Global Health Partnerships
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TERMS OF REFERENCE

Consultancy to Support the HTMI-MCH Baseline Assessment and Comprehensive Baseline Report

1. Background

Global Health Partnerships (GHP), with funding from the CRI Foundation and in collaboration with the Ministry of Health (MoH), is implementing the **Strengthening Maternal and Child Health through Integrated Health Technology Management (HTMI-MCH) Project in Zambia** from **mid-2026 to 2029**.

The project will be implemented in selected MCH facilities in **Lusaka and Copperbelt Provinces** and aims to improve access to quality maternal and child health services through strengthened health technology management systems. Key areas of intervention include improving the functionality and maintenance of critical MCH equipment; strengthening Biomedical Equipment Technician (BMET) and health-worker capacity; improving medical-equipment management, reporting and referral systems; strengthening biomedical engineering training through NORTEC and Evelyn Hone College; and generating evidence on patient reach and the financial benefits of strengthened health technology management.

The MoH, with technical support from GHP, will undertake a baseline assessment to establish the project's starting position and provide the benchmark for tracking progress *(see Section 2 for the full purpose and scope)*.

2. Purpose of the Consultancy

The Ministry of Health, with technical support from GHP, seeks a suitably qualified consultant or consultancy firm to work alongside GHP and designated Ministry of Health technical personnel to undertake the HTMI-MCH baseline assessment.

The consultant leads the assessment, data management, analysis and reporting; MoH technical personnel contribute specialist biomedical engineering and medical-equipment expertise.

The assignment will:

- establish baseline values against the finalised HTMI-MCH Results Framework;

- identify technical, workforce, institutional and health-system gaps relevant to project implementation;
- generate evidence to guide project priorities, including training, equipment maintenance, spare parts, reporting systems and institutional strengthening; and
- produce a baseline assessment report suitable for donor submission, with clear findings, recommendations and next steps.

3. Results Framework Alignment

The finalized HTMI-MCH Results Framework and Indicator Reference Sheet are the controlling references for the baseline. They define the indicators, calculations, data sources, disaggregation, and reporting requirements.

The consultant will:

- review the Results Framework, Indicator Reference Sheet, available tools and data sources;
- check whether the required baseline information can be collected reliably, identify gaps and propose targeted adjustments;
- make no change to an indicator definition, calculation, denominator, data source or tool without written GHP approval; and
- After analysis, complete the baseline results, data-quality and limitations columns and submit the updated matrix with the draft and final reports.

The assessment should establish baseline information relating to, among other areas:

- equipment functionality, uptime, routine maintenance and service interruptions for priority MCH equipment
- facility-level equipment-management systems, including maintenance plans, budgets, governance and existing HTM tools, registers and SOPs
- the Medical Equipment Management Information (MEMI) system and other digital reporting/connectivity tools
- BMET knowledge, competency, training needs and existing supportive supervision/mentorship systems
- MCH health-worker knowledge and practices relating to safe equipment use, basic troubleshooting and fault reporting
- existing equipment fault-referral and communication pathways
- patient/service volumes for selected equipment-dependent MCH services
- equipment downtime, repair turnaround, spare-parts costs and information needed for future repair-versus-replacement and economic-benefit analysis
- Other NGOs or partners working at each MCF site visited

- GESI and accessibility considerations affecting equipment-supported MCH services.

Where a baseline value cannot reasonably be established, the consultant must document the reason in the matrix and report and recommend a practical approach for subsequent measurement. Any change to the approved framework requires written GHP approval, with MoH input where relevant.

4. Scope of Work

4.1 Inception and Assessment Preparation

The consultant will:

- review the HTMI-MCH proposal, Results Framework, Indicator Reference Sheet and existing assessment tools and identify any gaps or targeted adjustments for GHP approval
- review and finalise the assessment tools only where necessary and only after GHP approval, with MoH technical input where relevant
- develop the data-management and analysis plan, including data-quality checks, and
- prepare a detailed staffing, orientation, pilot and fieldwork plan covering all agreed facilities.

