REQUEST FOR APPLICATIONS

SOLICITATION NUMBER: RFA-VOT-2023-001

Title: Assessing the effectiveness and/or performance of community-based mental health interventions for high-risk communities in low- and middle-income countries

DATE OF ISSUE: August 18, 2023
UPDATED: September 8, 2023
UPDATED: October 11, 2023

RFA OPEN DATE AND TIME FOR CONCEPTNOTE SUBMISSION:
Concept Notes will be accepted and reviewed on a rolling basis while funds are available, beginning on August 18, 2023 5:00 PM (EDT)

RFA EXPIRATION DATE AND TIME:
~~October 11, 2023, 5:00 PM (EDT)~~
November 10, 2023, 5:00 PM (EDT)

Applications must be emailed to: heard@urc-chs.com

Deadline for Questions: **Friday, September 1, 2023, 5:00 PM EDT**

Questions by email ONLY to: heard@urc-chs.com

Contact Person: Emily Peca, Technical Director, HEARD Project

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1. PURPOSE OF THE RFA

The purpose of the RFA is to inform the evidence base on the effectiveness, acceptability, replicability, and scalability of promising mental health and psychosocial support (MHPSS) interventions in low- and middle-income countries (LMICs) by:

- Identifying **community mental health interventions currently being implemented** in high-risk communities, and
- Identifying and/or assembling **multi-stakeholder research teams** that have the technical, managerial, and administrative capacities to design and conduct a study assessing the effectiveness and/or performance of those interventions.
- Soliciting **Concept Notes** for studies of priority interventions from eligible study teams.

2. SUCCESSFUL APPLICANTS

Interventions prioritized for study within this RFA are those:

1. Focused on the diagnosis, referral and treatment of mental health conditions by community-based and/or primary care-level providers (specialist or non-specialist), with or without psychosocial support elements.
2. Located in USAID program countries experiencing conflict or among conflict-affected communities, and/or populations likely to include victims of torture within Sub-Saharan Africa, Latin America, South/Southeast Asia, Eastern Europe, and the Middle East.
3. Currently being implemented among high-risk communities in the general population (rather than in camp settings) which have either been integrated into other services (e.g. HIV/AIDS, TB, maternal health, oncology, physical injury/disability support services) or are delivered on a stand-alone basis
4. Assessable by study designs that are feasible within a nine-month timeline starting in October – December 2023 within award ceilings of approximately $150,000 (not including what additional in-kind resources might be available from the implementing organization or complementary resources from other partners). Interventions with existing or readily obtained baseline or pilot data will be well suited for this timeline.
5. Being carried out by an implementation organization which will serve as a prime recipient for the study award and whose proposed study team includes research and/or evaluation capacity sourced internally and/or through inclusion of an additional technical partner.

3. BACKGROUND

The United States Agency for International Development (USAID) implements a Victims of Torture Program (VOT)[1,2] within the Inclusive Development Hub, which is situated in the Bureau of Development, Democracy and Innovation (DDI). Through this Program, USAID works to assist in the treatment and rehabilitation of individuals, families, and community members who suffer from the physical and psychological effects of torture and trauma. USAID's VOT program works primarily through nongovernmental organizations (NGOs) overseas that (1) provide direct services to survivors, their

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[1] http://www.usaid.gov/documents/1866/victims-torture-programming-guidelines
[2] https://www.usaid.gov/sites/default/files/documents/1866/Victims%20of%20Torture%20Guidelines_6_2014.pdf

families, and communities; (2) strengthen the capacity of country-based institutions in their delivery of services to survivors; and (3) increase the level of knowledge and understanding about the needs of torture and trauma victims.

One of the largest challenges facing victims of torture (VOT) and those living in emergency contexts, is the lack of mental health care and psychosocial support in the areas that they live. Mental health and psychosocial support interventions (MHPSS) are defined as "any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorders" (IASC, 2017). MHPSS interventions are commonly used by non-governmental and humanitarian organizations in challenging settings to improve psychosocial wellbeing and mental health. In many settings however, trauma-exposed individuals enter the mental health system through general community- or primary care-level services, rather than through interventions explicitly targeting Victims of Torture or other trauma-exposed individuals. Therefore, improving access to these services broadly will directly benefit survivors of torture and traumatic events related to war, and their broader communities.

