

## REQUEST FOR INFORMATION (RFI)

### **USAID/Cambodia Community Mobilization Initiatives to End Tuberculosis 2 (COMMIT 2) *(Name to be finalized)***

The USAID/Cambodia Mission is exploring the potential for a new, five-year community tuberculosis (TB) Activity with the goal of accelerating TB case finding and case holding activities to maximize TB outcomes among Cambodians, including vulnerable populations. This Activity will build on USAID's previous investments in community TB control, including the USAID Community Mobilization Initiatives to End Tuberculosis (COMMIT) activity, recommendations from the COMMIT's mid-term evaluation, and lessons learned from other stakeholders; and further contribute to the National TB Strategic Plan to End TB (2021-2030), World Health Organization's (WHO) End TB Strategy, and USAID's Global TB Strategy 2023 - 2030. This Activity will focus on improving and streamlining the implementation of the End TB strategy at the community level by focusing on: improving access to and demand for high quality TB services and advancing their integration within national health systems, creating an enabling private sector environment for TB control and the provision of TB services, and improving TB Management Information System (MIS) systems and data use, to provide better and more sustainable TB services.

The purpose of this RFI is to provide industry and stakeholders an opportunity to review, comment, clarify, provide suggestions for improvements, and enhance areas in the Program Description. The anticipated award value is up to \$20 million. The Draft Program Description is provided in the following pages.

### **DISCLAIMER**

This Request for Information (RFI) is issued solely for information and planning purposes. This is not a Request for Applications and is not to be construed as a commitment by the U.S. Government. Responses to this RFI shall not be portrayed as applications and will not be accepted by the Government to form a binding agreement. Issuance of this notice does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for any costs incurred in the preparation of comments. Responders are solely responsible for all expenses associated with responding to this RFI.

Responses to this RFI are strictly voluntary and USAID will not pay respondents for information provided in response to this RFI. Responses to this RFI will not be returned and respondents will not be notified of the result of the review. If a Notice of Funding Opportunity is issued, it will be announced on the Grants.gov website at <https://www.grants.gov> at a later date, and all interested parties must respond to that Notice of Funding Opportunity announcement separately from any response to this announcement.

## INSTRUCTION

Responses (comments, suggestions, and enhancements) to this RFI are due to OAA at the identified e-mail address(es) below by **November 17, 2023 at 4:00 pm, Phnom Penh time**. Please forward your responses to Ms. Honey Sokry at [hsokry@usaid.gov](mailto:hsokry@usaid.gov) with a copy to [fhall@usaid.gov](mailto:fhall@usaid.gov) with the subject title **“Response to the USAID Cambodia Community Mobilization Initiatives to End Tuberculosis 2 (COMMIT 2)”**

USAID seeks:

- Response to questions as in Attachment 1.
- Feedback (comments, suggestions and enhancements) on the design of the program as laid out in Attachment 2.
- A brief statement of interest and capability statements from interested organizations to include:
  - Name, email address and address of organization
  - General organization information
  - Statement of capabilities (including staff and technical resources)
  - At least three (3) references for similar programs performed by the organization in the past ten (10) years, including a short technical description and project value.

## ATTACHMENT 1: RFI QUESTIONS

The USAID Cambodia Community Mobilization Initiatives to End Tuberculosis 2 (COMMIT 2) is seeking comments on the draft program description attached in this letter. Please ensure comments are concise and specific to the information requested. Please ensure that submitted comments make specific reference to page and section numbers. Special consideration should be given to the following:

1. Cambodia is beginning to implement the World Health Organization's (WHO) Multi-Sectoral Accountability Framework (MAF), involving several government ministries. This work involves collaboration with government officials and WHO. To what extent can this Activity support the development and successful implementation of Cambodia's MAF?
2. What are the opportunities to engage the private healthcare sector in the provision of TB services? What are the entry points for the Activity to advance Private Sector Engagement (PSE)?
3. What challenges do you anticipate in advocating for the National TB Program (NTP) to use a single electronic recording and reporting system and transition the system to the NTP and Ministry of Health? How could the scope of the Activity be adapted to address these challenges, and ensure long-term sustainability and institutionalization of the system in the greater digital health architecture of the country?
4. How can the Activity tangibly support Cambodia to institutionalize and sustain TB services within the healthcare system, particularly considering the potential for reduced donor resources for TB in the future?
5. Are there any additional comments or suggestions regarding the draft program description that could enhance the objectives or results?

