



REQUEST FOR PROPOSAL

Ref No : LMH-RM&E-ELE-001-2018

Issue date : July 20, 2018

Deadline : August 24, 2018

Time : 4:00pm, GMT

Submit tender to : Tender Selection Committee
Last Mile Health, Congo Town,
Monrovia, Liberia

Email : tender@lastmilehealth.org

SECTION I: ORGINZATIONAL BACKGROUND AND PURPOSE OF THE REQUEST FOR PROPOSAL (RFP)

a) OVERVIEW AND BACKGROUND

Founded by survivors of Liberia's civil war, Last Mile Health's mission is to save lives in the world's most remote communities. Last Mile Health specializes in developing and managing networks of community health workers who bridge the gap between remote communities and the existing public sector health system, bringing essential primary care services to the doorsteps of people living at the last mile. Our programs are implemented hand-in-hand with community members, local government officials, national policy makers, private sector, and global partners to ensure sustainable impact.

The Research, Monitoring, & Evaluation (RM&E) department seeks to understand the health status of our target population, measure the extent to which we are saving lives, evaluate our overall success as an organization, and share these successes with the broader global health community.

b) PURPOSE OF THE REQUEST FOR PROPOSAL (RFP)

The RM&E Department invites proposals from qualified End-line Evaluation Consultants to facilitate the completion of an end-line evaluation of the Community Health Worker Support for Advancing Liberian Livelihoods (CHWS for ALL) project, awarded under USAID's Integrating Community Health Program, in order to enhance internal and external accountability by assessing the extent to which grant activities have been implemented as designed, as well as to identify all major and minor obstacles that prevented the achievement of overarching programmatic goals.

SECTION II: PROPOSAL SUBMISSION REQUIREMENTS

Qualified consultants (individuals or institutions) are required to submit competitive technical and financial proposals. Technical and financial proposals from qualified consultants must include but need not be limited to the following, and be no longer than 10 pages in total:

- a) An extensive and demonstrated background knowledge in designing, conducting, and analyzing end-line evaluations
- b) Details of work experiences with similar projects, including methodology used
- c) A work plan outlining key activities and timelines
- d) contact details of at least three (3) references of clients for which similar services

- have been performed
- e) Consultants' financial proposals must contain detailed breakdown of consultancy fees. Note that LMH will cover transportation, lodging, and meals and incidentals in line with its policy
 - f) Financial proposal prices must be quoted in United States Dollars
 - g) All proposals must be clearly written in the English language
 - h) Consultants must submit a signed cover letter transmitting the proposal package to the above address on the cover page of the RFP
 - i) Bidders must submit their bids electronically or to LMH office in Monrovia (details specified above on the cover page of the RFP). Technical and financial proposals must be submitted as separate PDF attachments
 - j) All bid pages must be numbered

SECTION III: EVALUATION CRITERIA

<u>Characteristics</u>	<u>Response Category</u>	<u>Points</u>
Methodology & Work Plan	Approach, methodology & work plan	40 Points
Demonstrated Experience & Qualification	Evidence of prior successful experiences for similar consultancy performed	30 Points
Budget	Budget Plan, reasonableness of total cost and comparison with other proposals	30 Points

All proposals submitted will be reviewed to determine that consultants meet the minimum requirements described in the RFP. An evaluation committee of Last Mile Health staff will evaluate and rate all proposals under consideration, applying the evaluation criteria described above.

SECTION IV: SCOPE OF WORK – END-LINE EVALUATION

Commitment: 6-8 weeks (at least 4 weeks in country)
Start Date: Within 1 month of Sept 24, 2018
Support location: Monrovia, Rivercess, and Grand Gedeh, Liberia
Primary contact: Director, National Community Health Systems

BACKGROUND:

Awarded under the USAID-UNICEF Integrating Community Health Program, the Community Health Worker Support for Advancing Liberian Livelihoods (CHWS for ALL) Cooperative Agreement aims to strengthen the capacity of the Liberian Ministry of Health (MOH) and other community stakeholders to oversee the scaling up a high-quality National Community Health Assistant (CHA) Program that is informed by and held accountable to the remote communities it has been designed to serve. The CHWS for ALL project is being implemented by Last Mile Health where technical and systems strengthening support is provided to the central Ministry of Health and three out of Liberia's 15 County Health Teams (Rivercess, Grand Gedeh, and Grand Bassa).¹