FIGURE 1.
Intervention pyramid for mental health and psychosocial support in emergencies
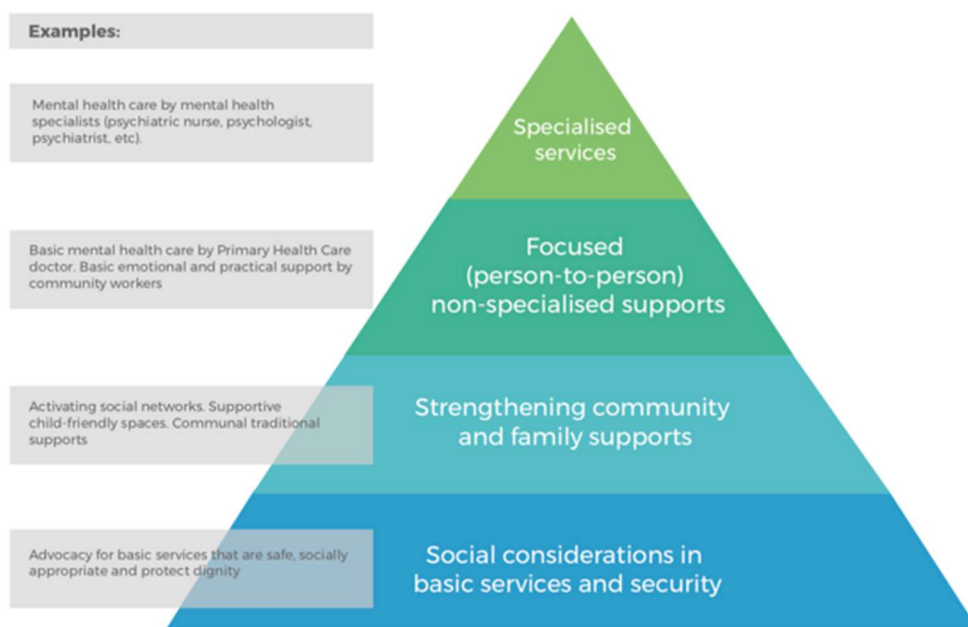
The Inter-Agency Standing Committee Reference Group (IASC RG) is a body of UN and International Agencies, academics and non-governmental organizations dedicated to establishing guidelines and promoting best practices in MHPSS. The IASC RG published a Common Monitoring and Evaluation Framework to guide the assessment, research, design, implementation, monitoring, and evaluation of

MHPSS programs[3] in emergency settings. Included in the framework is the intervention pyramid for MHPSS (See Figure 1).

4. OVERALL OBJECTIVES

USAID's HEARD Project is seeking to identify multi-stakeholder research teams capable of studying promising mental health interventions within community-level service providers in locations likely to include survivors of torture and other psychological trauma associated with conflict. The purpose of this effort is to improve the evidence-base on the effectiveness of community-based mental health interventions and on factors influencing the success or failure of those interventions in achieving desired outcomes. Specifically, this RFA solicits Concept Notes describing potential studies of existing community-based mental health interventions and approaches.

For the purposes of this RFA:

1. **Community-based**[4] refers to mental health services provided at and below the district levels of the primary care system. Services may be implemented by public, private institutions along with NGOs or INGOs.
2. **Mental health interventions**[5] address mental, neurological or substance use conditions spanning more common conditions (e.g., depression and anxiety) to serious mental illness (SMI) requiring medication and more intensive treatment.
3. **Clinical approaches** may include individual or group psychotherapy and/or pharmacological treatment.
4. **Delivery modalities** may include outpatient, inpatient or other community-based locations.
5. **Services** may be delivered by mental health specialists (e.g., psychiatric nurses, psychologists, psychiatrists), health professionals who are not mental health specialists, or individuals without clinical credentials (eg. social workers, community health workers).
6. **Psychosocial support (PSS)** may form part of the approach, but the intervention should include screening, diagnosis, and treatment of a mental health condition.
7. **Community-based mental health interventions** may be integrated into other services e.g. substance abuse, HIV/AIDS, TB, maternal health, oncology, physical injury/disability support services.

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[3] IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings: https://interagencystandingcommittee.org/iasc-reference-group-on-mental-health-and-psychosocial-support-in-emergency-settings.