4.2 Field Assessment

Fieldwork will cover the agreed facilities in Lusaka and Copperbelt Provinces. During this phase, the consultant will:

- coordinate implementation of the agreed assessment methodology
- work alongside MoH biomedical engineering personnel conducting technical equipment assessments
- collect and/or supervise collection of relevant quantitative and qualitative data
- assess existing equipment-management, maintenance, reporting and fault-referral systems
- assess BMET and health-worker knowledge, skills and training needs
- review relevant facility records and service-delivery data
- conduct daily data-quality and completeness checks
- address identified data gaps before completion of fieldwork.

4.3 Data Analysis and Interpretation

The consultant will:

- clean and validate all data collected
- analyse quantitative and qualitative findings

- complete the baseline-results, data-quality and limitations columns of the Results Framework matrix
- analyse findings by province, facility level, cadre and other relevant disaggregation
- identify significant gaps, trends and differences across facilities
- identify implications for project implementation
- work with MoH technical personnel to ensure appropriate interpretation of biomedical engineering findings.

4.4 Recommendations and Implementation Priorities

The assessment should generate clear evidence to guide project implementation.

Recommendations should identify, where relevant:

- equipment requiring priority repair, maintenance or spare parts
- facility-level equipment-management, governance, budgeting and planning gaps
- MEMI/reporting and digital-connectivity requirements
- BMET competency, training and mentorship priorities
- health-worker equipment-user training needs
- fault-referral and communication-system improvements
- priorities for patient/service reach and monitoring of equipment-dependent MCH services
- repair-versus-replacement and economic-benefit priorities and
- GESI or accessibility considerations affecting equipment-supported MCH services.

5. Roles and Responsibilities

Responsibilities are divided as follows; the detailed task sequence is set out in Section 4.

Party	Key Responsibilities
Ministry of Health (Technical Team)	Biomedical equipment assessment, technical verification and fault diagnosis; identification and verification of spare-parts requirements; assessment of preventive/corrective maintenance requirements; interpretation and technical validation of biomedical engineering findings; review of existing MoH equipment-management systems and tools.
Consultant	Review and validate the proposed methodology and tools; review the GHP/MEL-approved Results Framework; test feasibility, identify gaps and propose targeted adjustments; coordinate non-technical data collection; conduct data-quality checks; clean and analyse the data; triangulate findings; prepare and present the draft and final baseline products.

Party	Key Responsibilities
GHP	Overall day-to-day coordination and quality assurance; provision of project documents, final Results Framework, Indicator Reference Sheet and approved tools; written approval of any proposed changes; coordination of MoH, Provincial Health Office and facility engagement; facilitation of permissions and introductions; consolidated review of deliverables; and approval of project deliverables for payment.

6. Expected Deliverables

The consultant will provide the following products in editable and final formats:

Deliverable	Required content
1. Inception package	Final methodology and assessment design; staffing and fieldwork plan; detailed timeline; data-management and analysis plan; orientation and pilot plan; key risks, assumptions and support required from GHP/MoH.
2. Reviewed tools and matrix	A short review note on the approved Results Framework and existing tools, confirming feasibility and coverage; identified gaps; and any targeted revisions proposed for written GHP approval. The consultant does not redesign the indicators.
3. Fieldwork and data package	Fieldwork completion note; clean and anonymised quantitative dataset; organised qualitative records or summaries, where applicable; data-quality and issue log; and agreed supporting records.
4. Draft baseline package	Draft baseline assessment report; completed baseline-results, data-quality and limitations columns of the Results Framework matrix; prioritised implementation recommendations; annexes; and supporting tables/analysis files.
5. Validation package	Concise presentation of the draft findings, indicator baselines, important limitations and priority implementation issues; facilitation of a validation meeting; and a record of feedback and agreed actions.
6. Final baseline package	Final report incorporating consolidated GHP/MoH comments, final presentation; annexes; and all editable source files.

7. Baseline Report Requirements

The baseline report should be an analytical report suitable for donor submission and for use throughout the life of the project. It should be structured around the finalised HTMI-MCH Results Framework, rather than simply presenting results tool by tool.

