Request for proposals for Civil Society Engagement in Strategies to Reach Zero-Dose and Under-Immunized Children in Uganda (RFP # 2024-18).
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Request for proposal number: [RFP # 2024-18]

For: Civil Society Engagement in Strategies to Reach Zero-Dose and Under-Immunized Children in Uganda

1. Request for proposal schedule.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date and time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for proposal (RFP) released</td>
<td>19th March, 2024</td>
</tr>
<tr>
<td>PATH to respond to fact-finding questions</td>
<td>Q&amp;A virtual session on 21st March 2024 from 5:00pm to 6:00pm</td>
</tr>
<tr>
<td>Confirmation of interest in submitting a proposal</td>
<td>22nd March 2024 by 5pm EAT</td>
</tr>
<tr>
<td>Deadline for submission of proposal in response to the RFP</td>
<td>5th April, 2024</td>
</tr>
<tr>
<td>Outcome communication</td>
<td>5th June, 2024</td>
</tr>
</tbody>
</table>

Note: PATH may change the dates at its discretion. Changes will be communicated to those who confirmed their intent to submit a proposal.

2. PATH statement of business

PATH is a global nonprofit dedicated to achieving health equity. With more than 40 years of experience forging multisector partnerships, and with expertise in science, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales up innovative solutions to the world’s most pressing health challenges. Learn more at [www.path.org](http://www.path.org).

3. Contracting requirements

3.1 The contracting authority shall be PATH or any one of its affiliates either directly or on behalf of operations countries or programs.

3.2 The commercial contracting terms and conditions will be negotiated with a successful CSO toward the end of the selection process.

3.3 By submitting a proposal, a CSO confirms that they will abide by the RFP terms and PATH policies, especially our Code of Ethics ([https://www.path.org/about/code-ethics/](https://www.path.org/about/code-ethics/)), and general good practices regarding inclusivity, diversity, fair trading, health and safety, records management, anti-fraud and corruption, and environmental policy, among others.
3.4 Duration of the contract is estimated to run for an initial period of 2 years (2024-2025).

4. Solicitation terms and conditions

4.1 Notice of nonbinding solicitation: PATH reserves the right to reject any and all bids received in response to this solicitation and is in no way bound to accept any proposal.

4.2 Confidentiality: CSO shall treat all information provided by PATH as part of this solicitation as confidential. If any information is inappropriately released, PATH may seek appropriate remedies as allowed under applicable law.

4.3 Conflict of interest disclosure: A CSO bidding on PATH business (also referenced herein as “bidder”) must disclose, to the procurement contact listed in the RFP, any actual or potential conflicts of interest. Conflicts of interest could be present if there is a personal relationship with a PATH staff member that constitutes a significant financial interest, a board membership, other employment, or ownership or rights in intellectual property that may conflict with the CSO’s obligations to PATH. CSOs and PATH are protected when actual or perceived conflicts of interest are disclosed. When necessary, PATH will create a management plan that provides mitigation of potential risks presented by the disclosed conflict of interest.

4.4 Acceptance: Bidder’s submission of a proposal means the bidder accepts all terms and conditions set forth in the RFP. PATH’s acceptance of a proposal does not mean acceptance of its terms and conditions. PATH reserves the option to negotiate on the final terms and conditions. PATH, additionally, reserves the right to negotiate the substance of the RFP finalists’ proposals, as well as the option of accepting partial components of a proposal if appropriate.

4.5 Right to final negotiations: PATH reserves the option to negotiate on the final costs and final scope of work and reserves the option to limit or include third parties in such negotiations at PATH’s sole and full discretion.

4.6 Third-party limitations: PATH does not represent, warrant, or act as an agent for any third party because of this solicitation. This solicitation does not authorize any third party to bind or commit PATH in any way without our express written consent.

4.7 Proposal validity: Proposals submitted under this RFP shall be valid for at least 90 days following the date the proposal is due. The validity period shall be stated in the proposal submitted to PATH as will be set forth in a proposal template provided by PATH.

4.8 Limitation of liability: The terms and conditions set forth in this RFP do not exclude or limit the liability of PATH or the CSO in relation to fraud or in other circumstances giving rise to liability under any applicable law.

4.9 Tender costs and liability: Bidders are responsible for obtaining all information necessary for preparation of their proposal and for all costs and expenses incurred in preparation of the proposal. Subject to the “Limitation of liability” section in this RFP (section 4.8), the bidder accepts by their participation in response to this RFP, including without limitation the submission of the proposal,
that it will not be entitled to claim from PATH any costs, expenses, or liabilities that it may incur in tendering a response to this RFP, irrespective of whether their proposal is successful or not.