In 2015, Last Mile Health along with strategic partners like UNICEF, USAID, WHO, and others worked closely with the MOH and others to revise the National Community Health Services Policy and Strategic Plan. Under the pre-existing policy, the community health landscape was highly fragmented, resulting in varied service delivery coverage and quality, as well as weak central MOH governance and oversight. Moving from many poorly aligned and disparate community health volunteer programs towards a single, cohesive and 'fit for purpose' professionalized community health workforce, the revised National Community Health Services Policy and Strategic Plan 2016-2021 seeks to address these issues. Incorporating the National CHA Program, the Policy and Strategic Plan positions the MOH to institutionalize a unified approach to providing quality primary health care services to the approximately 1.2 million Liberians living farther than five kilometers from the nearest health facility.

Today, the National CHA Program is implemented fully in ten counties and partially in an additional four (out of 15 counties), having trained 2,808 CHAs and 357 Community Health Services Supervisors (see Appendix A for an overview of the National CHA Program implementation and financing landscape). The CHWS for ALL Project provides

¹ In addition to the technical assistance provided through the CHWS for ALL Project, Last Mile Health also provides direct support to three County Health Teams to implement the National CHA Program (Grand Gedeh, Rivercess, Grand Bassa). In Grand Bassa, Last Mile Health supports 102 CHAs in 2 out of 8 districts and will be expanding to an additional 2 districts, in Grand Gedeh Last Mile Health provides direct support to 63 CHAs in one full district and in two partial districts.

direct technical assistance to the central MOH to support the scaling of the National CHA Program across the country and provides embedded technical assistance to the three counties where Last Mile Health serves as the direct implementing partner. Other key implementing and funding partners include: Plan International; PACS/USAID; UNICEF; the World Bank; Global Fund; USAID and various philanthropic funders.

Objectives

Working towards a more resilient and strengthened health system following the 2014-15 Ebola Virus Disease (EVD) outbreak, the MOH has embarked on a plan to provide more inclusive and equitable health services, resistant to public health shocks, and readily prepared for the possibility of future outbreaks. To ensure the success and sustainability of the National CHA Program, which forms a key component of this plan, CHWS for ALL is collaborating with MOH counterparts and other community health stakeholders to:

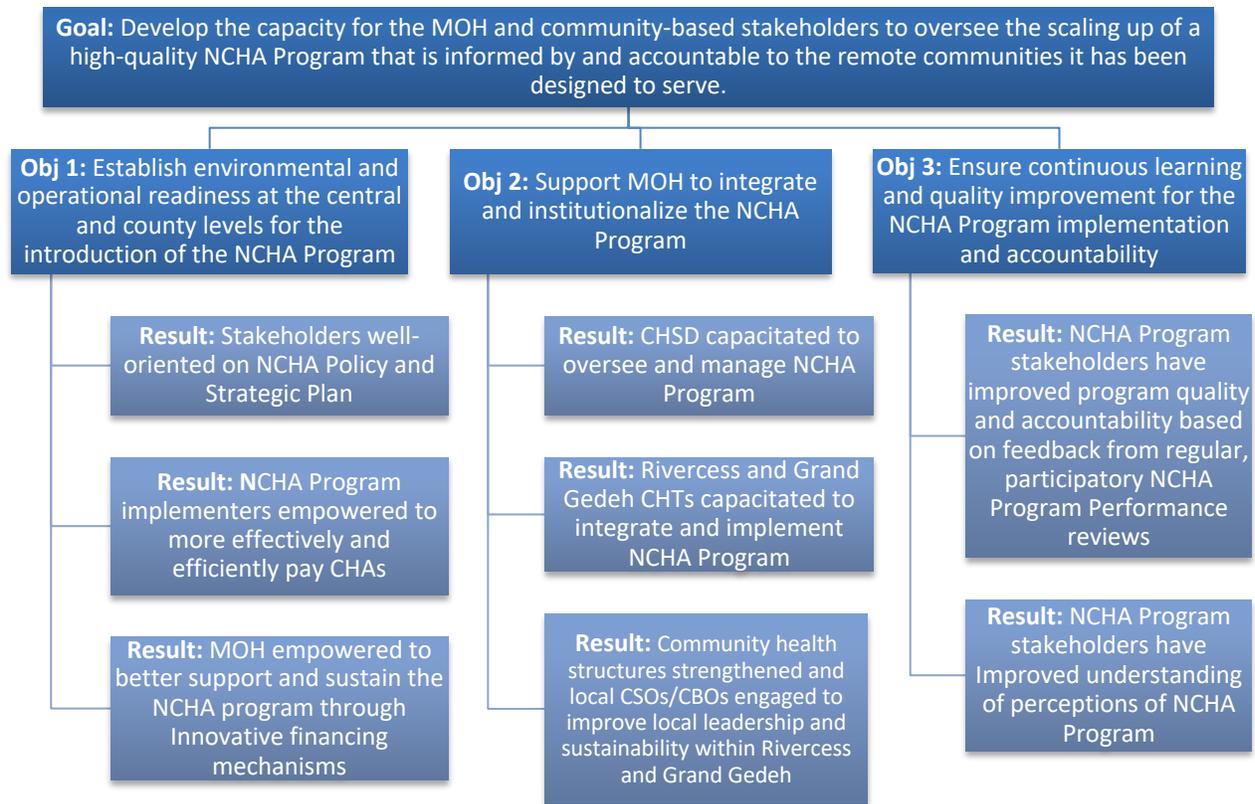
1. Establish environmental and operational readiness at the central and county levels for the introduction of the National CHA Program
2. Support the MOH to integrate and institutionalize the National CHA Program
3. Ensure continuous learning and quality improvement for National CHA Program implementation and accountability