## ATTACHMENT 2: DRAFT PROGRAM DESCRIPTION

### I. Introduction

The USAID/Cambodia Mission is exploring the potential for a new, five-year community tuberculosis (TB) Activity with the goal of accelerating TB case finding and case holding activities to maximize TB outcomes among Cambodians, including vulnerable populations. This Activity will build on USAID's previous investments in community TB control, including the USAID Community Mobilization Initiatives to End Tuberculosis (COMMIT) activity, recommendations from the COMMIT's mid-term [evaluation](#), and lessons learned from other stakeholders; and further contribute to the National TB Strategic Plan to End TB (2021-2030), World Health Organization's (WHO) End TB Strategy, and USAID's Global TB Strategy 2023 - 2030. This Activity will focus on improving and streamlining the implementation of the End TB strategy at the community level by focusing on: improving access to and demand for high quality TB services and advancing their integration within national health systems, creating an enabling private sector environment for TB control and the provision of TB services, and improving TB Management Information System (MIS) systems and data use, to provide better and more sustainable TB services.

### II. Background

#### A. Country Context

Cambodia has made significant progress in tuberculosis (TB) control. TB incidence has been reduced from 575 per 100,000 in 2000 to 288 per 100,000 in 2022. As of 2021, it is no longer on the list of the highest burden countries for tuberculosis, but it remains on the TB Global Watch List. The treatment success rate of drug-susceptible tuberculosis (DS-TB) and multidrug-resistant TB (MDR-TB) is high, 90 percent and 80 percent respectively. However, case detection of all types of TB remains a challenge, with over one-third of cases going undetected. While there were 32,865 cases reported in 2022, the estimated total burden of TB is approximately 46,000, illustrating a large gap in case notification.<sup>1</sup>

Cambodia's multi-Drug Resistant TB (MDR-TB) burden is considered small, however, MDR-TB case detection also remains low at around 13 percent (127 of an estimated 1,000 cases were detected in 2022). Low case detection of MDR-TB poses a threat for spreading drug-resistant TB. Although case detection and treatment success rates are improving, treatment for MDR-TB is difficult and costly.

There are several factors that contribute to the high number of undetected TB cases, including the inaccessibility of health care services at the community level, and sub-optimal screening and referral at both public and private health facilities. Lack of awareness about the disease, poor care-seeking behavior, the cost of traveling to health facilities, and underlying social stigma often lead people to delay care until they become very sick.

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<sup>1</sup> WHO global TB report 2020

The National TB Program (NTP) includes the National Centre for Tuberculosis and Leprosy (CENAT) office and hospital, 25 provincial and municipal health departments, and 103 operational districts (OD) with 1,420 health facilities providing TB services.<sup>2</sup> Along with the national reference lab, NTP has five culture labs which can perform first and second line molecular testing. NTP has 217 TB-microscopy centers in the country including 32 fluorescent microscopes. In Cambodia, 92 GeneXpert devices are in use and another 36 GeneXpert devices procured with Royal Government of Cambodia's (RGC) funds are planned for mobilization and use for TB testing. There are 15 Truenat machines deployed at the Health Center (HC) level.<sup>3</sup> Despite the wide GeneXpert network expansion, not all ODs have a facility with a GeneXpert machine. There is also an inefficient utilization of GeneXpert machines and poor quality sputum collection at operational levels. Factors that contribute to these issues include the delayed repair of broken modules, inadequate supply of cartridges, poor quality sputum, and insufficient patient instruction for sputum collection.

In response to the Cambodia TB prevalence survey in 2011 and new global evidence, CENAT and partners are increasingly targeting community TB activities to key populations (KPs) to rapidly accelerate prevention and TB case detection. Cambodia has a long history of addressing the TB epidemic through community-based TB activities, including community-based directly observed treatment, short-course (C-DOTS), and TB active case finding (ACF). Activities are often integrated with other health interventions and conducted through Village Health Support Groups (VHSG) and Health Centre Management Committees (HCMC). CENAT, in collaboration with civil society organizations, conducts TB ACF activities equipped with mobile diagnostic tools (GeneXpert and chest X-ray) to reach the poor and other underserved communities. Although the response of C-DOTS and ACF is encouraging, the scale, intensity, and quality of each approach needs to further improve to achieve the goals of the End TB strategy in 2030.

