

# Overview

## **NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)**

### **ENGAGEMENT CONSULTANCY FIRM TO CONDUCT THE NEEDS ASSESSMENT OF THE SECONDARY HEALTH FACILITIES SELECTED IN 35 STATES TO BE EQUIPPED FOR PROVISION OF CRITICAL CARE FOR COVID-19 PATIENTS AND OTHER DISEASES OF PUBLIC HEALTH IMPORTANCE**

#### **Background**

The first case of COVID-19 in Nigeria was diagnosed on the 27th of February 2020, in Lagos State. Surveillance data of June 2021 show over 160,000 confirmed cases with a case fatality rate of 1.3%. Lagos State has the highest number of confirmed cases followed by the Federal Capital Territory (FCT). Other states with high number of confirmed cases are spread across the geo-political zones of the country: North-West – Kaduna and Kano; North Central- Plateau and Kwara; South South – Rivers, Delta and Edo; South West – Ogun, Ondo and Oyo. As of 10th June 2021, these 11 states and FCT had the highest number of confirmed cases nationwide.

On July 8, 2021, the Nigeria Centre for Disease Control (NCDC) announced the detection of the highly infectious Delta variant (which is already identified in several African countries), while the Omicron variant was also detected in late November, 2021 from samples collected in October 2021. The challenges is that Nigeria (the largest economy in Africa and a major trans-shipment hub for trade between Asia, Americas, and Europe) trades directly with and receives large number of travelers from countries with emergence of the highly transmissible COVID-19 variants. Effective epidemic preparedness and response plan to enable Nigeria respond to the emerging COVID-19 variants and future outbreaks from similar pathogens of interest is a national priority. Surveillance data showed that many states have continued to record high numbers of cases and deaths after the initial decline from the second wave of the pandemic.

The surge in infections and the fatality rate are of concern to health experts, managers and government officials who have appealed to Nigerians to continue to observe the standard prevention and control strategies. With active cases in Nigeria jumping to several thousands, hospitals across the country will further be put under severe pressure to manage COVID -19 cases away from the big cities and the overcrowded tertiary facilities.

In line with this expectation, the Federal Government of Nigeria with the support of the Global Fund (GF) through the C19RM 2021 grant is committed to support COVID-19 case management and emergency care in selected secondary health facilities in 35 states (including FCT) by provision of critical care equipment and ultimately improve quality of care and treatment outcome. The previous GF grant, C19RM2020 supported

equipping secondary health facilities in Kano and Oyo states and this investment proved extremely helpful in the management of COVID-19 cases during the second wave surge in both states. Based on this experience, Nigeria intends to scale-up this intervention.

The COVID19 pandemic exposed a huge unmet need in critical care service provisions across several states in Nigeria due to weak infrastructure which accounted largely for the attributable death to COVID19 in the first and second waves of the epidemic, despite mild epidemic observed in the first two waves of the pandemic.

Investing in strengthening the capacity of hospitals strategically located in senatorial districts across the country for critical care services is a priority for the government of Nigeria to effectively respond to the eventual surge in COVID-19 cases caused by more transmissible variants. It will also preposition the health system as part of the country's emergency preparedness and response plan for future outbreaks similar to COVID-19.

These investment in infrastructure and equipment will be complimented by capacity building for healthcare workers in case management of COVID-19 including critical care. Quality improvement mechanism will also be instituted to ensure patients get the best quality of care.

#### **(A) Rationale**

In Nigeria, the few hospitals with critical care capacities are the tertiary health facilities, which are often located in the state capital or other big cities. This result in an inequitable access to critical care services in rural and semi-urban locations and this makes those dwelling in such communities to be disproportionately disadvantaged.

Consequently, hospital equipment for critical care case management is lacking in many state-owned secondary health facilities, particularly in those located in the rural and semi-urban locations, where majority of Nigerians receive routine and emergency care services. It follows that if these health facilities in the rural and semi urban areas are properly equipped for critical care case management, a large proportion of Nigerians will have guaranteed access to critical care, and it will also improve treatment outcome for COVID-19 and other health conditions requiring critical care. It will also reduce unnecessary pressure on the tertiary facilities occasioned by the COVID-19 pandemic as well as the pressure on the relatives of patients who always travelled long distances to the tertiary health institutions in the cities to care for their loved ones.

One of the grant conditions that must be fulfilled before these equipment for critical care can be procured is that these facilities to receive the equipment must be identified and a proper needs assessment of the selected facilities be conducted. It is also important to assess the human resource capacity and leadership gaps to allow for a comprehensive support, enable the individual secondary health facility

benefit maximally from this investment and also be able to provide required services to the clients.