[4] The World Psychiatric Association's (WPA) guidance on community mental health care characterizes community-oriented care as having a population and public health focus, community -based case finding, services available within half a day's travel, participatory decision making, self-help and peer support for service users, treatment initiation in primary care facilities and communities, stepped care, specialist supervision, collaboration with non-governmental organizations (NGOs), and networks across services, communities, and traditional and religious healers. (Kohrt, B., Asher, L., Bhardwaj, A., Fazel, M., Jordans, M., Mutamba, B., Nadkarni, A., Pedersen, G., Singla, D., & Patel, V. (2018). The role of communities in mental health care in low- and middle-income countries: A meta-review of components and competencies. *International Journal of Environmental Research and Public Health*, *15*(6), 1279. https://doi.org/10.3390/ijerph15061279)

[5] Intervention' refers to any activity deliberately administered to promote recovery or remission of a mental disorder, reduction of symptoms, or improvement of functioning among persons living with a mental disorder. (Kohrt, B., Asher, L., Bhardwaj, A., Fazel, M., Jordans, M., Mutamba, B., Nadkarni, A., Pedersen, G., Singla, D., & Patel, V. (2018). The role of communities in mental health care in low- and middle-income countries: A meta-review of components and competencies. *International Journal of Environmental Research and Public Health*, *15*(6), 1279. https://doi.org/10.3390/ijerph15061279)

8. **Community-based services** may be delivered within the healthcare system or through other systems (e.g., school, elder care, palliative care, veteran affairs/programs, military, emergency services/first responders, community centers, places of worship or at home).
9. **Community-based treatment** may target individuals across the life course (e.g. children, adolescents, adults, older adults).

5. TIME FRAME

Activities are anticipated to start in Fall 2023 and to continue for approximately nine (9) months.

6. EXPECTED ACTIVITIES

It is anticipated the successful organization and partner(s) will include efforts to:

a. Engage stakeholders in participatory study design development and implementation.
b. Obtain ethical approval or appropriate waiver for proposed study from relevant institutional and country-based ethical review boards.
c. Implement a mixed methods study protocol and a well-planned evidence-translation effort.
d. Produce quarterly reports on study implementation progress.
e. Produce a final study report, along with additional products designed to communicate evidence.
f. Engage in the MHPSS Learning Collaborative to share experience, protocols, results, troubleshoot issues, and potentially engage in cross-study analyses.
g. Share study results with relevant policy and implementation learning networks and communities of practice.

7. INSTRUCTIONS FOR RESPONSES

7.1 ELIGIBILITY CRITERIA

To `be eligible for the award under this RFA, applicants must meet the requirements stated below.

A. Be a host-country-based and/or regionally based non-governmental organization (NGO), for-profit, not-for-profit organization, or private voluntary organization, inclusive of universities. In the case of for-profit organizations, no fee or profit will be allowed. The prime applicant should be the implementation entity substantially involved in the implementation of the intervention proposed for study.
B. Consortia may be proposed that include a non-regionally based partner provided the prime applicant is a host-country or regional organization.
C. The Recipient must be a responsible entity and have the necessary organizational experience, accounting, and operational controls, and technical skills to achieve the objectives of this activity and comply with the terms and conditions of the award.
D. Foreign governments and foreign government-owned parastatal organizations are not eligible to apply for funding under this program.

Responses from organizations that do not meet the eligibility criteria listed above will not be reviewed.

7.2 GENERAL INSTRUCTIONS

Key Information

A. Due date for comments and questions about the RFA: **Friday, September 1, 2023, 5:00 PM (EDT).** The HEARD project requests comments from potential applicants and non-applicant technical experts on how best to focus this funding so that it is ultimately responsive to the needs of field-based implementers of MHPSS interventions, e.g., What are the most strategic and highest priority community-based mental health interventions for which a stronger evidence base is needed? What are the promising interventions (or intervention categories) ripe for understanding effectiveness, adaptability, scalability, and/or replication? The HEARD project will consider your comments and questions and incorporate them when we develop the amendment to the RFA.

Amendments to the RFA incorporating Comments and Questions may be issued on/about September 6, 2023.

B. Due date for Concept Notes: responses will be accepted on a rolling basis with review beginning on **September 15, 2023** and again on **October 10, 2023, 5:00 PM (EDT).**

C. RFA Expiration Date: **October 11, 2023, 5:00 PM EDT**

D. Total number of award(s) expected: 3-5

E. All responses received by the deadline will be reviewed for responsiveness to the specifications outlined in the RFA. Responses may be judged as nonresponsive if they do not follow the instructions in Section 7. Section 8 addresses the technical evaluation procedures and criteria for the responses. Organizations are advised to carefully read the instructions.

7.3 INSTRUCTIONS FOR THE CONCEPT NOTE

The Concept Note submissions must be specific, complete, and presented concisely, demonstrating the applicant's and its partners' **Organizational Capabilities and Technical Expertise** with respect to achieving the activities described in the RFA. The Concept Note must include the following areas *in no more than six pages*:

Section 1. Describe the intervention and intervention setting the applicant is proposing to study (**limit 2 pages**) including:

- ~~if the intervention's implementation is funded or if it would need to be funded as part of the proposed study,~~
- how long the intervention has been implemented and current timeline for implementation
- the rationale for selecting the intervention proposed,[6]
- a short description of monitoring and evaluation data/indictors that already exist, and
- a summary of the *anticipated* study design, including outcomes to be measured.

