REQUEST FOR PROPOSALS E8-TTT-003-2016

Installation and Implementation of Health Service Posts for Malaria Diagnosis, Treatment, and Surveillance for Mobile and Underserved Populations in the Angola-Namibia Border Areas of Southern Africa

Issuance Date: 25 November 2016
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**ACRONYMS**

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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ACT</td>
<td>Artemisinin-based combination therapy</td>
</tr>
<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
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<tr>
<td>CHW</td>
<td>Community Health Worker</td>
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<tr>
<td>DHMT</td>
<td>District Health Management Team</td>
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<td>E8</td>
<td>Malaria Elimination 8 Initiative</td>
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<tr>
<td>EDT</td>
<td>Early Diagnosis and Treatment</td>
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<td>GF</td>
<td>The Global Fund for AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MMP</td>
<td>Migrants and Mobile Populations</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>PSM</td>
<td>Pharmaceutical Supply Management</td>
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<tr>
<td>RDT</td>
<td>Rapid Diagnostic Test</td>
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<tr>
<td>RFP</td>
<td>Request for Proposals</td>
</tr>
<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
</tbody>
</table>
1. REQUEST FOR PROPOSALS (RFP) OVERVIEW

RFP No:      E8-TTT-003-2016

RFP Title:   Installation and Implementation of Health Service Posts for Expanded Access to Malaria Diagnosis, Treatment, and Surveillance for Mobile and Underserved Populations in the Angola-Namibia Border Areas of Southern Africa

RFP Issued By: Southern Africa Malaria Elimination 8 Initiative Secretariat (E8 Secretariat), with funding from the Global Fund to fight HIV/AIDS, TB and Malaria (GF)

Border Areas Included in the Award:

Angola- Namibia:

See Section 2 for a map and a table of which districts in the above border areas will be covered.

A. Registration for Information:

To ensure you receive all communications and modifications to the RFP, send an email to procurement@elimination8.org requesting that your organization be put on the distribution list, with the RFP number included in the subject line.

B. Pre-Bidding Conference

There will be a pre-proposal conference on 12 December, 2016 at 14.00 hours Central African Time via the E8 Secretariat telephone conference facilities, although all Bidders are encouraged to attend in person at the E8 Secretariat Board Room, Channel Life Towers, 1st floor, 39 Post Street Mall, Windhoek, Namibia. First Floor. Non-attendance, however, shall not result in disqualification of an interested bidder. Organisations that would have registered by 12 December, 2016 will be provided with a Dial-in code. Minutes of the bidders’ conference will be disseminated to the individual firms who have registered or expressed interest with the contract, whether or not they attended the conference. No verbal statement made during the conference shall modify the terms and conditions of the RFP unless such statement is specifically written in the Minutes of the Conference, or issued/posted as an amendment in the form of a Supplemental Information to the RFP.

After the pre-proposal conference, questions should be directed to procurement@elimination8.org no later than January 3, 2017 prior to the proposal submission date. Registered organisations will be invited to a questions and answers conference call periodically, with the questions and answers issued as a modification to the RFP.
C. Proposal Submission Deadline:

January 16, 2017, 10:00 hours Central African Time. All proposals should be physically submitted to the E8 Secretariat at the following office address: Channel Life Towers, 1st floor, 39 Post Street Mall, Windhoek, Namibia. First Floor.

D. Bid Opening

Proposals will be opened on January 16, 2017 at 10:00 hours Central African Time in the presence of bidders’ representatives who choose to attend in person. The venue of the Bid Opening will be: E8 Secretariat Conference Room, Channel Life Towers, 1st floor, 39 Post Street Mall, Windhoek, Namibia. First Floor. Late submissions will be rejected.

E. Language of Proposals:

The technical and cost proposals must be submitted in English.

F. Instructions for Submission of Proposals:

a. Courier/Hand Delivery

One Original and five copies of proposals plus an electronic copy on a flash drive should be addressed to The E8 Secretariat, Channel Life Towers, First Floor, 39 Post Mall Street, Windhoek, Namibia and should be physically submitted to the E8 Secretariat at the following office address: Channel Life Towers, 39 Post Street Mall, Windhoek, Namibia. First floor. Technical and Cost proposals must be submitted in separate envelopes clearly marked on the outside as either “TECHNICAL PROPOSAL” or “FINANCIAL PROPOSAL”, as appropriate. Each envelope MUST clearly indicate the subject line:

i. TECHNICAL PROPOSAL - RFP No. E8-TTT-003-2016 - Installation and Implementation of Health Service Posts for Expanded Access to Malaria Diagnosis, Treatment, and Surveillance for Mobile and Underserved Populations in the Angola-Namibia Border Areas of Southern Africa

ii. FINANCIAL PROPOSAL - RFP No E8-TTT-003-2016 - Installation and Implementation of Health Service Posts for Expanded Access to Malaria Diagnosis, Treatment, and Surveillance for Mobile and Underserved Populations in the Angola-Namibia Border Areas of Southern Africa

