



Notice Type: Request for Information (RFI)

To: Interested Organizations, both Local and International in Nature

Subject: Supporting Malaria and Reproductive Health/Family
Planning Activities in Angola

RFI Number : RFI-654-21-00001 USAID/Angola

Release Date: March 24, 2021

RFI Clarification

Questions due date: April 01, 2021; 11:00am (Angola Time)

Response Due Date: April 24, 2021; 11:00am (Angola Time)

This is a Request for Information (RFI) and not a Request for Proposal (RFP) or Request for Application (RFA). In accordance with FAR 15.201(e), responses to this notice are NOT considered offers and must not to be construed as a commitment by the U.S. Government or USAID to issue any solicitation or Notice of Funding Opportunity, or ultimately award a contract or assistance agreement on the basis of this RFI, or to pay for any information voluntarily submitted as a result of this request.

USAID posts its competitive business opportunities on beta.SAM.gov or www.grants.gov. It is the potential offeror's/applicant's responsibility to monitor these sites for announcement of new opportunities. Please note that responding to this RFI will not give any advantage to any organization or individual in any subsequent competition. Responses may be used by USAID without restriction or limitation. Therefore, proprietary information should not be sent.

This RFI is a preliminary call for expressions of interest for supporting malaria and/or reproductive health/family planning activities in Angola which contribute to maternal and child health outcomes.

Interested parties should provide a short (5-15 pages) expression of interest, addressing the issues and opportunities described below, and offering initial ideas (not in detail) discussing the capacity and capability of their organization to address **any or all** of the questions in Attachment A.

Responses to this RFI are due to the email address identified below no later than the date and time listed at the top of this letter. Late submissions will not be accepted.

Kindly submit responses to this RFI to Fatima dos Santos, Acquisition and Assistance Specialist, USAID/Southern Africa at PretoriaApplications@usaid.gov with the RFI No. **RFI-654-21-00001** on the subject line.

USAID will not directly provide responses or feedback to any inquiries submitted as a result of this RFI.

Thank you for your interest in USAID's activities.

Sincerely,

Bolanle Ekpe Digitally signed by Bolanle Ekpe
Date: 2021.03.24 10:52:25
+02'00'

Bolanle Ekpe
Contracting & Agreement Officer
USAID/Southern Africa

Attachments 2: A & B

ATTACHMENT A

I. Background

MALARIA

When it was launched in 2005, the goal of the U.S. President's Malaria Initiative (PMI) was to reduce malaria-related mortality by 50 percent across 15 high-burden countries in sub-Saharan Africa through a rapid scale-up of four proven and highly effective malaria prevention and treatment measures: insecticide treated mosquito nets (ITNs); indoor residual spraying (IRS); accurate diagnosis and prompt treatment with artemisinin-based combination therapies (ACTs); and intermittent preventive treatment of pregnant women (IPTp). With the passage of the Tom Lantos and Henry J. Hyde Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Act in 2008, PMI developed a U.S. Government Malaria Strategy for 2009–2014. This strategy included a long-term vision for malaria control in which sustained high coverage with malaria prevention and treatment interventions would progressively lead to malaria-free zones in Africa, with the ultimate goal of worldwide malaria eradication by 2040-2050. Consistent with this strategy and the increase in annual appropriations supporting PMI, four new sub-Saharan African countries and one regional program in the Greater Mekong Subregion of Southeast Asia were added in 2011. The contributions of PMI, together with those of other partners, have led to dramatic improvements in the coverage of malaria control interventions in PMI-supported countries, and all 15 original countries have documented substantial declines in all-cause mortality rates among children less than five years of age. In 2015, PMI launched the next six-year strategy, setting forth a bold and ambitious goal and objectives. The PMI Strategy for 2015-2020 takes into account the progress over the past decade and the new challenges that have arisen. Malaria prevention and control remains a major U.S. foreign assistance objective and PMI's Strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. It is also in line with the goals articulated in the Roll Back Malaria Partnership's second generation global malaria action plan, Action and Investment to defeat Malaria (AIM) 2016-2030: for a Malaria-Free World and the World Health Organization's (WHO's) updated Global Technical Strategy: 2016-2030. Under the PMI Strategy 2015-2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, towards the long-term goal of elimination. Angola began implementation as a PMI focus country in 2005. The USG is in the process of updating the next PMI Strategy which will be available online (www.pmi.gov).