Expected outcomes and impact

Informed by the MOH's Investment Plan for Building a Resilient Health System in Liberia: 2015-2021, CHWS for ALL has aimed to improve the quality and sustainability of the National CHA Program by developing MOH governance and oversight procedures and capacity, accountability and feedback mechanisms, and continuous learning and quality assurance frameworks. Highlighted under Priority Investment Area A: Building a Fit-for-Purpose Productive and Motivated Health Workforce that Equitably and Optimally Delivers Quality Services', the National CHA Program in turn should impact health-sector-wide goals to restore Liberia's gains lost through the EVD crisis, provide health security, and improve progress towards universal health coverage.

Results Framework

The following framework illustrates how the activities envisioned as part of CHWS FOR ALL should have contributed to the immediate and ultimate project aims.



Approach & Methodology

Last Mile Health has leveraged its involvement at every level of the health system to undertake CHWS for ALL using a bottom-up approach with feedback mechanisms at each level. This approach helped to ensure that CHWS for ALL’s technical assistance and international knowledge sharing contributions are informed by on-the-ground experience and local perspectives.

CHWS for ALL’s engagement and support at every level of the health system, detailed below, has impacted how the objectives and activities in this project are implemented.

- A. **Community-level engagement**, through County Health Teams (CHTs) and local Civil Society and Community Based Organizations, to work with CHAs, community health structures, and community-based actors to identify needs, gaps, and areas of ongoing improvement in provision of quality primary care services. Under CHWS for ALL, Last Mile Health leveraged its presence in Grand Gedeh, Rivercess and Grand Bassa counties where it is implementing the National CHA Program to engage with Community Health Committees (CHCs), community-based organizations, women’s groups, youth groups, and community elders, as well as CHAs and beneficiaries of the National CHA Program. Last Mile Health is pursuing complementary funding that would allow it to leverage the USAID Integrating

Community Health Program to achieve more robust county-level support and sub-county-level support.

- B. **County- and facility-level collaboration and capacity building**, prioritizing CHT engagement. Through this support, CHTs work with facility staff, Community Health Services Supervisors, and implementing partners to identify and address barriers to service linkages while improving inclusion of community-based actors in operational planning and execution of the National CHA Program from the county level.
- C. **National-level coordination and technical assistance** in engaging partners, aligning resources, and incorporating lessons learned at the community and county-level into national quarterly and annual review meetings to catalyze revisions to national policies, implementation plans, and protocols.
- D. **Global-level contributions** to regional and international bodies through research, presentations, and case studies.

