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November 06,2023

PROCUREMENT REFERENCE NUMBER: AFENET / RFP/2023/11/001

REQUEST FOR PROPOSAL –CONSULTANCY SERVICES-

**INDIVIDUAL CONSULTANCY SERVICE FOR PROVISION OF
LANDSCAPE ASSESSMENT AND ANALYSIS OF MORTALITY DATA SYSTEMS AND
RECOMMENDATIONS FOR INTEGRATION OF DATA FROM MULTIPLE SOURCES IN AU
MEMBER STATES.**

1. BACKGROUND

The African Field Epidemiology Network (AFENET) is a non-profit organization established in 2005 with a mission to improve human health through the strengthening and expansion of applied epidemiology and laboratory capacity in partnership with Ministries of Health, Non-Governmental Organizations, international agencies, private sector, and other public health agencies. AFENET has its headquarters in Kampala, Uganda with operations in more than 40 African Countries.

Officially launched in Addis Ababa, Ethiopia, in 2017 as a specialized technical institution of the African Union, the Africa Centers for Disease Control and Prevention (Africa CDC) is Africa's first continent-wide public health agency. Africa CDC envisions a safer, healthier, integrated, and stronger Africa, where the Member States can effectively respond to outbreaks of infectious diseases and other public health threats. The agency's mission is to strengthen Africa's public health institutions' capabilities to detect and respond quickly and effectively to disease outbreaks and other health burdens through an integrated network of continent-wide preparedness and response, surveillance, laboratory, and research programs. Mandated by the ministers responsible for civil registration and vital statistics to “to provide guidance and support to AU Member States to mobilize resources for strengthening mortality surveillance systems and CRVS.”

Africa CDC will promote advancement and innovations towards improving analysis of national data for cause of deaths and numbers of mortalities in Africa. There is a need for a standardized approach for mortality surveillance data. Prior to this standardization there is a need to fully understand existing systems and the needs of the Member States. The mortality data system assessment and country readiness assessment will support the mapping of the technical and sustainability needs of Member States as well as to understand the key partners which play an important role in strengthening mortality statistics within each country. Understanding this will help identify Africa CDC's role in providing the necessary support for Member States to achieve the above mandate.

It is in this light that AFENET on behalf of Africa CDC seeks to hire an individual consultant to provide Landscape Assessment and Analysis of Mortality Data Systems and Recommendations for Integration of data from multiple sources in AU Member States.

2. OBJECTIVE

The main objective of this assignment is to conduct a comprehensive assessment and landscape analysis of existing mortality data systems at country level, their performance and functional attributes, as well as infrastructure requirements with a view of identifying recommendations for design and implementation of all-cause mortality surveillance.

3. SCOPE OF WORK

The consultant will be expected to conduct an assessment and analysis of the overall landscape of the existing mortality data sources including digital solutions in five selected countries within the continent and use the findings to recommend best practices for integrating mortality data from multiple sources. This will be done by conducting desk review and, as much as possible, primary data collection with various stakeholders including Africa Union Member States, implementing partners, Research Centers, CRVS partners, technical support communities, digital solutions vendors/experts, and end-users.

It is envisioned that using relevant standards, policies and guidelines for digital health information exchange and considering the multi stakeholder nature of mortality data, the consultant will review the design and performance attributes of existing data sources to provide a comparative analysis and make recommendations on key considerations for the national level system design and strengthening.

Below are specific tasks the consultant must complete:

- a) Conduct a comprehensive assessment of the existing mortality data landscape in selected countries including data sources, collection methods and processes, type of data collected, system attributes, digital solutions, etc. to inform the design and implementation processes for integrating mortality data from various sources into a national repository.
- b) Desk research: The consultant shall conduct a desk review on mortality data sources, existing legal and policy framework environment, infrastructure, digital environment, business processes for data collection and reporting with the objective of identifying their strengths, weaknesses, opportunities and threats, document good practices and make recommendations for system improvement.
- c) Interview stakeholders: Conduct both online and physical meetings or interviews with stakeholders including relevant government officials, research institutions, CRVS inter-governmental agencies, development and implementing partners, service providers including technology vendors, communication and connectivity infrastructure support, open-source communities and others. Collect information on system design and performance, infrastructure, digital solutions, business processes for data collection and reporting, human resource capacity, etc. The consultant shall gather, synthesize, and analyze information from the stakeholders to compile recommendations on business, functional and non-functional requirements for implementation of integrated routine mortality surveillance.
- d) Technical assessment of solutions: Conduct a review of relevant digital tools for implementation of mortality surveillance using a relevant standard digital good maturity model/framework and make recommendations for the appropriate processes for digitization, transmission and compilation of data. The assessment must address the total cost of implementation/ownership, the existence of available support via communities of

practice, vendors, partners, the contexts of usage, current adoption by governments among other relevant evaluation criteria.

