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Ref: REQ-613-15-000027, Draft Program Description
RFA No. 613-15-000005, USAID/Zimbabwe Assistance Program in Malaria (ZAPIM)

Subject: Responses to Comments/Questions

USAID/Zimbabwe provides responses to comments and questions received in reference to the subject draft program description incorporated into RFA No. 613-15-000005.

1) Will ZAPIM cover the same border districts where past efforts on case management have been focused? If not, can an indication be made on which districts will be covered?

   ANSWER: Districts selected for support to case management training and supportive supervision will be determined by the Zimbabwe NMCP annually, using clinical and epidemiological data. PMI/Zimbabwe and partners also take into account Global Fund coverage of case management training and supervision, so as not to duplicate efforts. Refer to the past Malaria Operational Plans for Zimbabwe for more information on the 47 malarious districts in Zimbabwe. www.pmi.gov

2) Will ZAPIM have a cost-share requirement? If so, what level is envisaged?

   ANSWER: There will be no cost-share requirement for ZAPIM.

3) The Draft Program Description references to the financial constraints faced by the consumers in assessing healthcare services as well as the Ministry of Health and Child Care (MOHCC) in the delivery of services – particularly the loss of public health facility personnel to the private sector. To help address this challenge, we suggest that the Project look into exploring the Performance-Based Financing (PBF, or Results-Based Financing) approach where incentives could be provided that would promote retention of personnel as well as improve both the quantity and quality of service delivered. We believe in the context of Zimbabwe, PBF would seem an appropriate intervention strategy that could be piloted in one district, or at least tested in an operations research. The PBF Handbook (on the designing and implementing effective PBF programs) prepared by USAID (2011) could be used as a reference and guiding material for the design and implementation of the PBF interventions in the Project, should the approach be considered.

   ANSWER: Project-based financing is a viable strategy but we do not anticipate ZAPIM being involved in this. USAID is observing other donors (for example, World Bank) piloting this approach in Zimbabwe.

4) The Draft Program Description emphasizes the role of local organizations in engaging communities to improve the reach of malaria prevention and treatment services; the document also highlights the

intention of PMI/Zimbabwe and USAID/Zimbabwe in working with local organizations to provide services. We believe community-based NGOs could play a crucial role in engaging and empowering local communities to participate and benefit from the services to be offered by the project. To support and enhance the involvement of local NGOs, we suggest that grant funds be made available through ZAPIM to support local NGOs deemed capable to assist with community based interventions such as community-based case management, BCC/ IEC to include promotion of a net culture of consistent use, early health care seeking and prompt treatment, malaria in pregnancy, etc. Through these sub-grants, capacity building could be provided to the participating local NGOs.

ANSWER: The inclusion of subawards is possible as appropriate and effective for the goals of ZAPIM.

5) A concern often voiced within and outside the MOHCC portal, and recognized by USAID/PMI in the Malaria Operational Plans for Zimbabwe, is a lack of a Quality Assurance/Quality Control (QA/QC) system for malaria diagnostics, particularly for RDTs (but for microscopy as well). Although the Zimbabwe National Policy on Point-of-Care Testing, recently developed by UNICEF and the NMCP, is an effort to address the challenge, its dissemination as well as training of facility-based healthcare staff and Community-Based Health Workers (CHWs) in its application would require support from programs such as ZAPIM. We suggest that the role of ZAPIM in improving the national QA/QC policy/protocol for malaria diagnosis using microscopy and RDTs and its implementation be emphasized (working in collaboration with the Global Fund program).

   ANSWER: We anticipate that ZAPIM will support diagnosis quality in correct and consistent use of RDTs; but not likely via microscopy. PMI/Zimbabwe may support diagnosis quality via microscopy in the future but via another mechanism.

6) The Project Description highlights the wide coverage of cell phones among the general population and computer coverage at the facility level. There is also reference to the increased role of CHWs and Village Health Workers (VHWs) in the delivery of malaria prevention and treatment services at the community level. We suggest that the Project encourage the use of mHealth solutions in the management and monitoring and evaluation of service delivery, particularly at the community level.

