

## PROCUREMENT NOTICE



**REQUEST FOR EXPRESSION OF INTEREST TO CONDUCT ORGANISATIONAL CAPACITY ASSESSMENTS OF THE HIV PREVENTION PROGRAMMATIC AND OPERATIONAL MANAGEMENT CAPABILITIES AND CAPACITIES WITHIN DHO, DHMT, CITY HEALTH OFFICE AND OTHER RELEVANT BLANTYRE DISTRICT AND CITY COUNCIL OFFICES/COMMITTEES**

**Procurement Reference Number: NAC/BPP/OCS/CS/01/2021-2022**

### **1.0. INTRODUCTION AND BACKGROUND**

#### **1.1 Malawi's HIV Epidemic**

Malawi has led a highly successful HIV treatment response and is on track to achieve the UNAIDS 95-95-95 goals (95% of people living with HIV know their status, 95% of all diagnosed infections on treatment, and 95% of all people on treatment are virally suppressed). By December 2020, progress on the 95-95-95 UNAIDS Fast-Track targets in the Malawi was at 92-95-94. Although the overall number of new infections in Malawi has declined by more than 60% since 2003, there were an estimated 19,000 new infections in December 2020. Malawi's uptake of key primary prevention interventions has been limited. This includes achieving only 28% of voluntary male medical circumcision (VMMC) targets, irregular condom use among non-regular partners in the 15-24-year-old age group (53%), and low implementation (29%) of dedicated multi-sectoral programs for adolescent girls and young women in high-HIV incidence districts. Thus, new approaches are needed for HIV prevention in Malawi.

#### **1.2 Blantyre's HIV Response and Management**

Blantyre District, the commercial center of the country, was chosen by the Ministry of Health in Malawi as the initial geography of interest for the implementation of a new HIV prevention program aimed at strengthening local coordination and management (see 1.3). Blantyre records higher cases of HIV infections, despite various investments from the government, donors, and other stakeholders directed to contain the spread of the virus. As of December 2020, there were

98,902 people living with HIV (PLHIV) in Blantyre or 10% of the national PLHIV population, yet the region contributes only 4.5% of the national population. Thus, to successfully reduce the number of new HIV infections in Blantyre, there is a need for innovative approaches to strengthen HIV prevention strategies and implementation of those strategies by Blantyre District and City and their partners.

Blantyre District Council is headed by the District Commissioner (DC) while the City Council is headed by the Chief Executive Officer (CEO). The DC and CEO are responsible for discharging executive responsibilities supported by District Executive Committees (DEC) or City Executive Committee (CEC) and play a role in channeling resources into health projects. The District Health Office (DHO) is responsible for coordinating implementation of all biomedical or health related components of HIV/AIDS prevention, treatment, and care, while the District Health Management Team (DHMT) is responsible for channeling resources in the right programs. The DHO works closely with the District HIV and AIDS Coordinating Committee (DACC) and the City AIDS Coordinating Committee (CACC) to provide a coordination structure for the implementation of the HIV/AIDS response.

### **1.3 The Blantyre Prevention Strategy**

The Blantyre Prevention Strategy (BPS), co-developed with local and national government and a consortium of partners, is a five-year effort to support development of an optimal and highly replicable system for the sustained prevention of HIV infection that is fully embedded in local structures in Blantyre, Malawi. The BPS Consortium will implement a phased approach over the five years that seeks to answer key learning agenda questions, address gaps in the four prevention cascade programmatic/technical capabilities, and strengthen six key health systems enablers.

Over five years (May 2020-April 2025), the BPS Consortium will support strengthening and institutionalizing an innovative and data-driven HIV prevention delivery system at the district level that is equipped to detect and target risk, generate demand, effectively deliver prevention products and interventions, enable effective and sustained use of prevention products by the end user, and monitor performance and impact.

