



**REQUEST FOR PROPOSAL - CONSULTANCY TO CONDUCT AN  
IN-DEPTH SKILLS GAP MAPPING OF CADRE-SPECIFIC TECHNICAL  
AND COMPETENCY GAPS AMONG PRIMARY HEALTH CARE  
WORKERS**

**FOR**

Learning for Life Program

**March, 2025**

## I.1 Overview of Learning for Life Program

The Learning for Life Programme is a four-year partnership between the Mastercard Foundation and Amref Health Africa (Amref) to build a resilient and responsive health workforce, strengthen health systems, and catalyse the creation of 100,000 sustainable work opportunities in the Primary Healthcare ecosystem for young (18-35) African women and men in Kenya, Zambia and Senegal.

The programme is part of the Africa Higher Education Health Collaborative, a multi-year partnership between the Mastercard Foundation and nine organizations, including universities, to strengthen primary health care systems through health workforce development and transition to work, entrepreneurship development and innovation and robust networking and learning opportunities to fuel the aspirations of young women and men in Africa's health ecosystem. Learning for Life takes a comprehensive approach focusing on improving training infrastructure, increasing employment and income-generating opportunities, enhancing regulatory frameworks, and strengthening legislative and policy environments. The programme also seeks to equip future leaders with the skills they need to transform healthcare delivery across Africa and to enhance the advocacy capabilities of community leaders and youth-led organizations.

The Learning for Life programme is based on three (3) key pillars;

- i. **Health Employment:** This pillar focuses on enhancing the capacity of institutions across Africa to train skilled primary healthcare workers.
- ii. **Health Entrepreneurship:** This pillar seeks to optimize entrepreneurial ecosystems within African universities to support the launch and scaling of health startups.
- iii. **Health Ecosystems:** This pillar enables students and professionals to acquire advanced skills across various disciplines critical for sustainable health sector growth and transformation in Africa.

### Project objectives

- To enhance training infrastructure in targeted program countries to improve the quality and accessibility of health education.
- To expand employment and income-generating opportunities within the health sectors of program countries, fostering economic growth and workforce development.
- To achieve increased recognition and regulation of Primary Health Care (PHC) courses by relevant regulatory bodies, ensuring standardization and quality.
- To equip future leaders with the necessary skills and competencies for driving sustainable transformation in the health sector.

## 2.0 Background informing the task

Primary healthcare (PHC) systems in Africa face increasing pressure to address the region's evolving health challenges, including the rise of non-communicable diseases, emerging infectious diseases, and the growing demand for accessible and equitable healthcare. However, a significant gap exists between the demand for skilled health workers and the availability of professionals with the necessary competencies to deliver optimal healthcare services. The mismatch between workforce skills and the evolving demands of the health sector is a growing concern, hindering

both economic growth and healthcare system performance. This gap results in high unemployment rates among health workers while simultaneously leaving critical job vacancies unfilled.

Rapidly changing labor market dynamics—driven by technological advancements, globalization, demographic shifts, and other macro-level trends—exacerbate this issue. Young PHC workers, who are essential to the future of the health workforce, often face obstacles such as limited access to specialized training, inadequate resources, and insufficient professional development opportunities. These barriers hinder their ability to thrive in dynamic and resource-constrained settings.

To address these challenges, initiatives like the Learning for Life (L4L) program play a crucial role. In 2024, the L4L program conducted a needs assessment and one of the key findings was that a majority of the finalist students, interns, and early-career PHC workers rated themselves as having low confidence in technical skills. This finding underscores the need for an in-depth skills gap mapping to identify cadre-specific technical and competency deficiencies. The goal is to develop targeted recommendations to enhance training programs, improve workforce readiness, and increase employability. Therefore, this in-depth skills gap mapping will be embedded in the ongoing needs assessment.