Being in close contact with people with bacteriologically confirmed TB is considered a significant risk for TB transmission. Contact investigation is a cost-effective measure for detecting new TB cases. TB preventive therapy (TPT) decreases the chance of developing active TB disease. Cambodia's NTP has made significant progress in achieving TPT targets through the expansion of TPT for close contacts (household members, and neighbors of TB patients) and People Living with HIV (PLHIV). The number of PLHIV enrolled in TPT has significantly increased from 754 in 2017 to 8,681 in 2020, which exceeded the UN High-Level Meeting (UNHLM) target. The total TPT enrollment for PLHIV and close contacts doubled from 11,414 in 2019 to 22,287 in 2022.<sup>4</sup>

The enrollment of children under 5 years in TPT remains limited. This may be due to the reluctance of parents/guardians or a lack of awareness/misperceptions about TPT. In addition, contact investigation within health services has been limited. The reported proportion of children within total TB case notifications increased from 18.5 percent in 2018 to 25 percent in 2022, which is much higher than the global average, suggesting the possibility of over-diagnosis of TB in children.

USAID has supported the NTP to develop a TB-Management Information System (TB-MIS), a web-based tool that enables decision-makers to monitor a patient's status from TB notification until completion of

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<sup>2</sup> Ministry of Health's annual health report 2022.

<sup>3</sup> The National Center for AntiTuberculosis and Leprosy's Diagnostic Network Optimization report 2023

<sup>4</sup> Ibid

treatment, and to track TB indicators at various levels of the public health system. Currently, the TB-MIS is used by about 600 users nationwide in 103 ODs, including 114 hospitals and 103 separate microscopy centers.<sup>5</sup> USAID provides technical assistance to NTP for the development and rollout at the HC level, but further investment is needed to scale up the system beyond USAID coverage areas. The TB-MIS now includes most of the needed modules to record and track data and monitor progress towards targets. However, implementation and roll-out remain challenging. While the TB-MIS data is the primary data source for reporting TB case notification at the OD level, paper-based quarterly reports (Excel based) are still enforced as a parallel reporting requirement. This increases staff workloads and causes delays in uploading data in TB-MIS. Other identified challenges include staff capacity to use the system, lack of data usage and analysis for decision making, and lack of TB-MIS implementation at lower levels as the primary source of data entry. Transitioning ownership of the TB-MIS system to NTP to use as the primary source for data management is critical for long-term sustainability, as is situating the TB-MIS within Cambodia's broader digital health landscape and ecosystem.

## **B. Community Based TB and the Linkages to Health Facilities**

Cambodia's TB health care services are well-integrated with other routine health services at all national and referral hospitals and HCs, and further extended to community levels. However, the package of services provided for TB varies based on local capacity and availability of staff and equipment ( e.g. all referral hospitals are able to screen, diagnose, and treat TB patients, but not all have the capacity to perform molecular tests for TBs).

Cambodia also has a defined service package for the community level. At the community level, two VHSG members in each village are trained to provide Community-based Directly Observed Treatment (C-DOT), provide TB education, screen for presumptive TB patients and refer them for TB diagnosis, collect and transport sputum specimens, deliver drugs to TB patients, and support TB patients with treatment adherence. Referral and linkage from the community to health facilities and vice versa is important and complementary for the success of the TB control program. TB volunteers are dependent on outside funding support, usually through donor programs, and there is a need to integrate and institutionalize these activities more within the health system.

Many challenges remain, such as loss-to-follow up during the referral process, and significant efforts are required to address these issues. The Activity will focus on the improvement of the referral system and coordination between the community and health facilities, integrated capacity building, and streamlining the roles of C-DOT watchers.

## **C. Private Sector**

According to the Cambodia Demographic Health Survey (CDHS) 2014, 67 percent of Cambodian household members visited private sector providers as the first point of care for treatment of illnesses or injuries. Private pharmacies are a major location for healthcare seeking due to their geographic proximity to households, convenient opening hours, the availability of a wide range of medicines, a simple and quick care model, and lower out- of-pocket cost compared to health

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<sup>5</sup> The national TB program's report on the analysis of the GeneXpert utilization 2023, Cambodia

facilities.

Little information is known about the private sector's de facto role in TB control. In 2022, NTP developed the Private Partnership Mixed Operational Guideline, which lays out eight modalities for engaging the private sector in the provision of TB services. Despite the existing guidelines, the private sector is not operationally permitted to diagnose or treat TB.

In the last two years, the NTP selected 325 pharmacies and private clinics in 34 ODs in 11 provinces, and engaged them to refer presumptive TB patients for diagnosis and treatment at public health facilities. In 2022, approximately 10 percent (3,012) of TB patients were referred from this private sector collaboration.<sup>6</sup> NTP will further expand this collaboration to other ODs and will also pilot small scale innovations to allow them to diagnose TB. As the scale and role of private sector health care increases, the NTP could further capitalize on this capacity by engaging the private sector in the provision of TB services.