To support those goals, the BPS Consortium of government and expert partners will invest to strengthen programmatic and technical capabilities and key enablers of the health system – **governance, technical leadership, data, multi-sectoral engagement, civil society capacity, and community engagement** – necessary for effective HIV prevention, and applicable to broader health security. The BPS Consortium will build sustainable prevention performance, implementation, and monitoring by embedding key functions within district level systems, leveraging multi-sectoral partnerships, and utilizing an adaptive learning framework to create a regionally replicable model.

## **2.0. CAPACITY ASSESMENT OVERVIEW**

The District and City's HIV prevention efforts do not exist in a vacuum. There must be supportive laws, policies, strategies and procedures, well-functioning organizations, and educated and skilled human resources, as well as sustainable finances. These are critical to meeting BPS's five-year objectives and to institutionalize a cohesive, effective, and sustainable country-led HIV prevention response. Ultimately, insights generated by the capacity assessment will serve as key inputs for determining what and how prevention cascade capabilities and systems enablers need to be strengthened in Blantyre District and City.

BPS is seeking a local firm to conduct organizational capacity assessments of the HIV prevention programmatic and operational management capabilities and capacities within the DHO, DHMT, City health office, and other relevant Blantyre District and City Council offices/committees. The capacity assessment will form an important foundational phase of learning and goal setting around HIV prevention capacity-strengthening needs in Blantyre District and City, respectively. The capacity assessment process will help to identify what capacity building is already underway and by whom, identifying gaps and where BPS could target its efforts (or leverage other non-BPS partners) to support Blantyre City and District - such as human and financial resources, financial management autonomy, decision making, and institutional cultures. Thus, this workstream will highlight opportunities to strengthen the District and City's capabilities across the HIV prevention cascade and key systems enabler capacities. In addition, the assessment will form a baseline from which indicators can be developed to measure capacity for subsequent monitoring and evaluation of HIV prevention capacity development in Blantyre.

## **3.0. SCOPE OF WORK**

BPS will commission (through the National AIDS Commission) a rapid capacity assessment of the DHO, DHMT, City health office, and other relevant Blantyre District and City Council offices/committees to understand the core HIV prevention capacities that can be leveraged, and where there may be vulnerabilities or gaps that may hinder BPS from achieving its 5-year implementation plans.

The organizational capacity assessment will:

- a) Provide an overview of how HIV prevention programming is currently managed by the DHO, DHMT, City health office, and other relevant offices/committees in Blantyre District and City, by whom, and existing management capabilities related to the HIV prevention cascade;

- b) Highlight support structures or systems that are already in place for HIV prevention, and identify existing capacity gaps among the health system enabler capacities listed above;
- c) Highlight opportunities in the existing support structures, and systems in general, that BPS (or other partners) could leverage to strengthen the District and City's HIV prevention cascade capabilities and operational/systems capacities (Governance, Financial management, human resource, etc.);
- d) Provide recommendations for strategies and processes that could be employed/prioritized to strengthen and sustain organizational capacity in Blantyre District and City as it relates to HIV prevention.

Below, we provide illustrative activities to be undertaken by the consultant in conducting the organizational capacity assessment of the DHO, DHMT, City health office, and other relevant offices/committees in Blantyre District and City. The consultants' analysis and findings should relate to the following support functions *as they pertain to HIV prevention program design, management, monitoring, and evaluation within Blantyre* and to the BPS prevention cascade capabilities and health systems enabler capacities:

- a) Leadership and governance: The consultant shall provide a description of District and City HIV decision making, assess existing policies in relation to HIV prevention, identify existing strengths and gaps in these policies, and other aspects of leadership and governance in relation to HIV prevention strategies in Blantyre.
- b) Human resource management (HRM): The consultant shall assess the current state of District and City HRM in relation to HIV/AIDS programming, assess number of staff, capacity building for staff, use of technology, among others. Identify existing strengths and gaps.
- c) Financial management: The consultant shall assess financial situation in relation to District and City HIV/AIDS programming, assess source of funding, financial decision making in relation to where, when and how funds are channeled to manage HIV epidemic, identify strengths and gaps.
- d) Program management and coordination: The consultant should assess the availability of program management and coordination skills at District and City, appropriateness of resource allocation to various HIV projects, identify any gaps and strengths.
- e) Planning, monitoring and evaluation: The consultant shall provide a snapshot of the type of M&E system in place for HIV programs, assess the quality of the M&E system and its features, identify gaps and strengths, provide a series of practical and actionable recommendations on how to improve planning and M&E system in the District and City.
- f) Partnerships and networking (between different offices in the District and City; at National government, and with the private sector and external partners): The consultant shall understand the perspectives of partners on the quality of collaboration and communication offered by the District and