   ANSWER: Inclusion of innovative technology, including mHealth, is welcome where appropriate and effective in fulfilling the goals of ZAPIM.

7) The Project Description indicates that PMI/Zimbabwe will support capacity building by contributing to the Field Epidemiology Training Program – a two-year program that is designed to train healthcare managers in applied epidemiology. Provision of in-service training in malaria case management/MIP is also emphasized as one of the key project activities. We suggest that the Project also consider providing support to the design of pre-service case management curricula and training, or improvement of any existing pre-service curricula to ensure health workers compliance with current case management protocols.

ANSWER: ZAPIM will not likely support pre-service training and curricula design but involving the University of Zimbabwe MPH Program, a current PMI/Zimbabwe partner in activities, is possible.

8) We believe the Project should consider supporting the distribution of PMI procured commodities (through DELIVER) to the private sector (i.e. ACTs, RDTs, SP, etc.).

ANSWER: ZAPIM is designed to support the NMCP Zimbabwe and its strategic plan. Currently the plan does not include delivering commodities via ZIP system to the private sector although this may change during the life of the project.

9) Under the General Description of the Funding Opportunity, it is stated that ZAPIM would be released as an RFA. Given the SOW, the expected objectives, and the difficulties of working in Zimbabwe, would USAID reconsider releasing it as RFP?

ANSWER: USAID has selected an RFA as the most appropriate mechanism for ZAPIM.

10) Is it required that applicants be registered in Zimbabwe?

ANSWER: No.

11) Is it required that the subrecipients be registered in Zimbabwe?

ANSWER: No.

12) Is it required that applicants have current malaria programming in Zimbabwe?

ANSWER: No.

13) Are there a minimum number of districts applicants are expected to cover?

ANSWER: No. Refer to the past Malaria Operational Plans for Zimbabwe at www.pmi.gov, which discuss the districts targeted for different malaria support (such as indoor residual spraying (IRS), malaria in pregnancy prevention, long-lasting insecticide treated nets (LLINs), etc.).

14) Is there a possibility of USAID approving more than one award to cover all the priority districts?

ANSWER: No, this is not planned.

15) Will ZAPIM implementation be restricted to a particular province or set of provinces?

ANSWER: No, ZAPIM will provide support to the 47 malarious districts on selected interventions (such as LLINs, IRS, etc.) but these districts may change over time as the

country's malaria epidemiological profile shifts geographically and consequently different needs emerge.

16) What organization or person is leading the proposed ACT efficacy study noted in the Draft Program Description?

ANSWER: Historically, the National Institute of Health Research (NIHR, formerly the Blair Institute) has led the therapeutic efficacy studies in Zimbabwe, recently with an NMCP staff member as co-PI and WHO and PMI technical and financial support.

17) What organization or person is leading the net durability study noted in the Draft Program Description?

ANSWER: The protocol for the net durability study is not finalized but Phase 1 of the three-year study is being supported by PMI/Zimbabwe via the Strengthening Private Sector Services (SPSS) project.

18) Malaria Indicator Surveys (MIS) are referenced in the RFA; should respondents include MIS support in technical and cost proposals?

ANSWER: Yes. PMI/Zimbabwe will provide funds to ZAPIM for partial support to the MIS along with other partners, likely Global Fund in 2016. There may be another MIS scheduled for 2018 and PMI/Zimbabwe may be interested in supporting this one.

19) Objective 1: Strengthen the capacity of the MOHCC/NMCP in implementing quality case management of malaria and malaria in pregnancy.
- Question: One of the obstacles to supportive supervision is funding. Is there a mechanism such as the Global Fund that is providing resources to carry out or strengthen supervision?
- Question: With regards to training of health workers at facility and community levels, it would help if some baseline data on numbers so far trained and the expected targets for ZAPIM to cover over the five-year period be provided.

