USAID | ZAMBIA
FROM THE AMERICAN PEOPLE

TO: All Interested Applicants

ISSUANCE DATE: Thursday, June 13, 2019

REQUEST FOR INFORMATION (RFI) #: 72061119CA000ZH

SUBJECT: Draft Program Description for the Zambia Accessible Markets for Health (ZAM-Health) Activity

DUE DATE: Thursday, June 27, 2019 at 5:00 pm Lusaka Time

Dear Interested Applicants:

The United States Government, represented by the U.S. Agency for International Development (USAID) Zambia, is seeking input from interested applicants who may provide comments, opinions, and recommendations in response to the proposed activity approach and questions outlined in the subject draft program description under RFI #72061119CA000ZH. USAID anticipates that the subsequent RFA will serve as the basis for a five-year, $35 to $38 million cooperative agreement.

USAID/Zambia is considering limiting competition for the anticipated RFA to local organizations as the prime partner. Applicants will be encouraged to assemble a team of organizations best placed to successfully accomplish the activity objectives, regardless of their local or international registration.

USAID invites interested applicants to provide feedback on the below listed questions as well as attached draft program description.

See below for specific questions as follows:

1. What are the most important barriers to entry and full participation of private sector entities, particularly for-profit entities, in the health sector in Zambia and how might these barriers be addressed through this activity?
2. What are the most promising avenues for ensuring affordability of private health services to young and low income Zambians?
3. Do the proposed interventions adequately capture what is necessary to achieve the listed objectives? If not, what additional interventions may be required? Please consider the cases of both sexual and reproductive health (SRH)-related and non-SRH products and services.

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4. Are the proposed key milestones appropriate to demonstrate the activity's progress towards its objectives? What additional milestones would add nuance to this monitoring?

The release of this RFI in no way obligates the United States Government or USAID to release a solicitation for this proposed activity, nor are either responsible for any costs incurred in preparing responses to this RFI.

Responses must be submitted electronically in Microsoft Word format to OAA Solicitations Lusaka AID (oaa-solicit-lusaka@usaid.gov) to the attention of Alfred Kapambwe, Tseyone Demissie, and Jessica R. Faber under the title: RFI #72061119CA000ZH USAID ZAM-Health. Submissions must not exceed four pages, excluding annexes/attachments. No applications or resumes will be accepted or considered at this stage. Responses will not be made public. USAID/Zambia may choose to publish through www.grants.gov, feedback or responses to questions submitted in response to this RFI in an anonymized format.

Thank you for your interest in the subject request for information.

Sincerely,

Tseyone Demissie,
Agreement Officer

ATTACHMENT – PROGRAM DESCRIPTION

OVERVIEW

USAID/Zambia intends to grant a five year, $35 to $38 million cooperative agreement to improve health outcomes for Zambians by increasing the use of essential health products and services among priority audiences. The Zambia Accessible Markets for Health (ZAM-Health) activity will accomplish this by sustainably expanding the availability and accessibility of quality health products and services in the private sector, improving health knowledge, and increasing the adoption of healthy and health-seeking behaviors. Within the framework of a total market approach (TMA), the activity will employ private sector approaches such as social marketing, social franchising, and partnerships with commercial and for-profit entities to achieve these outcomes.

USAID defines the Journey to Self-Reliance as a country's ability to plan, finance, and implement solutions to solve its own development challenges. As outlined in USAID's recently released Private-Sector Engagement Policy (available at: https://www.usaid.gov/work-usaid/private-sector-engagement/policy), the private sector has an important role to play on this journey as countries seek to mobilize additional resources to address development challenges. Through the ZAM-Health activity, USAID/Zambia intends to strengthen Zambia's private sector healthcare delivery platforms to improve the sustainable provision of quality products and services and to reach underserved audiences with quality healthcare. Throughout this document, 'private sector' is used to refer to both commercial, for-profit entities and nonprofit, non-governmental organizations including faith based organizations and social marketing organizations. The term 'private sector healthcare providers' includes private hospitals, private clinics, pharmacies, and health shops.