City, and the extent to which such partnerships are supported by formal memoranda and clear operational guidance.

- g) Knowledge management and data use: The consultant shall assess current state of data management, available software or technology, competency to handle data among others.

The consultants' final report should include practical and actionable recommendations on how to improve these areas as they relate to HIV prevention in Blantyre District and City.

#### **4.0. METHODOLOGY AND APPROACH**

A local consultant team will employ a standardized organizational assessment tool to conduct a one-time assessment related to the *programmatic capabilities* and *operational functions* that support the District and City's HIV prevention response. As part of this broad organizational capacity assessment, the team will also likely need to consider institutional structures, organizational culture and decision-making processes; functional and accountability relationships and responsibilities of key personnel.

As a first step, the consultant team should conduct a mapping that identifies the various District and City offices/committees involved in providing support to HIV/AIDS prevention programming, primarily the DHO and DHMT, and the exact functions that they perform relevant to this task. This mapping should be used to define which parts of the Blantyre District and City will be included within the capacity assessment and which will not. This information together with a more detailed methodology and guiding questions for the capacity assessment should be presented as part of the Inception phase report (12-15 pages).

The consultant will first engage the DC and CEO, who will direct the consultant to various relevant offices/committees such as

- i. District Health Office (DHO) - DHO is responsible for coordinating the implementation of all biomedical/health-related components of HIV and AIDS prevention, treatment, and care.
- ii. District Health Management Teams (DHMT) - responsible for channeling resources in the right programs.
- iii. Health Advisory Committee (HAC).
- iv. District AIDS Coordinating Committees (DACCs) and City AIDS Coordinating Committee (CACCs) - structures established to coordinate the HIV and AIDS response at the District and City level.
- v. District HIV Technical working groups (TWGs)- TWGs are in charge of providing technical guidance in the strategic assessment of HIV prevention capacity needs, treatment & Care (Treatment & Care, HIV Prevention, M&E, Gender, Youth & Culture).

- vi. Principal Nutrition HIV and AIDS Officer (PNHAO)
- vii. M&E and ICT offices

During the assessment process, the consulting team may identify other offices within the District and City that play an important role in supporting HIV/AIDS programming in which case they should extend the scope of their work to also include these. In addition, to inform the scope and understanding of BPS's strategy and workstreams, the consulting team will engage with the BPS Prevention Coordinator and members of BPS's Blantyre Coordination Team and Program Management Team.

## **5.0. DELIVERABLES**

- i. Inception report with clear methodology and approach.
- ii. Presentation of findings and recommended detailed methodology and guiding questions for the capacity assessment to key stakeholders (to be determined) for validation.
- iii. Draft report detailing the key findings, capacity gaps/challenges, and recommendations that indicate whether action is tied to policy and procedure change and by whom.
- iv. Final report including amendments made in response to comments on the draft report, and prioritized action plan for capacity strengthening at the District and City Councils.
- v. Presentation of findings and recommendations.