In order to expeditiously carryout this activity, the service of a consultancy firm will be required to support the PR in the conduct of the Needs Assessment of the secondary health facilities in the 34 states plus FCT. The consultancy firm will also support NACA in the development of the action plan based on the findings.

The firm to be engaged for this survey could also be requested to monitor the interventions and support provided to the facilities that will benefit from the equipment.

## **(B) Scope of Work for the Needs Assessment**

Working under the guidance of NACA C19RM team, the FMoH and in collaboration with the State Ministry of Health of the benefiting states, the consultancy firm will support the following:

- (A) Development of a survey protocol with timelines, survey tools, etc
- (B) Finalise survey protocol and tools with input from PR
- (C) Work collaboratively with NACA, FMoH and the SMOH of the states to conduct the inception meetings, implementation planning and deployment strategies.
- (D) Conduct a desk review of all relevant documents including the approved GF proposal, relevant guidelines on critical care, state level plans, relevant national and state level reports, etc.
- (E) Development of a list of secondary facilities that should be assessed in the states based amongst others on reasonable geography, client yield, etc.
- (F) Conduct field work, i.e. collect data on the critical care equipment, capacities of care providers and the leadership requirements for effective use of the procured equipment in the selected facilities, other stakeholders providing support for critical care for COVID-19 patients and other disease of public health importance, issues that will affect the sustainability of proposed intervention in the facilities and ensure the quality of the data collected
- (G) Identify potential facilities to benefit from the support by GF using an objective criteria
- (H) Prepare preliminary survey report for input by PR to provide the required information for each state including priority action plan based on the findings

(I) Prepare and submit the final report to the PR within 2 weeks of receipt of the comments from the PR

(J) Conduct verification of assets (in identified facilities in the states) that were handed over to NACA by MSH from the RSSH 1 project

(K) Visit some facilities (those earmarked to receive some equipment being procured under the C19RM project) to develop a plan towards ensuring timely installation and utilization of these equipment once they arrive in country.

### **(C) Deliverables**

(A) Facility survey

(i) Survey protocol, inception report and survey implementation plan

(ii) Approved survey protocol and tools

(iii) List of facilities to be surveyed in each state and the criteria used to select the facilities

(iv) Training report

(v) Feld work report

(vi) Preliminary Needs Assessment Report

(vii) Final Report – Needs Assessment of selected Secondary Health Facility for COVID-19 critical care in Nigeria with the required information as contained in the survey tool.

(viii) Data collected for the activity

(B) Asset verification report

(C) Facility readiness report (for facilities selected to receive commodities being procured by C19RM)

(D) Consultancy Report

### **(D) Timeframe**

The consultancy firm is expected to complete this assignment in 2 months from the date of contract signing.

### **(E) Qualification and Experience of the firm to be selected**

The Consulting Firm must be an indigenous company registered with the Corporate Affairs Commission in Nigeria with a very good understanding of the federal and sub-national health systems. Members of the team must have led or participated in national and or state level health systems assessment, programme review, capacity improvement and health sector governance.

Experience supporting national programmes, agencies and departments of government at the national level will be an advantage.

In addition, the consultancy firm should provide evidence of the following:

- A team leader with excellent understanding of the Nigeria's health system and demonstrable experience of engagement with the health system at the federal and subnational levels in the last 10 years.
- At least seven years' experience supporting national entities in conducting related activities and using ODK or other electronic data collection systems.
- Demonstrable ability and experience to lead and manage team of health experts, for efficient performance of assigned task tasks.
- Team members with experience in study design, rapid assessment, planning and research.
- Team members with experience in data analysis and report writing.
- Be able to write excellent technical report.

#### **(1) General Eligibility Criteria**

Other documents required to be submitted with the proposal are:

#### **GENERAL ELIGIBILITY CRITERIA**

- (i) Evidence of company registration (certificate of incorporation of the company) including Forms CAC2 and CAC7;
- (ii) Evidence of Company's Income Tax Clearance Certificate for the last three (3) years (2018, 2019 & 2020) valid till 31<sup>st</sup> December 2021;
- (iii) Copy of Company Audited Accounts for the last 3 years (2018, 2019 and 2020);
- (iv) Evidence of PENCOM Compliance Certificate expiring by December 2021;

