

**REQUEST FOR PROPOSAL FOR SERVICES**

**LRPS-2020-9158366**

**19 May 2020**

**UNITED NATIONS CHILDREN'S FUND (UNICEF)**

**Wishes to invite you to submit a proposal for**

National facility assessments for monitoring the Continuity of Essential RMNCAH Services during COVID 19

Due Date 03 June 2020 at 2:00 PM Local Time

XXXXXXXX FAX/LETTER NOT SPECIFIED IN 'PREPARE ITB (ZMRQ)' XXXXXXXX

**THIS REQUEST FOR PROPOSAL FOR SERVICES HAS BEEN:**

**REQUEST FOR PROPOSAL FOR SERVICES FORM**

This FORM must be completed, signed and returned to UNICEF.  
Proposal must be made in accordance with the instructions contained in this Request for Proposal for Services (RFPS).

**TERMS AND CONDITIONS OF CONTRACT**

Any Contract resulting from this RFPS shall contain UNICEF General Terms and Conditions for Institutional and Corporate Contracts and any other Specific Terms and Conditions detailed in this RFPS.

**INFORMATION**

Any request for information regarding this RFPS must be forwarded by email to the person who prepared this document, with specific reference to the RFPS number.

The Undersigned, having read the Terms and Conditions of RFPS No. **LRPS-2020-9158366** set out in the attached document, hereby offers to execute the services specified in this document.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Company: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Currency of Proposal: \_\_\_\_\_

Validity of Proposal: \_\_\_\_\_

Please indicate which of the following Payment Terms are offered by you:

10 Days 3.0% \_\_\_\_\_ 15 Days 2.5% \_\_\_\_\_ 20 Days 2.0% \_\_\_\_\_ 30 Days Net \_\_\_\_\_ Other \_\_\_\_\_

Item	Service Description	Quantity	Unit	Unit Price	Price
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### Summary

National facility assessments for monitoring the Continuity of Essential RMNCAH Services during COVID 19  
 Purpose - Monitoring of availability, readiness, and use of key RMNCAH services in public health facilities in the period of COVID-19 pandemic through Third Party Monitoring (TPM)  
 Locations - 4 regions (Amhara, Oromia, SNNPR and Somali)  
 Duration - 8 months  
 Reporting to - health systems specialist and Health specialist (PM)

### 1. Background

Health systems across the globe are being challenged by the COVID-19 outbreak WHO. 2020. COVID-19: Operational guidance for maintaining essential health services during an outbreak Interim guidance. Geneva, WHO 25 March 2020. The rapidly increasing demand on health facilities and health care workers threatens to leave some health systems overstretched and unable to operate effectively. Ibid When health systems are stretched by emergency response such as COVID- 19, the existing routine essential coverage and quality of RMNCAH health care services can be compromised negatively implying a huge risk to potential upshot of mortality among the most vulnerable population groups notably Mothers, Children, PLHA.. The possible factors could be of manifold and few to mention are; i) the emergency response consuming the already existing scare resources, ii) regular health system coordination and monitoring mechanisms weakened at all levels iii) Shortage of PPE and other supplies at facilities hindering service provision IV) communities demand to services may reduce due to change in socio-economic conditions, fear of contracting the infection, baseless rumors/false information and possibly barriers to access care due to travel restrictions/curfews, reduced transport, reduced finances and related reasons .

As quoted in the WHO guide, literature from the 2014-2015 Ebola outbreak indicated that the highest mortalities for children during ebola came from deaths caused by measles, malaria, HIV/AIDS, and tuberculosis rather than deaths attributable by Ebola The health impact of the 2014#15 Ebola outbreak. Public Health, 143, 60-70 and Effects of response to 2014#2015 Ebola outbreak on deaths from malaria, HIV/AIDS, and tuberculosis, West Africa. Emerging infectious diseases, 22(3), 433.

, due to lack of access to primary health care services Learning from the Ebola experience, the Government of Ethiopia is making a concerted effort to maintain access and utilization of PHC services during COVID 19. Hence, maintaining population trust in the capacity of the health system to safely meet essential needs and to control infection risk in health facilities is key to ensuring appropriate care-seeking behavior and adherence to public health advice UNICEF: Rapid Guidance Note: Monitoring impact of the COVID-19 pandemic and its response on routine health services for women and children. New York 2020.

