget Narrative:* Provide a description of the estimated costs of carrying out the proposed research.
- *Personnel Qualifications:* Provide brief background sketches highlighting relevant experience for primary and co-investigators.
- *Organizational Fit:* Describe the institutional resources that are relevant to the implementation of the proposed work and any relevant experience with measurement (testing, validation, etc.). How will this support your current work?
- *Project Partners:* Will you engage any additional organizations or partners in order to complete this work? If so, please describe.

- *Risks/Challenges*: Describe the anticipated challenges to the success of the project and your proposed strategies to address them. Consider any technological limitations and how you plan to overcome them.

### **Deadlines**

- RFP released by: February 1, 2018
- Proposals due by: February 28, 2018
- Notification of selection by: March 31, 2018
- Orientation of selected research partners: April 9, 2018

### **Submission Procedure**

- The submission components listed above and all related documents should be emailed to [whi@hsph.harvard.edu](mailto:whi@hsph.harvard.edu) as a single zip file attachment.
- Templates are provided for all required submission documents.
- Files should be named as follows, with each applicant using their specific information for the text in bold. Please continue to number any additional documents as appropriate.
  1. EPMM Proposal\_CoverSheet\_P**I-LAST-NAME**
  2. EPMM Proposal\_Narrative\_P**I-LAST-NAME**
  3. EPMM Proposal\_Budget\_P**I-LAST-NAME**
  4. CV\_P**I-LAST-NAME**
  5. Letter-of-Support\_P**I-LAST-NAME-PARTNER-ORG**
- Applicants will receive an email confirming receipt of their application. During the review period, please do not contact the MHTF/W&HI or EPMM staff to inquire about the status of your review.

### **Evaluation Procedure:**

- Step 1: The EPMM project staff at the W&HI will review all the proposals for completeness and quality. The most promising applications will be shared with the project Steering Committee for evaluation and scoring.
- Step 2: Each proposal shared with the Steering Committee will be evaluated using a predetermined set of criteria by at least two Committee members. Differences will be resolved through discussion. These evaluations will be sent to the project staff, who will calculate the final scores.
- Step 3: Selected applicants will be notified on March 31 and orientation to the Steering Committee will take place in April.

### **Key Contacts**

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