



Request for Proposal:
Process Evaluation of Plan International Liberia’s
Global Fund New Funding Model (NFM) Malaria Program
(2016-2018) in Liberia

Issuing date: May 9th, 2018

Closing date: May 21st, 2018

Period of Contract: May 28th – June 30th, 2018

Contact: liberia.consultantsinfo@plan-international.org

Interested individuals, firms and institutions can submit their application no later than May 21, 2018 at 4:30 p.m. local time. Please submit a written technical proposal including a detailed budget to liberia.consultantsinfo@plan-international.org and if you have further question, please send your question to the same email address up to May 18th, 2018. No questions will be addressed after this date.

PLEASE NOTE THAT NO HARD COPIES OF PROPOSALS WILL BE ACCEPTED AND FOLLOW-UP TELEPHONE CALLS ARE NOT NECESSARY. SHORT LISTED INDIVIDUALS/FIRMS WILL BE DULY INFORMED.

1. PURPOSE OF THE REQUEST FOR PROPOSAL (RFP)

To select a consultant firm or a team of consultants to enter into negotiations with Plan International Liberia (PIL) for a service contract to conduct a gender-sensitive process evaluation of the Global Fund New Funding Model (NFM) Malaria Program in Liberia currently being implemented from July 1st, 2016 until June 30th, 2018 by PIL in 13 districts of 4 counties across the country in line with the National iCCM program and the newly rolled-out National Community Health Policy. The process evaluation is intended to produce recommendations and lessons learned to improve the continuation of this program from 2018-2020.

2. PROGRAM BACKGROUND

Program Name	Scaling up Malaria Prevention, Control and Treatment Through All Sectors in Liberia
Program Goal	Reducing malaria-related morbidity and mortality in the hard-to-reach population, especially for children under five and pregnant women (15-49 years of age).

Program Objectives	<ol style="list-style-type: none"> 1. To strengthen and sustain institutional and human resources capacity of National Malaria Control Program for effective program management by 2020. 2. To increase access to prompt diagnosis and effective treatment targeting 85% of population by 2020. 3. Ensure that 80% of the population is protected by malaria preventive measures by 2020. 4. Increase the proportion of the population with knowledge and practice of malaria preventive measures to 95% and 75% by the end of 2020. 5. Strengthen the supply chain system for effective quantification and prompt distribution of commodities under a universal system by 2020. 6. To improve routine data monitoring and program evaluation to ensure quality data management at all levels by 2020. 7. To increase access to safe and quality services through improved capacity of the health network to provide safe, quality Essential Packages of Health Services.
Strategy	iCCM
Location	<p><u>Country:</u> Liberia</p> <p><u>Counties - Districts:</u></p> <ul style="list-style-type: none"> • Nimba: <ul style="list-style-type: none"> ○ Yarwein-Mehnsosnoh, ○ Tappita ○ Saclepea-Mah ○ Zoe-Geh; • Bomi: <ul style="list-style-type: none"> ○ Dowein ○ Klay ○ Suehn Mecca ○ Senjeh; • Lofa: <ul style="list-style-type: none"> ○ Zorzor, ○ Voinjama ○ Foyah; • Margibi: <ul style="list-style-type: none"> ○ Mamba Kaba ○ Fire Stone

Period of implementation	July 1, 2016- June 30, 2018
Beneficiaries	<ul style="list-style-type: none"> • Bomi: <ul style="list-style-type: none"> • Total estimated population: 99,334 • Approx. number of children under 5: 4,897 • Approx. Pregnant women: 1,440 • Lofa <ul style="list-style-type: none"> • Total population: 326,942 • Approx. number of Children under 5: 10,222 • Approx. number of pregnant women: 4,741 • Nimba <ul style="list-style-type: none"> • Total population: 545,597 • No of Children under 5: 15,219 • Women Pregnant: 7,911 • Margibi: <ul style="list-style-type: none"> • Total population: 372,244 • No of Children under 5: 63,281 • Women Pregnant: 18,612

