

**CONSULTING SERVICES– INDIVIDUAL CONSULTANT
AFRICA CENTRES FOR DISEASE CONTROL SUPPORT PROGRAM TO COMBAT
CURRENT AND FUTURE PUBLIC HEALTH THREATS PROJECT (P178633) – IDA-
E1110**

**Consultancy Services to undertake baseline assessment and analysis of
mortality data systems and recommendations for integrating data from multiple
sources in AU Member States**

Ref. No: ET-AUC-485982-CS-INDV

The African Union has received financing from the World Bank for the " Africa Centres for Disease Control Support Program to Combat Current and Future Public Health Threats Project".

Development Objective of the Project: Enhance the capacity of Africa Centres for Disease Control and Prevention (Africa CDC) to support AU Member States in preventing, detecting, and responding to current and future public health threats.

1. BACKGROUND

Officially launched in Addis Ababa, Ethiopia, in 2017 as a specialized technical institution of the African Union, the Africa Centres for Disease Control and Prevention (Africa CDC) is Africa's first continent-wide public health agency. Africa CDC envisions a safer, healthier, integrated, and stronger Africa, where the Member States can effectively respond to outbreaks of infectious diseases and other public health threats. The agency's mission is to strengthen Africa's public health institutions' capabilities to detect and respond quickly and effectively to disease outbreaks and other health burdens through an integrated network of continent-wide preparedness and response, surveillance, laboratory, and research programs. In 2019, Africa CDC was mandated by the 5th conference of ministers responsible for civil registration and vital statistics (CRVS) "to provide technical guidance and support to AU Member States and to mobilize resources for strengthening mortality surveillance systems in alignment with CRVS." In 2022, Africa CDC launched the [Continental Framework for Strengthening Mortality Surveillance systems in Africa](#). This policy document outlines recommendations for harnessing and integrating mortality data from multiple sources into national repositories with the ultimate goal of improving availability of timely data for informing public health decisions and policies.

In 2024, Africa CDC developed the [Operational Guide for Implementing Mortality Surveillance](#) among AU Member States. This document compliments the continental framework by providing a set of tools and resources for use by countries seeking to implement mortality surveillance in line with the principles and recommendations outlined in the framework. A baseline assessment of existing systems/sources of mortality data is highly prioritized as an initial activity that should be undertaken to generate context specific information for the planning and implementation of mortality surveillance at national level. The mortality data systems assessment will be conducted to map existing systems, their attributes, information architecture, existing processes, technical capacities and infrastructure. The findings will be used by participating countries to identify specific areas of intervention and improvement. Lessons learnt will be used to inform scale up of mortality surveillance implementation

in other countries.

2. OBJECTIVES OF THE CONSULTANCY

Africa CDC wishes to conduct a baseline assessment and analysis of existing mortality data sources and systems in six AU Member States including Mauritania, Liberia, Botswana, Uganda, Cameroon, Burundi, with the aim of generating information that will inform scaling up of mortality surveillance implementation in line with the Continental Framework.

Specific Objectives:

- To identify existing systems that record deaths in each country, along with their characteristics related to their design and performance
- Identify key performance issues, root causes affecting system performance and make recommendations for system improvement
- Map the information architecture of mortality data platforms at national and subnational levels
- Make recommendations for how the current mortality surveillance systems can be improved including a roadmap for implementation, documentation of best practices and lessons learnt
- Recommend a resource kit with templates for systems assessments for future use

3. SCOPE OF WORK

The consultant will be expected to conduct a baseline assessment and analysis of the existing mortality data sources in six selected AU Member States. Selection criteria for these countries is based on expression of interest, geographical representation, funding or resource considerations, mortality burden, and potential for impact. The systems assessment will involve a series of activities, including data collection, compilation and analysis. The assessment will review existing legal / policy documents, recording and reporting tools, standard operating procedures for core system functions, conduct a resource availability assessment, an evaluation of data availability & quality, and the interoperability between mortality systems and national CRVS or HMIS platforms to identify areas for improvement.

This will be done by conducting desk reviews, key informant interviews, field visits and stakeholder meetings where necessary to gather relevant information for each system. The findings will be used to support countries to identify the root causes of systemic issues that impact data availability and to generate recommendations for harmonization of data from different sources and improvement of routine mortality surveillance functions.