The outer envelope must bear the Name, Postal Address and Email address of the bidder. It is the responsibility of the bidders to obtain a receipt/acknowledgement letter and to ensure that the bidding documents are placed in the tender box. If submitted in person, the bidder should ensure that they have signed a proposal receipt register. If submission is by courier, the E8 Secretariat will send a receipt acknowledgement letter.

b. Bidders must ensure that they use trusted and reliable Virus Scanning Software prior to transmission of proposals.
c. The E8 Secretariat shall indicate for its record that the official date and time of receiving the Proposal is the actual date and time when the said Proposal has physically arrived at the E8 Secretariat premises.

G. Estimated Period of Performance:

The period of performance is up to **August 2018**, with an estimated contract award date of **February 2017**. There will be a one-year base period and an option period for the remaining period to **August 2018**. The option period will be invoked if the contractor’s performance and achievement of indicator targets is acceptable. The option period is also subject to available funding.

H. Joint venture, Consortium and Association Bidding

Given the wider geographic coverage, cross-border implementation and the need to leverage on efficiencies, the E8 Secretariat encourages joint ventures and/or consortium bidding.

a. If the Bidders are a group of legal entities that will form or have formed a joint venture, consortium or association at the time of the submission of the Proposal, they shall confirm in their Proposal that:

i) they have designated one party to act as a lead entity, duly vested with authority to legally bind the members of the joint venture jointly and severally, and this shall be duly evidenced by a duly notarised agreement among the legal entities, which shall be submitted along with the Proposal; and

ii) if they are awarded the contract, the contract shall be entered into, by and between the E8 Secretariat and the designated lead entity, who shall be acting for and on behalf of all the member entities comprising the joint venture.

b. After the Proposal has been submitted to the E8 Secretariat, the lead entity identified to represent the joint venture shall not be altered without the prior written consent of the E8 Secretariat. Furthermore, neither the lead entity nor the member entities of the joint venture can:

i) Submit another proposal, either in its own capacity; nor

ii) As a lead entity or a member entity for another joint venture submitting another Proposal.

c. The description of the organisation of the joint venture/consortium/association must clearly define the expected role of each of the entity in the joint venture in delivering the requirements of the RFP, both in the Proposal and the Joint Venture Agreement. All entities that comprise the joint venture shall be subject to the eligibility and qualification assessment by the E8 Secretariat. Where a joint venture is presenting its track record and experience in a similar undertaking as those required in the RFP, it should present such information in the following manner:

i) Those that were undertaken together by the joint venture; and

ii) Those that were undertaken by the individual entities of the joint venture expected to be involved in the performance of the services defined in the RFP.

d. Previous contracts completed by individual experts working privately but who are permanently or were temporarily associated with any of the member firms cannot be claimed as the experience of the joint venture or those of its members, but should only be claimed by the individual experts themselves in their presentation of their individual credentials.
If a joint venture’s Proposal is determined by the E8 Secretariat as the most responsive Proposal that offers the best value for money, the E8 Secretariat shall award the contract to the joint venture, in the name of its designated lead entity. The lead entity shall sign the contract for and on behalf of all other member entities.

I. **Awards:**

One award covering all the indicated border regions will issued. The minimum unit of operation is a border area, and awards will not be split to cover individual countries forming the same border region. All awards will be made on a cost-reimbursement basis, with an advance funding modality.

Issuance of this Request for Proposals does not constitute an award commitment on the part of E8 Secretariat nor does it commit E8 Secretariat to pay for costs incurred in the preparation and submission of a proposal.

J. **Code of Conduct:**

The Global Fund to Fight AIDS, Tuberculosis and Malaria’s Code of Conduct for Supplier is applicable to this solicitation and any subsequent awards. It is available at www.theglobalfund.org or can be downloaded from the RFP Dropbox.