Skills gap mapping provides critical information to guide the program in aligning training initiatives with workforce needs. This process helps build a more capable health workforce and fosters the development of innovative, locally relevant solutions to strengthen primary health care (PHC) systems. Ultimately, addressing the skills mismatch is essential to ensuring that the health workforce is adequately equipped to meet the evolving demands of the healthcare system, improve health outcomes, and create meaningful, dignified employment opportunities for young PHC workers

## 2.1 Specific Objectives

The skills gap mapping targets young (< 35 years) Primary Health Care workers in the fields of medicine and Surgery, Dentistry, Pharmacy, Clinical Medicine, Nursing, Environmental/Public Health, Orthopaedic, Physiotherapy, Oral Health, Community Health, Optometry, Laboratory Services, and Radiology within Primary health care facilities in Kitwe, Ndola, Lusaka, and Kafue Districts. This includes in-service and pre-service primary healthcare workers and finalist students in the training institutions that were targeted by the ongoing needs assessment.

The primary objective of this consultancy is to:

- I. **Conduct an in-depth skills gap mapping** to identify critical technical and competency gaps among young primary healthcare workers in the following cadres: Medical Doctors, Dentists, Pharmacists, Clinical Officers, Nurses, Midwives Environmental/Public Health Officers/ specialists, Physiotherapists, Oral Health officers, Community Health officers, Optometrists, Laboratory technicians, Radiologists and Sonographers.

- II. **Assess skills gap in Health Entrepreneurship** among Primary Healthcare workers in the above-mentioned Cadres with a focus on business development, pitching, resource mobilization, customer services, business plan development, networking skills, bookkeeping, procurement, and leadership.
- III. **Assess the skills gap in advocacy, policy formulation and leadership** among young primary healthcare workers both in-service and pre-service, in the above-mentioned cadres.

Specific Objectives include:

**i. Identify critical technical skills gaps:**

Determine the specific technical skills deficiencies among primary healthcare workers (PHCWs) in Kitwe, Ndola, Lusaka, and Kafue Districts across different cadres (medicine, surgery, nursing, dentistry, pharmacy, public health, etc.). These may include:

- Clinical skills (e.g., diagnosis, treatment, procedures)
- Diagnostic skills (e.g., interpretation of lab results, X-rays)
- Therapeutic skills (e.g., medication administration, prescribing)
- Public health skills (e.g., disease surveillance, health education, community health programming)
- Technical skills related to new technologies (e.g., telemedicine, electronic health records)

**ii. Identify critical competency gaps:**

Determine deficiencies in essential professional/soft skills among PHCWs, such as:

- Communication and interpersonal skills
- Teamwork and collaboration
- Problem-solving and critical thinking
- Leadership and management skills
- Ethical and professional conduct
- Patient-centered care
- Cultural sensitivity and awareness
- Networking skills
- Entrepreneurial skills
- Business development and
- Resource mobilization skills

**iii. Rank the identified skills and competency gaps** based on the following criteria:

- Impact on patient outcomes
- Frequency of occurrence
- Severity of consequences

- Feasibility of addressing the gaps
  - Employability of PHC workers
- iv. **To identify priority skills gaps among PHC leaders** that need to be addressed to enhance the attractiveness of health ecosystems for young people and create employment opportunities through the promotion of innovations and entrepreneurship.
- v. **Develop actionable recommendations:**  
Based on the prioritized gaps, formulate specific and actionable recommendations for:
- Improving pre-service training programs in higher education institutions.
  - Enhancing in-service training and professional development opportunities.
  - Strengthening mentorship and supervision programs.
  - Developing and implementing relevant policies and guidelines.
  - Leveraging technology for skills development and knowledge sharing.
  - Inform program planning and implementation:
    - Ensure that the findings of the skills gap mapping directly inform the design and implementation of relevant interventions under the Learning for Life program.
    - This may include tailoring the findings of the skills gap mapping to inform training programs that address specific skills needs, developing innovative solutions to improve access to training and professional development among primary health care workers, facilitating partnerships between Learning for life program and higher education institutions, healthcare providers, and other stakeholders.

### 3.0 Scope of work of the consultants

The consultant, who will serve as a Co-Principal Investigator (Co-PI) for the ongoing Needs Assessment, will be responsible for conducting the in-depth skills gap mapping. Additionally, they will ensure the integrity of the data and its completion within the agreed-upon timeframe while adhering to ethical guidelines for data collection, storage, and reporting.