Below are specific tasks the consultant must complete:

- **Desk review:** The consultant shall compile and review a set of documents pertaining to the design and operations of mortality recording and data systems within each country, to identify systems that record deaths in the country, their design and performance, and mapping the core business processes for death recording, reporting, data compilation, storage, analysis and dissemination. The review will also cover existing legal and policy framework documents, infrastructure, information technology and human resources. Additional resources for review may include existing tools/forms used to record and report deaths in each system, standard operating procedures (SOPs) for death reporting from

different sources, strategic & operational plans for mortality surveillance, reports, publications, existing datasets, etc.

- **Field visits for data collection:** Conduct field visits to collect data on the existing mortality data sources, collection methods and processes, type of data collected, system attributes, etc; to inform the integration of mortality data from various sources into a harmonised central repository. Information from field visits may include but not limited to type of data collected, coverage, timeliness of reporting, tools, operational aspects, etc
- **Key informant interviews:** Conduct meetings or interviews with key stakeholders at national and local levels including relevant ministries and institutions of government, research institutions, non-governmental organisations, development and implementing partners, community informants, health workers, social service providers, civil society organisations, etc. The consultant will collect information on the implementation models across different systems and settings to identify factors affecting completeness, timeliness, and quality of mortality data. The consultant shall gather information from the stakeholders to compile recommendations on the systems design and performance, in addition to recommending core business processes, for improved completeness, timeliness and quality of death reporting from both health facilities and communities.
- **Data analysis and report writing:** Synthesize, and analyse the data collected and draft the assessment report. Compile a comprehensive narrative report with clear actionable recommendations for improving system design and performance attributes.
- **Stakeholder workshops:** Coordinate with the responsible authorities to organize stakeholder workshops to validate the findings from the systems assessment exercise and agree on the recommendations for systems improvements needed to enhance completeness and timeliness of reporting.
- **Report writing:** The final report must include a roadmap for implementation based on the findings; recommendations for modifications or enhancements needed for improved operational and functional performance of the system; including information architecture, business processes and workflows, core data elements and data flow, priority metrics and indicators for routine monitoring and evaluation. The report must also include recommendations for physical and technical infrastructure, human capacity, policy/legal baseline, government strategies and standards.

4. KEY OUTPUTS

1. Detailed report with key findings and recommendations including but not limited to the following:
 - a. Documentation of local data sources and their attributes
 - b. Systems design & performance report for each of the sources
 - c. SWOT analysis report per country, not just aggregated
 - d. Recommendations for improved mortality surveillance including a business process map for death reporting from HFs, communities, other locations, mechanisms for data linkage & integration, and analysis
 - e. Recommended data variables, monitoring indicators, recording and reporting tools for routine reporting
 - f. Resource requirements for improved system performance for each country
 - g. Lessons learnt and good practices from different settings
 - h. Roadmap for implementation of mortality surveillance per country

5. EXPECTED OUTCOMES

Task	Deliverable	Schedule
1. Kick-off meeting: Establish overall communication and engagement strategy; presentation of inception report	Inception report with the agreed activity plan	01 June 2025
2. Conduct desk review of existing documents to identify existing systems, their design, operational, and performance attributes, etc	Desk review report for the selected countries	30 June 2025
3. Conduct Field visits & Key Informant interviews (KII) to collect data	Field visits & KII report	15 August 2025
4. Preliminary data analysis & report writing	Preliminary report	31 September 2025
5. Stakeholder meetings to validate the preliminary findings	Stakeholder validation reports	30 October 2025
6. Finalizing the report & resource kit	Final report including roadmap for implementation and resource kit	31 November 2025
7. Dissemination of findings to the key stakeholders	Dissemination report	31 November 2025

6. DURATION OF CONSULTANCY

The expected duration of the consultancy service is six (6) months, starting from date of the contract signing. The consultancy service's accomplishment will be the successful completion of the key deliverables and submission of all reports to Africa CDC.