- (v) Evidence of ITF Compliance Certificate expiring by December 2021;
- (vi) Evidence of NSITF Compliance certificate expiring by December 2021;
- (vii) Sworn Affidavit disclosing whether or not any officer of the relevant committees of the National Agency for the Control of Aids or the Bureau of Public Procurement is a former or present Director, shareholder or has any pecuniary interest in the bidder and to confirm that all information presented in its bid are true and correct in all particulars;
- (viii) The minimum validity period of the Tender should be One Hundred and Twenty (120) Days;
- (ix) Evidence of financial capability to execute the contract by submission of Reference Letter from a reputable commercial bank in Nigeria, indicating willingness to provide credit facility for the execution of the project when needed;
- (x) Company's Profile;
- (xi) Minimum of seven years' experience supporting national entities in conducting related activities and using ODK or other electronic data collection systems.
- (xii) All documents for submission must be transmitted with a Covering/ Forwarding letter under the Company Letter Head Paper using the **Tender Submission Sheet template in Form G-1** and bearing amongst others, the Registration Number (CAC), Contact Address, Telephone Number (Preferable GSM No.), and e-mail address, duly signed by the authorized officer of the firm. An unsigned bid will be disqualified.
- (xiii) Copies of staff academic certificates should be provided by firm in their submission

## **SUBMISSION OF TENDER DOCUMENTS**

Requested documents and financial bid. Thereafter, the Tenderer shall enclose the original in one (1) envelope and all the copies of the Tender in another envelope, duly marking the envelopes as "ENGAGEMENT OF CONSULTANCY FIRM TO CONDUCT THE NEEDS ASSESSMENT OF THE SECONDARY HEALTH FACILITIES SELECTED IN 35 STATES TO BE EQUIPPED FOR PROVISION OF CRITICAL CARE FOR COVID-19 PATIENTS AND OTHER DISEASES OF PUBLIC HEALTH IMPORTANCE" and "FINANCIAL." The two (2) envelopes shall then be enclosed and sealed in one (1) single outer envelope after registration using the NACA bid register.

- (a) Prospective bidders can submit their documents as a Joint Venture with relevant documents provided in line with the requirements stated in the SBD.

## **COLLECTION OF REQUESTS FOR PROPOSAL (RFP) DOCUMENT:**

<https://www.naca.gov.ng/wp-content/uploads/2022/03/SBD-firm-to-conduct-health-facility-survey-updated-7th-march-2022.pdf>

### **(2) DEADLINE FOR SUBMISSION**

The deadline for the submission of Tender should not be **later than 12 noon of 22 March, 2022**. Clarification can be obtained at the Office of the Head of Procurement, Ground Floor, NACA main building, 3 Ziguinchor Street. Wuse Zone 4. Abuja. The bids will be opened immediately after close of submission.

### **(3) GENERAL INFORMATION**

(A) Bids must be in English Language and signed by an official authorized by the bidder;

(B) Bids submitted after the deadline for submission would be rejected;

(C) NACA reserves the right to evaluate and award per line item and in the event of exigency, NACA may vary the quantities/quality of the items during the time of evaluation, award and execution of contract with respect to this invitation to tender;

(D) NACA is not bound to shortlist any Consultant, and reserves the right to annul the bidding process at any time without incurring any liabilities or providing reason.

## **12.0 ADDRESS FOR INFORMATION AND SUBMISSION OF PROPOSALS**

**Attention:**

**Head Procurement**

**National Agency for the Control of AIDS (NACA)**

**Ground Floor Room 1.08**

**No. 3 Ziguinchor Street, Beside AEDC Office, Wuse zone 4, Abuja**

**Email: [procurement@naca.gov.ng](mailto:procurement@naca.gov.ng)**

**Tel: +234-9-4613726-9 Fax: +23494613700**

## **13.0 GLOBAL FUND CODE OF CONDUCT**

You shall get acquainted with the global fund code of conduct for suppliers using this link

below: [https://www.theglobalfund.org/media/3275/corporate\\_codeofconductforsuppliers\\_policy\\_en.pdf](https://www.theglobalfund.org/media/3275/corporate_codeofconductforsuppliers_policy_en.pdf)

Accepting this invitation shall serve as an acknowledgement and agreement to abide by the Global Fund Code of Conduct for Suppliers.

### **(14) Notes/Disclaimer**

- (i) Late submissions will not be accepted.
- (ii) NACA shall verify any or all documents and claims made by applicants and will disqualify consultants with falsified documents and claims.
- (iii) If it is determined that submitted documents and claims have been falsified, the consultant may face prosecution in a court of Law.
- (ii) NACA shall not be held responsible for any disqualified proposal as a result of any omission or deletion relating to the submission guidelines.
- (iii) This advertisement shall not be construed a contract to any Consultant, nor shall it entitle any Consultant submitting documents to claim any indemnity from NACA.
- (iv) NACA is not bound to shortlist any Consultant, and reserves the right to annul the bidding process at any time without incurring any liabilities or providing reason.

**SIGNED**

**MANAGEMENT**