Malaria continues to be the primary health problem in Angola and is the principal cause of morbidity and mortality. According to the *2013 Plano Nacional de Desenvolvimento Sanitário (PNDS)* (National Health Development Plan), malaria accounts for 35 percent of curative care demand, 35 percent of mortality in children, 40 percent of prenatal mortality, 25 percent of maternal morbidity and causes 60 and 10 percent of hospital admissions in children less than five years of age and pregnant women, respectively. Malaria is also a leading cause of low birth weight and anemia. The entire Angolan population is at risk for malaria, but there is significant heterogeneity in transmission, with

hyperendemicity historically observed in the northeast provinces of Cabinda, Cuanza Norte, Lunda Norte, Lunda Sul, Malanje, and Uige.

In addition to central-level technical assistance, PMI supports the following intervention areas in Zaire, Uige, Malange, Cuanza Norte, Lunda Norte, and Lunda Sul provinces: Entomologic monitoring and insecticide resistance management; insecticide-treated nets (ITNs); malaria in pregnancy (MIP); case management; health systems strengthening and capacity building; social and behavior change (SBC); surveillance, monitoring, and evaluation (SM&E); and operational research (OR). The new Global Fund malaria grant will focus on technical assistance and commodity support in Benguela and Cuanza Sul.

REPRODUCTIVE HEALTH/FAMILY PLANNING

One of the direct causes of the high fertility rate in Angola (6.2 children per woman) is the lack of use and knowledge of contraceptives. The contraceptive prevalence rate with modern contraceptive methods is 16 percent for all women between 15 and 49 years of age. The use of modern contraceptives is particularly low in rural areas, standing at 5.8 percent. Although a large part of adolescents between 15 and 19 years of age (35 percent) are already sexually active, only 7.6 percent use modern contraceptive methods: 1.8 percent use the pill, 2.2 percent use injectables and 3.1 percent condoms (IMSS, 2015-2016).

The low knowledge about family planning may be another factor that leads to the low use of contraception in Angola. In the Integrated Survey on the Welfare of the Population (IBEP 2010): only 41 percent of women knew at least one method of contraception, and this percentage is even lower among adolescents between 15 and 19 years old. Among women in rural regions, the knowledge rate is even lower where only 17 percent have any knowledge about contraceptive methods (National Family Planning Strategy 2017-2021).

Many Angolan adolescents have sexual and reproductive behaviors that put them at risk of suffering multiple reproductive health problems, such as unplanned pregnancy, sexually transmitted infections (STIs), HIV, and others that can cause cancer and infertility. Such behaviors associated with limited access to information on reproductive health, condoms, and sexual and reproductive health services, constitute a serious threat to the well-being of Angolan youth, particularly girls.

To overcome this situation the GRA created some operational strategies (PNDS 2012-2025) such as:

- 1) Increase in the availability, access and use of quality, emergency obstetric and neonatal care for mothers and newborns, including family planning;

- 2) Increase in the availability of the integrated package of essential health care and services, of integrated care for the health of women and newborns, at different levels of the National Health System;
- 3) Strengthening the capacity of human resources to provide quality maternal and newborn health care;
- 4) Strengthening the capacity to mobilize women, men, adolescents and families to change behaviors and community participation in prevention, disease control and health promotion;
- 5) Advocacy for greater commitment, mobilization and allocation of resources for maternal health, including family planning, and newborn care.

USAID supports the Ministry of Health's (MoH) primary goal of reducing maternal and child mortality by increasing access to family planning (FP) information, services, and commodities. USAID's targeted technical assistance and key activities include support for the development and implementation of MoH international standard FP/RH policies and protocols, expansion of MoH capacity to provide FP service models, and contraceptive availability. USAID also supports the MoH's efforts to increase demand for FP/RH services through the development and dissemination of messages on healthy timing and spacing of pregnancies.