ANSWER: One of the most fundamental ways to support strengthening of malaria case management is via training AND supportive supervision. PMI/Washington expects to allocate funds for ZAPIM to strengthen case management in the most effective, quality way, including supportive supervision. The Zimbabwe Global Fund malaria grant will also likely support specific activities that include strengthening case management.

20) Objective 2: Strengthen the capacity of the MOHCC/NMCP at national and provincial levels to continue quality, targeted, LLIN campaigns in targeted districts; support the development and introduction of an LLIN routine distribution program; support the establishment of a rational vector-intervention policy that includes LLIN distribution and IRS use in Zimbabwe; support a program to promote a net culture of consistent use; and conduct a net durability study.

- Question: Would USAID share any documentation, which may be available through its supply chain management support programs to describe the transition to a modified pull system called the Zimbabwe Assisted Pull System?
- Question: No reference is made to supply chain management and procurement. Should we assume that these are outside the scope of this procurement and will be handled by another partner?

ANSWER:

- **The transition from the Zimbabwe Informed Push System (ZIPS) to the Zimbabwe Assisted Pull System (ZAPS) system is in progress. After the Manicaland Province ZAPS pilot, USAID supported the Baseline Report of the Evaluation of ZAPS (provided as an attachment to this RFA). This report provides some information on the transition.**
- **Supply chain management and procurement is outside the scope for ZAPIM. PMI/Zimbabwe will continue to support malaria commodities procurement and management but through another partner.**

21) Objective 3: Strengthen the capacity of the MOHCC at national, provincial, and district level to produce and disseminate SBCC materials that support strong prevention and timely, quality diagnosis and treatment of malaria.
    - Question: Would USAID share the SBCC monitoring reports to allow bidders to understand which messages and outlets, which have been used to date?

    ANSWER: There are no stand-alone SBCC monitoring reports available. However, the Malaria Indicator Survey from 2012 is available and provided as an attachment to this RFA. An SBCC assessment is planned for mid-2015.

22) Objective 4: Increase the capacity of MOHCC/NMCP, NHR, and partners to conduct quality therapeutic efficacy studies.
    - Question: Can the latest report on therapeutic efficacy study that PMI supported monitoring be shared?

    ANSWER: The latest therapeutic efficacy study reports are not publically available yet.

23) Objective 5: Strengthen and support the MOHCC/NMCP in malaria surveillance, monitoring and evaluation; and operational research to assess the efficacy/effectiveness of currently deployed malaria control tools.
    - Question: ZAPIM is expected to increase the quality of routine malaria surveillance data (including entomological data) and the M&E program nationwide. Can USAID/Zimbabwe provide more background on the current surveillance system and data that is available?
    - Question: Would USAID be able to share any documentation regarding the current community reporting system?

    ANSWER: PMI/Zimbabwe is not aware of a single document that describes the current surveillance system and M&E program. The past Malaria Operational Plans may provide

some information. (www.pmi.gov) Other partners are directly supporting the District Health Information System, Version 2 (DHIS2) transition in Zimbabwe. Entomological data collection is supported by another PMI/Zimbabwe partner, Africa Indoor Residual Spraying Project.

24) Could USAID indicate the intended geographic scope of the ZAPIM program?

ANSWER: The intended geographic scope of ZAPIM will likely be some of the 47 malarious districts in Zimbabwe and any other districts that require future malaria support depending on epidemiological changes in the country annually and the NMCP strategy. PMI/Zimbabwe expects to support some districts in some prevention and treatment activities as per the guidance of NMCP which may change annually. Refer to the past Malaria Operational Plans for more information. (www.pmi.gov)

25) No reference is made to potential for partnerships leveraging the commercial sector. Is this an option that can be considered?

ANSWER: PMI/Zimbabwe is open to consideration of innovative partnerships, leveraging other entities that extend the reach and success of ZAPIM.

