



INTERNATIONAL CENTRE FOR  
**ANTIMICROBIAL RESISTANCE**  
SOLUTIONS



## **Request for proposals**

# **Tackling Antimicrobial Resistance via Community-based Responsive Dialogues**

**Issue Date: 27 October 2022**

**Submission Deadline: 1 December 2022**

## SECTION 1 – INTRODUCTION

The purpose of this section is to provide general information about the International Centre for Antimicrobial Resistance Solutions (ICARS), Wellcome and this Request for Proposals (RFP).

### 1.1 ICARS Overview

ICARS' mission is to partner with Low- and Middle-Income Countries' (LMIC) ministries and research institutions to co-develop and test cost-effective, context-specific Antimicrobial Resistance (AMR) solutions with potential for scale-up across the One Health spectrum. Solutions are intended to build on National Action Plans (NAP) and be informed by intervention and implementation research. ICARS works top-down with governments and policymakers and bottom-up with practitioners and other stakeholders to identify and address AMR priorities. This is accompanied by capacity building to deliver projects at a country level, and partnerships with public and private, national and regional stakeholders to avoid duplication and support uptake of the evidence generated.

ICARS provides technical advice to the countries as well as financial support, and has built in-house capacity to provide both science and management expertise to the research projects it is involved in. For more information: <https://icars-global.org/>.

### 1.2 Wellcome Overview

Wellcome supports science to solve the urgent health challenges facing everyone. Wellcome supports discovery research into life, health and wellbeing, and is taking on three worldwide health challenges: mental health, global heating and infectious diseases. For more information: <https://wellcome.org/>.

### 1.3 Purpose of this RFP

The purpose of this RFP is to support a single project (either through a single organisation or a partnership between 2 organisations) to develop *guidelines for facilitating Responsive Dialogues in a variety of LMIC settings*. These will be used to shape national and local interventions to tackle AMR and will feed into projects that ICARS is developing with countries.

Requirements are described in section 2, the statement of work ("services").

### 1.4 Target Dates for this RFP

The following schedule summarises significant target events for the RFP process. The dates are subject to change at the discretion of ICARS and Wellcome and shall not become conditions of any contract which may be entered into by ICARS and the selected organisation.

Event	Date
RFP Issue Date	Thursday, 27 October 2022
Deadline for Enquiries	Thursday, 10 November 2022
RFP close date	Thursday, 1 December 2022
Proposal evaluation, selection and notification	Week of 12 or 19 December 2022
Interview dates	19 and 20 December
Finalize contract with successful (lead) organisation and expected project start date	Week of 9 January 2023

## SECTION 2 – STATEMENT OF WORK

The Statement of Work (“SOW”) is a description of the tasks to be done, results to be achieved, and deliverables to be provided.

### 2.1 Introduction and project overview

AMR is a complex, inter-sectoral challenge which requires policies and practices that are informed not only by scientific evidence, but by a deep understanding of local contextual issues driving AMR. Public engagement creates a better contextual understanding to help policy and decision making and amplifies the voice of communities most affected by AMR. It can help augment research and generate solutions that are grounded on local realities.

Wellcome developed an approach, Responsive Dialogues, which leads to public engagement in addressing AMR through:

- Engaging communities in meaningful ways and raising their awareness and understanding of AMR, while catalysing change in attitudes and behaviours.
- Involving public voices, experiences and understanding of AMR in policy processes.
- Raising policy makers understanding and awareness of public perceptions and the drivers behind AMR.
- Informing and adding to the evidence base of public feelings, attitudes and behaviours towards AMR.

The approach was developed into a ‘toolkit’ which has been piloted in Thailand and Malawi and has been used to generate solutions that are grounded in local realities and embrace ideas and views from the public. For more information: [responsive-dialogues-drug-resistant-infections-toolkit.pdf \(wellcome.org\)](https://wellcome.org/publications/responsive-dialogues-drug-resistant-infections-toolkit).

Guided by the Responsive Dialogues toolkit and supported by Wellcome, ICARS is currently partnering with the University of Eden in Zambia on a [project which carries out Responsive Dialogues in Zambia to identify contextually relevant solutions to mitigate AMR in the context of Urinary Tract Infections \(UTI\)](#). The project is designed to complement an ongoing [ICARS project in partnership with the Zambian Ministry of Health whose aim is to reduce the inappropriate antibiotic prescription in blood stream infections and UTI](#).

