

CERVICAL SCREENING AT SEDIBA HOPE

Better Health for All

Abstract

**Comprehensive Care and Support for Women's Health by Provision of
Comprehensive Cervical Screening Services**

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Foundation for Professional Development: Terms of Reference

REQUEST FOR PROPOSALS: Comprehensive Care and Support for Women's Health by Provision of Comprehensive Cervical Screening Services

1. Ref: FPD/IHSS/2016/01

2. Background

Cervical cancer is the leading cause of cancer deaths in low and middle income countries. In a Global cancer statistics report, more than 80% of the world's new cases and deaths due to cervical cancer occur in middle to low income countries. Unfortunately no more than 5% of women in these settings are screened once or more in their lifetime. The National Cancer Registry of South Africa in 2007 noted it was second commonest cancer in women, with a life time risk of 1:41. South Africa also has a high prevalence of HIV among women. The CDC designated cervical dysplasia and invasive cancer is an AIDS defining illness. This implies that cervical cancer in South Africa needs unique and pre-emptive approaches to screening and treatment. HIV patients need closer surveillance due to a high incidence of persistent Human Papilloma Virus (HPV) infection. Practically this translates to an increased need for screening, and for more vigorous treatment due to recurrence. A study shows that 15%-40% of PAP smears from these patients will have evidence of dysplasia. Of growing concern is that HIV is associated with increased risk of cervical cancer recurrence. One such study demonstrates that CD4 cells <200/mm and positive margins are associated with increased risk of recurrence of any CIN. This emphasises the need for a service that treats and closely monitors pre-cancerous lesions in the HIV-positive population, and a service that is integrated within HIV care.

The healthcare of most of the people in the inner city of Tshwane is the responsibility of the public health services. The city provides services for cervical screening (PAP smears) in most district clinics and hospitals but further care with minimally invasive Colposcopy assisted Cryotherapy/LLETZ is limited to tertiary level services at Steve Biko Hospital. Capacity is limited at this centre and prevents many woman from receiving timeous care for their pre-cancerous lesions.

Sediba Hope Medical Centre (Registration No 2012/182546/08), located in the inner city of Tshwane at first floor Sediba Building, Bosman Street, Pretoria is an affiliate of PEN (Reg No 1992/001259/08) with the vision and values of providing affordable health care for people living and working in the inner city of Tshwane. Although it provides private primary care services, its profits generated, subsidise the indigent living in the area. The Clinic is run in partnership with the University of Pretoria Family Medicine department, WRHI (WITS Reproductive Health Institute) and supported by Foundation for Professional Development through its comprehensive USAID PEPFAR-funded health systems strengthening grant. Besides the private primary care services, they have also demonstrated the ability to provide services to public patients through CHAPS (The Centre for HIV and Aids Prevention Studies) and one of the largest Voluntary Medical Male Circumcision programmes in Africa and FPD-funded HIV adherence clubs. Sediba Hope Medical Centre is looking for opportunities to expand its services offering to assist woman more comprehensively in the Tshwane district.

There is thus an opportunity to assist woman accessing public health services in providing comprehensive cervical cancer screening and primary treatment. This decentralised approach will relieve the access burden on the tertiary institutions and ensure timeous care for woman in the area. Similar programmes elsewhere have demonstrated a reduction in waiting times from 3-9 months to 2-3 weeks. The tertiary centres can then focus on the treatment and care of advanced and complex lesions. This proposed intervention is an example of task- shifting by transferring screening and early treatment activities away from specialists and tertiary centres to nurses and general medical officers in the primary care setting. Sediba Hope can become a centre of excellence for cross-inner city referrals and in the longer term, Sediba Hope can also explore opportunities to service private patients and /or become a centre of excellence and training for comprehensive cervical screening services.

FPD, through its PEPFAR funded support will provide the opportunity for relevant service providers to engage in this tender and to establish the service in the centre. This will include training of new and existing medical personnel to be able to accurately identify pathologies and provide safe and effective treatment with minimally invasive procedure including cryotherapy and LLETZ.