SCOPE OF EVALUATION & KEY LEARNING QUESTIONS:

In total, this evaluation will take place over six weeks (two remotely and four in Liberia). The purpose of this evaluation is to **assess how the CHWS for ALL Project was able to build the operational and environmental readiness of the central and county level MOH to implement and scale the National CHA Program**. The final product of this evaluation should be a final report that:

1. Examines the systems strengthening approach CHWS for ALL took at the central and county level and how it supported the quality of implementation (this includes but it is not limited to examining CHWS for ALL technical support related to M&E, health financing, and creating supportive supervision structures)
2. Conducts a deep dive into a full-scale model that brings together qualitative and quantitative data to link inputs, outputs, and outcomes for the CHW logic model (Rivercess). The quantitative and programmatic data sources that will be used for this evaluation can be found in Appendix B

Through completing the above, the evaluation should answer the following key learning questions using data sources outlined in Appendix B:

- To what extent has the CHWS for ALL Project increased the operational and environmental preparedness of the central MOH and relevant CHTs to manage the implementation of the National CHA Program? How might the MOH and CHTs increase their operational readiness to take on ownership of the National CHA Program?

- To what extent did the technical support provided under the CHWS for ALL Project support the performance of a county level model (focusing on Rivercess)? How might future interventions and how they are implemented be more effective in building capacity for the central and county MOH to manage implementation of the National CHA Program and ensure high quality service delivery?
- To what extent has the CHWS for ALL Project developed systems that allow for the continuous learning and quality improvement of the National CHA Program? How might the MOH better utilize data for decision making to inform and improve the National CHA Program? What additional interventions or capacity is needed?

Methods & Responsibilities

- Draft and finalize evaluation protocol (CHWS for ALL will need to review before finalized)
- Create all evaluation tools (including interview guides)
- Desk review (remote) of project documents (including existing data) and other relevant resources related to the National CHA Program
- Using agreed upon evaluation tools, engage with relevant stakeholders (in Liberia), both in Monrovia and in Rivercess County
- Conventional content analysis of collected data to allow for systematic extraction of key themes and mixed methods combining qualitative (documents and interviews) and quantitative

Expected Deliverables

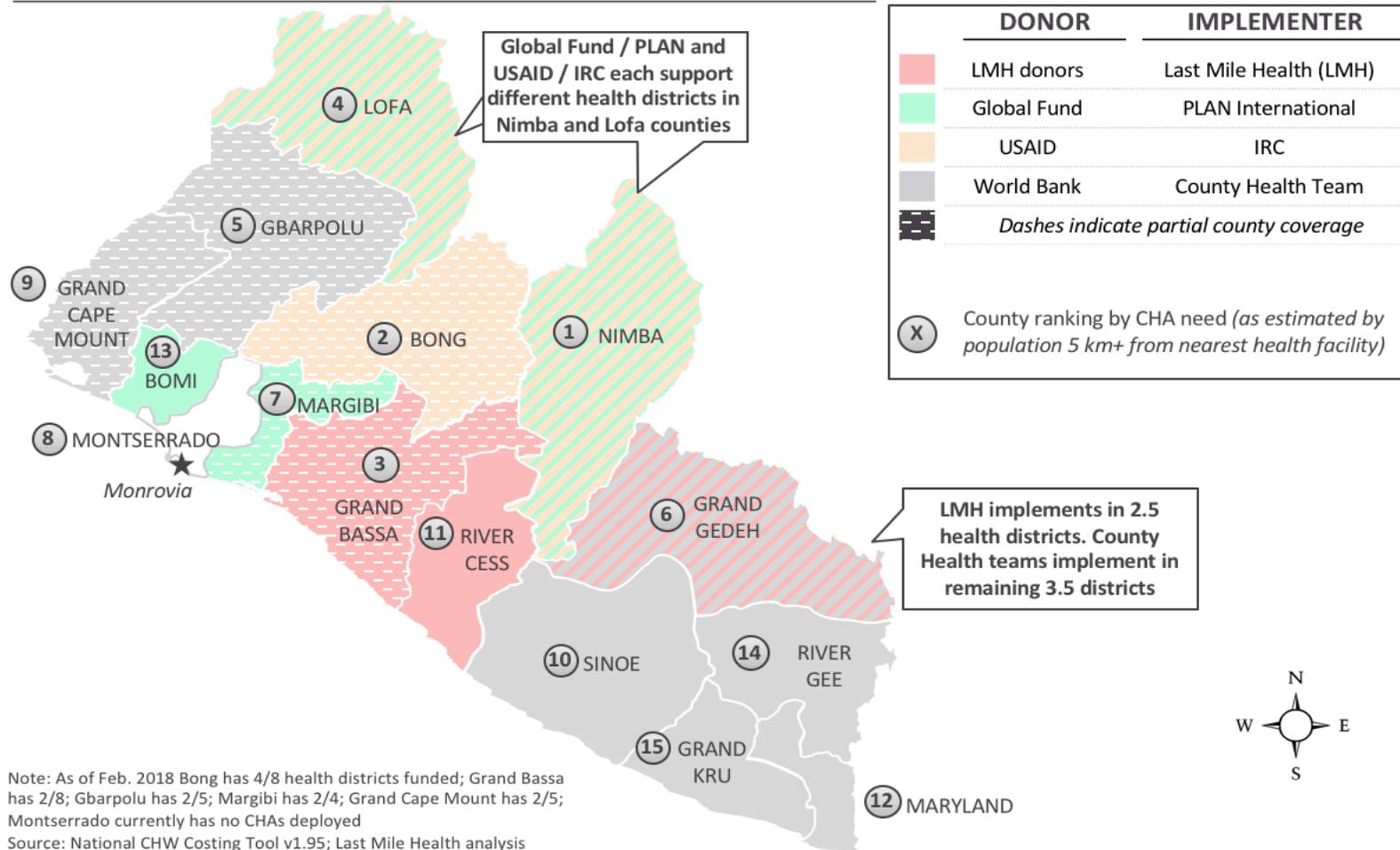
- Draft and final evaluation protocol (week 1)
- Draft and final evaluation tools (including interview guides) (week 1)
- Completed field visit and interviews in Monrovia and Rivercess (week 2 - 4)
- Draft report of findings and analysis (week 5)
- Final report of findings (week 6)
- Final presentation of key findings from the endline evaluation to key stakeholders (LMH, MOH & USAID) (week 6)
- Weekly reports of progress to Last Mile Health (week 1 - 6)