3. GENERAL REQUIREMENTS AND CRITERIA FOR EVALUATION OF CANDIDATES

a. Proposal Presentation

Proposals should be as thorough and detailed as possible so that the selection committee may properly evaluate the capabilities to provide the required services. Bidders are required to submit the following items as a complete proposal:

- A Technical Component made up of a brief written narrative statement including (limit to 10 pages):
 - ✓ A technical proposal in English outlining how the firm or team will carry out the work and its ability to deliver on the required and desired deliverables expressed in section 5 below, entitled Terms of Reference;
 - ✓ The experience and information on the variety of services provided by your firm or team to successfully satisfy the requirements of this consultancy;
 - ✓ The expertise of your staff/team members and anticipated subcontractors which will assure that all personnel assigned to perform under and resultant contract shall be capable and qualified in the work assigned to them;
 - ✓ Resumés of all staff/team members and subcontractors committed to the contract, identifying their roles and the team leader;
 - ✓ The Consultant firm or associates will provide the name of three references rating their satisfaction and the quality of a baseline or evaluation conducted by the consultant.



- A Financial costing and quote for the consultancy should be provided in any format deemed suitable by the bidder;
- Financial costing must be done in United States Dollars;
- Other information that was not specifically requested in this RFP that should be considered in the evaluation of the response may be included at the end of the proposal.

b. Technical Component Requirement Criteria and Rating

The Consultancy Firm or Team of Consultants will submit evidence of Educational qualifications and working experience, which demonstrate that they meet the following mandatory criteria:

MANDATORY REQUIREMENTS*	Rating (met/ not met)
<ol style="list-style-type: none"> 1) At least one of the consultants should have a Post-graduate degree in Epidemiology, Biostatistics, Statistics or equivalent with solid methodological and research skills, including in quantitative and qualitative methods; 2) At least one of the consultants should have a post graduate degree in Public Health, and ideally with emphasis in iCCM and/or infectious diseases; 3) At least one of the consultants should have an advanced degree/certificate in Program Management, ideally in relation to Community Health programming; 4) At least one of the consultants should have an advanced degree/certificate in finance/compliance management, ideally in relation to Community Health programming. 5) The consultant firm or team should collectively have a proven track record of experience in conducting process and outcome evaluations of health programs; 6) The consultant firm or team should have a track record of strong data analysis and abilities to communicate and write clearly and concisely in English, particularly those involved in the report writing; 7) Proof of experience in qualitative research methods, gender analysis and gender mainstreaming into health programming. 8) Consultant/firm must meet at least 5 of the mandatory requirements. 	<ol style="list-style-type: none"> 1) <u>Met:</u> Relevant Post-graduate degree. <u>Not met:</u> Lack thereof Post-graduate degree, as a minimum; 2) <u>Met:</u> Relevant Post-graduate degree. <u>Not met:</u> Lack thereof Post-graduate degree, as a minimum; 3) <u>Met:</u> Relevant Post-graduate degree. <u>Not met:</u> Lack thereof Post-graduate degree, as a minimum; 4) <u>Met:</u> Relevant Post-graduate degree. <u>Not met:</u> Lack thereof Post-graduate degree, as a minimum; 5) <u>Met:</u> Proven track record <u>Not met:</u> Lack thereof track record; 6) <u>Met:</u> Proven track record; <u>Not met:</u> Lack thereof track record; 7) <u>Met:</u> Proof of experience; <u>Not met:</u> Lack thereof proof of experience; 8) <u>Met:</u> Consultant firm or group meets at least 5 of the top 7 mandatory requirements <u>Not met:</u> Consultant firm or group meets less than 5 of the top 7 mandatory requirements <p>* Consultants or Consultant group not having in the team candidates with the mandatory requirement for Education will be removed from the competition.</p>