#### ***What are Responsive Dialogues?***

Responsive Dialogues facilitate dialogue, learning and solutions, to enable change in attitudes, behaviours, policies and practices on the use of antimicrobials.

Lessons from all pilots, plus current best practice in community engagement for AMR, public engagement and participatory approaches indicate the importance of using this toolkit to tackle AMR as well as the need for it to be revised to make the process clearer and more streamlined while incorporating this new learning.

This RFP aims to revise the Responsive Dialogues toolkit to develop ***guidelines for facilitating Responsive Dialogues*** in different settings. ICARS intends to use the new guidelines to inform development and where relevant implementation of its projects in LMICs.<sup>1</sup> The target audience of the Responsive Dialogues in ICARS projects are stakeholders involved in developing and shaping interventions and implementation research in LMICs with the aim of tackling AMR. Facilitating Responsive Dialogues via the guidelines will help to ensure that research projects are tailored to respond to each country’s individual needs and challenges, and that

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<sup>1</sup> For more information on the ICARS approach: <https://icars-global.org/what-we-do/how-we-work/>.

interventions are guided by the problems that countries are committed to solve, rather than follow a one-size-fits-all approach.

ICARS will be testing the final guidelines in one of its projects in LMICs and where fine tuning is necessary will extend the contract beyond this RFP.

## **2.2 Objectives**

The project supported via this RFP must achieve the below objectives:

1. Develop guidelines for facilitating Responsive Dialogues in a variety of LMIC settings.
2. Provide a training module(s) on Responsive Dialogues and the key features for facilitating the dialogues.

## **2.3 Technical requirements**

The guidelines for facilitating Responsive Dialogues need to:

- Adopt the learnings / best practice from the pilot projects in Malawi, Thailand and Zambia.
- Align with and imbed best practices from relevant participatory approaches, community engagement and public engagement.

The existing process for facilitating Conversation Events (see toolkit on Responsive Dialogues) is relevant for the revision and does not need to be redesigned but be built upon. Further, the flexibility and adaptability of the existing Responsive Dialogues toolkit needs to be maintained.

The minimum requirements for the guidelines:

1. Simple, easy to follow and reference guidelines that clearly explain what Responsive Dialogues are, their value and purpose and what is needed to operationalise Responsive Dialogues.
2. Offer a modular stepwise package for the Responsive Dialogues that can be adapted to different LMIC settings and potentially timeframe shortened to capitalise on already existing work.
3. The guidelines should be well designed and universal in appeal in accordance with good practice on printed and electronic copies.
4. The guidelines should build on existing best practice / lessons as well as referencing other relevant 'tools' in the field of public engagement, community engagement and participatory practices.
5. Clarify / provide more examples to guide (and expedite) preparations that are needed to run the core of Responsive Dialogues, called 'Conversation Events'.
6. Include guidance to align groundwork and impact with known policy process/making frameworks and illustrate how Responsive Dialogues fit into these processes.
7. Cover key topics such as analytical approaches to the extensive qualitative data coming out of the dialogues and on follow-up with communities.
8. The guidelines should integrate Monitoring and Evaluation (M&E) and feedback loops across the stakeholder engagement process and conversation events.

A full complement of 'lessons learned' and recommendations compiled from the three pilots, plus a library of materials and examples, will be provided at the start of the project.

The development of the guidelines and the complementary training module(s) will include an inception workshop, content generation and synthesis, design drafting, and a consultative review workshop before finalising the content and the design.

Applicants should describe their proposed methods for achieving the project's objectives within the project proposal as well as the expertise and suitability of the team (*see section 4. for more details*).

## **2.4 Expected Results**

During the project period, the successful applicant/organisation will be required to provide the following deliverables:

1. DESIGN spec/ template and outline *for review*
2. Draft guidelines for facilitating Responsive Dialogues *for review*
3. Draft training module(s) *for review*
4. Final guidelines for facilitating Responsive Dialogues accessible electronically and in 'paper' copies online
5. Final training module accessible online.
6. A framework for pilots to provide feedback in.