## **6.0. TIME FRAME**

- Conduct initial mapping and key informant interviews (10 days)
- Inception report with recommendations for next steps submitted to Blantyre DHSSs and Georgetown (by 13<sup>th</sup> day)
- Conduct full assessment (30 days)
- Submit the first draft of the report (one week after completion of assessment)
  - Presentation of findings and discussion of draft report with key stakeholders
- Final report submitted (one week after review of draft report)

## **7.0. QUALIFICATIONS, REQUIREMENTS AND EXPERIENCE**

The local Firm being sought must have the following:

### **7.1. Qualifications**

### **A. Team Leader**

- i. Team leader should have a PhD in international development with a bias in organizational development; and relevant areas such as finance, public health, M&E/ICT, and HR.
- ii. At least 8 years' demonstrable experience in conducting institutional capacity assessments, and preferably associated with HIV/AIDS projects.
- iii. Familiar with the operations of Local Councils (District and City) in Malawi;
- iv. Understanding of provisions of the decentralization policy and the local government Acts.
- v. Understanding of HIV/AIDS;
- vi. Understanding of implementation arrangement of the national and decentralized HIV response;
- vii. Excellent written, oral communication and analytical skills;
- viii. Excellent inter-personal working skills.

### **B. Team Members**

- i. At least three team members who should have a minimum of an MSc degree in Public Health, Finance, Human Resources and Social Sciences;
- ii. At least five years' demonstrable experience in conducting similar assignments;
- iii. Familiar with the operations of Local Councils (District and City) in Malawi;
- iv. Understanding of provisions of the decentralization policy and the local government Acts.
- v. Understanding of HIV/AIDS;
- vi. Understanding of implementation arrangement of the national and decentralized HIV response;
- vii. Excellent interpersonal communication skills, diplomacy and ability to facilitate workshops.

## **7.2. General Requirements**

The expression of interest should include: -

- i. Statement of understanding regarding the work to be conducted.
- ii. Description of proposed methodology and approach, including assessment tool or framework to be employed.

- iii. Description of proposed organizational arrangements for the project, clearly identifying project lead, team members and how they would work together, and with BPS leads.
- iv. Capability statement – demonstrating relevant expertise and experience and providing short descriptions of three past performances on similar projects.
- v. Timeline
- vi. Full CVs or Biographies for the team leader and all key team members.

## **8.0. COMPENSATION**

The Commission will pay the successful Firm a fee to be agreed upon between the two parties.

## **9.0. REPORTING**

The consultant will report to a committee comprised of the National AIDS Commission, BPS Prevention Coordinator, Georgetown University Center for Innovation in Global Health, Cooper/Smith, Johns Hopkins University, and others to be determined.

## **10.0. SUBMISSION OF EXPRESSION OF INTEREST**

- (a) Interested firms must provide information indicating that they meet the qualification requirements to perform the assignment as indicated above to the address in 10(b) (i) below. Expressions of interest clearly marked on the envelope **“Expression of Interest to Conduct Organizational Capacity Assessments of the HIV Prevention Programmatic and Operational Management Capabilities and Capacities within the DHO, DHMT, City health office, and other relevant Blantyre District and City Council offices/committees”** must be deposited in the tender box located at the reception area of NAC office at the address in 10(b) (i) below before **Wednesday, 20<sup>th</sup> October, 2021, at 14:00 hours, local time. Note that the interested firms are required to sign an EOI submission form at the reception, before depositing their expression of interest in the tender box.**



(b) Interested Firms may obtain further information at the address in 10(b)(ii) below:

**i. Adress for Submission of Expression of Interest:**

**The IPDC Chairperson  
National AIDS Commission  
CP Properties House, On Plot No. 47/1/1185  
Off Lilongwe/Mchinji Road, Behind Automotive Products Ltd  
P.O Box 30622  
Lilongwe 3**

**ii. For Clarification and Further Information**

**The Procurement and Disposal Division  
National AIDS Commission  
CP Properties House, On Plot No. 47/1/1185  
Off Lilongwe/Mchinji Road, Behind Automotive Products Ltd  
P.O Box 30622  
Lilongwe 3**

**Tel: +265 999 612 529/ /+265 (0)999 492 014;  
Email: [procurement@aidsmalawi.org.mw](mailto:procurement@aidsmalawi.org.mw)  
Attention: Head of Procurement**