BACKGROUND

With significant United States Government (USG) support through USAID and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Zambia has made tremendous progress towards reaching its HIV epidemic control and Family Planning 2020 targets. As of 2019, more than 900,000 Zambians are currently receiving daily life-saving antiretroviral treatment (ART). Within the general population, the HIV incidence rate has fallen sharply in the last decade, and HIV infection among children born to HIV-positive mothers has dropped from 45 percent to less than 5 percent. The country has more than doubled the number of people on ART since 2011, and as of 2018, viral load suppression among people on ART has reached 82 percent. Similar achievements are noted in family planning; between 2007 and 2014, unmet need for family planning among Zambian women of reproductive age decreased from 27 percent to 21 percent, contributing to a corresponding reduction in maternal mortality by one third.

Despite these accomplishments, some USAID/Zambia priority audiences remain reluctant or unable to engage with the health system, resulting in important consequences for their health. Men and youth are among the most difficult to reach audiences for HIV testing, treatment, and adherence. According to the 2017 Zambia Population-Based HIV Impact Assessment, nearly 65 percent of HIV-positive men under 30 and women aged 15 to 19 years are not aware of their HIV status. Among people living with HIV

(PLHIV) who know their status, one quarter of men aged 25 to 34 years and women aged 20 to 24 years are not on ART. As a result, among men younger than 35 and women younger than 25, viral suppression rates are lower than 40 percent.

Women face additional challenges related to their sexual and reproductive health (SRH). Zambian women of all ages, and adolescent girls in particular, continue to experience high rates of unintended pregnancy. Forty-six percent of pregnancies among women younger than 20 are unintended and unmet need for family planning among 15 to 19 year olds is 25 percent, the highest of any age group. The 2014 Zambia Demographic and Health Survey (ZDHS) found that despite a significant decline (ranging from 12 to 52 percent) in fertility among other age groups, adolescent fertility has remained high, declining only 3 percent since 2017. For women aged 25 and older, particularly those living with HIV, cervical cancer is another important health concern. Cervical cancer is the leading cause of female cancer deaths in Zambia, accounting for nearly 2,000 lives lost in 2018. Zambia's incidence of cervical cancer is among the highest in the world; only eSwatini and Malawi have higher rates.[1] Despite this, cervical cancer screening services reach only 6 percent of urban Zambian women.

It is clear from these statistics that certain USAID/Zambia priority audiences, such as adolescents, men, PLHIV, and women of reproductive age are not fully served by the public sector. They face myriad real and perceived barriers in accessing health products and public health services, including inconvenient clinic hours, long wait times, unfriendly and judgmental healthcare provider attitudes, shortages of medicines, and a lack of privacy and confidentiality, among others. Research indicates that some of these barriers are more important than others; a 2018 discrete choice experiment conducted among Lusaka-based HIV patients classified as lost to follow up suggested that clients would prefer a facility with nice healthcare providers, even if it was located twice as far from their home, had wait times five times longer, and dispensed half as much medication.[2] In a 2018 study of men's access to and use of HIV services,[3] men cited systematic health system shut-out as a primary reason for not accessing health services, including the barriers listed above as well as gender of healthcare providers and a general feeling that the health system is designed for women and children – not men. Concerns about privacy and confidentiality were particularly pronounced among men living with HIV.