RATED CRITERIA FOR WRITTEN SUBMISSION CONTENT (120 POINTS)	
<p>Description of experience with evaluation of health programming, particularly related to process and outcome evaluations, including:</p> <ul style="list-style-type: none"> - Key Informant Interviews; - Focus group discussions; - Household Surveys; - Review of health systems' data, particularly community and NGO systems; - Review of management processes including M&E, financial management, HR management, asset management; - Review of service delivery, particularly for iCCM; - Gender analysis preferably in health sector; - use of technology for data collection and analysis; - Other relevant experience. 	<p>Maximum 45 points in total:</p> <ul style="list-style-type: none"> - Up to 5 points for each health program evaluations (Max of 20 points); - Up to 5 points for each methodology used (Max of 25 points).
<p>Propose the methodology to carry out in the evaluation according to the defined Terms of Reference section below including the indicators that would be reviewed and reported.</p>	<p>Maximum 48 points</p> <ul style="list-style-type: none"> -Demonstrating how they will select the samples (up to 24 points) -Demonstrating what quantitative methodologies will be used and how (a maximum of 6 points) -Demonstrating what qualitative methodologies will be used and how including a gender sensitive approach and analysis (a maximum of 6 points) -Demonstrating how the data will be collected and tabulated (Maximum of 12)
<p>Describe your understanding of how you would incorporate a gender analysis into the quantitative and qualitative components of the evaluation, to identify barriers and opportunities to using and accessing project services based on gender differences and inequalities and in relation to the projects' intended and unintended effects to reduce gender barriers.</p>	<p>Maximum 27 points for methodology proposed and questions asked</p>

A maximum of the top three highest scoring candidates based on the two previous tables and the financial proposal will be invited by PIL to make a presentation at a time, date and place agreed with the selection committee. A minimum score of 84 points out of 120 for the written submission will be required in order for the candidates to move into the interview/presentation phase.

While the mandatory requirements will need to be passed as stated in the table, the written submission content will be worth 70% of the total proposal rating prior to presentations and the financial component will be worth 30% (see below section 3c).



Scoring during the interview process will be based on the following criteria:

RATED CRITERIA FOR PRESENTATIONS (80 POINTS)	
Technical Knowledge Invited candidates will be asked to make a short presentation to demonstrate their knowledge of indicators in Malaria, iCCM and ANC including disaggregation of data by sex and by age and how they would carry out the proposal.	0 to 56 points: based on technical knowledge reflected in presentation
Communication ability Clarity of communication and presentation skills will be evaluated during the presentation.	0 to 24 points: based on effectiveness of communications

Candidates scoring a minimum 56 points the presentation will be allowed to move into final selection phase. They will be ranked on an eligibility list for a potential offer, starting with the candidate with the highest total proposal rating (see below section 3d). The minimum cumulative passing score for the combined technical component (technical written submission + presentation) is 140 points out of a maximum of 200.

c. Financial Component Criteria and Rating

The financial proposal must contain fees/remuneration, training cost, printing, stationeries, and vehicle rental deemed appropriate by the candidates for the work required for a high-quality evaluation. No particular format is required by PIL, but detailed information will allow for better understanding and higher rating.

The contract price shall be as per total cost of winning proposal which shall account for all professional fees (of consultants and survey teams, data management, report preparations), operational expenses (per diem, hotel accommodations and transportation of survey teams, vehicles rental, IT tools, etc.) training to survey teams, and materials including survey questionnaires, forms and writing materials, overhead and profit. Cost of progress or report sharing meetings are not included in the contract price and shall be provided by PIL (where applicable).

The maximum score for the financial component will be 100 points and will represent an equivalent to 30% of the total proposal rating (with 70% representing the technical component).

d. Evaluation Process and Contract Award

The technical and financial components of the proposals will be evaluated against the evaluation criteria indicated in this section 3 and will be awarded a total maximum of 300 points (including, 120 for written submission, 80 for interview/presentation and 100 for financial proposal). A technical proposal must receive a minimum of 140 points out of 200 points or it will be disqualified.



Candidates will be ranked on an eligibility list for a potential offer, starting with the candidate with the highest total proposal rating. The evaluation proposal receiving the highest total proposal rating on 100% represents the best value to PIL with the combined technical component valued at 70% and the financial component 30%. The successful firm or candidate will be invited to negotiate a service contract for the duration of the assignment and how the budget will be allocated. The Consultant will perform the services under the contract as an independent contractor.