26) Overall, the document articulates the reality in Zimbabwe regarding malaria, and aligns with the national health priorities set in the Zimbabwean National Health Strategic plan 2009-2013 now extended to 2015. The project's goal will definitely accelerate progress towards achieving Zimbabwe's health related Millennium Development Goals. The emphasis on strengthening community case management is good, however the program description might further emphasize community participation which is key to ensuring interventions are tailored to what works in a particular community and promote lasting change.

ANSWER: Thank you for the comment. PMI/Zimbabwe agrees that the community component is vital to the success of malaria control. PMI may include some funds under ZAPIM for strengthening community case management. Currently VHW support is via Maternal and Child Health Integrated Program/Zimbabwe but this may change in the future.

27) The program description should offer further detail to define "local organizations" as this has various interpretations in Zimbabwe.

ANSWER: The use of the term, local organization, in the ZAPIM draft request for applications refers to the USAID definition, which can be found at: http://www.usaid.gov/sites/default/files/documents/1870/201saf.pdf

28) We suggest that local organizations be encouraged to seek non-exclusive partnering arrangements as it fosters greater competition and protects local organizations from being locked out of implementation.

ANSWER: USAID does not wish to dictate partner decisions for exclusive or non-exclusive partnering arrangements.

29) Section II. General Description of the Funding Opportunity
- Question: Given the importance of coordination with national and local organizations in Zimbabwe, can USAID include instructions in the RFA that no prospective bidder should seek exclusive partnerships with Zimbabwe-based organizations?

ANSWER: USAID does not wish to dictate decisions for exclusive or non-exclusive partnering arrangements.

30) Section XI. USAID/Zimbabwe Local Solutions
- Question: Can USAID further clarify expectations regarding partnerships with local organizations, given the lack of existing malaria capacity noted within civil society on the ground in Zimbabwe?

ANSWER: USAID and PMI/Zimbabwe are open to receiving applications from partners or partnerships with or without local organizations.

31) Section XII. National Malaria Control Program: Plan and Strategy
- Question: Given the importance of their role in supporting high quality research and evaluation in Zimbabwe and in support of the prospective ZAPIM, it would be helpful to include the National Institute of Health Research (NIHR) in the list of National Malaria Control Program (NMCP) partners on page 15.
- As regards the five key approaches of the National Malaria Strategic Plan on pages 15-16, can USAID confirm that the NMCP seeks to increase the number of districts implementing pre-elimination activities from 7 to 20?

ANSWER:
- **Thank you for pointing out this oversight. Although the National Institute of Health Research is mentioned on page 18 as an NMCP collaborating organization, we will revise page 15 to include it as well. The partner list on page 15 was originally intended to include only parastatal partners, which NIHR is not. But, some others on the page 15 list are not entirely parastatal organizations either. This will be clarified in the next version of the ZAPIM Request for Application.**
- **NMCP has openly discussed a plan in Zimbabwe partner meetings to increase pre-elimination districts from 7-20 in the near future.**

32) Section XIII. Comprehensive Malaria Prevention & Treatment Technical Approach
- Question: In the sub-section "Communication & Collaboration with PMI, NMCP and NIHR," page 17, as it relates to the implementation of therapeutic efficacy studies, will USAID be supportive of the ZAPIM team using program resources to engage another research partner to complement NIHR work in this area, including components such as the PCR analysis?

ANSWER: USAID is open to consideration of different collaborations for all activities including the therapeutic efficacy study which is planned in coordination with the NMCP.

33) Section XIV. Project Activities
- Question: Can USAID confirm if any malaria commodities will be procured and/or directly distributed as part of ZAPIM? For example, in the illustrative activity listed under Objective 2, page 21, "Work with NMCP and partners to continue implementation of established plans for routine distribution roll out," is the role of the ZAPIM implementing partner focused on provision of technical support or does this also extend to direct support of Long-Lasting Insecticide treated bed nets (LLINs) warehousing, distribution, and tracking?

ANSWER: PMI/Zimbabwe supports procurement and supply management through another partner. However, it is envisaged that ZAPIM would support distribution, tracking, and possibly temporary warehousing of LLINs.