7. CONSULTANCY FEE

Africa CDC shall pay the consultant an overall amount of 60,000 USD over the 6-month period, subject to performance on expected deliverables. This costs include all costs and profit of the consultant. The payment schedule is as follows:

Submission & approval of desk review report	20%
Draft report – preliminary findings from the field	30%
Validated report, roadmap & resource kit	30%
Dissemination report	20%

8. WORKING STATION/SUPERVISION

The contractor will work closely with the Africa CDC focal points, supervised by the Head of Surveillance and Disease Intelligence Division for the period of the contract. Regular progress reports will be required at the end of each task and the consultant will participate in weekly and monthly project review meetings. The Consultant will be responsible for

acquiring the resources and facilities required for completion of the activity. Africa CDC will pay for pre-approved travel based on the travel plan included in the inception report.

9. QUALIFICATION AND EXPERIENCE OF THE CONSULTANT

Expected Qualifications

- Post-graduate University Degree in Public Health, Epidemiology, Demography, Health Informatics, Biostatistics or other related sciences.
- PhD is an added advantage

Expected Experiences

- At least 10 years of experience in implementing and or conducting implementation research in mortality data systems and vital events registration systems at local and international levels.
- Prior experience in conducting comprehensive assessments of health information systems, disease and mortality data systems, is necessary.
- Proven experience in engaging diverse stakeholders, including governmental agencies, healthcare institutions, international partners, and NGOs
- The consultant should have the capability to analyze complex data sets and translate both quantitative and qualitative findings into actionable strategies for improvement.
- Proficiency in designing and implementing digital solutions for health data collection and surveillance is highly advantageous. Experience with tools, platforms, or software that facilitate data capture, management, and reporting
- A background in integrating digital solutions with existing health systems and data management platforms.
- Proven ability to align technology with the unique contexts of AU Member States to support effective implementation and sustainability of improved mortality data systems.
- Excellent written and verbal communication skills; ability to translate complex concepts in a simple manner for a non-technical audience

10. EVALUATION AND QUALIFICATION CRITERIA

Technical Evaluation

- Education, Qualification, and Relevant Training – 10
- Experience of the consultant and relevance to the assignment and number of years – 80

11. Required Documentations

- a) Cover letter with statement of understanding
- b) A detailed and updated curriculum vitae (CV), and indicating nationality, age and gender.
- c) Two written references

12. Services and Facilities to be provided by Africa CDC

The individual consultant will be supervised by the Head of SDI, Africa CDC for the purpose of delivering the above outputs within the agreed time frame. This consultancy will incorporate both onsite and online engagements with potential working visits to Addis Ababa at the Africa CDC Headquarters. The consultant must

comply with the African Union rules and procedures related to security and code of conduct.

Africa CDC will cover the cost of travel including economy-class air tickets and other necessary expenses when travel is required according to the AU rules and regulations. Africa CDC will provide the consultant the following document and facilities:

- a) The Africa CDC will identify and assign technical staff to support the implementation process.
- b) Africa CDC will provide the necessary documentation and information required for the assignment.
- c) Maintain regular follow-up of the activities done by the consultants, review and comment on the submitted deliverables and work done.
- d) Assist in organizing consultative meetings with Member States and other stakeholders

13. Invitation

The African CDC now invites eligible Individual Consultants ("Consultants") to submit their CVs in providing the Services and required documents as listed in the ToR. Interested Consultants should provide information demonstrating that they have the required qualifications and relevant experience to perform the Services.

The attention of interested Consultants is drawn to Section III, paragraphs, 3.14, 3.16, and 3.17 of the World Bank's "Procurement Regulations for IPF Borrowers" July 2016, revised February 2025 ("Procurement Regulations"), setting forth the World Bank's policy on conflict of interest.

A Consultant will be selected in accordance with the Individual Selection method set out in the Procurement Regulations.

Further information can be obtained at the address below during office hours 8:00-13:00hrs and 14:00-17:00 hours, Addis Ababa Time.

CVs must be delivered in a written form following the above shortlisting criteria to the emails below before 15:00 Hours Local Time on 28 July 2025.

Africa CDC,

Africa Centres for Diseases Control and Prevention,
Supply Chain Division

Administration Directorate

Lafto Square, Haile Garment, Addis Ababa, Ethiopia

Africa CDC Office, Dr. John Nkengasong,

4th floor, Room No. 408

E-mails: tender@africacdc.org and Tigistb@africacdc.org