4.10 **PATH’s variation or termination rights:** PATH reserves the right to vary or terminate this RFP process with written notice to all CSOs from which it has received proposals. It is intended that this solicitation process will take place in accordance with the provisions of this RFP, but PATH reserves the right to terminate, amend, or vary (to include, without limitation, in relation to any time scales or deadlines) the solicitation process by notice to all CSOs from which it has received proposals. Subject to section 4.8, “Limitation of liability,” PATH will have no liability for any losses, costs, or expenses caused by its termination, amendment, or variation to this RFP.

4.11 **Joint venture or consortium or subcontractors:** Any lead CSO that submits a proposal in response to this RFP takes responsibility and accountability for enforcing the RFP requirements set forth herein among the members of the joint venture or consortium, and each of their advisers, subcontractors, and staff.

5. **Instructions for responding.**

5.1 **PATH contacts:** All communications regarding this solicitation shall be directed to the contacts below. Contacting third parties involved in the project, the review panel, or any other party may be considered a conflict of interest and could result in disqualification of the proposal.

All documents required as part of the proposal must be submitted to the contacts listed below by the deadline.

For any inquiries, contact the procurement, technical/program on the email below:

**ugandaprocurement@path.org**

- The subject line of all emails regarding the proposal should read: RFP # 2024-18 [Your Organization’s Name].

- Please see Annex A to this RFP, “Tips on proposal preparation and submission,” for additional details regarding the files and file types to be included in your proposal package.

5.2 **Confirmation of interest:** Please send a statement acknowledging receipt of this solicitation and your intent to respond (Expression of Interest) or not respond no later than the date noted in the schedule in section 1. Send the confirmation to the contacts listed above.

5.3 **Proposal technical content:** Bidders are advised to provide only what is required as captured in Annex B: “CSO’s proposal format/questionnaire.” The proposal must be clear, concise, unambiguous, and directly address the requirements stated.

5.4 **Selection of short list:** PATH reserves the right to select a short list from the proposals received. PATH has the option to interview and discuss specific details with those candidate organizations who are short-listed.
6. Specifications/Scope

6.1 Scope of work/terms of reference/specifications:

BACKGROUND

The Ministry of Health (MOH) plans and oversees implementation of immunization activities through the Uganda National Expanded Program on Immunization (UNEPI) that was officially launched in October 1983. With support from donors and partners such as Gavi, USAID, WHO, UNICEF, CDC, PATH, AFENET, and CHAI, among others, UNEPI ensures that every child and the high-risk groups are fully vaccinated with high-quality and effective vaccines against the target vaccine-preventable diseases (VPDs).

MOH/UNEPI developed a five-year Gavi-funded Full Portfolio Plan (FPP) that will be comprised of different grants with varying implementation cycles such as; the Health Systems Strengthening (HSS) grant, the Equity Accelerator Fund (EAF) and Targeted Country Assistance (TCA). These grants are in line with Gavi’s 5.0 strategy and the Immunization Agenda 2030. Drawing lessons from previous grants, Uganda is moving towards data-driven and targeted approaches to reduce the number of zero-dose children by 50% in the 5 years of the FPP grant implementation.

As an expanded partner of Ministry of Health/UNEPI, PATH is leading efforts to engage local civil society organizations (CSOs) to support implementation of tailored interventions to reach zero-dose and under-immunized children, as well as contribute to strengthening of immunization service delivery in the context of primary health care (PHC) system. This support will ensure UNEPI achieves its goal of fully immunizing every child and other priority populations at risk of vaccines preventable diseases. To contribute to this effort, PATH plans to engage up to 15 local civil society organizations through a competitive process as explained in this RFA/Guidance Note. Successful CSO applicants will receive subgrants from PATH to support MOH/UNEPI to implement immunization activities so as to achieve and sustain a target of 95% coverage for all vaccine antigens.

RATIONALE

Over half of the zero-dose children in Uganda are believed to be existing in communities experiencing barriers and inequities in immunization service delivery, also known as equity reference groups (ERGs). These include; urban areas, fishing and island communities, nomadic pastoral communities, refugees in both formal and informal settlements, communities with religious sects opposed to vaccination, mountainous areas, and conflict-prone areas. Other geographic areas with similar immunization equity challenges are still being identified and profiled, through ongoing program data reviews and research interventions on zero-dose in the country.