In addition to health system considerations, there are important knowledge and behavioral barriers to the uptake of SRH products and services among the target audience. Although both women and men demonstrate familiarity with modern contraception in general, knowledge of certain methods remains notably low. For example, the 2014 ZHDS found that only 21 percent of women had heard of emergency contraception (EC). In addition, anecdotal evidence points to widespread myths and misconceptions about the use of contraception, particularly long acting reversible contraceptives (LARCs). Knowledge of some other SRH products and services is also poor; the target audience is largely naive to HIV pre-exposure prophylaxis (PrEP), HIV self-testing (HIVST), cervical cancer screening, and newly available

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[1] 2019 ICO/IARC Information Centre on HPV and Cancer. Available at: https://www.hpvcentre.net/datastatistics.php
[2] Zanolini et al. (2018) Understanding preferences for HIV care and treatment in Zambia: Evidence from a discrete choice experiment among patients who have been lost to follow-up. PLoS Med 15(8).
[3] USAID District Coverage of Health Services (DISCOVER-Health) Project. (2019) Male Characterization Study: Preliminary Qualitative Stage Results. Presented 28 March 2019.

contraceptives such as the levonorgestrel-releasing intrauterine system (LNG-IUS). Evidence also suggests that low perceived risk is a critical factor in inadequate uptake of SRH products and services. Although knowledge of condoms is near universal in Zambia, their use has stagnated over the past decade; population-based surveys consistently estimate typical condom use at 40 percent or less, even among individuals with multiple partners. According to the 2014 ZDHS, only 18 percent of men aged 30 to 39 perceived themselves to be at high risk of HIV infection despite the fact that 20 percent had multiple partners in the past 12 months; 17 percent had ever paid for sex; and 6 percent reported STI symptoms in the past 12 months. Finally, despite considerable progress, stigma and discrimination also remain important barriers to people seeking SRH services. A preponderance of evidence identifies stigma and discrimination as obstacles to care-seeking among PLHIV globally, affecting the uptake of HIV and SRH services and health-seeking behaviors such as ART adherence.[4] Among Zambian men and adolescents, institutionalized and internalized stigma and discrimination are a key barrier to SRH care-seeking, including for family planning services.[5][6]

ACTIVITY DETAILS

The ZAM-Health activity is expected to improve health outcomes for Zambians by increasing the use of essential health products and services among priority audiences. The activity will achieve this by sustainably expanding the availability and accessibility of quality health products and services in the private sector, improving health knowledge, and increasing the adoption of healthy and health-seeking behaviors.

The sub-objectives of the activity will include:

- Increase use of male and female condoms
- Increase use of modern contraceptive methods
- Increase uptake of biomedical HIV prevention
- Increase uptake of cervical cancer screening services
- Increase initiation on and adherence to HIV treatment among PLHIV
- Increase use of water treatment products

Intended Audience and Geographic Coverage

The activity will seek to reach men, adolescents, women of reproductive age, and PLHIV with quality health services in selected urban and peri-urban areas in Lusaka, Copperbelt, Central, Southern, and/or Northwestern Provinces. Product supply and social and behavior change interventions will seek to achieve national coverage.

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[4] Sweeney SM and Vanable PA. (2016) The association of HIV-related stigma to HIV medication adherence: a systematic review and synthesis of the literature. AIDS and Behavior 20(1): 29-50.
[5] USAID District Coverage of Health Services (DISCOVER-Health) Project. (2019) Male Characterization Study: Preliminary Qualitative Stage Results. Presented 28 March 2019.
[6] Silumbwe et al. Community and health systems barriers and enablers to family planning and contraceptive services provision and use in Kabwe District, Zambia. (2018) BMC Health Services Research 18:390.

Products and Services

Potential products and services may include: oral contraceptives (OC); injectable contraceptives including self-injectables; LARCs; EC; male condoms; female condoms; pregnancy test kits; PrEP; voluntary medical male circumcision (VMMC); HIV testing services (HTS); HIVST; sexually transmitted infection (STI) screening and treatment services; HIV treatment services; cervical cancer screening; tuberculosis (TB) case detection, referral, and treatment support; water treatment products; micronutrient supplements; and high energy protein supplements (HEPS).