- e) Validation of findings: Conduct physical workshops in selected countries to validate the findings from the assessment exercise with relevant stakeholders, as identified in collaboration with responsible government agencies and partners.
- f) Comparative Analysis Report: Compile a comprehensive report with clear actionable recommendations drawn from a comparative analysis of all the evaluated sources/systems. The report and comparison matrix should include the system design and performance attributes, business process mapping, strengths, weaknesses, opportunities, and threats (SWOT) analysis of each alternative, resource implications and ownership, digital technology maturity analysis, inter-operability with sector specific systems (including CRVS, community, and health facility mortality reporting systems etc.) data formats, standards, security, and beneficiary privacy support among other criteria.
- g) Recommendation of mortality data integration digital solutions to be adopted including the justifications for the recommendation. Additionally, it must include operational and functional requirements including business processes and workflows, core data elements and data flow, priority metrics and indicators, high-level resources, technical and human, that are needed. The report must also include the broader enabling environment such as policy guidelines and legal framework, and investments needed for implementing a mortality surveillance system.
- h) Using the Africa CDC continental framework and guidelines for mortality surveillance, recommend a toolkit of resources for assessing modifications/enhancements needed for system design or improvement to make it fit for purpose in a particular country. The toolkit will include the templates and associated resources for conducting an as-is assessment of the mortality surveillance landscape in the country including detailed review and analysis of physical and technical infrastructure, human capacity, legal and policy landscape, government strategies and standards. The toolkit will also contain templates for the target mortality surveillance architecture and requirements using the recommended foundational system as the baseline and modifications and enhancements that will be needed for improved functionality.
- i) Presentation of findings to the key stakeholders: Coordinate with the responsible authorities to organize dissemination of findings to stakeholders. The dissemination meetings will provide details on the assessment findings and provide a platform for engagement with relevant stakeholders on the needed actions for implementation of mortality surveillance.

4. KEY DELIVERABLES / KEY OUTPUTS

- a) A detailed comparative analysis of available mortality data sources, existing legal and policy framework, infrastructure, business processes for data collection and reporting. Existing digital solutions and their rating considering their ability to support core business functions of a mortality surveillance system from the desk review and primary data collection from relevant stakeholders.
- b) A detailed report indicating the identified mortality data source/information system that fulfils the core business needs/functions of routine mortality surveillance system and make recommendations on the actions needed towards its adaptation and strengthening.
- c) A toolkit for assessing processes, stakeholders, and actors at a country level, and the modifications/enhancements needed in the strengthening of the recommended surveillance system to make it fit for purpose for the context. This toolkit will include the templates and associated

resources for an as-is assessment of the mortality data systems landscape in the country to better understand the context and the enabling environment and for the target country requirements that will be needed for improved functionality.

EXPECTED OUTCOMES

Task	Deliverable	Schedule
1.Kick-off meeting: Establish overall communication and engagement strategy; compile inception report	Inception Report with the work plan	15 December 2023
2. Conduct desk and field research to compile the core business, functional and non-functional requirements for mortality surveillance systems	A comprehensive mapping of existing sources and their attributes, legal and policy guidelines/requirements for routine mortality reporting both digital & non digital.	30 January 2024
3. Assess the available mortality surveillance systems against the core requirements	Comparative analysis of available mortality data sources, SWOT analysis of each system	15 March 2024
4. Recommend a digital mortality surveillance solution to be endorsed by Africa CDC and requirements to make it into a Digital Public Good Minimum Viable Product.	Final report with recommendation of a digital mortality surveillance tool along with justifications and steps towards making it as a Digital Public Good	15 April 2024
5. Framework for conducting an As-Is Assessment of the mortality data ecosystem in a country	Collection of templates and associated resources to conduct detailed research and analysis of the mortality data ecosystem in a country	
6.Present findings to the key stakeholders	Presentation of findings to the key stakeholders	30 May 2024

5. DURATION OF CONSULTANCY

The expected duration of the consultancy service is **five (5) months** after the starting date of the project. The consultancy service's accomplishment will be the successful completion of the key deliverables and submission of all reports to Africa CDC.