Support and quality assurance as well as measuring and monitoring will be included in the service requirements and will be outlined in the service level agreement (SLA).

Additional operational research components will be included as per the needs of FPD and the funding contract.

3. Scope of work and deliverables:

3.1 Comprehensive Care Services for Cervical Cancer Screening. The following services are envisaged to be provided:

- Primary screening:
 - Consultation and counselling regarding HPV, HIV and Sexual Practices
 - Voluntary HIV counselling and testing
 - PAP Smears
 - Follow up and counselling post procedures
 - Awareness raising campaigns
- Primary Treatment (after a positive PAP Smear)
 - Minimally invasive Colposcopy assisted Cryotherapy/ LLETZ for those that have positive PAP smears
 - Referral to a tertiary institute for advanced/ complex cases that require more invasive procedures
 - Follow up and counselling post procedures
 - Awareness raising campaigns

3.2 Deliverables for the provision of cervical screening services at Sediba Hope

3.2.1 Set Up

Set up cost, layout and implementation.

Provide a comprehensive procurement and implementation plan with complete costing of equipment and required refurbishment of consultation areas to accommodate the services and comply with required specifications. At least one consultation room to accommodate colposcopy

services. Staffing requirements to be stipulated, however required staff to be negotiated with current existing staff at Sediba Hope and jointly with FPD support. Budget to clearly stipulate with and without staffing expenditure.

3.2.2 Training

To train existing and new staff on all screening procedures, including at least two medical officers on all colposcopy related procedures. Comprehensive training programme required for specific professionals, e.g. professional nurses and doctors. Provide required SOPs, clinical protocols, guidelines and supervisory follow-up visit plan to ensure quality of procedures is maintained.

3.2.3 Laboratory services

Ensure relevant local cytology and pathology services are available and included in the service offering.

3.2.4 Referral networks

Assist in the design and patient flow for both public and private health service providers in the surrounding area. Ensure linkages with private general practitioners in the referral areas and provide implementation plan to include linkages to private GPs.

3.3 Data collection, monitoring and evaluation and research

- Provide relevant data of all activities to FPD and Sediba Hope management to enable proper planning and reporting as required. Actively participate in all research related activities that FPD and/or Sediba Hope may identify and pursue. Based on the service provided, applicants will be expected to report on all or some of the following indicators: Number of individuals who received cervical screening both primary screening and primary treatment, number of referrals; number of individuals successfully treated and any other relevant additional indicators that might impact on program performance.

Monitoring and Evaluation. Supply a Monitoring and evaluation framework. Describe how the project will be monitored and evaluated, what tools and methods will be used. Use the indicators described above to show how data will be collected, analysed and reported. Additionally, the application should include a plan to use the data for reflection on programmatic gaps and to improve service delivery.

4. Financial, Budgets and Governance

BUDGET: The Budget should be adequately justified. Provide a detailed budget for the services for at least one year and detail as follows:

- Capital expenditure
- Refurbishment costs where applicable
- Training costs – all-inclusive with stated interventions and desired outcomes.
- Travel
- Capitation fee per patient, based on 750 to 1,250 patients per annum
- Management fee

The contract will be awarded for an initial period of 12 months (June 2016-May 2017) with quarterly reviews and with the possibility of extension until contract end in September 2017.

Cost realism. Demonstrated realistic budget for level of effort and time frames

Issuance of this call for proposals does not constitute a contract commitment on the part of FPD nor does it commit to pay for costs incurred in the submission of an application. In addition, this call for

proposals is not intended to replace any current or future funding agreements organizations may have with any organization or government department.

Furthermore, FPD reserves the right to reject any application, or to award a contract without further discussion or negotiations if it is considered to be in the best interests of FPD and USAID.