**LIST OF REFERENCE DOCUMENTS**

- E8 Strategic Plan
- E8 Concept Note to the Global Fund
- E8 Overview PowerPoint
- The Global Fund Code of Conduct for Suppliers
- IOM Concept Note on Malaria and Migration

Link to DropBox of reference documents:
https://www.dropbox.com/home/TTT/ANGOLA%20NAMIBIA
2. TERMS OF REFERENCE

A. BACKGROUND

1. MALARIA ELIMINATION 8 INITIATIVE

The Southern African Malaria Elimination 8 (E8) Initiative is a coordinated, eight-country effort to achieve the historic goal of eliminating malaria in four southern African countries by 2020 (Botswana, Namibia, South Africa, and Swaziland, the frontline countries), and to subsequently pave the way for elimination in four more by 2030 (Angola, Mozambique, Zambia, and Zimbabwe, being the second line countries).

The E8 Initiative brings the four mainland countries targeted for malaria elimination (the “frontline” countries of the E8) together with their middle to high-transmission neighbors to the north (the “second line” countries), in order to implement malaria control and elimination strategies in a coordinated fashion. However, the four eliminating countries cannot eliminate as long as high transmission remains within the region, and human migratory patterns facilitate parasite movement from more highly endemic countries. Therefore, new regional strategies are needed to support the control efforts by the second line countries in order to reduce their reservoir of potential infections that could cross the border and re-establish infection in the frontline four countries. Coordination between the frontline and second line countries is needed in order to move the current boundary of malaria transmission outside of the E8 region, and eventually outside of the Southern African Development Community (SADC) altogether.

The Malaria E8 Initiative was designed to create an enabling environment for the eight member states to jointly plan and monitor national and regional activities that are mutually reinforcing, and that accelerate the individual country goals of malaria elimination.

2. MALARIA IMPORTATION

The frontline four countries (and parts of southern Zimbabwe) have suppressed transmission and reduced malaria incidence to less than 2 cases per 1,000. However, the persistence of malaria transmission is largely caused by ongoing transmission in border areas as a result of the importation of infections from across the borders, where malaria transmission is higher, and access to health services is sometimes limited. The combination of these factors – (i) higher malaria transmission, (ii) low access to early diagnosis and treatment of malaria, and (iii) high volumes of human movement across southern Africa’s porous borders - facilitates the continued movement of parasites into the eliminating areas, serving as one of the key barriers to attaining elimination. As they reduce malaria incidence, E8 frontline countries therefore remain vulnerable and receptive to malaria outbreaks triggered by imported cases from their neighbors, the second line countries.

Transmission in second-line countries is typically highest in northern regions/provinces, far from the borders with the frontline E8 countries. As a result, the priority for allocation of the national resources for malaria control is naturally given to those northern areas of the second line countries. Conversely, the highest burden areas for frontline countries are adjacent to those borders with second line countries. This creates a difference in spatial prioritization of malaria interventions between neighboring countries, as the second line countries give less priority to their southern borders, yet it is these same southern borders that are the cause of persistent importation for the frontline countries.
3. MOBILITY IN THE E8 REGION

The SADC region continues to experience a significant rise in mixed regular and irregular (or informal) migration flows. While data exists on the extent of regular migration, there are no reliable regional estimates on the extent of irregular movement, which is estimated to represent the majority of migration flows. In 2013, the Southern African region recorded over four million regular migrants; the largest number of migrants is found in South Africa (2.4 million, including some 1.5 million from Zimbabwe). As the population of Southern Africa is projected to grow, and differences in economic opportunities across the region persist, the volumes of population movement will surge as migrants search for income generating opportunities, work, education and safety.

In addition to unfavourable policies or practices on migrant rights, social dynamics in border areas further cause discrimination against mobile and migrant populations. Insecurity, lack of economic livelihood, drought, and crop failure motivate migrants to undertake the risky migratory routes and to seek better opportunities across the region.

OVERALL PROJECT DESIGN - TESTING, TREATMENT AND TRACKING

Ten malaria posts are being established across the 2 border areas. Modeling analysis has been used to estimate the approximate location of the malaria health facilities across the respective borders; however, this is subject to revision following a detailed border assessment.

Table 1 below outlines the main models through which care will be provided.

