Call for proposals:
Producing stories of change on embedded research for HPSR in a digital longform format

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**Deadline:** 2 August 2018

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**Summary of call**
The Alliance for Health Policy and Systems Research (the Alliance) is looking for a group of communications professionals and health experts to develop a set of country-level stories of change in Ghana, Mozambique and Ethiopia about how an embedded research approach has contributed to building stronger health systems and decision-making processes. The expected result is a ‘digital longform’ product for each country that combines text, videos, and other interactive elements to tell the story. Other complementary outputs will also need to be produced to support an in-country launch event and other communication activities. The project involves both working with the Alliance to find and develop the stories and creating the relevant outputs.
About the embedded research approach

Embedded research is an innovative approach being pioneered by the Alliance in which research is carried out as an integrated part of decision-making processes. With respect to health systems research, embedding entails a) positioning research within existing health programs and policies, b) meaningful engagement and even leadership roles for decision-makers within research, and, c) the alignment of research activities with the program implementation cycle. These in turn increase: a) research relevance, b) capacity among decision-makers to appraise and use evidence, and c) the potential for findings to inform decision-making. Embedding thus increases the likelihood of evidence-informed policies and programs; a sine qua non for the well performing health systems needed moving towards UHC. It is similar in many way to implementation research, operational research and other grounded research approaches. More information about the Alliance’s work on embedded research is available on our webpage.

The Doris Duke Charitable Foundation’s African Health Initiative is supporting projects to design, implement, and evaluate models of care that link research on implementation directly to the delivery of integrated primary healthcare in three countries of sub-Saharan Africa: Ghana, Mozambique, and Ethiopia. Embedded research in these interventions aims to: (a) Gather information that reflects decision-maker needs and priorities; (b) Communicate findings in ways that are accessible and engaging to decision makers; (c) Generate and appraise evidence at the individual and institutional levels; and (d) Provide information that is timely and relevant to policymakers. Embedded research can directly inform implementation decisions at each stage of the intervention. It is demand-driven and participatory to the extent that non-researchers participate in setting research questions, providing feedback to researchers on the relevance of their findings, and helping generate evidence through ongoing policy-maker—researcher engagement.

Developing these stories of change about how the embedded approach has enabled the use of research in health systems strengthening interventions in Ghana, Mozambique, and Ethiopia will build understanding of and help to communicate about how best to integrate, institutionalize, and sustain this approach towards the development of the learning health systems in other low- and middle-income countries (LMICs).

About the desired outputs

We are looking for a set of communication products that can tell complex stories involving multiple elements. We are aware of the limitations of publishing static content in PDFs, both in terms of the ability to tell stories and the ability to engage audiences. We are specifically not looking for a formal evaluation or peer-reviewed publications.

We are inspired by examples like ‘Snowfall’ from the NY Times, ‘Time to let go: A three-point proposal to change the humanitarian system’ by ODI’s HPG and ‘The Wall’ from the Brookings Institution. These examples all tell a complex story through a mixture of text, video and interactive charts and animations.

We are, therefore, looking to work with multi-disciplinary teams of journalists, documentarians, and interactive graphic designers with interest in health to develop these stories as digital longform outputs alongside a suite of related outputs that can support the launch and communication of these stories at global and country levels.

Call objectives, budget and timeline

The broad aim of this call is to capture long-term stories of change about how embedded research has helped to strengthen health systems in Ghana, Mozambique and Ethiopia.
Specifically, it is important that these stories are both comprehensive and accessible – in other words, they should employ various story-telling techniques (a combination of text, video, animations, charts, etc.) and should be written in a compelling manner.

In each case, these stories should answer the following questions:

- How has this long-term set of interventions in each of these countries increased capacity to generate and use policy-relevant knowledge?
- In what ways has this long-term set of interventions changed policy and practice?

The final products should come together as a digital longform document, but should also have various standalone products (such as printed reports, posters, overview videos, etc.) and social media assets to support the wider communication of these stories. These products will be used at the country-level to share insights from this approach among local policy-makers. They will also be used globally to make the case for the embedded research approach and specially to share lessons and best practice.

We anticipate the production of three separate digital long-form documents and an accompanying suite of related communication outputs – one set for each country. The specific format, technologies employed and approach to developing these outputs are at the discretion of those making the proposal but should support an in-country launch event targeted at policy makers.

We have allocated a budget of up to US$ 80,000 per country to develop each set of outputs. We are seeking proposals that demonstrate the ability to develop these outputs for all three countries, at a total budget of up to US$ 240,000. However, this is a new approach for the Alliance and the ultimate structure of the contract would focus on one country (either Ghana or Mozambique) first, and pending satisfactory completion of the contract an extension to one or both additional countries.

Given this structure, we are hoping that the first story from a country could be completed by November 2018. Assuming the satisfactory completion of the first story, we would expect the same team to produce the following two within a year (preferably at six-month intervals for each country). Regardless, this contract with all three stories will need to be fully complete by December 2019.

Eligibility criteria

Responses to this call may come from singular entities. However, given the multi-disciplinary nature of this call, collaborations and consortia are encouraged to submit proposals – though do note that a contract will only be issued to one lead organization. It is preferable that the teams have some experience of working together previously.

Most importantly, teams that submit proposals must demonstrate a mix of core competencies, including:

- Storytelling ability
- Strong writing skills (in English), especially for general audiences
- Filming and videography skills, with experience filming documentaries preferred
- Data visualization and graphic design skills
- Familiarity with digital publishing
- Knowledge of health and health policy and systems research
- Understanding of policy-making processes and the evidence/policy/practice interface
There are no geographic requirements for this call for proposals, though consortia that involve members from low- and middle-income countries are encouraged. Additionally, familiarity with one or more of the project countries (Ghana, Mozambique and Ethiopia) is desirable.