34) Objective 1: As malaria is now the fifth leading cause of morbidity (Annex I) in Zimbabwe, to what extent should malaria case management training and support include case management of the most common non-malaria febrile illness?

ANSWER: The revised malaria case management guidelines, training, and support will include the need for differential diagnosis of fever at all facility and community levels.

35) Objective 2: Can USAID clarify the expected level of effort and expected outputs around the establishment of a "rational vector-intervention policy"?

ANSWER: PMI/Zimbabwe cannot be precise about the level of effort on the development of a rational vector-intervention policy. However, the expectation is that NMCP would require a level of technical assistance in rationalizing and documenting a vector control policy for LLINs, indoor residual spraying, and possibly targeted larviciding. The policy would explain the rationale for the distribution of LLINs in XX districts and the target of insecticide spraying in XX districts. The outcome of the technical support would be a written, disseminated NMCP policy.

36) Does USAID expect ZAPIM to use program resources to fund any IRS-related activities beyond Social Behavior Change Communication (SBCC) and development of this vector intervention policy?

ANSWER: No. The SBCC IRS-related activities would likely include sensitization before and during IRS.

37) Can USAID further specify expectations regarding the partnership between AIRS and ZAPIM?

ANSWER: Coordination between AIRS and ZAPIM would likely be characterized as information sharing, written correspondence, preparation meetings, etc. Most interaction

would be to plan for pre-IRS sensitization and acceptance and creation of messages and materials.

38) Section XV. Staffing and Key Personnel
- Question: The Technical Director is specified with higher level qualifications and experience than the Chief of Party (COP)—posing some structural challenges for placing the two positions relative to each other. Is there flexibility to move qualifications between the COP and Technical Director, if the ZAPIM team can ensure coverage on the team of all listed roles and responsibilities for proposed key staff?
- Question: The specifications for the key personnel team do not seem to echo the project emphasis on evidence and surveillance across Objectives 4 and 5. Can USAID further specify the expectations of the key personnel team in terms of evidence and surveillance? Is this expected to be covered under the three proposed positions, or would USAID recommend a fourth "strategic information" key personnel position?

ANSWER: USAID is open to innovative staffing configurations for ZAPIM.

39) Would USAID consider awarding this as a contract instead of a Cooperative Agreement?

ANSWER: No. USAID has selected a Cooperative Agreement as the most appropriate mechanism for ZAPIM.

40) There are a number of studies discussed within the draft solicitation alert: net durability study; MIS study, efficacy studies and at least two operational research question. Given the full scope of work of the RFA and amount of funding available can USAID clarify what type of role or support they would envision ZAPIM providing for each of these?

ANSWER: The type of support for studies would be different depending on the needs of NMCP and other involved partners for each activity. ZAPIM may be involved in planning, protocol development, management of the study, co PI-ship, data gathering, analysis, and documentation.

41) The Draft Program Description contains several references to collaboration with MCHIP. As MCHIP has now ended, will USAID please clarify in the RFA whether these directives extend, instead, to MCSP and/or other PMI partners?

ANSWER: Yes. The Maternal and Child Health Integrated Program (MCHIP) global USAID/Washington-managed project has ended and the Maternal and Child Health Program (MCSP) has begun. USAID/Zimbabwe formed a separate agreement (an Associates Award) in place with MCHIP that extends beyond the life of MCHIP global. PMI/Zimbabwe has supported malaria activities via their partner, MCHIP/Zimbabwe.

42) It would be helpful if USAID could provide more detailed information regarding where provincial and district based services will be supported. Will the applicant be expected to identify potential districts or will USAID provide clear guidance?

ANSWER: PMI/Zimbabwe-funded activities are all guided by the NMCP/Zimbabwe. Support to specific provinces and districts are identified annually for malaria prevention and treatment activities that currently focus on the 47 malarious districts in Zimbabwe. PMI/Zimbabwe funds cannot provide support in all areas to all malarious districts but fills the gaps that Global Fund and Government of Zimbabwe Funds cannot.