The scope of work of the consultant will include, but is not limited to:

- I. **Inception meeting**
  - Participate in an inception meeting to discuss the data collection process, methodology to be used, expected deliverables and submit an inception report to the project team.
- II. **Desk review**
  - Review existing literature, reports, and data related to healthcare workforce needs and skills gaps in the target country/region.
  - Analyse relevant Acts, policies, guidelines, and job descriptions for the target cadre(s), and existing curricula to assess skills gap in the training of young primary health care workers.
- III. **Data collection**

- Conduct introduction/courtesy visits to stakeholders prior to data collection, supported by the Learning for Life (L4L) program.
- Develop data collection tools, train research assistants on the use of the tools, and pilot test all the developed tools.
- Design, program and deploy data collection tools using Kobo ToolBox. The tools will be set up on provided data collection tablets. The consultant team should have expertise in programming data collection tools on KoboToolBox. The project's M&E team will provide technical support for the set up.
- Recruit qualified research assistants to collect both quantitative and qualitative data. The research assistants must have experience using online data collection platforms and be skilled in conducting virtual interviews.
- Supervise and co-ordinate electronic data collection by trained research assistants using semi-structured interview guides, and audio recording devices.
- The consultant will be responsible for scheduling interviews with key informants, with the assistance from project staff.
- Ensure compliance with established data quality assurance checks and ethical procedures, while providing hands-on supervision of research assistants.
- Employ appropriate data collection methods (e.g., surveys, key informant interviews, focus group discussions) to gather information on the existing skills gaps from:
  - Primary healthcare workers across all mentioned Cadres (In-service and Pre-service)
  - Healthcare supervisors/managers
  - Healthcare educators
  - Relevant stakeholders (e.g., policymakers, PHC employers, legislators, regulators- Union leaders, council representatives, Directors from various state departments, Health Incubators, accelerators and innovators)
  - Heads of Departments in partnering training institutions for PHC workers

#### **IV. Data Analysis and interpretation**

- Carry out progressive transcription of audio recordings.
- Analyze the data and submit a detailed report to the project team, outlining the methodology used, presenting the findings with their interpretations, and discussing strengths, limitations, and implications of the findings.
- Submit a detailed field report covering the entire duration of data collection, including quality assurance measures, sampling methodology/tools, challenges encountered, and how they were mitigated, as well as other relevant observations for interpretation.
- Ensure that both the consultant and research assistants maintain confidentiality. They are not allowed to share any data, tools, or reports with third parties and cannot claim ownership of the data or tools. All the data collected must be stored securely and password protected.

- If the quality of the data is deemed inadequate according to the standards set by L4L project, the consultant will be responsible for addressing the data quality gaps at his/her own cost.

## **V. Dissemination and Knowledge Sharing**

- Develop a PowerPoint presentation to support the dissemination of findings to various stakeholders.
- Present the findings to relevant stakeholders through workshops or presentations.
- Develop a dissemination plan for the report to various stakeholders.
- Provide recommendations on the Identified key indicators to support monitoring and evaluation of the program

## **4.0 Deliverables**

### **4.1 Consultant deliverables**

The consultant will produce the following outputs; adhering to the standards set by the project's M&E team:

#### **1. Inception Report:**

- Detailed methodology for data collection and analysis
- Proposed work plan and timelines.

#### **2. Final Report:**

- Includes appended tools, audio recordings and copies of signed consent forms)
- Detailed description of the methodology used
- Key findings with interpretations
- Strengths, limitations, implications of the findings and recommendations to address the identified gaps
- Data tables and visualizations
- A copy-edited version of the report

#### **3. Field Report**

A detailed and concise report covering the entire duration of data collection, including:

- Quality assurance measures,
- Sampling methodology or tools,
- Challenges encountered and how they were mitigated,
- Other general observations necessary for accurate interpretation.

#### **4. PowerPoint presentation**

- Summarizing the methodology, key findings and recommendations.

## 5.0 Expected Profiles of the Consultant(s)

The assignment will be contracted to an independent consultancy firm to lead and execute the exercise. Consultants must demonstrate experience in Human Resources for Health and have in-country experience.