We encourage a gender balance in the team. Teams led by women are also encouraged though not required.

**Technical support**
The Alliance is an engaged funder and aims to ensure work of high standard is conducted through its programmes. The Alliance will work closely with the successful team to guide and support their work, to make relevant connections in each of the countries.

**How to apply**
Submissions of bids should be made to alliancehpsr@who.int.

Please use the subject: **WHO Bid Ref. Producing digital longform documents of embedded research**

Hard copies of submissions will NOT be accepted. Submissions must be written in English.

Please direct all questions concerning this call for expressions of interest by email to alliancehpsr@who.int

**The deadline for applications is 2 August 2018.**

**Format of submission**

Part 1. Administrative information
Name of the proposed contractor (or lead contractor if a partnership or consortium) along with name and contact details (postal address, email, phone) of a key contact person. The same should be provided for all partners.

Part 2. Technical proposal
The technical proposal should comprise of the following sections:

*Introduction (up to 250 words)*
The introduction should provide an overview of the organization or group of organizations and a basic motivation for wanting to be involved in this project.

*Approach (up to 1000 words)*
Provide an overview of the proposed set of outputs and how they will be achieved. This could include information about technologies used in addition to processes and visits. Highlight any key challenges that you see in approaching this project and outline how the project will be managed, including interactions between the Alliance and the in-country partners. Note that we expect all outputs will be in English, and therefore we understand that some translation may be required.

*Proposed timeline (up to 250 words)*
Indicate a rough timeline for working together to complete all three country stories before the overall project deadline of December 2019.

*The team (up to 250 words to describe the team composition overall and 150 words extra per team member profiled)*
Please give an overview of the team and who would take up which roles and responsibilities. Especially if a group of organizations chooses to work together to respond to this call, evidence of having worked together before should be added here.
Short introductions to some of the potential people who would be involved in this project should also be included, but full CVs are not necessary.

It is particularly important to demonstrate that the team composition overall covers the various capacities outlined in the ‘Eligibility criteria’ section.

Part 3. Portfolio of relevant work
A portfolio can be provided in any format that best conveys the previous work of members of the team. A list of links to online versions is fine. Screenshots can certainly help to illustrate the output, but if you are trying to demonstrate interactive content and videos please be sure to link to the original version so that we can explore.

The portfolio does not need to necessarily demonstrate previous experience creating digital longform documents. However, it should demonstrate examples of the various constituent elements, including:

- Writing samples that convey complex information (especially research) targeted at a more general audience.
- Video documentaries of any length
- Interactive graphics

Part 4. Budget
A total of up to US$ 240,000 is available for this call. Please provide a budget breakdown with a justification for costs. All figures should be in US$.

Budgets should provide a breakdown of personnel costs, travel, equipment and technology subscriptions and any other costs (such as project management, translation, etc.) that might apply. If any technological subscriptions are required, please give a figure that includes running the system for five full years.

Please note that the WHO is except from paying VAT and other taxes and budgets should take this into consideration.

Terms and conditions
WHO may, at its own discretion, extend this closing date for the submission of proposals by notifying all bidders thereof in writing. Any proposal received by WHO after the closing date for submission of proposals may be rejected.

WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) bidder, modify the call by written amendment. Amendments could, inter alia, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.

All prospective bidders that have submitted a proposal with regard to the call will be notified in writing of all amendments to the call and will, where applicable, be invited to amend their proposal accordingly.

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.
Selection process

Proposals will be evaluated against the following criteria:

- Demonstrated understanding of concept and solid proposal of suite of communications products (40%)
  - Is the proposed set of products, including the digital longform, what we had in mind?
  - Does the approach seem achievable?
  - Have they outlined a clear approach to collaboration with the various stakeholders?
  - Are the timelines realistic?
- Organizational capabilities and team composition (40%)
  - Does the team have a track record of developing similar products?
  - Does the team demonstrate experience across all requested areas of competency?
- Appropriateness of budget (20%)

Following a review of the proposals by a team at the WHO, we may decide straightaway and go to the contracting stage with a preferred vendor. However, we reserve the right to create a shortlist and interview candidates either online or in person, depending on the circumstances. We aim to have a decision in August so that the contract can commence in September at the latest.

Award of Contracts

Contracts shall be awarded based on a combination of criteria including the bidder’s motivation statement, exposure to or experience of, working in the area of creating digital long-form, the content of the proposal in terms of comprehensiveness, and value for money.

However, WHO reserves the right to:

- Award the contract to a bidder of its choice, even if its bid is not the lowest;
- Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;
- Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO’s action;
- Award the contract on the basis of the Organization’s particular objectives to a bidder whose proposal is considered to be the most responsive to the Organization’s needs and the activity concerned;
- Not award any contract at all.

WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obligated to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relative to the evaluation/selection process or to state the reasons for elimination to any bidder.

NOTE: WHO is acting in good faith by issuing this call. However, this document does not obligate WHO to contract for the performance of any work, nor for the supply of any products or services.

WHO reserves the right to enter into negotiations with one or more bidders of its choice, including but not limited to negotiation of the terms of the proposal(s), the price quoted in...
such proposal(s) and/or the deletion of certain parts of the work, components or items called for under this call.

Within 30 days of receipt of the contract, the successful bidder shall sign and date the contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice.