



Request Proposals for Firms/Individual Consultants to Conduct a Baseline Assessment for Amref Health Africa in Zambia - Primary Health Care for Malaria Elimination Project (PHC for ME)

March 2024

1. Project Background

Amref and GSK explored an intervention to combat the malaria burden – exacerbated by the COVID-19 pandemic - through addressing health system challenges at all levels. **Primary Health Care for Malaria Elimination (PHC for ME)** is a 3-year (November 2023-October 2026) project that has been developed to strengthen Primary Health Care systems for improved diagnosis, treatment, prevention, and surveillance of malaria cases in Luapula, Muchinga and Northern Province. The project aligns with Amref’s Corporate Strategy towards people centred health systems for primary health care (PHC), consisting of strengthening community health systems, building a fit-for-purpose health workforce, and strengthening civil society organisations (CSOs). In addition, the project is also aligned to Amref’s strategic objective targeting emerging threats, through climate change and anti-microbial resistance (AMR) interventions.

Project Location

The project will be implemented in 3 provinces and 6 districts as indicated in the table below.

Luapula Province	
Selected Districts	District Intervention Area
Mansa	Integrated Community Case Management (ICCM)
Milenge	Social Behavior Change and Communication (SBCC)
Muchinga Province	
Mpika	Integrated Community Case Management (ICCM) Social Behavior Change and Communication (SBCC)
Kanchibiya	Integrated Community Case Management (ICCM) Social Behavior Change and Communication (SBCC)
Northern Province	
Chilubi	Integrated Community Case Management (ICCM) Social Behavior Change and Communication (SBCC)
Mungwi	Integrated Community Case Management (ICCM) Social Behavior Change and Communication (SBCC)

Project Goal and Objectives

The Project overall Goal is to strengthen PHC systems for improved diagnosis, treatment, prevention, and surveillance of malaria cases in Zambia. In addition, the project has 7 main objectives;

Specific Objectives:

1. Increase community awareness on prevention, access to services and vaccines
2. Strengthen malaria commodity and technology supply chain management systems
3. Strengthen social accountability for improved prevention, diagnosis and treatment of malaria
4. Advocate for increased budget allocations for the health workforce and malaria
5. Strengthen data use for decision-making
6. Strengthen multisector engagement at national and sub national levels
7. Strengthen malaria programming including intersectionality with climate change

To gauge the effectiveness of the project interventions, it is imperative to conduct a comprehensive baseline assessment for malaria indicators in the project sites and establish baseline information for country-specific indicators. This will serve as a crucial benchmark for measuring progress and impact in the future.

Project expected outcomes

1. Increase in proportion of targeted population protected appropriately through increased uptake of preventative measures.
2. Increase in proportion of targeted population using appropriate malaria interventions through improved care-seeking behaviour
3. Strengthened malaria commodity and technology supply chain management systems
4. Strengthened social accountability for improved prevention, diagnosis and treatment of malaria
5. Increased financial commitments for health workforce and malaria
6. Improved decision making for malaria programmes through strengthened surveillance and data use.
7. Improved multisector coordination for malaria elimination through established structures at the national and subnational levels
8. Strengthened malaria programming for intersectionality with climate change

2. Objectives of the Baseline

The objectives of the baseline are as follows:

- (i) Establish baseline values against project KPIs for measuring progress and impact in the future

- (ii) Assess the capacity of facility-based health workers to manage malaria cases, manage malaria commodities and supplies, in order to identify gaps for training
- (iii) Assess the capacity of CHWs in key areas of malaria such as prevention, diagnosis and management in order to identify gaps to be addressed for training.
- (iv) Conduct socio-economic mapping to strengthen data for decision-making/planning towards addressing inequity.
- (v) Provide recommendations to incorporate into programming including building on strengths, addressing weaknesses and identifying areas of further investment that align with the project; recommendations must also include those that help improve the indicators, collection and analysis processes for future evaluations.

3. Methodology

This study will adopt a mixed method approach. Mixed methods approach is research in which an investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches. Its central premise is that the use of qualitative and quantitative approaches, in combination, provides a better understanding of research problems than either approach alone. The mixed methods approach will also assist in triangulation and credibility of the findings in order to enhance the integrity of findings respectively.

Indicators that the project will track have been identified but will need to be refined to meet the country context. The consultant will be expected to design data collection tools, storage tools and recommend sample sizes

3.1 Data collection

The data to be collected at baseline can be split into two key methods:

3.1.1 Extraction from external sources: Indicators that are fully extracted from external sources such as demographic health surveys, World Health Organization (WHO), World Bank (WB) or other legitimate sources. These indicators will be collected at Amref operational levels (health facility or the administrative geographical area where available) and serve to enable tracking contextual changes.

3.1.2 Conducting surveys: Certain indicators require that Amref establish direct results of MoH work in the project sites. This includes malaria indicators at health facility level and health service provision at health facility and community level. Sample sizes for these groups are to be calculated. Sampling of surveys will focus on the following groups:

- Health facilities
- Health workers
- Community Health workers (CHWs and Community change agents)

- Households
- 3.1.3** Key Informant interviews: to have an indepth understanding, this will allow for indepth understanding of the malaria space, work as well as areas of integration and collaboration in the proposed intervention areas, target group for these include;
- National Malaria Elimination Center (NMEC)
 - Provincial Health Offices (PHOs)
 - District Health Offices (DHOs)
 - Other implementing partner Malaria project coordinators

3.2 Data storage

Amref stores all its programme data in AIMS, its research data on Kobo, which requires new interfaces that need to be developed. For the baseline, the information will be collected via Kobo and other appropriate tools to establish what is required for systemization. The consultancy will support in advising and refining such tools as required.