APPROACH AND EXPECTED RESULTS

Applying a total market approach (TMA), the activity will work with the Government of the Republic of Zambia (GRZ), social marketing organizations, social franchising networks, nonprofit and civil society organizations (including community and faith-based organizations), and the commercial sector to achieve its objectives. The approach will be informed by market analysis using existing assessments where possible; the applicant will review the current evidence and propose areas for additional data collection to inform strategic gaps only where necessary. The activity will employ a variety of platforms to deliver specific products, services, and messages to different population segments. Such platforms are envisioned to include the following:

Component 1: Social and commercial marketing to sustainably expand availability and accessibility of priority health products

The following anticipated interventions will be expected to achieve national or near-national scale for supported products:

1. Analyze markets for priority products, drawing from existing assessments where possible
2. Support the commercial sector to refine or develop, market, distribute, and eventually graduate from USAID support, selected health products
3. In markets not well served by the commercial sector, develop or refine, market, and distribute selected health products using social marketing approaches, including community based distribution

Expected intermediate results:

- Improved reliability, reach, and sustainability of supported product supply chains
- Increased coverage of community based distribution for priority products

Component 2: Social franchising to sustainably expand availability and accessibility of quality health services in the private sector

The following anticipated interventions are expected to facilitate the delivery of quality health services through the private sector in selected urban and peri-urban areas in Lusaka, Copperbelt, Central, Southern, and/or Northwestern Provinces, where sufficient demand exists. Policy-level interventions will have national level impact.

1. Assess availability, accessibility, and quality of priority health services in the private sector, drawing from existing analyses where possible
2. Support private sector healthcare providers to deliver quality health services using a social franchise model
3. Strengthen the enabling environment for private sector healthcare providers
4. Support health financing schemes to improve affordability of private sector health services

Expected intermediate results:

- Improved quality of private sector healthcare service delivery among supported facilities
- Improved accessibility and affordability of SRH services in the private sector
- Increased attendance of target population at health facilities

Component 3: Social and behavior change (SBC) to stimulate demand for health products and services and increase the adoption of healthy behaviors

The following anticipated interventions are expected to be implemented by the activity at national or near-national scale using mass and new media channels, complemented by comprehensive mid-media and interpersonal communication campaigns in targeted geographic areas.

1. Conduct demand generation activities for supported health products and services
2. Promote the adoption of healthy behaviors

Topics for SBC campaigns will be determined jointly with USAID and GRZ and may go beyond supported products or services (i.e. sleeping under an insecticide-treated bed net). The activity must be prepared to rapidly conduct behavioral research and design using human-centered design principles and insights from behavioral economics to quickly roll out SBC interventions to meet evolving priorities.

Expected intermediate results:

- Increased reach and recall of key SBC messages among target audiences
- Improved knowledge of health products and services among priority populations
- Reduced stigma around HIV/AIDS and other SRH conditions, and care-seeking for SRH

MONITORING, EVALUATION AND LEARNING

The performance of the activity will be measured through:

- Number of individuals served or reached by the activity
- Measured improvements in service quality among private sector healthcare providers
- Growth in demand or market size for target products and services
- Documented behavior change achieved among priority audiences
- Improved sustainability of products and services supported by the activity.

Within these guidelines, the applicant will propose indicators clearly linked to key USAID/Zambia goals of identifying 95 percent of PLHIV, putting 95 percent of those individuals on HIV treatment, and achieving viral load suppression among 95 percent of people on treatment, as well as objectives related to uptake of

PrEP, VMMC, cervical cancer screening, modern contraceptives, and water treatment products.

