

UNITED NATIONS CHILDREN'S FUND (UNICEF)

EXPRESSION OF INTEREST (EOI)

UNICEF ZAMBIA

Social Policy, Planning, Monitoring and Evaluation Section

Subject: Evaluation of the ColaLife Operational Trial Zambia (COTZ)

Date of the EOI: 17 JANUARY 2012

Closing Date: 31 JANUARY 2012

Address EOI by e-mail to: dkapur@unicef.org

SPECIFICATIONS / TERMS OF REFERENCE / STATEMENT OF WORK

Background

The ColaLife Operational Trial Zambia (COTZ project) is to be implemented over a period of 24 months, beginning December 2011.

The project builds on 3 years of innovative concept development and design involving local and international stakeholders, including 8 months' co-design with implementation partners in Zambia. This resulting first operational trial will test the feasibility of piggy-backing Anti-Diarrhoea Kits (ADKs), for children under five, on secondary distribution chains for soft drinks and fast moving consumer goods, including SABMiller's. The purpose of the trial is to increase access to simple medicines [Oral Rehydration Salts (ORS) and Zinc (ORSZ)] in underserved rural communities. Whilst ORS has been widely known¹ for many years in Zambia, Zinc as a combined therapy for diarrhoea has not. Whilst health posts and clinics serving rural populations distribute ORS free, it may not be in stock and many mothers/carers may need to walk long distances and then need to queue for ORS².

The concept has been pioneered by the UK charity ColaLife, which has designed an 'AidPod' package, a wedge-shaped container designed to fit into the unused space between crated bottles. ColaLife has obtained permission from The Coca-Cola Company and its Zambian bottler SABMiller to test this and similar delivery routes in order to explore the following hypothesis:

Piggy-backing essential medicines such as oral rehydration salts ORS and zinc on private sector supply chains, like that of Coca-Cola's (which makes their product readily available in rural areas), can play a crucial role in improving availability, awareness, access, and utilization of simple medicines which may not be readily available (i.e. due to stock outs, distances to access points, opportunity costs, etc.), either in the public or private sector.

¹ Peter Berman, Kasirim Nwuke, Ravindra Rannan-Eliya and Allast Mwanza, Zambia, Non-Governmental Health Care Provision, 1995

² Ballou-Ares et al, 2008; field visit to Mpepo Clinic, Mpika District, Zambia, 2010, interview with Dr Rev Samuel Chitundu.

UNICEF Zambia, as the Monitoring and Evaluation (M&E) technical oversight partner in the trial, with support from Rohit Ramchandani, Doctor of Public Health candidate at Johns Hopkins Bloomberg School of Public Health and Public Health Advisor to ColaLife, is seeking to procure an M&E contractor, with oversight from the Government of the Republic of Zambia (GRZ) through the Ministry of Health. Further information on the COTZ Business Model and pilot features can be downloaded from: <http://colalife.org/EOI>. The Colalife website is also available for additional reference and can be found at: www.colalife.org.

Diarrhoea is responsible for approximately 15% of all childhood deaths, making it the second leading cause of childhood mortality after pneumonia (WHO, 2008); similar figures are seen in Zambia in spite of apparent good knowledge of ORS. WHO (2009) recommends a 'diarrhoea treatment kit' for all new mothers with guidance on use, using 'market forces' and 'innovative delivery strategies' to widen access. In Zambia, bottlenecks can exist at district level³, with MoH policy to explore public/private partnerships – especially to improve 'last mile' distribution. This trial explores complementary retail supply routes. Further, zinc distribution for diarrhoea via the public sector is relatively new, and via the private sector availability is thought to be rare and knowledge poor – particularly in rural areas.

Zambia's existing private health sector is one of the smallest in the world with fewer than 70 registered pharmacy retail outlets,⁴ most of these on the line of rail and in major towns. Health-seeking behaviour via private sector retailers in rural areas is thought to be low, as coverage by registered pharmacy outlets in rural areas is so poor⁵. However, in rural communities, it is common to find commercial goods such as bottled soft drinks readily available.

Each ADK, designed for this operational trial for home use by mothers/care-givers, comprises 2 packs of Oral Rehydration Salts (ORS), a blister pack of ten zinc tablets suitable for children (PedZinc), a small soap bar as an incentive for mothers/carers and a prompt for hand-washing/hygiene messaging, as well as information, education and communication (IEC) materials. ADKs will be targeted at mothers/care-givers in underserved rural areas, for home use, and are designed to treat one episode of diarrhoea or one child. They will be sold in a for-profit model, with demand being guaranteed and affordability for this trial made possible by the distribution of vouchers redeemable at community-based retail outlets, pending the

³ The Private Sector's Role in Health Supply Chains: Review of the Role and Potential for Private Sector Engagement in Developing Country Health Supply Chains. Dalberg Global Development Advisors and the MIT-Zaragoza International Logistics Program (2008), AND Personal communications: Prof P Yadav; Ian Ryden, Medical Stores Ltd.

