



Invitation to Tender

International Health Links
Funding Scheme Value for
Money Evaluation

Date: 31 May 2012

THET
Lower Ground Floor
1 Wimpole Street
London
W1G 0AE

Dear Sir / Madam

Invitation To Tender for International Health Links Funding Scheme Value for Money assessment

You are invited to submit a tender to provide a Value for Money (VfM) assessment of the International Health Links Funding Scheme to the Tropical Health and Education Trust (THET).

By participating in this tender you are indicating your acceptance to be bound by the guidelines set out in this letter and attachments. We provide below the key details of THET's requirements, which you should take into account in your response. Please acknowledge via email safe receipt of this letter within two working days together with your confirmation of your intention to tender and a copy of your standard terms of business.

To simplify exchange of information regarding this Invitation to Tender (ITT) please nominate a Bid Manager (together with their deputy) and relevant contact telephone numbers, and email addresses.

Please direct any questions regarding the ITT content or process to the THET representatives named below. You should not contact other THET personnel unless directed to do so by the THET representative. THET reserves the right to disqualify and reject proposals from suppliers who do not comply with these guidelines. All questions should be submitted in writing either by post or to the email address below.

Only communications made by your Bid Manager (or their deputy) to our named representatives, Dan Ritman, Evaluation and Learning Manager, and Emily Burn, Evaluation and Learning Officer, will be taken into account during the pre-contract tender period.

As part of this tender process THET makes no obligations in any way to:

- pay any vendor for any ITT response; or
- award the contract with the lowest or any bidder; or
- accept any ITT information received from vendors; or
- include vendors responding to this ITT, in any future invitation; or
- any other commitment to vendors whatsoever.

I look forward to receiving your response.

Yours sincerely,

Andrew Jones
Senior Partnerships Manager
THET



Email: andrew@thet.org

Tel: 020 7290 3895

This document is proprietary to THET and the Information contained herein is confidential.

Without THET prior written permission, this document, either in whole or part, must not be reproduced in any form or by any means or disclosed to others or used for the purposes other than its evaluation by the vendor.

Whilst care and attention has been exercised in the preparation of this document, it remains subject to contract and all warranties whether express or implied by statute, law or otherwise are hereby disclaimed and excluded.

These limitations are not intended to restrict continuing business discussions between THET and the vendor.

Any proposal received by THET is subject to contract with THET.

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1. Introduction & Overview

1.1. Company Background

The Tropical Health & Education Trust (THET) is a UK-based international development organisation with over 20 years of experience in strengthening human resources for health in low-income countries through partnerships that harness the expertise and experience of UK health professionals. It is a London-based organisation that also has country offices in Zambia and Somaliland.

THET’s grant-giving schemes are the International Health Links Funding Scheme (IHLFS) which is jointly managed with the British Council since 2009, and the Health Partnership Scheme, which THET was awarded in 2011. The Health Partnership Scheme is funded by the Department for International Development (DFID) and it is the successor to the IHLFS.

THET is a charity and company limited by guarantee registered in England and Wales. The Registered Office is at 1 Wimpole Street, London W1G 0AE. Charity Registration No. 1113101. Company Registration No. 5708871.

Further details about THET and THET projects are available via our web site www.thet.org

1.2. Background to the Project

The International Health Links Funding Scheme (IHLFS) developed from recommendations by Lord Crisp’s 2007 report “Global Health partnerships – The UK’s contribution to health in developing countries” and the 2008 UK government’s response to the Crisp report.

The IHLFS is a three-year programme which commenced in August 2009. It supports ‘Health Links’ between health institutions in developing countries and the UK. Funded by the UK Department for International Development (DFID) and the Department of Health (DH), it is jointly managed by THET (lead partner) and the British Council. The scheme aims to strengthen the capacity of health services in developing countries by providing £1.25 million each year to support the work of Health Links.

A Health Link is a formalised partnership (also known as a ‘health partnership’) between a health institution in a developing country and a counterpart in a developed country. The purpose of a Link is to strengthen health systems and improve health service delivery in both developing and developed countries by allowing for a reciprocal transfer of skills and knowledge between people working in the healthcare sector.

The IHLFS supports activities that focus on training health staff and enhancing the capacity of health systems in developing countries. The Links’ activities also benefit the UK partners by



developing staff skills and improving their understanding of and perspective on global health issues. The IHLFS gives grants to Health Links, and the IHLFS team (THET and British Council) carry out the grants management function as well as providing advice, resources and project support to Health Links.

The IHLFS is due to complete in January 2013. Qualitative evaluations are taking place in Summer 2012, both in the UK and overseas in Uganda, Malawi and Zambia.

The study which is the subject of this Invitation to Tender will be the first value for money assessment conducted for THET of Health Links. It is critical to the development of an evidence base on the value of the Health Link/Health Partnership model in strengthening human resources for health. It will also greatly contribute to our advocacy for the model and fundraising work.

2. Supplier Response Required

2.1. Scope of work

We have identified potential outputs from a VfM assessment of the IHLFS and prioritised these in terms of the scale of the work involved and how feasible it will be to answer the question given the resource available. The results will assist us in: assessing VfM in the Health Partnership Scheme; addressing challenging questions about health partnerships; and informing the case we make to our stakeholders, such as NHS management, for the value of volunteering with Health Partnerships.