The lead consultant should possess the following expertise:

- An advanced degree (Master’s or PhD) in public health, community health, social sciences research, or other relevant field of study;
- Good understanding of the Human Resources for Health and Primary Health Care
- A minimum of 5 years of demonstrated experience in both quantitative and qualitative and/or mixed methods research, including training and supervising qualitative research assistants
- Excellent analytical and report writing skills;
- Proficiency in using of ATLAS.ti for qualitative data analysis
- Excellent written and verbal communication skills in English
- Must have authorization to work in Zambia
- Strong leadership, planning and problem-solving skills
- Ability to work independently while demonstrating excellent teamwork and coordination skills;
- Previous experience working for or with international non-governmental organizations and donors is desirable.

## 6.0 Role of L4L Program

- a) Provide funds and logistical support for the entire exercise.
- b) Provide technical oversight, quality assurance as well as quality control as necessary.
- c) Mobilize local stakeholders and partners to effectively participate in the mapping exercise.
- d) Provide the venue and equipment for the presentation and dissemination of the findings.
- e) Provide the relevant project documents for review.
- f) Provide feedback on drafts of the inception report and the skills gap mapping report

## 7.0 Time Frame

The Survey is expected to start on 19<sup>th</sup> **March 2025** and is estimated to take **30 days**. The consultant will be expected to carry out all the necessary preparations required to roll out the exercise according to the following suggested timeline.

Output/Deliverable	Estimated timeline
a. Inception meeting between consultants and project team	1 day
b. Desk review	2 days



c. Primary data collection	14 days
d. Data Analysis	7 days
e. Compilation of draft report	4 days
f. Address comments from draft review and submit Final report	2 days
<b>Estimated # of work days</b>	<b>30</b>

## 8.0 Proposal Format

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

- Letter of interest
- A copy of the curriculum vitae of the lead consultant and core team members, which should outline their qualifications and relevant experience.
- Sample of 1-2 most recent related works (and/or support letters for the same)
- Technical proposal of a maximum of **6 pages** with:
  - Methodology to be used in undertaking the assignment
  - Detailed timeline and activity schedule, expanding on the outputs and timeline presented above
  - Team composition, responsibilities and level of effort of each proposed team member

### Financial

- Detailed cost proposal in US Dollars for the consultancy in the format below

No.	Item Description	Daily Consultancy Fee Rate (USD)
1.	Consultant Daily Rate	
2.	Less 15% Withholding Tax	
3.	Net Consultancy Fee for 30 days (USD)	

### Technical Evaluation Criteria

No	Criteria	Maximum Score
1	Specific experience of the firm relevant to the Assignment: (Demonstrated track record in undertaking similar assignments with MOH and or other Partners related to Human Resources for Health and Primary Health Care)	15
2	Key Experts' qualifications and competence for the Assignment (An advanced degree (Master's or PhD) in public health, community health, social sciences research, or other relevant field of study)	25
3	<b>Adequacy and quality of the proposed methodology, and work plan in responding to the Terms of Reference (TORs):</b>	<b>40</b>
	a) Technical approach and methodology (The firm should explain their understanding of the assignment as outlined in the Terms of Reference (TOR), the technical approach, and the methodology.	(20)
	b) Organization and staffing (Composition of the team, list of key experts and non-key experts and relevant technical and administrative support staff)	(20)
4	Work plan (main activities/tasks of the assignment, their content and duration of 30 days, phasing and interrelations, milestones (including interim approvals by the Client), and tentative delivery dates of the reports.	20
<b>TOTAL SCORE</b>		<b>100</b>
<b>Only Candidates who score 70 marks and above will move to financial evaluation</b>		

### 9.0 Submission of Proposal

Interested consultants should submit their applications via email to [procurement.zambia@amref.org](mailto:procurement.zambia@amref.org) with the subject line: **Application for In-depth Skills Gap Mapping**. The deadline for submission of applications is 14<sup>th</sup> March 2025.

### 10.0 Evaluation and Award of Consultancy

Amref Health Africa will evaluate the proposals and award the assignment based on technical and financial feasibility. Amref Health Africa 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. Below are the evaluation criteria that will be used to evaluate technical proposals;