⁴ Disclosure Status of Pharmaceutical Sector Data, ZAMBIA The Medicines Transparency Alliance Zambia, June 2010

⁵ The Private Sector's Role in Health Supply Chains: Review of the Role and Potential for Private Sector Engagement in Developing Country Health Supply Chains. Dalberg Global Development Advisors and the MIT-Zaragoza International Logistics Program (2008)

establishment of true costs, willingness to pay, future economies of scale and value for money offered by the novel distribution model. Vouchers, which will be distributed by community promoters (e.g. via community events, through churches, cultural gatherings, etc.) and clinics (e.g. during antenatal care visits, etc.). These retailers/micro-retailers will be registered and trained by the project (para-skilling and supporting improved livelihoods). Mobile phones will provide voucher redemption, authentication and information services. Their use will generate relevant sales data in real time. This will include both volume and location of sales (i.e. when an ADK is sold or exchanged for a voucher, it is authenticated and registered in a central database by the project's mobile phone services partner, MTZL). It should be noted that no purchase of Coca-Cola is necessary/required at any level of the supply chain to obtain ADKs. The ADK is simply meant to be a new commodity transported via the same route as commercial products like Coca-Cola.

The project will be implemented by a consortium of cooperating partners, managed by ColaLife Limited. The implementation partners and outlined roles are as follows:

- ColaLife: Project management, vision management, communications and secretariat, Value Chain design and analysis
- UNICEF Zambia: Management of the M&E subcontractor and technical advice (with support from Rohit Ramchandani of Johns Hopkins Bloomberg School of Public Health and and Public Health Advisor to ColaLife)
- Medical Stores Ltd: ADK component storage, ADK assembly, ADK storage, delivery to Coca-Cola wholesalers at district level
- Keepers Zambia Foundation: Community engagement, social marketing, voucher distribution, support for retailer/wholesaler training
- SABMiller: Advice, distribution intelligence, and liaison with wholesalers, support for retailer/wholesaler training
- Ministry of Health: Oversight and governance, chair of Steering Committee, advice, provincial and district liaison

Current subcontractors include PI Global (packaging) and Mobile Transactions Zambia Ltd. (mobile phone services including: voucher redemption, mobile data collection, authentication, potential mobile phone-based messaging).

Objective

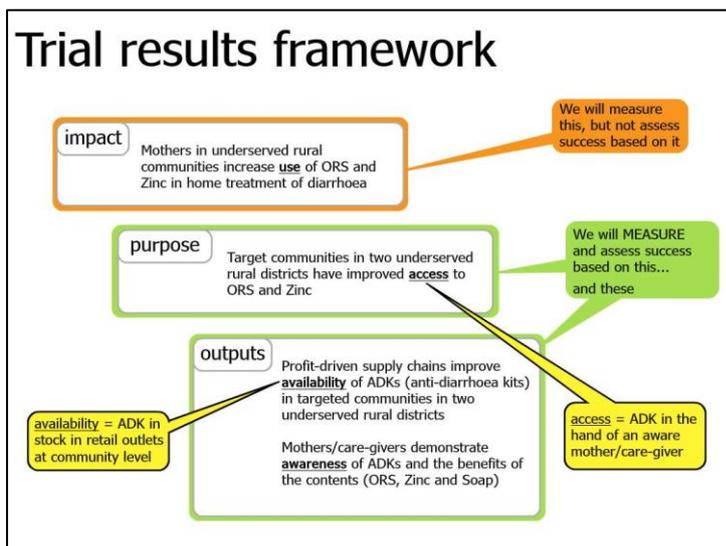
The objective of this contract is to evaluate the concept and to provide statistically valid data through rigorous evaluation methodology using a quasi-experimental control design with pre and post measures that can be used to demonstrate the ability (and constraints) of last mile supply chain and this novel system to deliver access and availability of ORS and Zinc, closer to

underserved communities. The evaluation methodology needs to assess the concept using standard OECD/DAC evaluation criterias including impact, effectiveness, efficiency, relevance and sustainability.

