

Overview

NATIONAL MALARIA ELIMINATION PROGRAMME (NMEP)

FEDERAL MINISTRY OF HEALTH, ABUJA REQUEST FOR EXPRESSION OF INTEREST (EOI) NATIONAL MALARIA ELIMINATION PROGRAMME (NMEP)

- (1) LOT-1:** The Engagement of Implementers to Improve Access to Quality Malaria Case Management and Reporting among PPMVs and Community Pharmacists.
- (2) Lot – 2:** Supply of Phone Devices and related items for ICT4D (Interested firms are to collect the Bidding Documents from the Procurement Unit, NMEP, CBD, Abuja between 27 April – 7 May, 2021).

LOT 1

(1) BACKGROUND

In 2020, twenty-nine countries accounted for 95% of malaria cases globally. Nigeria alone accounts for 27% of all cases globally. Similarly, Nigeria is responsible for 23% of malaria deaths globally. While acknowledging the progress that Nigeria has made over the years with a reduction in parasite prevalence from 42% in 2010 to current values, achieving further reductions will require the effective engagement of all the service delivery sectors in the health system. As part of efforts to address this challenge the WHO/RBM Partnership to End Malaria, launched the High Burden, High Impact (HBHI) Initiatives to galvanize country led mechanisms, towards accelerating the reduction of malaria in high burden countries like Nigeria. A key supporting element is having an ‘Effective Health System’. An effective health system must harmonize access and quality of care across the health care delivery channels. For Nigeria, the channels for health care service delivery, as classified by the provider, are categorized into Public, Private and Community systems.

The Private Health Sector in Nigeria is multiplex. The health care services consist of formal tertiary, secondary, primary health facilities, pharmacies, as well as informal patent medicine vendors and drug sellers. The private health facilities constitute 49.5% of the listed facilities, and so form a significant part of the healthcare system. The informal private sector is estimated to comprise over 200,000 Proprietary Patent Medicine vendors (PPMV). The PPMVs are primarily located in rural and semi-urban areas and so end up being the first point of call for the poor and the vulnerable in hard-to-reach areas. They are, therefore, indispensable to the health care service delivery in the country. However, the practices of the PPMVs can be supported to improve the quantity and quality of their

services and the reporting of data. This will further bring the informal private sector under more effective Government regulation.

The Community Pharmacies (CPs) are among the most accessible health care professionals. They provide a unique opportunity for mentoring the PPMVs and so including them in the pilot will allow for sustainability of the planned investment in the informal private health sector.

It is against this backdrop that the NMEP with the support of the Global Fund In the NFM3 Grant is commissioning a Pilot program, engaging with the PPMVs and CPs to expanding access to quality case management (and reporting) of malaria, with the view to building towards a larger scale, standardized engagement of the private health sector. This is expected to impact the proportion of malaria cases managed in compliance with the National Guidelines on Diagnosis and Treatment of Malaria and contribute to improved quality of data and the reporting rate from this sector. The CPs/PPMVs will receive basic clinical training towards Identification of malaria symptoms, SOP for testing followed by appropriate treatment and accurate reporting. The iCCM model will be adapted for this training.

This pilot aims to trial and develop a sustainable Intervention package that improves the quantity and quality of care for malaria by PPMVs and CPs in hard-to-reach areas, in order to inform a national scale-up effort.

The project will require the engagement of:

- (i) Implementer or Facilitator;
- (ii) Evaluator.

(2) PROJECT DESIGN

This pilot phase will involve engaging with and supporting the delivery of CPs and PPMVs in five states: Kano, Kwara, Gombe, Delta and Ogun. This is to explore the impact of variabilities in geography, health-seeking practices, and policy environments on the practices of the CPs and PPMVs. Project tools will be generated for the baseline documentation of the characteristics and the current practices of the CPs/PPMVs. After that, training tools will be developed, and trainings conducted to improve performance, quality of care, and data reporting processes. This will be followed by a period of mentoring and hands-on business support for the CPs and PPMVs. Oversight and monitoring will be routine.

(3) SCOPE OF WORK

(A) The Facilitator

Administratively, the firm will already have or will establish a presence and be responsible for the coordination of the project activities in the states of Kano, Kwara, Gombe, Delta and Ogun.

The activities include: the recruitment of the 150 CPs/PPMVs per Senatorial zone; facilitating training events and ensuring the CPs and PPMVs gain the knowledge and skills they need; production of signages showing accreditation to be awarded to CPs/PPMVs by the Pharmacists Council of Nigeria (PCN) following training. Up to 12 months of hands on mentoring and business support for the CPs and PPMVs to drive their testing, treatment and reporting; ensuring access to the products needed by the CPs and PPMVs, and; submission of monthly data and quarterly reports to the database which NMEP will make accessible to stakeholders. Technical input from the firm will further include geo-mapping of the CPs/PPMVs with support from the Evaluator; supply chain support (to ensure product access); delivery of training on Case Mgt and M&E in accordance with NMEP policies and practices; gathering and reporting live performance data; monthly monitoring and evaluation of PPMVs/CPs services through data quality assurance and quality of care (DQA & QoC).

The pilot implementation phase will be for 15 months, at the end of which up to a 30% improvement from the baseline of testing, treatment and reporting is expected.