4. GENERAL PROVISIONS

a. Rights of Plan International Liberia

Plan International Liberia reserves the right to: reject any or all proposals received in response to this RFP; enter into negotiations with one or more bidders on any or all aspects of its proposal; accept any proposal in whole or in part; cancel this RFP; re-issue this requirement at any time; and, award one or more contracts. The costs, including travel, incurred by the Consultant in the preparation of the proposal and for the negotiation of the resulting contract will not be reimbursed by PIL.

Plan International Liberia and/or Plan International Canada, the co-signatory to the grant, reserves the right to accompany in full or partially the consultant to undertake activities in the field and supervise all or some of the activities.

b. Verification of Information

The Consultant is aware that Plan International Liberia and/or Plan International Canada reserves the right to verify that the Consultant meets the requirements and any information provided in this proposal. Any information that cannot be verified, corroborated or supported with documentary evidence/facts may result in the proposal being declared non-compliant. Again, Plan International Liberia and/or Plan International Canada reserves the right to end or adjust the consultant contact for any action on the part of the Bidder that Plan International Liberia and/or Plan International Canada may consider inappropriate.

c. Contract Negotiation

A time limit may be imposed by Plan International Liberia respecting the organization's procurement manual as to ensure that negotiations are concluded effectively and in a timely manner. In instances where negotiations cannot be satisfactorily concluded between the selected Consultant or Consultant firm and PIL, the latter reserves the right to initiate negotiations with the next highest-ranking Consultant.

d. Redress Mechanisms

Bidders may request a debriefing on the results of the bid solicitation process. Bidders should make the request to PIL within 10 working days from receipt of the results of the bid solicitation process. This



request should be made through one of the channels identified in the contact section of this RFP. The debriefing may be in writing, by telephone or in person.

5. TERMS OF REFERENCE FOR PROCESS EVALUATION

a. Evaluation Objectives

The Process Evaluation (PE) will seek to take stock of Plan International Liberia's GF malaria program's strengths, challenges, achievements and key lessons learned in the process of its implementation to understand how program results were achieved or not and why. This will add to the findings of the baseline and identify new learnings over the lifespan of the program that can be applied by PIL and its partners to benefit future program phases. The PE should include measures of processes, outputs and outcomes coupled with contextual information to better understand if and how (or if not and why not) the program effectively targeted and reached intended male and female beneficiaries in its interventions.

Additionally, the PE should seek to include data collection regarding knowledge, attitudes and practices of male and female beneficiaries regarding malaria. The PE report will in part allow for a comparison of some output and outcome measures found in the baseline results, in addition to a measurement to assess the program's progress against the set indicators of the program, mentioned as part of the key objectives below. The counties and districts disaggregated data will enable assessment of the results of PIL's direct implementation. In addition, the data will help inform the new grant soon to begin in July 2018 to improve implementation and address gaps and barriers, including gender, exclusion and human-rights barriers that increase vulnerability to malaria exposure and limit service-access of women, men, girls and boys from hard to reach populations.

The overarching research questions for the PE are as follows:

1. Did implementation of the iCCM program and full package of activities accelerate coverage of appropriate and timely treatment for malaria of male and female populations in hard-to-reach areas, particularly in children (girls/boys) under 5 years of age and pregnant women (15-49 years of age)? (i) If yes, how?, (ii) If no, why not? Are there any other factors, beyond program implementation, can explain the findings?
2. Did the iCCM program decrease inequities in malaria treatment coverage of women, men, girls and boys in hard-to-reach areas effectively, particularly in children (girls/boys) under 5 years of age and pregnant women (15-18 years of age and 19-49 years of age)? (i) If yes, how?, (ii) If no, why not?

Key objectives include to:

- I. Assess to what extent the program was suited to the particular needs and priorities of the target groups in a given context, and to what extent the beneficiaries from the program were engaged in the design and monitoring of the program.