Under MOH/UNEPI’s Advocacy, Communication and Social Mobilization (ACSM) pillar, where the biggest contribution of CSOs is expected, the Ministry of Health will be prioritizing interventions that can address barriers that have been found to be contributing to the prevalence of zero-dose children and under-immunized children in Uganda. The barriers include, but are not limited to:

- Inadequate evidence to inform development of effective and tailored Advocacy Communication and Social Mobilization (ACSM) interventions for routine immunization based on the behavior and social drivers (BeSD) framework.
- Weak collaboration and engagement with key stakeholders at all levels (national and sub-national) to drive demand for immunization services (such as line Ministries, District Health Educators, District Community Development Officers, schools, elected and appointed leaders, CSOs/CBOs, non-health stakeholders, professional bodies, religious and cultural leaders).
- Limited knowledge and awareness of caregivers about the value of immunization in zero-dose communities
• Inadequate social mobilization for immunization services using differentiated approaches for equity-challenged communities or ERGs.
• Weak mechanisms for collecting, tracking, and monitoring rumours and concerns about vaccines and immunization, and providing real-time counselling and feedback to the community.
• Limited interpersonal communication (IPC) capacity of service providers and community health workers to effectively engage caregivers on immunization issues resulting in low demand and uptake of immunization services.
• Inadequate male involvement in immunization, coupled with social norms and religious practices/cultural values that prevent female caregivers from seeking immunisation services from male health workers.

**FUNDING OPPORTUNITY**
To overcome these and other system-related barriers, PATH anticipates to receive funding from Gavi under the FPP that will be channelled to local partners/civil society organizations (CSOs) in form of subgrants, to facilitate implementation of targeted and tailored demand generation interventions for an initial period of two years (2024-2025).

To optimize benefits from this funding opportunity, MOH/UNEPI and PATH have categorized the priority districts with the highest burden of zero-dose and under-immunized children in clusters under each sub-region. These are closely aligned to the 15 UNEPI regions of the country, as per the table below.

<table>
<thead>
<tr>
<th>Cluster Number</th>
<th>Sub-region</th>
<th>Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster 1</td>
<td>North-central sub-region</td>
<td>Mukono, Kayunga, Buikwe, Buvuma</td>
</tr>
<tr>
<td>Cluster 2</td>
<td>South-central sub-region</td>
<td>Nakasongola, Luwero, Nakaseke, Kyankwanzi</td>
</tr>
<tr>
<td>Cluster 3</td>
<td>Kampala</td>
<td>Kampala City (5 divisions) and Wakiso</td>
</tr>
<tr>
<td>Cluster 4</td>
<td>South-central sub-region</td>
<td>Sembabule, Rakai, Lwengo, Kyotera, Mpi</td>
</tr>
<tr>
<td>Cluster 5</td>
<td>North-central sub-region</td>
<td>Mityana, Mubende, Kasanda</td>
</tr>
<tr>
<td>Cluster 6</td>
<td>Busoga sub-region</td>
<td>Jinja, Jinja city, Bugiri, Mayuge, Namayingo</td>
</tr>
<tr>
<td>Cluster 7</td>
<td>Busoga sub-region</td>
<td>Kamuli, Namutumba, Buyende</td>
</tr>
<tr>
<td>Cluster 8</td>
<td>Bukedi sub-region</td>
<td>Kween, Mbale city, Serere</td>
</tr>
<tr>
<td>Cluster 9</td>
<td>Bukedi sub-region</td>
<td>Tororo, , Kibuku, Mbale</td>
</tr>
<tr>
<td>Cluster 10</td>
<td>Karamoja sub-region</td>
<td>Moroto, Kotido, Nakapiripirit</td>
</tr>
<tr>
<td>Cluster 11</td>
<td>Ankole sub-region</td>
<td>Mbarara, Mbarara city, Isingiro, Ntungamo, Kazo, Ibanda</td>
</tr>
<tr>
<td>Cluster 12</td>
<td>Tooro sub-region</td>
<td>Kasese, Kyegegwa, Kyenjojo, Kabarole, Fort Portal City</td>
</tr>
<tr>
<td>Cluster 13</td>
<td>Bunyoro sub-region</td>
<td>Hoima city, Hoima, Buliisa, Kikuube, Kagadi, Kakumiro, Masindi</td>
</tr>
<tr>
<td>Cluster 14</td>
<td>Acholi and Lango sub-regions</td>
<td>Lira, Lira city, Oyam, Nwoya, Kitgum</td>
</tr>
<tr>
<td>Cluster 15</td>
<td>West Nile sub-region</td>
<td>Nebbi, Koboko, Zombo</td>
</tr>
</tbody>
</table>

Based on a district cluster approach, PATH, in close collaboration with MOH/UNEPI will lead the process of identifying, through a competitive process, up to 15 CSOs [one CSO per cluster]. The 15 CSOs
will join an existing cohort of eight (8) local civil society organizations that are already supporting MOH/UNEPI to scale up routine immunization interventions across the country with a deepened focus on HPV vaccination and other key antigens in the routine immunization schedule.