HOW TO SUBMIT A RESPONSE:

The submitted information must not exceed 15 pages. The submitted response should include:

RFI Number: RFI-654-21-00001

Date:

Name / Email:

Affiliation/ Organization:

Address

- Short narrative, including capabilities, strengths and expected contributions
- Comments on outputs
- Comments on questions

Please attach any documents that support your comments to the questions below.

QUESTIONS:

MALARIA

1. What is your organization's approach, including any relevant experience, best practices and/or lessons learned in:
 - a. malaria prevention, care and treatment?

- b. supporting a national government (Government of Angola or other national government) health sector implementation plan?
 - c. collaborating with other implementing partners that have a supply chain focus? and collaborating with other donors or stakeholders in malaria programming?
 - d. improving household and community practices and health seeking behaviors with malaria, especially targeting children under 5 years of age and pregnant women?
 - e. performing entomologic monitoring, insecticide resistance testing, or other vector control activities?
 - f. providing sub-awards to local government entities and/or local NGOs (including faith-based organizations) to support your organization's stated mission?
2. In your experience implementing malaria or development programs, what are the critical lessons learned or approaches in addressing governance, leadership and accountability to catalyze accelerated results within limited resource settings?
 3. How can USAID use innovation and cross-cutting issues (such as gender, youth, the disabled and LGBTIQ) to develop more effective malaria programming?
 4. How has COVID-19 exacerbated barriers to access to malaria services in most affected provinces? What approaches could USAID consider to address COVID-19 related challenges?
 5. In addition to the above questions, please mention any general recommendations relevant to malaria programming that would help USAID/Angola in the design of future malaria interventions.

REPRODUCTIVE HEALTH/FAMILY PLANNING

1. Based on your organization's experience in reproductive health/family planning programming and implementation:
 - a. What are the top three (3) barriers to accessing Reproductive Health/Family Planning (RH/FP) services in Angola and how did your organization address these barriers?
 - b. How can RH/FP programming be a catalyst for prevention and response to gender-based violence?
 - c. How do you think USAID should prioritize investments within the current context of in-country support to produce long-term sustainable improvements in RH/FP services?
 - d. What opportunities are there for USAID'S new RH/FP project to measurably improve contraceptive prevalence rate of adolescents (aged 15-19 years) and adults (aged 20-45 years) in rural and urban areas?
2. How can USAID work effectively with central and local government entities and the private sector to improve access to RH/FP services?
3. How has COVID-19 exacerbated barriers to access to RH/FP services in most affected provinces? What approaches could USAID consider to address COVID-19 related challenges?

4. In addition to the questions above, are there other factors, recommendations, or considerations regarding RH/FP programming in Angola that USAID should take into consideration?

[END OF ATTACHMENT A]

ATTACHMENT B

Statement of Strategic Objectives and Project Results

MALARIA

The general objective of the National Malaria Strategic Plan for 2021-2025 is to reduce malaria-related morbidity and mortality by 50 percent by 2025, from 2019 baseline figures. Angola was selected as a PMI focus country in 2005. Except for very targeted national interventions, PMI concentrates resources on six hyperendemic provinces (combining for a total population of approximately 33 million).

Prevention of malaria: The National Malaria Control Program's (NMCP) strategy for malaria prevention has four main components: ITNs, prevention of malaria in pregnancy, spraying (indoor and outdoor), and larviciding. The GRA strategy calls for two approaches for ITN distribution: mass campaign distribution to achieve universal coverage and routine continuous distribution to maintain coverage. Routine distribution of ITNs occurs through the following channels: antenatal care (ANC) clinics and the expanded program for immunization (EPI), and outreach services for communities with no or little access to health services, such as mobile municipal health units and municipal health days. In addition to distributing ITNs to pregnant women to help prevent malaria in pregnancy, national policy calls for provision of IPTp with Sulfadoxine/pyrimethamine (SP) at all health units with ANC services. The target is that by the end of 2025, at least 50 percent of pregnant women with access to ANC and targeted for IPTp receive at least four doses of SP.

The NMCP integrated vector control strategy calls for larviciding applications, indoor residual spraying and outdoor fumigations to be implemented in targeted areas of epidemic risks and low transmission. However, only small-scale and very focal IRS is currently being implemented on an ad-hoc basis by the GRA. Larviciding and outdoor fumigations are financed exclusively by the GRA with technical support from the Cuban Cooperation.