## **2.5 Timeline, Budget and Management Arrangement**

The proposed project will run for a duration of **8.5 months**. The project is anticipated to start in the second half of January, and an end date no later than **30 September 2023**. The final project deliverables must be submitted by **15 September 2023** for approval by ICARS and Wellcome.

This project has a **maximum budget available of \$104,724 USD, including travel costs**. All costings will need to be well justified when drafting the proposal.

To facilitate the incorporation of the lessons learnt from the existing Responsive Dialogue toolkit, the successful project team will be supported through the engagement of a subject matter expert who has been leading on the piloting in Thailand and Malawi and who is also supporting the Responsive Dialogues project in Zambia until July 2023. The scope of the engagement of the consultant will depend on the profile of the successful RFP applicant(s).

## **Inception Meeting**

A meeting between ICARS, Wellcome and the successful project team will take place in February, following the receipt and review of the lessons learned / recommendations generated by the pilots. The purpose of the meeting will be to prioritise changes / improvements to the existing toolkit and generally to ensure that the project team understands the project mandate and ICARS/Wellcome expectations for project implementation, timelines and deliverables.

## **Key Milestones and Monitoring**

Projects will be required to submit a workplan and proposed timeline as a part of their project. Successful applicant(s) will be required to develop a detailed workplan in consultation with ICARS and Wellcome in the first month of the project. The successful project will be required to submit quarterly progress and financial reporting, based on a logic framework as per standard ICARS monitoring processes. Monthly calls between the successful applicant and funders are expected.

Milestone	Date
Receipt of the lessons learnt from the pilots for review	Start of the project
Inception workshop with ICARS, Wellcome and the project consultant	February 2023
Submission of workplan	Two weeks following the inception workshop
Delivery of a DESIGN spec/ template and Outline for review	March 2023
(Phased) Submission of draft Guidelines	By end of May 2023
Consultation workshop on draft Guidelines	May/ June 2023
Submission of the final deliverables for approval by ICARS	By 15 September 2023
A virtual webinar presentation to ICARS and Wellcome staff	September 2023

## Project Oversight

There will be an Oversight Group providing oversight to the project, with minimum Wellcome and ICARS representation.

## SECTION 3 - PROPOSAL EVALUATION

### 3.1 Eligibility and Funding

Proposals may be submitted by a single organisation or a partnership of two organisations. All organisations must be based in an LMIC without exception. In the case of a partnership, one proposal should be submitted by one organisation on behalf of all partners (lead organisation).

### 3.2 Organisations

Organisations that are eligible to be considered for this RFP include universities or other research institutions (public and private) and non-profit organisations based in LMICs (such as local civil societies and NGOs). Profit-making organisations and international organisations (including United Nations Organisations or any international academic/non-profit/for-profit institution) are generally not eligible for this RFP as lead organisations, but profit-making organisations (based in an LMIC) may partner with a non-profit entity and be included in the proposal. For match-making requests please contact [RFPresponsivedialogues@icars-global.org](mailto:RFPresponsivedialogues@icars-global.org).

The project team can include sub-contracted subject matter experts (SMEs) based in LMICs.

Required Expertise project teams should demonstrate:

- Community engagement expertise;
- Expertise and skills in intervention research with relevance to applied work in human health, animal production;
- Participatory engagement skills
- Ability to deliver high quality outputs;
- Demonstrated project management skills;
- Excellent written communication and ability to compose easily understandable reports for lay audiences
- (Tool) Design skills and experience.

For any eligibility query, proponents are encouraged to contact [RFPresponsivedialogues@icars-global.org](mailto:RFPresponsivedialogues@icars-global.org).

### 3.3. Additional Requirements

The lead organisation must:

1. be a registered legal entity in a LMIC and be willing and able to enter into a contractual agreement, as the Commissioned Organisation, with ICARS. The successful organisation will be required to comply with the grant conditions of ICARS and Wellcome.
2. have submitted a completed application (within the page limit and with all supporting documents such as CVs) as per the guidance in this RFP. We will be unable to accept incomplete applications and those submitted after the end date.

### Legal compliance and knowledge translation

The successful institutions will be required to comply with the grant conditions, including organisational policies, of the offering institution.