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[6] ~~Whether funding from this award would be used to implement the intervention *and* study it or simply to study an existing intervention, describe why the proposed community mental health intervention was selected for this setting.~~
Due to funding constraints, this RFA intends to only fund studies and not implementation.

Section 2. Experience and current expertise related to implementation and/or effectiveness research, (**limit 1 page**).

Section 3. Experience and current expertise related to community mental health and related/supporting psychosocial interventions (**limit 1 page**).

Section 4. Experience and current expertise leading and/or engaging in research activities that advance the evidence for community mental health interventions and that link to policy and advocacy stakeholders. Include names and nature of engagement with key partners involved (**limit** 1 **page**).

Section 5. Proposed Co-Principal Investigators, one from an implementing organization and one with research expertise who may be from a research institution, summarizing their specific training, role, and experience with research in mental health and in psychosocial support interventions (**limit 0.5 page**); and

Section 6. Institutional capacity to coordinate and implement the above-mentioned activities, including technical, financial, and administrative management capacity (**limit 0.5 page**).

7.4 FORMAT REQUIREMENTS FOR TECHNICAL SUBMISSION

A. The Concept Note technical response should be:
   1. Written in English only.
   2. Typed in a Microsoft Word compatible program, single-spaced with a 12-point font and one- inch margins.
   3. Saved and submitted as one document in pdf or Word format, with all sections and appendices compiled.
   4. Labeled page numbers, the RFA number (RFA-VOT-2023-001) and the name of the organization on every page.
   5. Limited to six (6) pages **not including** cover page and annexes.

B. Responses must be submitted by **email to** heard@urc-chs.com AND must **include the RFA number and applicant's institutional name in the subject line heading**.

C. The technical response should have **Cover Page** (not included in page limit) with the following information:
   1. Date of submission
   2. Name of the organization(s) submitting the response
   3. Program focus country
   4. Program/intervention name
   5. Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address)
   6. Request for Applications (RFA) number

D. **Curricula Vitaes (CVs)** of proposed Co-Principal Investigators and other personnel should be included in Annex.

8. REVIEW AND NOTIFICATION PROCESS

8.1 TECHNICAL REVIEW

A Technical Review Committee will evaluate the organizations' Organizational Capacity and Technical Expertise Statement considering the eligibility criteria (Section 7.1) and the technical review criteria (Section 8.2) found in this RFA.

8.2 REVIEW CRITERIA FOR TECHNICAL RESPONSE

Technical responses will be reviewed and evaluated against the following criteria:

A. Demonstrated experience and expertise related to community mental health intervention implementation, and related program monitoring and evaluation (M&E).

B. Demonstrated experience and expertise related to design and implementation of implementation research studies.

C. Identification of an existing and appropriate community-based mental health intervention that is already being implemented in an LMIC-based general population (rather than in camp settings) likely to include survivors of torture or other psychological trauma associated with conflict, that aims to improve mental health outcomes, and that includes community-based service components, options for referral, and supervisory systems.

D. Access to and collaboration with existing MHPSS network(s) and demonstrated institutional ability to create partnerships and linkages among technical, policy, and service delivery stakeholders to successfully facilitate coordination and collaboration.

E. Proposed Co-Principal Investigators and team that possess demonstrated leadership, expertise, and experience in MHPSS and implementation research design; and

F. Demonstrated programmatic experience and financial and administrative management capacity required to manage USG-funded projects.

8.3 NOTIFICATION PROCESS

URC will review and select responses submitted in accordance with the guidelines and criteria set forth in this RFA. Short-listed organizations will be contacted to further answer questions and may be invited to participate in a co-creation workshop, location TBD, after which selected organizations will be invited to submit a full proposal to undertake the work referenced in this RFA.

URC reserves the right to disregard any responses that do not meet the guidelines. URC is not obligated to issue a financial instrument or award because of this RFA.

If URC's review of the organization's Concept Note will result in a decision to request a full application, URC will provide specific requirements and instructions for the full application, including for a Detailed Budget and Budget Narrative

8.4 CONSIDERATIONS FOR AN AWARD

To be eligible to receive U.S. Government funding, organizations must meet certain requirements. ***While these requirements do not have to be met at the time of submission of a Concept Note for this RFA,***

applicants should be aware that if they are requested to submit a full technical proposal, they will need to meet additional requirements at that time, including.

A. Submission of additional documentation and certifications:

    i. Negotiated Indirect Costs Rate Agreement (NICRA) or audited financial statements to support indirect rates.

    ii. A signed copy of ADS 303mav, Certifications, Assurances, and Other Statements of the Recipient and Solicitation Standard Provisions.

    iii. Complete Pre-Award Assessment Questionnaire,

    iv. Organization's registration (e.g., certificate of incorporation, business license, certificate of registration with government).

    v. Organization chart or list of company officers.

    vi. Audited financial statements for the last two fiscal years.

B. Documentation of SAM and DUNS registrations (unless the applicant is an individual or Federal awarding agency that is excepted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)) and:

    i. Be registered in SAM with an active Unique Entity Identifier (UEI) before submitting its application (**Please allow several weeks for processing through SAM.GOV)**

    ii. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a federal awarding agency. To obtain information regarding the preceding, see the respective link: https://www.sam.gov/portal/public/SAM/

C. All first-time applicants for USAID funding are subject to a pre-award assessment to verify that the applicant has proper procedures in place to receive USAID funding (ADS 303.3.8)

# ANNEX I: HEALTH, EVALUATION AND APPLIED RESEARCH (HEARD) PROJECT

The purpose of USAID's HEARD Project is to undertake research and evaluation efforts to accelerate progress towards achieving USAID's global health and inclusive development goals. The HEARD Project's partnership lays the foundation for the establishment of the Implementation Science Collaborative (ISC). The ISC is comprised of organizations that work to advance global health goals as implementation support organizations, regional health bodies, policy advocacy groups, civil society-based evidence advocates, research organizations, and academic institutions. This strategic mix of partners will help to inform which research questions are prioritized in different contexts, to generate and analyze evidence, and to better package and move evidence through channels which render it more accessible to inform policy and practice.

The partnership seeks to:

- Effectively respond to evaluation and research-to-use global health priorities: developing the study designs and issue-specific partnerships required to navigate a complex effort along a strategic research-to-use pathway;
- Actively engage national, regional, and global-level stakeholders for the development of those priorities: engaging and supporting a growing community of interested implementers, policy makers, and investigators in shaping and promoting a more relevant research-to-use agenda and capacity; and by
- Strengthening and connecting the institutional applied research capacities required to sustain a vigorous implementation science agenda in support of global health goals, emerging threats and new opportunities.

The approach is illustrated in Figure 1, below. Emphasizing effective stakeholder engagement and knowledge management throughout, the four main strategies of the HEARD Project are: (1) partnership and agenda development; (2) data liberation and evidence strengthening; (3) research and evaluation study design and implementation; and (4) the acceleration of evidence-to-use processes.

Figure 1. Key strategies for accelerating research-to-use
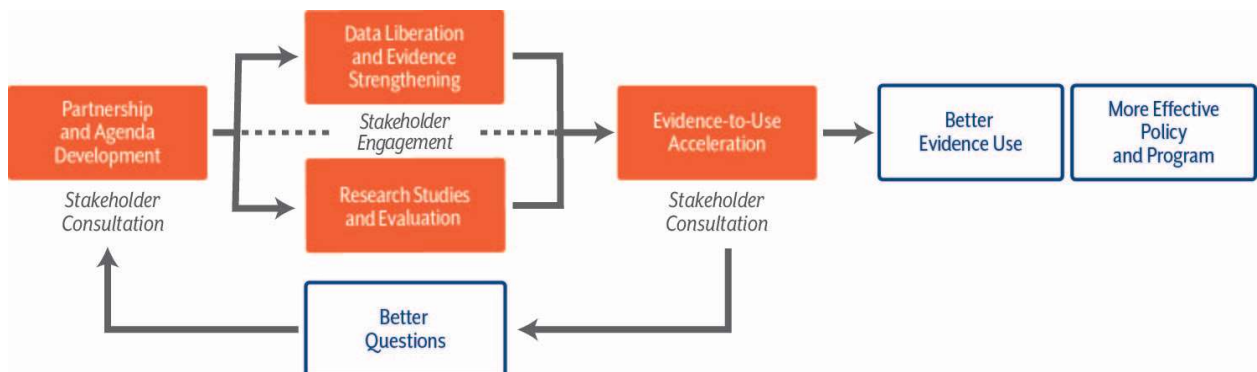
More information can be found on the Implementation Science Collaborative website at https://iscollab.org.