

TERMS OF REFERENCE

DATABASE DEVELOPMENT CONSULTANCY

1.0. Introduction and Background Information

APHFTA is an Umbrella Non-governmental Organization (NGO) of the private (self-sustaining) health sector in Tanzania established in 1994. It serves as a public forum for the private health sector and provides a comprehensive array of advocacy, administrative, knowledge-sharing, and networking products and services to the Private Health Care Sector (PHCS). It endeavors to link the PHCS with the community and thereby contribute towards poverty alleviation. Over the years, it has engaged the PHCS in the delivery of public health goods under the Ministry of Health Community Development Gender Elderly and Children (MOHCDGEC) partnering to improve the quality of care in health sector and to achieve the MDGs and now the SDGs and the National Strategy for Poverty Reduction and Economic Growth (MKUKUTA).

APHFTA has over 800 memberfacilities all over Tanzania, which includes hospitals, health centers, dispensaries, clinics, laboratories, pharmacies/ADDOS, and maternity homes among others. It is dedicated to improving the quality of care and services in the PHCS. It does this through implementation of healthcare development projects in private facilities and some government facilities through Public-Private Partnership. The projects that it has implemented include Malaria, Maternal, Newborn and Child Health (MNCH); Helping Babies Breath (HBB), Family Planning (FP), Non Communicable Diseases (NCDs), HIV and AIDS, quality improvement, access to affordable finance and continuous professional development among others. In addition, in 2012 APHFTA incorporated Afya Microfinance Ltd (AMiF) - a subsidiary company (with 99% APHFTA ownership) aiming at improving access to affordable financing to the PHCS.

The association operates countrywide and it has four Zonal offices. These are: **Lake Zone**, with offices in Mwanza City, **Northern Zone**, with offices in Moshi, **Southern Highland Zone** with offices in Mbeya, and **Dar Es Salaam Zone**, with offices in Dar Es Salaam where the headquarter is.

APHFTA's M&E framework is premised on tracking the activities, outputs and outcomes of its Strategic Development Plan and various projects. This is done by collecting and analyzing data on all the activities, outputs and outcome indicators. As such, there is huge amount of monitoring data that is collected regularly and is analyzed and reported on quarterly, bi-annual and annual basis thus necessitating the adoption of a database to support data management, analysis and reporting on program and projects performance.

APHFTA seeks to develop a database which will be a hub for all information management of the organization.

2.0. Description of tasks of the Database Developer

APHFTA seeks to engage a consultant (individuals/firms/institutions...) to design the organization database. Specific tasks for the consultant will be:

1. To produce a conceptual data model that reflects the structure of the information to be held in the database. Producing the conceptual data model involves input from the organization requirements and M&E data collection tools which are already in use.
2. Share the conceptual data model with the organization task force for database development for review and improvement if need be.
3. Translate the conceptual data model into database
4. Design database ensuring that security features are included to protect and secure database system.
5. Pre-test the database for data analysis and produce reports for their immediate use.
6. Train APHFTA Staff on database use and maintenance activities.

3.0. Timeframe and Tasks for designing and developing the database

The duration for the entire task will be 45 working days.

4.0. Deliverables

- Presentation of Conceptual model Design
- Physical database design
- Presentation of model database to APHFTA
- Pre-test run of database
- Presentation of final functional database to the task force
- Training of Staff on database utilization and management
- Roll out of the database

5.0. Expertise and Experience

The consultant should have the following expertise:

- A minimum of 5 years of experience in database design and roll out for health development projects
- Proven experience to lead in the structural design of a database according to various system requirements.
- Education in Computer Science especially SQL server 2008 database development
- Analytical and Documentation skills, presentation of reports
- Excellent command of English

11.0. Proposal Submission Requirements

Interested consultant (individuals/firms/institutions...) is required to:

a) Technical Component:

- Present the technical component of how the database will be based on the requirements provided (see the Annex)
- A clear demonstration of capabilities and expertise in carrying out the consultancy as detailed in these ToRs;
- Any comments or suggestions on the ToRs.

b) A financial proposal

This should provide details in costing of the required resources to perform this assignment with itemized budgets and explanatory notes.

12.0. Deadline of Submission

The Proposal must be in English and submitted whether in hard copy and/or electronically and addressed to:

Monitoring and Evaluation Officer,
Association of Private Health Facilities in Tanzania (APHFTA),
Lumumba Street, Kidongo Chekundu,
P.O. BOX 13234, DA ES SALAAM-TANZANIA.

[Use the following email address for electronic submission: info@aphfta.org]

The closing date is **15th April, 2019 by 5:00pm (East African Time)**. The interested bidders for the consultancy should ensure that bids are delivered timely and to the correct address as indicated above. In case of late submission, that bid will not be considered for evaluation.