6.2 Deliverables:

For each district cluster, PATH anticipates to issue subgrants ranging between US$30,000 to US$100,000 per civil society organization (depending on the size of the cluster), for every calendar year, within which immunization-related activities will be implemented. As and when more funding becomes available, and based on the performance of a CSO, PATH may provide additional funding to ensure the desired results are achieved (i.e., significantly reducing the number of zero-dose and under-immunized children in the CSO’s cluster). Poor performance of a CSO determined through regular performance reviews, monitoring and evaluation, may be a good ground for early termination of the CSO’s subcontract.

7. Fact-finding questions

7.1 Fact-finding questions should be sent to the contacts listed in Section 5.1 by the date in the RFP schedule (section 1). Fact-finding questions received after this deadline cannot be accommodated.

7.2 It is advisable that any fact-finding questions refer to a specific section of the RFP; and to the extent possible, be aggregated rather than sent individually.

7.3 In line with transparency principles, all fact-finding questions and all of PATH’s responses to these questions will be shared with all those who confirmed their intent to bid. Questions will be anonymized and answered if PATH reasonably determines that such fact-finding questions do not disadvantage any potential CSO and are not commercially in confidence. If such are commercially in confidence, they shall be handled in line with PATH’s policy on information and data.

7.4 PATH may request from a bidder additional information at any time ahead of award, and the bidder will be expected to provide the requested information within the time frame given. Failure by a bidder to provide supplementary information to PATH in a timely manner may lead to the proposal being rejected in full or disqualification from the procurement process.

8. Qualifications, evaluation criteria, and selection

8.1 CSO qualifications: To be selected as the preferred CSO for a district cluster, the CSO must fulfil the following requirements.

• Evidence of physical presence, most preferably, with office headquarters located in the geographical boundaries of the district cluster they are applying for
• Existence of all governance, programmatic, administrative, and financial requirements for a legally registered entity
• Valid registration with the NGO Bureau under Ministry of Internal Affairs
• Board-approved organizational policies/manuals (HR, Financial, Procurement, Conflict of Interest, etc).
• Possession of the most recent audit reports (at least 2 years)
• Reliable accounting and financial reporting systems.

Other CSO capacities and competences that will be considered during the application review process:
• Track record implementing evidence-based social-behavior change/demand generation and social accountability interventions in health, preferably focused on routine immunization, maternal and child health.
• Experience working/collaborating with local partners (including other CSOs, district and local leaders, private sector, community-based organization (CBOs), community health workers (CHWs), parasocial workers, and other informal networks, influencers, and champions, including religious and cultural institutions)
• Experience with and clear understanding of local context within the district cluster of their choice.
• Demonstrable potential to sustain interventions beyond the Gavi funding period, that benefit routine immunization and PHC in general.
• Demonstrable experience managing donor-funded projects with greater transparency and accountability.
• Other documents as required by specific procurement.
• CSOs that do not meet reasonable qualifications shall not be short-listed and therefore not technically evaluated - Refer to the attached Scope of Work and Guidance Notes for further instructions.

8.2 Selection and evaluation criteria: The proposal is to follow the template provided in a separate MS Form that will be sent as an online link to the email contacts indicated in the Letters of intent to bid/Expression of Interest (EOI) and will be expected to address all the requirements.

• **Stage 1**: Proposals will be checked for completeness in terms of submission on time, and all the required information, be it technical or financial. Proposals that are correctly completed will proceed to Stage 2. Any proposals submitted late, incomplete, or with omissions may be rejected at this point. If a proposal is rejected at this stage, it will automatically be disqualified from further review.

• **Stage 2**: If a proposal passes the Stage 1 evaluation, it will be evaluated in detail in line with the evaluation methodology below. Information provided as part of the qualification may be verified at this stage, and as part of the evaluation process.