3.3 Data Analysis and Reporting

The consultancy will not merely extract data from the specified source, but also triangulate them with other sources and compare them with relevant literature to align the output information related to Amref interventions to the higher-level data, to the extent reasonably possible. Information collected through surveys will aim to tell a story on how past and existing MoH and partner interventions contribute to the current status and how this will contribute to the gaps for the new project.

The report template will be provided by Amref and agreed to by the consultant assigned. It will follow the project objectives and respond to each indicator with a short analysis of what it means for the project. It will recommend actions for programming post-baseline as well as actions for monitoring and evaluation for improvement of definitions, processes and systems.

4. Responsibilities

The specific responsibilities of each entity involved are as follows:

4.1 Amref Health Africa in Zambia

- Amref Health Africa in Zambia will map project indicators
- Amref Health Africa in Zambia will also include their indicators to collect information through the same surveys as far as possible, by adding additional questions or sections in the standard tools provided as necessary.

- Provide funds and logistical support for the entire exercise including training.
- Provide technical oversight, quality assurance, as well as quality control as necessary.
- Work with PHO and DHO to mobilise local communities and partners to participate in the baseline
- Provide the venue and equipment for the presentation and dissemination of the findings.
- Provide the relevant project documents for review.
- Provide feedback on drafts of the inception reports and Baseline report.

Country office consultant:

- Develop a baseline study protocol and data collection tools
- Obtain ethical approvals in coordination with Amref Health Africa in Zambia Team
- Coordinate the training and data collection activities as per methodologies provided and ensure surveys are undertaken effectively, also in coordination with the MEL country team
- The consultant will analyse information at the country office level, and work with the MEL country team to produce information for the country office.

4.2 Consultancy Deliverables

Consultant will be recruited to provide the following:

- (i) Understand the baseline requirements as proposed by the MEL country team and produce the inception report.
- (ii) Conduct an introductory/courtesy visit to MoH HQ, Provincial Health and District health offices before commencing data collection, with support from the Amref Health Africa in Zambia MEL and Project team
- (iii) Take responsibility for engaging and training qualified research assistants who possess the necessary experience and technical skills to conduct interviews by ethical procedures.
- (iv) Oversee and coordinate data collection activities in adherence to the provided methodologies, ensuring effective surveys are conducted. This coordination will also involve collaboration MEL and Project country team.
- (v) Undertake the progressive transcription of audio recordings made by research assistants, submitting both audio recordings and transcripts to the Amref team on a daily, weekly basis or as will be agreed.
- (vi) Adhere to established data quality assurance checks and ethical procedures, including the submission of raw data and signed consent forms.
- (vii) Analyze information at the country office level and generate the necessary information and reports as per the country office's requirements.

Specific deliverables include:

- (i) Inception Report detailing the understanding of the ToR and the scope of work.
- (ii) Study Protocol and tools
- (iii) Draft/Preliminary versions and final baseline assessment reports according to the provided template (consultant may improve on it) and with additional analyses attached as required.
- (iv) Final presentation to internal and external audiences.

5. Expected Profile of the Consultant

The Baseline assignment will be contracted to a firm/individual to lead and execute. The lead consultant should have the following expertise:

- (i) Demonstrated minimum of 5 years experience in conducting similar quantitative and qualitative surveys and baseline studies that cover an organization, with similar experience in coordination and analysis across similar and operational areas. It will be required that consultants submit work in the recent past, with a preference for having undertaken studies with a similar or greater scope within the programming areas.
- (ii) Good understanding of the Zambia health sector and context
- (iii) Demonstrated experience in health system strengthening; in-depth knowledge of areas of malaria or linked to malaria
- (iv) Sound statistical background with working expertise in relevant software; Experience working with tools development, sampling and surveys is required.
- (v) Excellent in-depth analytical and report-writing skills; experience in developing reports and presentations with easy-to-read graphics is highly preferred

6. Time Frame

The period of performance for the exercise is 30 days starting 5th April, 2024. The indicative timeline is as shown below;

4.1 Meetings and Orientations	2
4.2 Develop protocol and Review tools and processes	4
4.3 Organize the process for collection and coordination	3
4.4 Training of RA and Pilot exercise	4
4.5 Data collection and coordination (inc Surveys)	8
4.6 Data analysis	5
4.7 Reporting and Presentations	4
4.8 Dissemination of findings	1
Total	30

7. Proposed Cost

Interested consultants must include in their application a detailed technical and financial proposal with the following components:

Technical

- Understanding and interpretation of the TOR in their terms
- Methodology to be used in undertaking the assignment
- Time and activity schedule.
- Profile of the Consultant
- Samples of two most recent related works (not more than 3 years) including the contacts of the organizations where the survey/ evaluation was done.
- Curriculum vitae of key personnel

Financial

The consultant will invoice Amref Health Africa against agreed-upon milestones. Provide a detailed cost proposal and breakdown in USD dollars or equivalent in Zambia Kwacha for the consultancy.

A. Submission of proposal

The technical proposals together with financial proposals must be received electronically on or before 22nd March 2024 at 17:00hrs. Proposals must be sent via email to procurement.zambia@amref.org

cc. Sechelanji.Nambela@amref.org; Gabriel.Mwila@amref.org; Sylvester.Daka@amref.org and Levy.Mkandawire@amref.org

Please indicate “Baseline Assessment for PHC for ME Project”, as the subject heading.

B. Selection Method Evaluation of award of Consultancy

Firms/individual consultants will be selected through a Least Cost Based Selection (LCB). The minimum technical score for qualification will be 75%. Amref Health Africa in Zambia will evaluate the proposals and award the assignment based on technical and financial feasibility. Amref Health Africa in Zambia reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest or the highest bidder.