#### **D. Collaboration and Sustainability**

Aside from USAID, the Global Fund (GF) is the largest donor supporting Cambodia's TB program. Coordination among the two large donors has been critical in supporting the NTP's efforts to achieve End TB goals. This coordination includes developing policy, synergizing efforts from program design to implementation, preventing duplication, and gaining efficiencies in implementation. With funding support from the GF, Cambodia has made significant progress toward infectious disease prevention, control and treatment outcomes for TB, HIV, and Malaria. Given long standing, strong support from GF, many TB services remain highly dependent on donor funding for implementation, which remains a challenge for longer-term sustainability of the fight against TB in Cambodia, particularly given the potential for reductions in donor resources in future years. To strengthen sustainability, it will be critical for Cambodia to increase the efficiency of implementation and increase the level of institutionalization of TB services within existing health services in order to expand geographic coverage, intensify rollout of effective interventions, and demonstrate how health service delivery systems can sustain TB control efforts at health facilities and the community level. USAID will work in synergy with other development partners' efforts and in partnership with the RGC to maximize available resources to advance institutionalization and sustainability.

### **III. Theory of Change**

If the community-based TB system is strengthened to facilitate and support better access to TB information, diagnosis and treatment; linkages to quality TB services are improved and accessible; and community-based services are increasingly integrated and strengthened within Cambodia's health system; then Cambodians will have better health outcomes for TB.

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<sup>6</sup> The national TB program's annual TB report 2023. Cambodia.

## **IV. Result Framework**

### **Purpose:**

Increased access, enhanced quality, sustainability, and responsiveness of TB services in the community to maximize health outcomes among Cambodians, including vulnerable populations.

To achieve this purpose, COMMIT 2 will support the implementation of key priorities identified by the National TB Program and other health stakeholders towards achieving the End TB goal in 2030. COMMIT 2's focus will be on TB case finding, case holding, improving the uptake of TPT, and addressing the challenges of poor quality of services and limited access to cutting edge diagnostic tools. In addition, COMMIT 2 will focus on supporting the development of a policy to facilitate TB control in the private sector, strengthening integration of TB services within Cambodia's health and social delivery systems (such as through village health support groups (VHSGs), and scaling up digital tools to increase effectiveness and efficiency of TB recording, reporting, and data use.

**Objective 1:** Improved access to and demand for high quality TB, TB preventive therapy, and TB/co-morbidity services at the community levels.

The Activity will build on current USAID programming focused on community-based TB interventions. The Activity will implement innovative TB case-finding, case holding, and TB preventive therapy approaches, including scaling up efforts initiated under the current COMMIT project. The Activity will engage Health Center (HC) staff and VHSGs to intensify efforts on case finding and case holding to ensure that all TB presumptive patients are screened, evaluated, and enrolled on treatment until completion. HC staff and VHSGs will identify and screen all key populations (KPs) in the community, collect quality sputums samples, and either test samples onsite or transport them for molecular testing. It is critical to ensure self-referred and referred presumptive TB patients reach appropriate health facilities for diagnosis and treatment and receive subsequent community follow-up. The Activity will work to improve the quality of TPT services at the community level including screening of close contacts, to ensure eligible patients receive TPT and complete treatment. The Activity will increase community awareness of TB and address misperceptions through community mobilization activities. The Activity will inform CENAT about any shortages of cartridges and drugs or any other problems encountered. The Activity will focus on institutionalizing and linking community TB interventions to existing systems within the overall health system.

### **Illustrative results:**

- Result 1.1. High quality and effective approaches for community TB case finding and case holding are implemented and scaled up.
- Result 1.2. TB case notification, treatment success of drug susceptible and drug resistant TB and latent TB infection, and TPT use are increased.
- Result 1.3. Community awareness of TB and health seeking behaviors for TB services are increased.

**Objective 2:** TB Management Information System (TB MIS) is strengthened and data collection and use is improved.

This Activity will improve the use of the TB MIS system at the HC level. This Activity requires collaboration with other partners to mobilize resources for scaling up the current implementation and use of the system to record, and track data and progress towards targets. While scaling up implementation of the TB MIS system, the Activity will advocate for the use of a single reporting system to minimize the workload burden of front line health care providers.