8.3 Evaluation criteria: Proposals will be assessed to determine the most technically sound and economically advantageous using the criteria and weightings in Table 1 and will be assessed strictly based on the proposal submitted.

Table 1. Proposal evaluation criteria and weighting.

<table>
<thead>
<tr>
<th>Evaluation criteria</th>
<th>Weight (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social value, including organization’s experience in implementing evidence-based social-behavior change/demand generation and social accountability interventions in health, preferably focused on routine immunization, maternal and child health</td>
<td>30%</td>
</tr>
</tbody>
</table>
Experience in working/collaborating with local partners (including other CSOs, district and local leaders, private sector, community-based organization (CBOs), community health workers (CHWs), parasocial workers, and other informal networks, influencers and champions, including religious and cultural institutions) in the past 36 months.

Experts (proposed personnel, including CVs/resumes highlighting experience and sign-off as confirmation they will be available)

Innovativeness and uniqueness of the proposed ideas and their potential to achieve desired results (i.e., reduce number of zero-dose and under-immunized children in target communities)

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Score</th>
<th>Summary</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>5</td>
<td>Very strong evidence of appropriate knowledge, skills, and experience to meet the scope. Demonstrated innovation in better delivery of the scope.</td>
<td>As well as addressing all or the vast majority of bullet points under each criterion heading, proposal demonstrates a deep understanding of the project. All solutions offered are linked directly to project requirements and show how they will be delivered and the impact they will have on other areas and stakeholders.</td>
</tr>
<tr>
<td>Good</td>
<td>4</td>
<td>Sufficient evidence provided of adequate knowledge, skills, and experience to meet the scope. May demonstrate some innovation though it may be less robust. Meets all requirements with some minimal gaps.</td>
<td>Reflects that the bidder has addressed, in some detail, all or most of the bullet points listed under each criterion heading. Evidence is included that shows not only what will be provided but also gives some detail of how this will be achieved. Bidders should make clear how their proposals relate directly to the aims of the project and be specific, rather than general, in the way proposed solutions will deliver the desired outcomes.</td>
</tr>
</tbody>
</table>

8.4 **Scoring model:** Proposals that are subjected to technical/detail evaluation will be scored based on the model in Table 2 below for all the technical components. Partners that will have gone through administrative and technical evaluation, will work plan with PATH to come up a workable budget.
<table>
<thead>
<tr>
<th>Assessment</th>
<th>Score</th>
<th>Summary</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>3</td>
<td>Reasonable evidence of appropriate knowledge, skills, and experience for the scope. Meets requirements in many areas but not all areas.</td>
<td>Addresses the majority of the bullet points under each criterion heading but lacks some clarity or detail on how the proposed solutions will be achieved. Evidence is provided; however, generic or general statements are not specifically directed toward the aims/objectives of the project. Any significant omission of key information as identified under each criterion heading will point toward a score of 3.</td>
</tr>
<tr>
<td>Minor reservations</td>
<td>2</td>
<td>There is some evidence of appropriate knowledge, skills, and experience for the scope. Meets requirements in some areas but has important omissions.</td>
<td>Reflects that the bidder has not provided evidence to suggest how they will address several bullet points under the evaluation criteria headings. Tender is, in part, sketchy, with little or no detail given of how the project requirements will be met. Evidence provided is considered weak or inappropriate and is unclear on how this relates to the desired outcomes.</td>
</tr>
<tr>
<td>Serious reservations</td>
<td>1</td>
<td>Limited evidence of appropriate knowledge, skills, and experience for the scope.</td>
<td>Reflects major weaknesses or gaps in the information provided. The bidder displays poor understanding and there are major doubts about fitness for purpose.</td>
</tr>
<tr>
<td>Unacceptable</td>
<td>0</td>
<td>No evidence of knowledge, skills, and experience for the scope.</td>
<td>Results if no response is given and/or if the response is not acceptable and/or does not cover the required criteria.</td>
</tr>
</tbody>
</table>

8.4.1 **Moderation and application of weightings:** The evaluation panel will moderate criteria that have substantial divergence among the individual scores and agree on the final score (as opposed to averaging scores). The score for each award criterion will be amalgamated to give a percentage score out of 100.

8.4.2 **The recommended winning CSO:** The recommended award winner will be the proposal that receives the highest score out of 100 (combined technical and financial scores) when applying the above evaluation methodology.

8.4.3 **Feedback:** All those who submit proposals will be provided with feedback. At a minimum, each CSO will be informed of how many points they scored and provided with a summary of key strengths and areas for improvement.