The following deliverables are listed in order of priority. The detail for each deliverable is given in section 5, Requirements.

Part A: Establish the 'true cost' of a Health Partnership and recommend an approach for future VfM assessments (e.g. for Health Partnership Scheme grantees);

Part B: Assess efficiency of a sample of IHLFS Health Link projects;

Part C: Assess the effectiveness of (a sample of) IHLFS Health Link projects.

All responses must address Part A as a minimum. In addition, you can put forward a proposal to address Part B, Part C or all three parts.

2.2. Supplier profile

The supplier should be able to demonstrate the following to be considered for this project (not listed in priority order):

- Previous experience of working with international development organisations on value for money assessments;
- Ability to complete deliverable Part A as a minimum, with a clear timeline for completion for all parts that you propose to address.



2.3. Success criteria

Each tender will be assessed according to its ability to meet the requirements of the project as set out in section 5, Requirements, and according to section 2.2, Supplier Profile. We are particularly interested in recommendations for ways to improve or refine or research questions and proposed outputs.

3. General contractual details

This section provides detailed instructions to be followed in responding to this ITT. Included are Response Guidelines and THET Contact Information.

3.1. Response guidance

Submit one electronic copy to dan@thet.org and emilyburn@thet.org no later than **9am Monday 11 June 2012**. In addition, submit one hard copy of your response to the address given below. To allow for any postal delays, the deadline for your hard copy submission is **Wednesday 13 June 2012**. The document should be A4, with sequential page numbering. Your Bid Manager should sign the hard copy response. Please note that THET will not accept responses where any content differs between the electronic and hard copies.

Dan Ritman
Evaluation and Learning Manager
THET
Lower Ground Floor, 1 Wimpole Street
London, W1G 0AE

THET reserves the right to disregard any response submitted after the timetable deadline.

You are expected to supply all required information, or clearly state the reason for being unable to do so.

Any assumptions used in preparing responses should be clearly stated. Any appropriate supporting documents should be included.

Questions relating to clarification of the ITT will only be accepted in writing to the THET representatives. Likewise, all responses from THET will be written and may also be made available to other vendors (subject to confidentiality). This will be done in the form of a Word document detailing the question and THET's response. This document will be released by email every three working days (or longer if there are no new questions) to all vendors who have informed us of their intention to respond. If THET cannot respond to a given question within three days, we will notify you of the estimated time to obtain the information. In the event that any answer that materially affects the ITT specifications, an amendment to the original requirement will be escalated to all vendors.

THET reserves the right to modify the provisions of this ITT at any time prior to the scheduled date for written responses. Additional scope and requirements can be added. Notification of such changes will be provided to all vendors.



Should you wish to propose a deviation from the requirements please ensure that you clearly identify and highlight where appropriate in your response.

By submitting a response, you are committing to an understanding that you understand the requirement and have sufficiently addressed all aspects of the tender and that you have checked all stated details, such as prices, to be correct and as intended.

In your response, clearly state:

- Which of the deliverables you intend to address;
- Your understanding of our requirements and how you will address the proposed outputs;
- A breakdown of the cost for completion of Part A. Please also provide a breakdown of the cost for completion of Part B or C, if relevant to your response;
- Your experience of carrying out a similar piece of work, using mixed methodologies as stated at section 6.
- Your approach to managing this project and indication of a timeline for completion of all its components;
- Company registration number, registered address, terms of business;
- A summary of your compliance with the ITT;

3.2. Budget

We have a budget of £8,000 to £17,000 for this work, inclusive of VAT and all other costs. Within this range we are seeking greatest value for money.

3.3. Price clarity

To facilitate ready understanding of the tender proposals and enable cost comparisons to be conducted by the THET Evaluation Team, all prices must be presented in a fully transparent manner.

3.4. Commercial

The bidder's commercial terms will be evaluated by THET's legal advisors. Credit will be given to fairness and balance between the parties. Onerous or unbalanced terms may be viewed unfavourably.

As THET wishes to achieve a tight timescale, bidders are requested to submit their standard terms of business with your Confirmation of receipt of this document to enable this evaluation to commence in advance. Any variations to your standard terms should of course be highlighted in the commercial section of your proposals.

3.5. Level of Compliance with ITT

Briefly summarise your view of compliance with the ITT, addressing each of the following headings:

- a. Understanding of all parts of the ITT;
- b. Proposal provided is in accordance with the Instructions;
- c. Adherence to the timescales to send back responses.

You are reminded that throughout the process THET will continually assess all contact with the bidder's organisations including compliance to the process. THET reserves the right at its sole discretion to disqualify without further consideration any submission that does not satisfy this basic requirement.