5. Eligibility criteria and Sustainability

In general, all contenders should have the following competencies:

- Proven abilities to provide cervical screening services.
- Demonstrated experience in the field will be an advantage.
- A sound working knowledge regarding challenges faced by the service.
- Staff competencies with the required local languages and an understanding of grassroots, disadvantaged community and inner city dynamics.
- Demonstrate the feasibility to achieve results and provide a plan to sustain services beyond the contract cycle.
- Demonstrate linkages to ongoing programs and commitment to target community.
- Good reporting and financial management skills.
- Policies that adhere to minimum requirements as per USAID Mandatory Standard Provisions for Non-U.S, Non-Governmental Recipients as well as OMB Circular A-122. These documents will be distributed on request.
- **Sustainability plan.** The application should demonstrate how the funded activities will be sustained beyond the life of this project.

6. Submission

FPD therefore invites bidders to submit proposals (electronic or hard copy) for the delivery of outputs that would meet the objectives of the RFP, as listed above.

The Request for Proposals can be obtained from margotu@foundation.co.za and copied to sharonp@foundation.co.za. Full proposals should be submitted in English and must be received not later than 12:00 on Monday 18 April 2016.

The timelines for questions regarding the application will be from Monday, 04 April 2016 to Friday, 08 April 2016. No questions received after 08 April 2016 12:00 will be answered. All questions must be submitted in writing to the Head of Department – Integrated Health Systems Strengthening, at margotu@foundation.co.za, copy sharonp@foundation.co.za. No telephone enquiries are permitted.

The application must be:

- In English
- Typed in a Microsoft Word compatible program, single-spaced with a Calibri 11 point font and one inch margins
- Budget must be in Microsoft Excel (Rand)
- NB Deadline for submission of proposals: 12:00 on **Monday 18th April 2016**

No late applications will be considered. No extensions will be granted. No faxes will be accepted as applications. **Applications that are submitted late or are incomplete will not be considered for review.**

FPD CERVICAL SCREENING AT SEDIBA HOPE: BETTER HEALTH FOR ALL TEMPLATE

RFA NUMBER: FPD/HSS/2016/01

Instructions

- Use Calibri 11 point font and one inch margins, 1.15 spacing to complete the application form.
- Answer all the questions accurately. Incomplete applications will not be assessed.
- Please submit electronically ;(or hard copy, 2 copies) this application form, a profile of the organisation, and all the documents listed under the self-assessment questionnaire to the email address: margotu@foundation.co.za AND Sharonp@foundation.co.za or deliver to Margot Uys, Struland Office park, West Block, 173 Mary Street, The Willows Pretoria with the subject heading SEDIBA HOPE Proposal RFA number: FPD/IHSS/2016/01 by 12h00 on 18 April 2016.
- Any queries to be submitted to Dr Margot Uys margotu@foundation.co.za (copy Sharonp@foundation.co.za) until 08 April and answers to frequently asked questions will be posted on the FPD website, www.fpd.co.za for those received before 8 April 2016.

PART A: ORGANISATION DETAILS, EXPERIENCE IN THE FOCUS AREA, AND SUB CONTRACTOR ABILITY

1. ORGANISATIONAL DETAILS	
1.1 Name of Organisation	
1.2 Physical address	
1.3 Type of organisation	
1.4 Contact Person:	
1.4.1 Name	
1.4.2 Designation	
1.5 Contact person details:	
1.5.1 Telephone (w)	

1.5.2 Telephone (cell)	
1.5.3 Email address	
1.6 Company Registration Number	
1.7 SA Tax (SARS) Registration Number	
1.8 BBBEE Certificate Number (<i>SANAS Approved Agency</i>)	
2. Focus Area : Women's Health	
Focus area of organisation for expression of interest	
<p>2.1 Proven track record and past experience (<i>maximum of 4 pages</i>)</p> <p>a) Provide a brief overview of the past experience in the implementation of comprehensive women's health services and cervical screening services</p> <p>i. Describing the package of services offered and experience of similar services delivered in the past</p>	
II. For what time period you have done this in years and months	
<p>III. What challenges do you envisage in providing Cervical screening services at Sediba Hope and how would you overcome them? What collaborative activities with the DoH, the immediate community in the inner city and other NGOs will be included in your proposal? What is your sustainability plan?</p>	