The evaluation of COTZ should be designed to answer the following overarching questions:

1. To what extent can leveraging the Coca-Cola distribution chain improve **availability** of ORS and zinc, via 'last mile' retailers in under-served, rural areas? (i.e. ADKs in stock in retail outlets at community level; high quality and effective medicines closer to home; in sufficient quantities).
2. What effect does the project have on **awareness** of the product, its benefits, its contents and how to use them, among mothers/care-givers of children 0-59 months old?
3. What effect does the project have on mothers'/care-givers' **access** to ORS and Zinc, for home-based management of diarrhoea in children 0-59 months old?
(By access, we mean an ADK in the hands of an aware mother/care-giver; caregiver knows it is there; has the means to acquire it; and does so at the right time).
4. What indications are there that mothers/care-givers in underserved communities increase **use** of ORS and Zinc for home-based management of diarrhoea in children 0-59 months old? (It will be important to differentiate between replacement (of source) and genuine increased use)

The evaluation framework is illustrated in the following diagram, and explored more fully in the Logic Model (For more information see: <http://colalife.org/EOI>). The logic model is divided into three key streams of work, namely: A) the supply chain stream; B) the knowledge, attitudes and practice stream; and C) the knowledge translation stream. All three streams will work in unison to lead to the overall impact/final outcome.



The collection of both quantitative and qualitative data will support and inform the project partners for possible future roll-out/scale up, in Zambia, and/or through public private

partnerships elsewhere. Collection and dissemination of lessons learned will be central to the overall project, and a learning framework will be designed as part of the project's communications strategy and will be shared with the successful proponent in draft form as soon as it is available, with potential for discussion and amendment.

Specific evaluation questions of interest within the ColaLife trial include, but are not limited to:

On availability:

- How does this novel public-private partnership supply chain for ORS and zinc compare to traditional ones? Considering factors such as cost, leakage, spoilage, time to consumer, quality, stock-outs etc., how efficient/cost-effective is this model compared to more traditional ones?
- What are customer responses to the availability of ORS and Zinc through local micro-retailers? What are the responses of other stakeholders?

On awareness:

- Is the product known and recognized in the intervention area?
- How is it perceived/valued and how are individual components perceived/valued (e.g. contents/informational aspects/packaging)?
- What are customer responses and attitudes to Zinc (as a novel treatment for diarrhoea)?

On access:

- What effect (if any) does availability of ORS and Zinc through local micro-retailers have on distance travelled to access ORS and Zinc?
- Do mothers/care-givers prefer to access ORS and Zinc via a local micro-retailer (as opposed to a clinic/health post)?
- What potential can be seen for para-skilling micro-retailers in rural areas to deliver simple essential medicines and health products?
- Does social marketing, including the integration of mobile-based payments to retailers and voucher redemption, work as a novel demand creation approach for improving access to ORS and Zinc?

On Use:

- Do mothers use the ORS and zinc appropriately (e.g. with clean water, correct dosage, completion of regimen, etc.)?
- Is treatment delay for childhood diarrhea reduced?

Other:

- Do mobile transactions aid the collection and reporting of relevant Public Health data (e.g. point of sale information)
- To what extent are vouchers an effective, efficient/cost effective method for ensuring (targeted) private sector supply of simple essential medicines?

SUBMISSION OF EXPRESSION OF INTEREST (EOI)

Interested institutions are encouraged to complete and submit the EOI form below. EOIs should be sent to Devika Kapur, e-mail: dkapur@unicef.org, not later than 31 January 2012. Please quote “EOI M&E COTZ Project” as subject in your correspondence.

Responses to EOI will be reviewed by UNICEF on the criterion of suitability in terms experience, technical expertise and reach/coverage of each institution (including knowledge of Zambian context). Request for Proposal (RFP) will be sent to qualifying institutions only. This Request for EOIs does not constitute a solicitation. We do not require bids, or technical and price proposals at this stage; we merely seek your expression of interest in participating in the tender.

Your EOI should be no more than four pages long. The EOI should highlight the previous experience of your institution in conducting similar assignments, the experience of key personnel in your institution/partnerships in managing similar assignments, and reach/coverage of the institution/partnership (including knowledge of Zambian context).

UNICEF prefers to issue one contract only for this work. Institutions with specific expertise in either component or with technical expertise supporting a substantive bid may associate for the purpose of this work.

A response to this Request for Expression of Interest does not ensure that you will be selected to participate in the tender.

UNICEF reserves the right to change or cancel the requirement at any time during the EOI and/or solicitation process. UNICEF also reserves the right to require compliance with additional conditions as and when issuing the final tender document.

EXPRESSION OF INTEREST FORMAT

GENERAL INFORMATION

Institution name:	
Address:	
Country:	
Contact Person:	
E-mail address:	
Tel/fax:	
Alternative Contact person:	
E-mail address:	
Tel/fax:	

ADDITIONAL INFORMATION (DO NOT EXCEED FOUR PAGES)

To include previous experience of your institution in conducting similar assignments and the experience key personnel in your institution in managing similar assignments.