Malaria case management: In accordance with WHO guidelines, Angola's National Strategic Plan recommends that all suspected cases of malaria be diagnosed parasitological, using either microscopy or RDTs. Only confirmed malaria cases should be treated with an ACT. The country has three alternative first-line ACT treatments: artesunate-amodiaquine (AS-AQ), artemether-lumefantrine (AL), and dihydroartemisinin+piperazine (DP). National treatment guidelines for severe malaria recommend (in order of preference) injectable artesunate, intramuscular artemether, and injectable quinine. For pre-referral treatment in children under six years of age, rectal artesunate is recommended at a dosage of 10mg/kg. Malaria case management is provided at both the health facility and community level. Community health workers, through the ADECOS project, carry out community case management (iCCM) including referral of severe malaria cases or febrile non malaria cases to the nearest health facility along with providing education, information and basic support related to health, water and

sanitation and other community development initiatives. Procurement, warehousing and distribution of RDTs and malaria medicines, and training and support for healthcare providers and ADECOS are all supported by PMI.

Monitoring and evaluation and epidemiologic surveillance: The NMCP has developed a costed Monitoring and Evaluating (M&E) Plan described in the National Strategic Plan for Malaria Control (2016-2020) which will be updated to be in accordance with the new 2021-2025 plan. The GRA is working to strengthen its epidemiology surveillance system. Malaria monthly reporting was integrated into DHIS2, which was just recently adopted nationwide as the official national reporting system, and is providing a more seamless process improving data quality and timeless reporting and enhanced that visualization allowing timely disease information ready to be used for decision-making.

The National Epidemiological Surveillance System also collects weekly reports on clinically diagnosed cases of malaria from the four epidemic-prone provinces in the south—Cuando Cubango, Cunene, Huila, and Namibe. However, since not all districts report on a regular basis and there are delays in releasing reports to the NMCP, these weekly data are currently of limited value for detecting and containing malaria epidemics. PMI along with supporting the deployment of DHIS2 through technical assistance training and supervision activities for implementation of HMIS using the DHIS2 platform, PMI provides direct technical assistance at national level to improve quality and timeless reporting .

Procurement and supply chain management: PMI assists with multiple aspects of the NMCP's strategic plan for procurement and supply chain management. Reporting on commodity availability, support for quantifications and inventory management, distribution of commodities, and capacity development of NMCP staff are all performed to strengthen the supply chain. Approximately 100 percent of the forecasted need for RDTs, ACTs, and 40 percent medications for severe malaria in the 6 PMI-supported provinces are procured and distributed to health facilities by PMI. Due to limitations of the national supply chain, both PMI and the Global Fund operate parallel warehousing and distribution systems in the country. Additionally, PMI supports the implementation of an eLMIS in the 6 PMI-supported provinces of Angola.

Social and Behavioral Change (SBC): The National SBC Strategy 2017-2020 was adopted in 2018 under the leadership of the Secretary of State for Social Communications. This strategy conforms to RBM global best practices and defines roles and responsibilities of all key actors, identifies priority issues and gaps, and provides a basis for multi and bilateral assistance and inter-sectoral coordination. The strategy covers vector control (IRS, ITNs, and larviciding), case management, IPTp, and epidemic preparedness and response. It addresses misconceptions about malaria in Angola and seeks to improve knowledge about key behaviors essential to achieving sustained malaria control. NMCP plans to start working on a new SBCC strategy for the period of 2021-2025. PMI concentrates its technical assistance in six hyperendemic provinces for SBC: Cuanza Norte, Malanje, Lunda Sul, Zaire, Uige, and Lunda Norte. This includes reproduction and distribution of resources with messages for behavioral change, as well as post-mass ITN campaign communication skills training for provincial and municipal levels.

REPRODUCTIVE HEALTH/FAMILY PLANNING

The overall goal of the National Family Planning Strategy 2017-2021 is to increase by 50 percent the current contraceptive prevalence rate for modern contraceptives. The National Family Planning Strategy recognizes FP as preventive intervention with positive outcomes for both women and men. Effective RH/FP services are linked with the reduction of maternal and child mortality, improved safe spacing of pregnancy, and reduction of unintended pregnancy. In order to support the Angolan Government in targeting these issues, USAID's interventions aim to increase demand for high quality FP/RH information, commodities and services in Luanda and Huambo provinces.