4. Timetable and process for choosing a supplier

4.1. Timetable

General	
Confirmation of receipt of this document and your intention to respond	Email confirmation to dan@thet.org and emilyburn@thet.org. Following receipt of your email, you will be added to the Question & Answer document recipient list.
Deadline for submissions	Email copy deadline: 9am Monday 11 June 2012 Hard copy deadline: Wednesday 13 June 2012
Selection of providers for interview	THET ITT Evaluation Team meets in the week beginning Monday 11 June 2012.
Contract implementation date	To be agreed with the vendor.
Project completion date	No later than 30 September 2012.
Email copies of this document	If you would like a word copy of this document please email dan@thet.org or emilyburn@thet.org
Questions	Questions arising from this document should be posed in writing to dan@thet.org
Full contact details	Dan Ritman, Evaluation and Learning Manager THET Lower Ground floor 1 Wimpole Street London, W1G 0AE

4.2. Assessment process

Bids will initially be evaluated for compliance against instructions set out in this ITT and following this, a formal assessment of each response will be carried out by the Evaluation Team.

The Evaluation Team may choose to invite the bidder to present their proposals at its sole discretion.

Any questions arising from the selection process will be passed to all bidders for a response regardless of whether all bidders have included the answer within the body of their proposal or not.

4.3. Briefings for Unsuccessful Participants

THET will provide feedback where requested to every Bidder submitting an unsuccessful proposal. THET reserves the right to control the format and content of any such feedback, and to limit it in any way believed by THET to be appropriate (which includes, in exceptional circumstances, the right to refuse feedback without giving any reason for doing so).

5. Requirements

The purpose of the research is to develop a better understanding of costs and results, to inform decision-making by and about Health Links, in order to achieve desired impacts at low cost.

5.1. Part A: Establish the 'true cost' of a Health Link

5.1.1. Background

The UK Health Links project team is made up primarily of NHS professionals who give their time voluntarily to carry out the project activities. The activities entailed for volunteers in order to make the project a success are numerous, including: project management, training and capacity-building, communications, and reporting. Some of these activities are shared with the developing country partner, while some, such as financial management, and the delivery of training, are largely the responsibility of the UK partner. In return, the benefits that UK volunteers get from their participation in Health Links include: leadership skills, problem-solving, refreshing clinical skills, and team-working. UK volunteers may be required by their employer to take annual leave for Health Link activities or they may be granted time off. Both have cost implications either to the individual or the institution.

5.1.2. Research question

What is the total cost of a Health Link project, including:

- the value of volunteers' time both to the individual and to the sending institution;
- goods and services donated, such as grants, medical equipment and supplies, office facilities;
- the value of support provided by THET;
- external costs such as the carbon cost of international travel?

5.1.3. Outputs

- A model for measuring the total cost of a Health Link project, which includes standard values and clear explanations of its assumptions and limitations;
- Calculated costs for three Health Link projects;
- Reflections on the cost of Health Links.

5.2. Part B: Efficiency of Health Links

5.2.1. Background

Health Link projects aim to strengthen developing country health systems by achieving specific changes such as improvements in the skills, knowledge and performance of health workers, development and implementation of professional policies and procedures, and improvements in the quality of pre-service training.

5.2.2. Research question

What does it cost Health Links to achieve specific, planned outputs such as one health worker trained to a specified standard?

One of the challenges in answering this question is in defining standard, comparable outputs for Health Links working in a variety of contexts and medical areas and taking a range of approaches to health system strengthening. As an example of the breadth of work, one Health Link may be training Community Health Extension Workers (low-skilled primary care workers) in raising health awareness in their communities while another Health Link may be training surgical ophthalmic staff in diabetic retinopathy, but both projects in this example will receive a similar size grant from IHLFS.

5.2.3. Outputs

- A detailed approach for assessing the efficiency of Health Link projects, using qualitative methods such as stakeholder consultation and / or quantitative methods, which includes clear explanations of its assumptions and limitations;

- A comparison of the efficiency of three Health Links;
- Identification of other types of interventions for achieving outputs similar to those of Health Links, and their comparable costs.

5.3. Part C: Effectiveness of Health Links

5.3.1. Background

Health Links may achieve a range of outcomes and impacts such as improved health worker performance and health service delivery in developing country institutions, professional development of UK volunteers with consequent benefits for UK institutions, and institutional and individual collaboration. In some cases, there may also be undesired impacts such as lower standards of care while health workers are engaged in training rather than service delivery.

5.3.2. Research question

What are the costs of achieving typical outcomes or impacts such as higher quality health services or improved patient outcomes?

One of the challenges in answering this question is in attributing changes in performance of complex health systems to specific Health Link interventions.

5.3.3. Outputs

- A detailed approach for assessing the effectiveness of Health Link projects, using qualitative methods such as stakeholder consultation and / or quantitative methods, which includes clear explanations of its assumptions and limitations.

6. Methodology

We anticipate that your methodology will include analysis of IHLFS documents (such as grantees' financial and narrative reports), published literature, and telephone interviews with IHLFS grant holders and health professionals in the UK and in developing countries.

7. Project Management

The project will be managed by the consultant and THET will have oversight. It is expected that the consultant updates THET on their progress at least on a weekly basis. THET will provide all necessary support in contacting grantees and NHS stakeholders, making all relevant grantee documentation available, and providing as much background information as is required. THET is also responsible for setting the project milestones (to be agreed with the consultant).