At minimum, the report should include:

Report Section	Content
Executive Summary	Key findings and priority recommendations at a glance

Report Section	Content
Project Background and Baseline Purpose	Project and assessment context
Assessment Objectives and Methodology	Objectives, methods, assessment sites and participants
Data Quality, Limitations and Ethical Considerations	Known limitations, data-quality limitations and ethical/safeguarding notes
Baseline Findings Against the Results Framework	Impact, outcome and output-level baselines
Findings by Thematic Domain	Equipment functionality; list of equipment under warranty at each facility; BMET capacity; health-worker capacity; facility management, governance and financing; MEMI/digital reporting; fault-referral pathways; list of NGOs and partners working at each facility; patient/service reach; repair, spare-parts and economic data; GESI and safeguarding (see Section 3); and a list of facility in-charges and BMETs, including name, phone number, facility name and email address.
Provincial and Facility-Level Comparisons	Comparative findings across provinces and facility levels
Key Gaps and Risks	Significant gaps, trends and risks for implementation
Conclusions	Summary interpretation of the overall baseline position
Prioritised Recommendations and Next Steps	Specific, prioritised recommendations linked to findings
Annexes	Tools, data-collection instruments, facility schedule and supporting documentation

Where useful, the report should include tables, charts, facility comparisons and concise case examples to support interpretation of the findings

8. Consultant Team, Qualifications and Level of Effort

The technical proposal must identify the individuals who will undertake the assignment and show their specific responsibilities and level of effort.

The proposal should include a table in the following format:

Team member / role	Key responsibilities	Work phase(s)	Total days	Daily rate	Total fee
Lead consultant					
MEL / data specialist					
Field lead					
Other personnel					

The proposal must identify:

- who will lead the assignment;
- who will lead data analysis;
- who will be primarily responsible for writing the baseline report;
- who will participate in fieldwork;
- number and role of any enumerators or field assistants; and
- total level of effort proposed for each individual.

The proposed consultant or team should demonstrate:

- a relevant postgraduate qualification; a bachelor's degree with substantial relevant experience may also be considered;
- at least seven years of relevant experience in mixed-method baseline assessments, evaluations or applied research in the health or development sector;
- proven experience in health-facility data collection, data-quality assurance, quantitative and qualitative analysis, indicator calculation and donor-quality reporting; experience with the Zambia health system, HTM or MCH is an advantage; and
- strong analytical, report-writing, communication and presentation skills, with the ability to lead a multidisciplinary team and fieldwork.

9. Timeline and Level of Effort

The full assignment is expected to take approximately eight calendar weeks. Applicants may propose adjustments based on the final facility schedule and team structure, but must show how data quality and the final deadline will be protected.

Phase	Timing	Indicative effort	Main output
Document review and inception	Week 1	2 working days	Inception package
Tool review and data planning	Week 1	2-3 working days	Review note, approved revisions and data plan
Orientation, pilot and final logistics	Week 2	2 working days	Oriented team and tested tools
Fieldwork	Weeks 3-4	About 10 working days; confirm after facility schedule	Complete and quality-checked field data
Data cleaning and validation	Week 5	4 working days	Clean dataset, codebook and quality log
Analysis and matrix completion	Weeks 5-6	5 working days	Baseline calculations and completed results columns
Draft report and presentation	Weeks 6-7	6 working days	Draft baseline package and preliminary findings

Phase	Timing	Indicative effort	Main output
GHP/MoH review and validation	Week 7	1 validation day plus review time	Consolidated feedback and agreed actions
Final revision and handover	Week 8	3-4 working days	Approved final baseline package

10. Assignment Locations

The consultancy will involve work in Lusaka and Copperbelt Provinces, Zambia, including travel to 37 **selected hospitals and associated MCH facilities.**

The facility names, facility levels and estimated field days will be completed by GHP in Annex 1 after internal review. The final schedule will be shared before the consultant's budget and scope are agreed.

The schedule should indicate:

Province	District	Facility	Facility Level	Estimated Field Days
Lusaka	Luangwa	[TBC]	[TBC]	[TBC]
Lusaka	Chongwe	[TBC]	[TBC]	[TBC]
Copperbelt	Kitwe	[TBC]	[TBC]	[TBC]
Copperbelt	Chingola	[TBC]	[TBC]	[TBC]

11. Financial Proposal / Budget Requirements

Applicants must submit an itemised financial proposal showing the cost of each phase and deliverable separately. The budget must distinguish professional fees from field, logistics and other direct costs.