- II. Assess the quality of the implementation processes in place for the program by measuring the internal dynamics of the implementing organization, the policy instruments, the service delivery mechanisms, and the management practices. This will include following the correct CHSS & CHA training package for trainings; service delivery procedure followed in delivering services, evidence of grant and organizational compliance and grant management actions taken (program management meetings, communications reporting on training procedures, supervision procedures, drug supply logistics and distribution procedures).
- III. Assess progress achieved, qualitatively and quantitatively, on Work Plan Tracking Measures (WPTM) and other outputs of the program against expected results, including:
 - a. Specific Prevention Intervention - Number of Pregnant women (19-49 years of age) and pregnant adolescent girls (15-18 years of age) referred for Intermittent Preventive Treatment (IPT) in pregnancy, by Traditional Trained Midwives (TTM) in 3 counties supported by PIL;
 - b. Community Systems Strengthening - Number of male and female caregivers of children under 5 years of age receiving Interpersonal Communication (IPC) on cause, prevention & care/danger signs of malaria;
 - c. Health and community workforce – Training of male and female Community Health Assistants (CHA) in iCCM;
 - d. Health and community workforce – Training of male and female Community Health Assistants (CHSS) in iCCM.
- IV. Assess progress achieved on coverage indicators of the program against expected results, including:
 - a. Community Case Management - Proportion of estimated malaria cases (presumed and confirmed) that received first line anti-malarial treatment in the community (in hard to reach areas in 13 districts covered by PIL);
 - b. Community Case Management - Proportion of suspected malaria cases that receive a parasitological test in the community (in hard to reach areas in 13 districts covered by PIL);
 - c. Health Information Systems and M&E - Proportion of integrated community case management (iCCM) reports submitted by community health services supervisors (CHSS) within 15 days of the subsequent reporting month
 - d. Knowledge, attitudes and practices in male and female caregivers regarding malaria preventive practices and Intermittent Preventive Malaria treatment (IPT) for pregnant women;
 - e. Knowledge, attitudes and practices in male and female caregivers regarding malaria infection in children under 5 years of age.
- V. Analyze the reasons behind and determinants of the achievement (or not) of program processes, outputs and outcomes, including the effects of contextual factors which can include factors that may impact implementation such as the functioning of the overall health system or factors that may affect the impact of the intervention such as the socioeconomic, gender and



exclusion related factors and status or underlying health status of women, men, girls and boys in the population.

- VI. Generate evidence on how to best to adapt and adjust ICCM activities to reach, mobilize, raise awareness, diagnose and treat male and female impact groups in hard-to-reach areas, particularly women and men caregivers, pregnant women and pregnant adolescent girls and girls and boys (under 5) against malaria.
- VII. Consolidate lessons learned and good practices to inform future programming.
- VIII. Based on a comprehensive analysis, provide practical recommendations for future programming.
- IX. Assess and highlight aspects of the program in relation to its efficiency in investment and sustainability; whether measures has been taken to address these during the design and the implementation phases.
- X. Assess the interaction with key stakeholders of the program namely, among others, National Malaria Control Program, County Health Teams, Community Services Department, and others.

Given the ongoing importance of developing effective gender-responsive ICCM activities and approaches that can facilitate improved responsiveness to addressing different barriers, roles, opportunities and experiences of male and female impact groups in Liberia, as well as Plan International's work globally, the evaluation should seek to maximize the transferability of findings, where relevant.

b. Scope of work

The proposed PE will be carried out in PIL's program coverage areas (13 districts in 4 counties described in background section above) as well as in the relevant PIL program offices, including it's Central Office in Monrovia. It will consist of a set of components that will include:

- I. Desk review and analysis of program documentation focusing on processes and output and outcome indicators, including manuals, program plans (Implementation, M&E, Procurement), PIL organizational policies, as well as internal programmatic and financial reports of the program, external reports to the donor and stakeholders produced by PIL for the program, reports to the health facility made by the program actors (i.e. PIL Staff, CHAs, etc.) and health facility records related to the program in the areas of coverage.
- II. Quantitative research and analysis of program outcome indicators through a limited household survey in the program areas, in addition to the review and analysis of the program's baseline report and other key reports as needed such as the Malaria Indicator Survey (MIS). This study is to be conducted by taking representative samples in the target districts of the 4 counties of program implementation. Data needs to be disaggregated per county and district and by sex and age where relevant. Applicants should provide details of methodology they intend to use as well as details of information on standard and relevant indicators they will measure to meet the objectives of this survey.