The Activity will build the capacity of managers and end users of the TB MIS system to record, report, and use data for more effective planning for quality improvements. As the TB MIS has been heavily dependent on external technical and financial support for its development and implementation, the Activity will work with CENAT to take the ownership of the system and gradually handle then fully manage the system for long-term sustainability, and leverage other RGC and donor resources to scale the system up nationally. Efforts should include integrating the TB MIS system into broader planning for the digital health architecture of the country, with consideration of interoperability.

**Illustrative results:**

- Result 2.1: Support and commitment of MOH/CENAT on TB MIS system use is increased.
- Result 2.2: TB MIS system is fully used as the primary tool at every health facility for recording and reporting and to inform strategy and course correction.
- Result 2.3: A feasible transition plan for the TB MIS system and related activities is developed and implemented.

**Objective 3:** Increased impact of program implementation through engagement of health and non-health sectors including other key ministries and private sector in TB services and application of evidence-based interventions, TB operational research, and innovations.

The Activity will improve the implementation of scientific-based evidence to support the NTP to narrow the gap of missing drug susceptible and drug resistant TB cases, increase the enrollment of close contacts of TB patients in TPT, and improve adherence to treatment.

In coordination with WHO, the Activity will support the NTP to establish and implement the WHO multi-sectoral accountability framework (MAF) for TB and mobilize stakeholder engagement to build the momentum for this effort. The Activity will strengthen the coordinating body and engage and mobilize resources from non-health sectors involved in TB control activities.

The Activity will collaborate with partners to develop and carry out strategies to enable the NTP to deepen private sector engagement, including the potential to engage private providers in the provision of TB services including diagnosis and treatment. The Activity will use lessons learned from COMMIT 2 implementation science efforts, including using existing evidence about referral of TB presumptive patients and expand it to include diagnosis and treatment, to advocate for policy adoption and scaling up. In addition, the Activity will work with private, non-health sectors

to improve workplace environment policies to ensure employees have the opportunity to seek care for TB screening, diagnosis, and treatment as needed.

The Activity will strengthen community networks of people living with or affected by TB to express their voices to ensure TB interventions are implemented based on patients' rights, are people-centered, and use a gender-based approach.

**Illustrative results:**

- Result 3.1: Operational and implementation research to inform policy and program design and implementation conducted and used for advocacy.
- Result 3.2: The MAF for TB is operationalized and key relevant TB activities implemented by relevant ministries.
- Result 3.3: Private sector engagement for the delivery of TB services is enhanced.
- Result 3.4: Policies, guidelines and strategies addressing TB case finding and case holding are improved, in line with international and country-specific best practices and approaches.

**V. Coordination and complementarity**

COMMIT 2 will collaborate with a number of USAID projects to avoid duplication of efforts and optimize outcomes. Key USAID collaborators include:

- **EQHA II:** The Enhance Quality of Health Activity II supports health systems via strengthening the health workforce, supporting effective governance and regulatory compliance, and using digital tools to increase effectiveness and efficiency of the health system. It builds the capacity of subnational governments in quality improvement; strengthening and growing health professional councils; building effective accreditation and licensing systems, particularly in the private sector; and supporting health facilities to implement continuous quality improvement.
- **PHB:** The Promoting Healthy Behavior project, led by PSI, is active until June 2025 to promote individual healthy practice on maternal and child health, nutrition, family planning, TB, malaria and non communicable disease. The project is working to create demand at community level to adopt healthy behaviors and strengthen the linkage between communities and health facilities.
- **LHSS:** The Local Health System Sustainability Project, led by Abt Associates, is a global USAID project focused on health systems strengthening. In Cambodia, LHSS focuses on expanding social protection systems through global standards and best practices incorporated into the implementation of the National Social Protection Policy Framework and strengthening the decentralization of health financing functions to ensure effective use of resources for health and improve transparency and accountability.
- **CMEP2:** The Cambodia Malaria Elimination Project 2, led by URC, is the flagship bilateral for malaria case management and surveillance. As the country approaches malaria elimination, CMEP2 focuses on health systems strengthening, integration of vertical systems (such as

information and supply chain) in horizontal health systems, and integrating village malaria workers (VMWs) under a broader Community Health Work framework (yet to be developed).

- **EpiC:** Meeting Targets and Maintaining Epidemic Control, led by FHI 360, and active until 2027. Epic provides results-based technical assistance tailored to context and epidemiology that assures sustained HIV services at scale and systems that will maintain long-term epidemic control.

COMMIT 2 will also coordinate and collaborate with other partners and donors active in TB in Cambodia, particularly the GF, on the implementation of End TB strategy to maximize the efficiency and effectiveness.