Maternal and Child Health: A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental. In Angola, there was a significant decrease on Maternal Mortality. In 2018 the Maternal Mortality rate (MMR) was 353 deaths per 100.000 live births, while in 2019 the MMR was 219 deaths per 100.000 live births (WHO, 2018). However, more effort is needed to reach the goal of 70 deaths per 100.000 life birth as stated in the Sustainable Development Goals 3, regarding "Good Health and Well-being". The Ministry of Health of Angola (MINSA)/National Department of Public Health (DNSP) developed a strategy to support the process of reducing maternal and infant morbidity and mortality through communication initiatives focused on the Healthy Timing and Spacing of Pregnancy (HTSP)/Family Planning (FP). More specifically, the strategy aims to increase access and demand for family planning services and modern family planning methods in Angola, in accordance with the guidelines set in the National Health Development Plan (PNDS, 2012- 2025).

Knowledge, attitudes and behavior towards RH/FP services: these are key factors when it concerns behavioural change. In Angola, lack of information on modern contraceptive methods due to limited dissemination of information on the benefits of spacing pregnancies and the use of modern contraceptive methods as well as difficulty of dialogue among couples in relation to spacing pregnancies (given the gender power imbalances between men and women. The man is usually the one who makes decisions in the family) are some of the challenges to overcome in order to increase the contraceptive prevalence rate. The National Family Planning Strategy 2017-2021, mentions that among angolan adolescents (15-19 years old) that are sexually active, only 37 percent know at least one contraceptive method and only 7 percent has heard of Long Acting Reversible Contraceptives. This situation shows a clear need for information regarding RH/FP.

Capacity Building and Quality Assurance: Service providers are in direct contact with women and their partners in maternal and child health services. With the integration of services, providers can influence the decisions of users regarding the spacing of pregnancies and the use of contraceptive methods. They require up-to-date information

on methods and need to improve communication with users. Frequent Capacity Building and quality assurance supervision can help healthcare providers to have better communication and abilities to provide better healthcare services for women, men and adolescents.

Advocacy and Policy Implementation: In the last five years, The Ministry of Health of Angola was able to develop, update, print and disseminate several strategies and policies related to RH/FP. The strategies disseminated were: (1) Manual for Notification and Referral in Case of Suspected Domestic and Other Violence; (2) Training Manual for Family Planning Trainers; (3) Procedure Manual (includes topics such as: antenatal care, childbirth, postpartum, prevention of mother to child transmission of HIV, infant care and FP); (4) National Strategy on Family Planning 2017-2021; (5) Leaflet on SRH and rights. There is a need for further implementation of the strategies mentioned above.

Family Planning 2030 (FP2030): In March 2019, the MOH, through the FP2020 Global Platform, signed a commitment that involves Financial, Political and Programmatic requirements to expand access to voluntary family planning by 2020. The financial commitment states that at least \$500,000 from the state budget will be allocated annually for the implementation of the National Family Planning Strategy. On the other side, the political commitment states that current policies will be implemented and new policies on the reproductive health law including family planning will be developed. Regarding the Programme commitment the focus is on the implementation of the National Family Planning Strategy prioritizing actions focused on adolescents and young people (15 to 24 years old). The new phase of this initiative, named FP2030, will require country re-commitments as well as the development and implementation of a Costed Implementation plan.

Procurement and Supply Chain Management: the logistic/supply chain is an important component for the uptake of the contraceptive methods. Annually the MoH receives support on the National Commodities Quantification of FP/RH commodities forecasting (Jan 2020 - Dec 2023). This forecast aims to identify commodity needs for RH/FP, improving the supply chain management and preventing stock outs. On the other side, a discussion is taking place with the National Directorate of Human Resources to advocate for the creation of a cadre of supply chain professionals within the Ministry of Health (MOH).

[END OF ATTACHMENT B]

[END OF RFI-654-21-00001]