- III. Qualitative research and analysis of program processes, and output and outcome indicators to be conducted through Focus Groups Discussions and Key Informant Interviews (KII) with key project stakeholders including project staff, partner staff, MoH representatives, health clinic staff, among others, and same-sex focus group discussions with women and men who represent the diversity of community members in intervention areas of the project. The FGD and KII tools/questionnaires will be developed in conjunction with PIL, and will seek to understand why there may be gender inequalities and differences between and among women and men and girls and boys under 5 in vulnerability to malaria and to accessing malaria services based on program activities. They will involve discussions with male and female participants to identify what were the most significant changes they experienced from the project interventions as well as gaps and recommendations for improvements. The consultant will be responsible for carrying out all the FGDs and KIIs and carrying out a final analysis of the results.
- IV. Identification and Consolidation of lessons learned derived from programming is a key element of the evaluation process. PIL will provide the selected candidate with a template for capturing information and examples of good practices.
- V. Identification of practical recommendations for future programming based on the overall analysis of findings will be included.

The selected candidate will be responsible for consolidating findings from the quantitative work and qualitative component, as well as lessons learned from all sources — including the Consultant’s qualitative findings report, completed lessons learned templates (Plan and the Consultant’s) and existing documentation of the project team, technical advisors and program manager over the life of the project.

Finally, some Key Process indicators expected to be included within the scope are:

- ✓ Implementation Strength of the program:
 - Number of CHAs in relation to population covered;
 - Supervision rates by PIL staff and CHSS;
 - Stock-outs in the program coverage areas;
- ✓ Reporting Data:
 - CHA and CHSS reporting rates;
 - Number of CHA treatments reported;
 - Facility based vs community based treatments ;
- ✓ Cost, demand, management and contextual data:
 - Intervention cost data;
 - Context:
 - Implementation level (i.e. other programs in the area, national stock outs of medications, changes in policies);
 - socioeconomic status of male and female members of the population and by county including relevant gender and exclusion related data;
 - health status of population by sex and age and county;
 - Qualitative data:



- On male and female caregivers (Focus groups or key informant interviews from caregivers or community on health seeking practices and/or barriers), or
- On health service providers (Focus groups or key informant interviews from health providers, implementers, health managers on aspects of program implementation);
- Program management (i.e. reporting on training procedures, supervision procedures, drug supply logistics and distribution procedures).

c. Proposed Methodology

Considering that the iCCM National strategy was rolled out gradually and sequentially across PIL's program coverage areas and beyond it is thought that a Cluster randomized stepped wedge trial would be best suited for the Evaluation methodology. However, the candidates are invited to suggest the best methodology as part of their proposal.

d. Summary of Deliverables

- ✓ Evaluation protocol and work plan, including details on all components of the PE and tools to be used;
- ✓ Organize and carry out all components of field and desk review work;
- ✓ Develop and submit a draft report to PIL for revision and feedback;
- ✓ If time allows, organize and carry out a validation workshop with key stakeholders;
- ✓ Develop and submit a final report in both electronic and hard copy;
- ✓ Databases and associated completed data collection tools.

e. Terms and Conditions

Payment for contract shall be made following the satisfactory review and acceptance, by Plan International Liberia, of outputs produced by the Consultant for each stage of the consultancy as outlined below:

- ✓ Final protocol and work plan: 40%
- ✓ Completion of data collection: 20%
- ✓ Submission of first draft of report: 20%
- ✓ Final report submission: 20 %