### 2. Rationale / Justification

In Ethiopia, efforts are underway to ensure continuity of essential services is maintained and that health systems creates equitable access to essential service delivery throughout the emergency period. One of the indications is the development of the implementation guide for RMNCHAH-N services which provides direction for decision making on maintaining essential curative, preventive, promotive services and adherence to the guiding principles in the context of COVID-19 pandemic in Ethiopia. For this to be realized, strengthening regular and high frequency real time monitoring is critical.

According to the new guidance by UNICEF HQ on #UNICEF engagement to Monitoring impact of the COVID-19 pandemic and its response on routine health services for women and children# five areas of engagement were proposed for UNICEF country offices. These are recommending a core set of MNCAH services impact indicators, conduct systems mapping, updating, and interoperability improvements, leverage the use of existing digital health interventions and data systems, visualize data using dashboards: Institutionalize the MNCAH services impact functions in HMIS.

While DHIS2, the existing routine health management information system in the country, continues to play an important role; this situation requires additional and higher frequency information pertaining service availability and

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readiness which are not readily available through the routine information systems for monitoring and timely and rapid programmatic response. This monitoring is, hence, expected to complement the existing information system and trying to fulfill more additional real time information in this emergency period. It should also be noted that the proposed monitoring system; i) does not intend to establish blanket reporting system for all facilities in Ethiopia, rather uses sample facilities to capture representative information ii) functions only for a period of the pandemic, and III) the reporting will only be limited to few critical indicators that ensure monitoring the continuity of essential services. This provisional monitoring intends to supply real time information for the RMNCAH business continuity task force for rapid programmatic response.

### 3. Owners of the assessments and use of the findings

The primary owners of the study will be UNICEF and Federal MOH (MCH, PPMED). It is also expected the finding will be extensively utilized by member partners of the RMNCAH business continuity task force.

The survey findings will be used to review whether essential RMNCAH service provision impacted by COVID-Pandemic; if impacted negatively, spot the major reasons and recommend pragmatic solutions to address them. It will regularly feed the national and regional Essential MNCH Service Continuity Task force with key evidences for actions.

### 4. Scope of the assessments

The purpose of this rapid assessments is to monitor, in real time on a monthly basis, RMNCH service availability and readiness and use of services by New-borns, Children and Mothers in the context of the impact of COVID 19 outbreak and inform actions to maintain continuity of services in the country health system. It will help identify key supply and demand bottlenecks in continuity of services during COVID-19 pandemic in the country to inform preparedness and response interventions by MOH, RHB and partners.

Specifically, the objectives are:

- a. To conduct up to three The number of assessments can increase depending on the epidemiological trend of COVID 19 in the country. facility assessments on service availability and readiness of key MNCH services on monthly bases. The information collected will be on service availability of key interventions, human resource, demand service (provider perspective) and, supply and drugs.
- b. Conduct analysis cross-sectionally and trends in time and geographic locations to spot i) where and why service interruption occurred ii) capture whether demand for services for tracer indicators has changed

This will be further complemented by analysis of DHIS 2 coverage data that UNICEF will undertake with FMOH (also monthly) to have broader picture of the situation at outcome and process level. Nevertheless, the scope of the consultant third party firm remains to the above two objectives.

The analysis is descriptive in nature prepared in a way to feed MOH, UNICEF and partners get critical information for informed decisions and rapid response. Under this monitoring, only public Primary Health Care Units (PHCUs) facilities will be covered. Detailed analysis plan shall be prepared with successful firm.

### 5. Methods

The required information will be collected through three rounds of series of monthly facility-based assessments in same facilities on a monthly basis. While for the purpose of this ToR, three rounds of facility assessments will be conducted on monthly bases, the number of rounds can be extended and/or adjusted depending the epidemiological dynamics of the corona virus and its impact on the services.

- o Geographic location for the assessment: with a potential to expand to additional regions, the first assessment will be conducted in Amhara, Oromia, SNNPR and Somali regions. Selection of the regions will be based on population size, confirmed COVID cases, emergence of other our breaks (such as yellow fever), indications of