<table>
<thead>
<tr>
<th>Model</th>
<th>Malaria Plus</th>
<th>Malaria Basic</th>
<th>Leverage</th>
<th>Surveillance Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Malaria diagnosis and treatment</td>
<td>Malaria diagnosis and treatment</td>
<td>Malaria diagnosis and treatment (in addition to existing services already provided)</td>
<td>Active case investigation (only in frontline countries and southern Zimbabwe) and screening of high risk groups</td>
</tr>
<tr>
<td>Structure</td>
<td>Refurbished storage container, with bed</td>
<td>Portable Gazebo/tent</td>
<td>Existing health facilities (e.g., Cross-border HIV or TB health facilities)</td>
<td>Mobile unit, with vehicle, staff, commodities</td>
</tr>
<tr>
<td>Number of posts</td>
<td>Namibia = 1, Angola = 7</td>
<td>Namibia = 3, Angola = 0</td>
<td>Leverage facilities will be dependent on existing infrastructures and on-going activities in target districts.</td>
<td>Namibia = 4, Angola = 0</td>
</tr>
</tbody>
</table>

*The frontline countries included in this RFP are Botswana and South Africa. Southern Zimbabwe (Matabeleland South Province) will also conduct active case investigation.*

There are three main models for providing the malaria testing and treatment services.

1. **Malaria Plus.** These will be larger malaria posts that will be set up using a refurbished storage container (see Annex D for the specifications of these posts). These will provide the core diagnosis and treatment of malaria, as well as a basic package of primary health
care as per the nationally defined package. (The Contractor will procure non-pharmaceutical commodities).

2. **Malaria Basic.** A simpler set-up of a portable gazebo/tent, serving as a testing point for communities in high-traffic areas where Migrants and Mobile Populations (MMP) congregate. (E8 will provide branding guidance for consistency across the region).

3. **Leverage.** This model involves provision of testing and treatment commodities to existing health facilities that are run by other similar mobile clinic projects in the border regions; this leverages existing infrastructure, and extends the reach of the early diagnosis and treatment (EDT) strategy.

Table 2 below highlights the main characteristics of the different models.

**Table 2: Summary of E8 Malaria Posts Concept and Model Differences**

<table>
<thead>
<tr>
<th>Model</th>
<th>Malaria Plus</th>
<th>Malaria Basic</th>
<th>Leverage</th>
<th>Surveillance Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Set up costs</strong></td>
<td>A storage container, refurbished into a facility. This needs to house medicines and be able to service many patients from the community. Set up costs also include site works prior to placing the container, as well as servicing with electricity and water. A laptop is needed to facilitate reporting as well as more detailed data capture, in line with MOH requirements and info systems.</td>
<td>Costs include a “gazebo-like” structure/tent that can be easily moved around. The team is highly mobile and may relocate on a daily/weekly basis based on movement patterns and information on high impact areas to reach. One or more “basic” facilities is connected to a “plus” facility through a hub and spoke model, each “basic” team will operate out of one of the gazebos to get supplies, to manage communications and reporting etc. A tablet is provided for mobility, as well as to facilitate real time reporting of data.</td>
<td>These are existing facilities being run by other organizations targeting migrant/border populations. Training is included to capacitate the workers in the existing facilities to provide malaria services and to know the treatment and referral policies for MMPs.</td>
<td>A team of case investigators who conduct community level active case investigation and detection. Materials for a typical work day include case investigation tools, diagnosis and treatment commodities depending on country protocol. Active surveillance conducted by surveillance units are triggered by passive case reports where outcomes will be understanding risk factors of malaria in the community. Other environmental risk factors will also be investigated by the environmental health officer trained in conducting simple entomological investigations or sample collection.</td>
</tr>
<tr>
<td><strong>Vehicle</strong></td>
<td>None</td>
<td>One 4x4 vehicle for every two malaria basic posts will be provided by E8. This vehicle is necessary for transporting the “basic” teams which move every day to targeted communities in remote locations. This vehicle will also be used to support delivery of supplies and logistics for the “plus” facility. Specific allocation of vehicles and motorcycles will be finalized during contract negotiation.</td>
<td>None</td>
<td>One 4x4 double cab vehicle for each surveillance unit with air conditioning to keep supplies at manufacturers specified temperature. Equipped with sample transport tools as seen from individual country designs.</td>
</tr>
</tbody>
</table>
Operating costs

- Consumables, communication, utilities, internet (for real time data reporting). Repairs and maintenance of the health facility.
- Consumables, communication, utilities, data bundle (to send data/reporting).
- None

Staff

- 1.5 nurses, 1 community health worker. (The 0.5 refers to a relief nurse who would be shared across two facilities).
- 1 nurse, 1 community health worker.
- None

See Annex B for a list of the health commodities that are available for the project.