The Wellcome grant conditions can be found on the following website: [Grant Conditions for Grantholders - Funding | Wellcome](#) and the grant funding policies on the following website: [Grant funding policies | Grant Funding | Wellcome](#).

ICARS policies including the code of ethics & professional conduct and the anti-bribery, fraud and corruption policy, are publicly available on the following website: [Our policies – ICARS \(icars-global.org\)](#). The ICARS grant agreement template can be requested by email: [RFPresponsivedialogues@icars-global.org](mailto:RFPresponsivedialogues@icars-global.org).

Following the ambitions of open science, researchers involved in this project must ensure that science and society can be made aware of the information about the project as early as possible in the research process. This should be detailed in a knowledge translation strategy. Funders of this work may be available to support translation and are committed to open access.

### 3.4. Evaluation Methodology Proposals will be reviewed based on the following criteria.

1. Fit to the scope of the RFP and its objectives

The application:

- Delivers approaches that supports the key objectives and results required
- Demonstrates a robust logic that clearly links methodologies, activities, outputs and outcomes
- Complies with all formal requirements outlined in section 4.1, including the 10-pages-limit

2. Clarity and approach of the proposal

The application:

- Demonstrates a clear understanding of the task
- Provides a clear structure and language that is easy to follow
- Provides a justified budget aligned to the scale and scope of the proposed project

3. Competence of the team and the relevant experience to conduct the work

The application:

- Demonstrates skills/expertise/experience/ location of the team that are relevant to the proposed scope and activities

- Demonstrates ability to manage the funds and produce required deliverables in compliance with the grant conditions, including ethical guidelines, standards and principles

## SECTION 4 - PROPOSAL SUBMISSION

Proposals should be organized and submitted in accordance with the instructions in this section.

### 4.1 Proposal Format

Proposals should be no more than 10 pages, without annexes. Elaborate or unnecessary voluminous proposals are not recommended and risk rejection for formal reasons. Proposals must be submitted in English and have a font style and size that is easy to read.

Proposals should include: • A cover letter, including: • The primary contact person with respect to this RFP: the individual's name, address, phone number and email address. • Contact persons at partner applicant organisations.

The body of the proposal including shall not exceed 10 pages (absolute max). The below the below is a suggestion that you may want to consider in terms of structure and section length:

1. Proposal Summary (*max half a page*)
2. Project Background, Problem and Rationale (*max 1 page*)
3. Proposed Aim and Objectives (*max half a page*)
4. Methodologies (*2-3 pages*)
5. Expected Outcomes, Outputs and Activities (*2-3 pages*)
6. Risk Management (*half a page*)
7. Project Management and Team Composition (*1 page*)
8. Team Expertise and Relevant Projects Undertaken, i.e., past work in community engagement/ AMR/ participatory approaches in infectious disease interventions in LMICs etc. (*relevant projects undertaken can also be listed in an annex where needed to comply with the 10 pages limit*)

### Annexes

a) Budget in USD, with a detailed breakdown including the following categories at minimum:

- i. Salaries and Fees (including estimated number of billable days to complete the work and rates for project team members)
- ii. Travel and Subsistence
- iii. Project activities
- iv. Dissemination costs
- v. Indirect costs (e.g., Audit<sup>2</sup>, Overhead<sup>3</sup>, etc.).

b) CVs of team members (max 5 pages per CV).

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<sup>2</sup> ICARS Audit Guidelines are available at: [Appendix 3.2: Audit Instructions \(icars-global.org\)](https://icars-global.org/).

<sup>3</sup> Overhead is calculated as a fixed percentage of direct costs. Institutions eligible to receive overhead are research institutions, universities and non-profit organisations based in LMICs. The maximum overhead rate is 15%, but if a research institution, university or non-profit organisation has an actual overhead/indirect cost rate that is lower than the maximum rate then that rate should be used.



#### **4.2 How to apply**

All applications must be submitted in a PDF format in English through the project email address [RFPresponsivedialogues@icars-global.org](mailto:RFPresponsivedialogues@icars-global.org) by **1 December 2022**.

#### **4.3 Enquiries**

Any enquiries related to the Call, application process or budgeting requirements should be sent by email to [RFPresponsivedialogues@icars-global.org](mailto:RFPresponsivedialogues@icars-global.org). All enquiries should be received by **November 10, 2022**.