The budget should show:

Category	Includes
Professional Fees	Consultant fees; number of days; daily rates
Field & Logistics	Transport and vehicle costs; fuel; accommodation; subsistence/per diem (GRZ DSA rates); enumerator/field-team costs, where applicable
Data, Analysis & Reporting	Data-collection costs; printing and field materials; data cleaning and analysis; report writing and production; validation/presentation costs
Other	Applicable taxes; any other costs required to complete the assignment

Applicants should also provide the following phase-by-phase cost summary:

Service / phase	Personnel and days	Direct / field costs	Total
Inception, matrix and tool review			
Orientation, pilot and fieldwork			
Data cleaning, analysis and matrix completion			
Draft report and validation			
Final report and handover			

Following review of the technical and financial proposals, GHP may commission the full assignment or selected services, depending on need, budget and the capability offered. Any reduced scope, responsibilities, timeline and fee will be agreed in writing before contract signature. The consultant must therefore avoid cross-subsidising phases and show each service cost clearly.

As this is a Government of the Republic of Zambia (GRZ) initiative, all subsistence, per diem and related field allowances must be budgeted at the applicable GRZ DSA rates rather than partner-specific rates.

12. Payment Milestones

For the full assignment, the following payment schedule is proposed. Payments will be made after written acceptance of the stated deliverables. If GHP commissions selected services only, the milestones and amounts will be adjusted to the agreed scope and contract value.

Milestone	Deliverables due	Payment	Indicative timing
1	Approved inception package and accepted tool review	20%	End of Week 2
2	Completed fieldwork and accepted clean data package	30%	End of Week 5
3	Accepted draft baseline package and validation presentation	30%	End of Week 7
4	Approved final baseline package and complete handover	20%	End of Week 8

13. Assignment Period

The assignment is expected to take approximately eight calendar weeks from the agreed commencement date. Exact dates will be confirmed after GHP finalises the facility schedule and confirms stakeholder availability.

Indicative start: [To be confirmed by GHP]
Fieldwork: Weeks 3-4

Draft baseline package: End of Week 6 / early Week 7
Validation: Week 7
Final baseline package: End of Week 8

14. Reporting and Management Arrangements

The consultant will report to the Ministry of Health, with technical support and coordination from the **GHP Zambia Programmes Team** and work closely with:

- GHP MEL colleagues;
- Ministry of Health technical representatives;
- Provincial Health Offices;
- PMEOs/BMETs;
- participating health facilities;

All key deliverables will be subject to review and approval by the Ministry of Health, in consultation with GHP.

15. Data Ownership, Confidentiality and Safeguarding

All assessment data, tools, reports, analyses and other products generated under the consultancy will remain the property of the Zambia Ministry of Health and GHP, as agreed.

The consultant and any personnel engaged under the assignment will be required to:

- maintain confidentiality;
- comply with applicable data-protection requirements;
- follow GHP safeguarding policies and codes of conduct;
- apply appropriate informed-consent procedures;
- protect participant privacy; and
- securely manage and transfer all project data.

16. Submission of Proposal

Interested consultants or organisations should submit the following:

1. Consultant/team profile and CV(s), including relevant qualifications, proposed roles and experience.
2. Technical proposal covering the applicant's understanding of the assignment, proposed approach and methodology, team roles and level of effort, workplan/timeline, and arrangements for data quality and risk management.
3. Financial proposal in Zambian kwacha (ZMW), with the total cost and itemised breakdown required under Section 11.
4. Evidence of relevant past performance: contact details for three references for similar assignments completed within the past five years, with a brief description or evidence of the work.

5. Mandatory compliance documents: tax registration and current tax-clearance documentation; for firms, business registration and VAT registration, where applicable.

The narrative technical proposal must not exceed five pages. CVs, the financial proposal, workplan tables and supporting/compliance documents are excluded from this page limit.

Submission deadline: [By 11th September 2026 – by 17hrs]
Submission email/contact: jobs@thet.org

The submission should be titled:

Technical and Financial Proposal – HTMI-MCH Baseline Assessment Consultancy