ANNEX I

Membership Data: Updated on Quarterly Basis

- Names of all APHFTA members
- Level of Facility
- bed capacity – hospital and health center
- Registration no. by PHAB
- Registration no. by APHFTA
- Registration date
- Membership fee status (amount paid, remaining balance, penalty and status (active/passive)) disaggregated by year and integrated with SMS reminder
- Owner particulars- name, address, telephone, email.
- Location (GPS) – Zone, region, district / council and ward
- Contact personnel
- Type of services offered
- Number and qualifications/cadre of staff available
- Working status (Operating/Closed – reason)
- Supervision status (who supervised – APHFTA, CHMT and JOINT, when, area of supervision)
- Attendance status (zonal meetings and AGM) – list of participant
- Services (in terms of projects) offered by APHFTA
- ICT status (use of HMIS Software and Type and hardware & Type and number)
- Loan status (received/how many times & not received) type of loan – MCF, AMiF and others.
- Categorization by level / star and date of award
- Name of all facilities in the quality improvement should be in the system.
- Training – name of facility, type of training, who provide training, date of training, name of participant
- Patient feedback mechanism
- Mechanism for venerable group

HR DATA BASE

- Staff profile – full name, employment date, qualification age, sex, marital status, position, license, staff ID number, employment expiry and reason, duty station, project/program support, emergency contact information, employee contact information (email, phone number and residential) , location, payroll information.
- Leave (type of leave), number of days taken,
- Absenteeism and attendance.
- Training – type, attendance, duration, date of training.
- OPRAS
- Organization documents

FINANCE DATA BASE

- Link to the quick book, online request and retirement of fund), date and duration of the project, place of project.

ASSET REGISTRY

- online car request with reason,
- Vehicles registration and location, funded by who,
- All office furniture and fitting, (inventory)

*******Board members information - names, qualification, position & station, age, sex.*******

PROPOSED CONTENTS OF THE PPP DATABASE

1. Name of facility with Service level agreement
2. Level of facility (Dispensary, health centre, hospital)
3. Type of ownership (FBO/Private)
4. Name of the region/council/ward
5. Area/s of focus in the service level agreement
6. Date of signing of SLA
7. Date of review of SLA as per SLA
8. Date of expiry of SLA
9. Date of renewing SLA
10. Set targets in the SLA, (ANC clients, Immunization, HIV/AIDS/TB, Malaria etc)
11. Date of last review/monitoring
12. Findings from the monitoring (Achievements, challenges, way forward)
13. Name of respective PPP Coordinator, DMO and their contacts
14. Name of facility representative who signed SLA and contacts

MALARIA PROJECT – DATABASE REQUIREMENT

1. Profile of all the project HFs; type of ownership; level; location (district, ward, village) and Contacts
 - Number of persons who receive malaria parasitological test by mRDT, categorized by M/F and age group
 - Number of persons who receive malaria parasitological test by BS, categorized by M/F and age group
 - Number of pregnant women receiving malaria parasitological test (BS/mRDT); LLIN; IPTp
 - Number of <5 receiving LLIN, categorized by M/F
 - Number of confirmed malaria cases that receive first-line antimalarial treatment according to national treatment policy
 - Number of confirmed malaria cases that receive second-line antimalarial treatment according to national treatment policy

2. Profile of all the project ADDOs; registration number; location (district, ward, village) and Contacts
 - Frequency of taking loan (whats of the associations????)
 - Loan amount taken
 - Status of the loan
 - Purpose of loan, automatic analysis by the system?
 - Number of clients per month/ average?, categorized by M/F and age group
 - Number of Antimalarial drugs provided, categorized by M/F and age group
 - Number of clients with prescriptions, categorized by M/F and age group
 - Top ten disease, automatic analysis by the system?

3. Profile of all the project Autonomous labs; registration number; location (district, ward, village) and Contacts
 - Number of persons who receive malaria parasitological test by mRDT, categorized by M/F and age group
 - Number of persons who receive malaria parasitological test by BS, categorized by M/F and age group

4. Individual clients (Private Health Facilities and Autonomous Labs)
 - Frequency of taking loan
 - Loan amount taken
 - Status of the loan
 - Purpose of loan, automatic analysis by the system?

5. Cross-cutting (Stock-outs)
 - First line treatment drugs (ACTs) stock out

TB & HIV/AIDS: Updated on Quarterly Basis:

- Names of all APHFTA members provides TB & HIV/AIDS services
- Contact personnel
- Address, telephone, email
- Location (GPS) – Zone, region, district / council and ward
- Number and qualifications/cadre of staff available on TB & HIV/AIDS Services
- No. of facilities provides TB & HIV/AIDS under one roof
- No. of healthcare providers received current training on HIV/AIDS services
- No. of facilities performing TB screening
- No. of facilities sensitized on TB services
- No. of facilities with recommended infrastructure (separate counseling room)
- No. of Client tested (Male and Female) and no. of client with positive
- No. of pregnant women tested and no. of pregnant women with positive
- No. of facilities signed Service Level Agreement (SLA) on TB & HIV/AIDS services with Public Sector

RCH (MNCH, FP & HBB): Updated on Quarterly Basis:

- Names of all APHFTA members provides RCH services
- Contact personnel
- Address, telephone, email.
- Location (GPS) – Zone, region, district / council and ward
- Number and qualifications/cadre of staff available on HBB & MNCH
- No. of healthcare providers received training on HBB, FP and MNCH
- No. of facilities with recommended infrastructure (Separate rooms, Adequate rooms, delivery beds, angle pause lamp)
- No. of facilities provided delivery surgical care (operating theatre)
- No. of delivery per quarter (Normal or Assisted delivery)
- No. of facilities with resuscitation equipment
- No. of babies resuscitated in quarterly basis
- No. of newborn attended advanced care/ transfer/referral
- No. of facilities signed Service Level Agreement (SLA) on RCH services with Public Sector