6. APPLICATION SPECIFICATIONS

Interested consultants should include in their application the following:

- a. Statement about understanding of the assignment and why the desire to work with Africa CDC
- b. Curriculum vitae of the Consultant stating his/her relevant experience and capacity to undertake the work.
- c. c)Written reference and contacts of at least two organizations previously worked for and contact persons.
- d. d)Two (2) referees with good knowledge of the candidate's experience, including full contact details, telephone, and e-mail addresses.

7. QUALIFICATION AND EXPERIENCE OF THE CONSULTANT

Applicants should demonstrate the capacity to deliver the assignment deliverables and provide the CVs of the proposed staff for this assignment, demonstrating compliance with the following qualification and experience requirements:

Expected Qualifications

Post-graduate University Degree in Health Informatics, Public Health, Demography, Social Statistics, international development and/or other related sciences.

Expected Experiences

- a) The consultant should possess a combination of public health expertise, data analysis skills, digital solution implementation, stakeholder engagement proficiency, strategic planning capabilities, and effective communication skills to successfully deliver on the assignment deliverables.
- b) In-depth knowledge of epidemiological surveillance methodologies, data collection processes, and mortality surveillance systems is vital.
- c) Proven experience in engaging diverse stakeholders, including governmental agencies, healthcare institutions, international partners, and NGOs.
- d) Prior experience in conducting comprehensive assessments of health data systems, including mortality data, is necessary.
- e) The consultant should have the capability to analyze complex datasets and translate findings into actionable strategies for improvement.
- f) Proficiency in designing and implementing digital solutions for health data collection and surveillance is highly advantageous. Experience with tools, platforms, or software that facilitate data capture, management, and reporting.
- g) A background in integrating digital solutions with existing health systems and data management platforms.
- h) Proven ability to align technology with the unique contexts of AU Member States to support effective implementation and sustainability of improved mortality data systems.
- i) Excellent written and verbal communication skills; ability to translate complex concepts in a simple manner for a non-technical audience.

8. LANGUAGE REQUIREMENT:

Full professional working proficiency (written and spoken) in English. Knowledge of more or several other African Union working languages (Spanish, French, Arabic, Portuguese, or Swahili) would be an added advantage.

9. WORKING STATION/SUPERVISION

The consultant will work remotely and closely supervised by the Africa CDC focal points, from the Mortality Surveillance and MIS teams for the period of the contract. The contractor will be responsible for acquiring resources and facilities required for completion of the activity. Africa CDC will pay for pre-approved travel based on the travel plan included in the inception report.

10. EVALUATION CRITERIA

Technical Proposal Evaluation points	
OVERALL RESPONSE a) Understanding of, and responsiveness to the requirements (15) b) Understanding of scope, objectives and completeness of response (15)	30
Proposed methodology AND approach a) Quality of the proposed approach and methodology (10) b) Quality of proposed implementation plan, i.e., how the bidder will undertake each task, and time-schedules (10) c) Quality assurance mechanism and risk mitigation measures put in place- recognition of the peripheral problems and methods to prevent and manage peripheral problems / quality controls (10)	30
Professional expertise, knowledge and experience with similar projects, contracts, clients and consulting assignments Applicants are requested to back up their submissions by providing at least three case studies containing the following: • Name of Client • Title of the Project • Year and duration of the Project • Scope of the Projects/Requirements • Implemented Solutions and Outcome (include URLs, PDFs of final deliverables) • Reference /Contact person details	40
TOTAL POINTS	100

Interested bidders are requested to submit the following documents for AFENET's and Africa CDC's consideration:

- a) Technical Proposal not exceeding 10 pages on:**
 - understanding and interpretation of the TOR
 - methodology to be used in undertaking the assignment
 - time and activity schedule
- b) financial proposal not exceeding 1 page**
 - Consultant's daily rate in US\$
 - Other costs e.g., travel
 - Total cost
- c) Personal Capacity Statement**
 - Relevant experience related to the assignment (include samples of two most recent similar works and/or references for the same)
 - Contacts of at least 3 organizations previously worked for
- d) Curriculum Vitae of the Applicant**

10. INVITATION

AFENET invites eligible and qualified bidders to indicate their interest in providing the Services. should provide information demonstrating that they have the required qualifications and relevant experience to perform the services.

Further information can be obtained by sending an inquiry to secprocurement@afenet.net. And copy: skyambadde@afenet.net

11. RESPONSE TO THE CALL

Electronic submission of the applicant's resume, application letter, and relevant documentation should be submitted to: secprocurement@afenet.net and copy : skyambadde@afenet.net

Deadline for receipt of proposals is **Monday November 20, 2023- 17;00hrs GMT.**