<p>IV. Describe the technical aspects of your intended proposal, the set-up of all services and training to be included. Elaborate on staff roles and competencies. (Max 4 pages).</p>
<p>V. Monitoring and evaluation: Actual outputs, outcomes and impact of the interventions, how will you monitor progress, what tools will be developed or utilised, what research activities are envisaged. How will the data be utilised to improve services? (Max 4 pages).</p>
<p>VI. Financial, Budgets and Governance: Provide budget in a separate Xcel spreadsheet. Justify all expenses, demonstrate realistic budget for the level of effort and time frames (see p4 (4)).</p>
<p>2.2 Effective Implementer (maximum of half a page) Provide a brief description of what makes your organisation an effective implementer in this focus area.</p>
<p>2.3 Value for money (maximum of half a page)</p> <p>I. Provide a brief description of how your organization ensures value for money for programmes delivered in similar focus areas e.g. describe the unit cost per person reached and infection averted or any other outcome averted</p>
<p>3 Capacity to fulfil the functions of a Sub Contractor (maximum 2 pages)</p> <p>I. Why has your organisation decided to apply to become a Sub contractor?</p>
<p>II. Describe any past experience and performance in being a sub-contractor or sub-recipient. Please also describe any past experience in being an implementer for any other National or international donor, describing your performance and include total value of (sub-granted) allocations.</p>

PART B: MORE DETAILED SELF ASSESSMENT QUESTIONNAIRE RELATED TO ABILITY TO FULFILL REQUIREMENTS OF A SUB-CONTRACTOR

1. Please provide copies of all of the following supporting documentation :		
<ul style="list-style-type: none"> • Proof of legal entity (NPC, Trust, Association, Close Corporation, Pty (Ltd)) – Annex 1 • SARS tax clearance certificate – Annex 2 • BBBEE Certificate (<i>SANAS Approved Agency</i>) – Annex 3 • Budget – Annex 4 • Procurement policy – Annex 5 		
2. Please outline your organisation's experience in the management and implementation of all (not just the above focus area) HIV AIDS and TB programmes. (half page maximum)		
3. Please outline your human resource capacity for the financial management of the organisation (up to one page):		
<ul style="list-style-type: none"> • <i>Key positions, names of the incumbents, their qualifications, number of years relevant experience</i> 		
<ul style="list-style-type: none"> • <i>Procurement and supply chain management system (please attach your procurement policy)</i> 		
<ul style="list-style-type: none"> • <i>Product quality control for commodities (if not covered by procurement policy)</i> 		
<ul style="list-style-type: none"> • <i>Accounting for and safeguarding fixed assets (where applicable)</i> 		
DOCUMENT CHECK LIST		
	Document	Submitted

		(please tick)
1	Application Form (Word Format)	
2	Application Form (Signature Page (PDF Format))	
3	Organisation Profile	
4	List of acronyms and Abbreviations	
5	Annex 1: Proof of Legal Entity (Company Registration)	
6	Annex 2: SARS Tax Clearance Certificate	
7	Annex 3: BBBEE certificate (SANAS approved agency)	
8	Annex 4: Budget	
9	Annex 5 Procurement policy	

8. DECLARATION BY THE AUTHORISED PERSON

Dear Sir / Madam

Having examined and completed the application form, I the undersigned, express an interest in providing services of a sub-contractor for the following:.....

We hereby declare that the information and statements made in this expression of interest are true and accept that any misrepresentation contained in it may lead to our disqualification.

We undertake, if our expression of interest is successful, to comply with the requirements and code of conduct and deliver services of the Principal Recipient (FPD) as required by the funder (USAID).

We understand that you are not bound to accept any application you may receive.

Name and Position	Duly authorised to sign for and on behalf of:
Signature	Date