In addition, the activity will be accountable for achieving the following key milestones in a timely manner:

Milestones:	**Completed by:**
Completion of market and service quality assessments (only as needed)	Year 1 Quarter 3
Initial commencement of healthcare service delivery through franchisees	Year 2 Quarter 1
Launch of any new socially marketed products	Year 2 Quarter 4
Formalization of health financing schemes to ensure ongoing affordability of private sector healthcare services	Year 4 Quarter 4
Achievement of full cost recovery and/or commercial transition of certain supported products	Year 5 Quarter 2

CONSIDERATIONS

Sustainability

This activity will contribute to Zambia's self-reliance by improving the ability of the health system to sustainably serve the needs of the Zambian people. It will strengthen the market for quality, private sector health products and services by addressing the following opportunities:

- Making space for commercial actors in health markets
- Supporting increased private sector stewardship within the Ministry of Health
- Developing supportive policies and regulations to ensure the entry and participation of private sector entities in the health sector
- Improving skills among private sector healthcare providers to deliver new health products and services
- Building demand for private sector services by improving knowledge of health products and services and addressing low ability to pay for health products and services among target audiences

Applicants should demonstrate an ability to mobilize or leverage funds or in-kind support to increase the impact and/or sustainability of USAID programming. Particular attention will be paid to innovative proposals for reinvesting program income to improve the financial and institutional sustainability of the activity.

Adaptive Management

Adaptive management is an intentional approach to making decisions and adjustments in response to new information and changes in context. To achieve its objective, this activity must ensure its interventions are aligned with the TMA and responsive to the needs of private sector partners, changing market conditions, and an evolving epidemiological context. The activity must therefore:

- Continuously track and analyze indicators that provide sensitive and timely monitoring data on program interventions.
- Develop feedback loops to ensure the incorporation of monitoring data, lessons learned, and emerging best practices into program interventions.
- Build in opportunities to pause and reflect on activity progress. These may include partner meetings, joint reviews, and work planning sessions, or other participatory and collaborative review efforts. These opportunities may focus on challenges and successes in implementation to date, changes in the operating environment or context that could affect programming, opportunities to better collaborate or influence other actors, and/or other relevant topics.

Compliance with USG policy restrictions

The activity will be expected to ensure full compliance of sub-partners and healthcare providers with US government policy restrictions on family planning, HIV, and abortion. Any agreements with sub-partners or private sector healthcare providers will clearly stipulate US government policy restrictions, the roles and responsibilities of the prime partner and the partner/healthcare provider, and the mechanisms used to enforce contractual compliance. The activity will develop a monitoring and management plan including regular quality assurance visits to supported healthcare facilities to assess compliance with US government policy regulations.

Gender

Gender integration entails the identification and subsequent treatment of gender differences and inequalities during activity design, implementation, monitoring, and evaluation. As part of the design and implementation of any proposed intervention, the applicant should assess and identify gender issues that affect the participation of men, women, boys, and girls equally in the activity. Specifically, the activity must:

- Demonstrate a consideration of gender issues in the design of interventions to maximize equitable access to services among men, women, boys, and girls. Particular attention should be paid to how healthcare services are promoted, accessed, and delivered among these different groups.
- Disaggregate indicators by age and sex to facilitate monitoring of men's, women's, boys', and girls' participation in the activity.
- Develop strategies to monitor, document and avert or counteract unintended consequences (such as gender based violence).

Effective Youth Integration

This activity is rooted in a Positive Youth Development (PYD) approach, which is based on the belief that, given guidance and support from caring adults, all youth (ages 10-29) can grow up healthy and productive, making positive contributions to their families, schools, and communities. The activity will include concrete and practical approaches that will not only address the challenges that youth face to accomplish the activity results, but will also involve and support young people in the decision-making, management

and leadership of this activity. The activity should include concrete and practical approaches that are responsive to the challenges that youth face, and also involve and support young people in decision-making. Specifically, the activity will:

- Engage youth in activity design, implementation, evaluation, and policy development.
- Utilize USAID's PYD framework to design approaches that build skills, assets, and competencies; foster healthy relationships; strengthen the environment; and/or transform systems.
- Employ evidence on youth development and effective youth programming to inform activity interventions.
- Track youth-specific indicators and disaggregated service delivery indicators, by age and sex, to monitor activity participation and impact.