Remuneration: This is a performance-based contract with two phases:

- (1) 3 months of startup covering engagement and training of PPMVs/CPs, with Input-based payments for the firm; and then
- (2) 12 months of service delivery, supporting the CPs and PPMVs, monitoring and reporting on performance, with payments for the firm linked to the number of tests and treatments undertaken, verified and reported.

(II) The Evaluator

An organisation with significant experience in carrying out research and surveys will be engaged to coordinate the baseline and end project data collection. Experience in working with CP/PPMVs is an advantage. The Evaluator will develop and finalize a web-based tool for the collection of the PPMVs/CPs basic data, using an electronic platform for ease of tracking. The Evaluator will use their database to map the geo-location of service points and supply drain access. All data will be readily accessible to all stakeholders local and national. The current baseline practices, impact of iCCM training and mentoring, business support and the key determinants influencing the practice of PPMVs/ CPs, will also be evaluated. This will enable the assessment of the impact of the iCCM training, and the use of the reporting system established.

Remuneration: The Evaluator will be mobilized for the data collection and analysis while full payment is made at the submission of report.

(4) REQUIREMENTS/QUALIFICATIONS/SELECTION CRITERIA

MANDATORY ELIGIBILITY CRITERIA FOR ALL APPLICANTS

FACILITATOR

- (i) Evidence of company registration with Corporate Affairs Commission (CAC) by submitting CAC Certificate, Certificate True Copy of Memorandum and Article of Association with Corporate Affairs Commission or similar government regulatory Institution in your country of operation.
- (ii) Current Tax Clearance Certificate for last three (3) years (2018, 2019 and 2020).
- (iii) Current Company's PENCOCM Compliance Certificate-2020.
- (iv) Current Company's ITF Compliance Certificate-2020.
- (v) Current Company's NSITF Compliance Certificate-2020.
- (vi) Duly Certified Company Audited Accounts for the last 3 years (2018, 2019 and 2020) or tax exemption certificate, where applicable.
- (vii) Evidence of previous similar projects (at least 3 award letters and their completion certificates) done by the company for reputable Organisation/Procuring Entity by submitting Award Letters, Completion Certificates etc. Note that the award letters and completion certificate presented by the bidder will be verified by the NMEP to ensure their authenticity.

Additional Criteria, which must be met and evidenced, include:

- (i) Facilitator
 - (a) Comprehensive company profile showing evidence of possessing the required number technical staff necessary to deliver the contract, who have at least 3 years'

experience in projects involving malaria case management in Nigeria. CVs or short bios should be submitted.

(b) History of handling a similar private sector project which looks to improve service delivery in the last 10yrs.

(c) History of delivering training, mentoring and hands-on business support to small enterprises (like PPMVs or CPs).

(d) Experience of working with the NMEP or Pharmacists Council of Nigeria.

Evidence of existence/presence in the 5 project States of Kano, Kwara, Gombe, Delta and Ogun will be an advantage.

(e) History of previous relevant contracts worth at least N100million is required for application to be considered.

(f) A signed company cover letter showing the names, addresses/contacts of the Directors of the company and Verifiable evidence of ownership of office address/ structure etc. This may form part of the company profile.

(ii) The Evaluator

(a) An Organization with up to five years' experience in data collection and surveys.

(b) Vast experience in working with CP/PPMVs is an advantage.

(c) Evidence of previous surveys such as published articles is an advantage.

(d) Possession of one technical staff member with ability to develop and maintain a web-based tool and the database is mandatory

(5) MODE OF SUBMISSION OF TENDER DOCUMENTS FOR THE PROJECTS (LOT-1)

Prospective bidders are to submit their documents in one (1) envelope (Mandatory and Additional eligibility criteria) addressed to

The National Coordinator,

National Malaria Elimination Programme (NMEP),

Abia House, First Avenue,

Central Business District (CBD),

Abuja

and clearly marked with (the name of the project). Furthermore, the reverse of the sealed envelope should have the name and address of the bidder and will be dropped in the designated Tender Box at the office of National Coordinator, National Malaria Elimination Programme, Abia House, Central Business District, Abuja **not later than 2pm on 11 May, 2021.**

(6) COLLECTION OF TENDER DOCUMENTS FOR THE PROJECTS

Prequalified and Shortlisted firms for Lot 1 will collect the Bidding Documents from the Procurement Unit, National Malaria Elimination Programme (NMEP), Central Business District, Abuja between **18-21 May, 2021.**

(7) SUBMISSION OF APPLICATIONS/CLOSING DATE

The code NMEP/PMU/PS/21/01 for Lot-1 should be boldly written on the top right corner of the Envelope for submission. The work title, Facilitator or Evaluator and the name of the firm or person tendering should also be clearly written on the rear of the envelope.

The sealed envelope containing two hard copies of the submission should be addressed to the following:

The National Coordinator

National Malaria Elimination Programme (NMEP)

Federal Ministry of Health (FMoH)

1st Floor Abia House,

Central Business District, Abuja, FCT

Note: The closing date for receiving the application is three weeks from the day of publication. The submission closes **on 11 May, 2021 at 2pm.** Any application received after the stipulated date/time will not be accepted.

Interested bidders may obtain detailed Terms of Reference/ Scope of Work for Lot 1 from the NMEP website: <http://www.nmep.gov.ng>

SIGNED:

FOR NMEP