Qualifications

- An organization/individual with at least 7 years of experience in the research and/or evaluation field in a similar context, particularly end-of-project evaluations in the health sector.
- Preferred experience with policy design and program management related to community health workers.
- Advanced university degree in development studies, social sciences, economics, public health, or a related field.
- Demonstrated understanding and experience in best practices related to health system strengthening and public policy.
- Significant experience engaging senior government officials and stakeholders
- Strong analytical (quantitative and qualitative), research, and writing skills.
- Past experience working in similar contexts, especially with vulnerable populations.
- Fluency in English and excellent writing abilities.

Appendix A: Overview of National CHA Program Implementation and Financing

CHA IMPLEMENTATION RESPONSIBILITY & FUNDING (AS OF Q3 2018)



Appendix B: Data Sources and Resources Available

- **Community Based Information System CBIS, DHIS2:** Through the CBIS, MOH collects monthly aggregations of vital statistics at the community and health facility level including births, deaths, cases identified and treated and family planning.
- **Last Mile Survey Reports:** Last Mile Survey captures data on demographics, maternal health, child health, and health service access in order to assess the health status of the population served, guide the design and prioritization of health care programs and evaluate the impact of programs conducted by LMH.
- **Qualitative Data Sources:** LMH has a number of previous and ongoing qualitative research studies focused on learning and program improvement. The Program Perceptions study is a qualitative research study jointly undertaken by the Liberian MOH and LMH aimed at understanding the strengths and weaknesses of the Liberian National CHA Program from the perspective of a variety of perspectives and stakeholders. LMH has also available data on a child mortality audit and maternal and neonatal health intervention audit, and an assessment of motivation factors of community health assistants.
- **CHA Correct Treatment Rate Assessment, March 2018:** LMH conducted the first rigorous assessment of the key performance indicator, correct treatment rate, to understand the quality of care CHAs are providing in order to target future training, supervision, and quality assurance efforts.
- **Implementation Fidelity Research:** Investigating the gap between the design of the CHA intervention and its execution to allow the MOH to effectively close programmatic gaps, channel targeted support, and improve program quality by assessing the extent to which the CHA intervention have been properly implemented as designed, in terms of recruitment, training, supervision, supply chain, financing, and service delivery.
- **Mobile health programmatic data:** LMH's mHealth system is adapted and optimized for use in Liberia's last mile communities, where electricity, internet access and cell network coverage are scarce. With the overall objective of increasing efficiency and clinical care, mhealth helps LMH capture timestamped/geotagged supervision visit data and
- **Restock Data:** LMH captures data on stock levels at County, health facility and community level to prevent stocks outs and identify consumption trends compared to actual patients treated.