The “Malaria Plus” post will offer a more comprehensive package of primary health care services, and will be modeled after the primary health care facilities in the country where they are located. These are generally intended to provide services to resident populations, although they will also serve mobile and migrant populations (MMPs) in the respective border towns. The “basic” posts are intended to provide care using more of a mobile or outreach model; these are aimed at providing services to mobile and migrant populations, and will be strategically placed in areas that are frequented by MMPs such as bus stations, near border crossings (formal and informal) and shopping centers/markets.

In conjunction with the diagnosis and treatment activities, the project will include a program of active surveillance —integrated into the relevant government systems—in order to track potential infections that have not yet presented through the passive surveillance system - that is, in the health facilities (either E8 facilities or other public and private facilities). Active surveillance is a key element of the elimination strategy, as it supports the identification of potential reservoirs of infection in the population that contribute towards ongoing transmission in the identified border areas.

In line with recommended surveillance strategies for elimination, cases reported at the E8 malaria plus and basic posts located in a frontline country will be investigated through model 4, the surveillance units. The case investigation involves the active follow up (within 3 days) of all the “index” cases, visiting the household, and testing individuals residing within a defined radius of the sleeping space of the “index case.” In this case, all members of the index and neighbouring household will be tested according to national protocol, and if positive, treated for malaria (or referred to the nearest health facility as the country policy dictates). Active case investigation provides the opportunity to (i) collect additional patient data for the purpose of analysis of risk factors (IRS coverage, sleeping under a bednet, travel history), (ii) confirmation of completion of required dose of anti-malarials, and (iii) identification of additional undetected/asymptomatic infections.

A second aspect of the active surveillance involves active screening of high-risk populations through either reactive case detection (rACD) or proactive case detection (proACD), understood through population profiling. For example, a known high-risk population that may carry and facilitate importation of infection may be migrant workers of a given profile (age, gender, trade, village); these are actively screened as a group through dedicated outreach campaigns to areas where the population can be found. Other examples include screening on farms or mines with migrant workers, schoolchildren, or pastoral communities. Table 3 below helps illustrate the work of surveillance units as defined in a typical elimination setting:
### Table 3: Activities of a typical active surveillance programme

<table>
<thead>
<tr>
<th>Activity type</th>
<th>Target population</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active case investigation (ACI)</td>
<td>All confirmed malaria cases reported through passive and active surveillance</td>
<td>Case based surveillance is critical in elimination settings as it identifies source of infection</td>
</tr>
<tr>
<td>Reactive case detection</td>
<td>Individuals residing in index case household and their neighbors in a defined radius are tested for malaria</td>
<td>Tracing contacts has the potential to identify secondary malaria cases who may not have reached the health facility</td>
</tr>
<tr>
<td>Proactive case detection</td>
<td>A defined population is targeted after risk profiling</td>
<td>Populations that report malaria cases are targeted before the malaria season. Known importing populations are targeted for screening before onward local transmission</td>
</tr>
<tr>
<td>Foci investigation</td>
<td>All index case communities are identified and classified through WHO foci</td>
<td>Communities presenting with malaria are classified for effective targeted interventions for interruption of transmission</td>
</tr>
<tr>
<td>Entomology surveillance</td>
<td>All Active foci are investigated for identification of vector, breeding sites and other vector bionomics</td>
<td>A majority of elimination settings will combine this activity with foci investigation. It involves using entomological techniques to understand vector density and behavior</td>
</tr>
</tbody>
</table>

The project will have surveillance units in each border area to conduct this work; numbers of units per border indicated in Table 3 above. These units will work primarily on the “frontline” side of the border. Each unit is equipped with a nurse, an environmental health officer, a driver, a vehicle (4X4) as well as fuel, communication costs, and tablet for reporting. These staff will be seconded to the relevant government programmes, with reporting lines to the appropriate district, provincial and national authorities.

### B. SERVICES REQUIRED

The Southern Africa Malaria Elimination 8 Initiative Secretariat (E8 Secretariat) has received an award from the Global Fund to Fight AIDS, Tuberculosis and Malaria to advance the efforts of the Initiative, including the interruption of transmission importation through border areas. Through issuance of this Request for Proposals, E8 seeks to award one contract to undertake the services described under Malaria Basic, Malaria Plus and surveillance in the target Angola-Namibia border region. The Contractors will work closely with the E8 Secretariat, who will provide strategic oversight and performance monitoring. The specific objective of the awards is to optimize the identification of malaria infections in the border population (MMPs and underserved resident population), thus supporting the reduction in transmission in border districts, and subsequently, reduction of importation across borders.

To this end, the E8 Secretariat invites eligible organizations to submit proposals to manage the implementation of activities in the Namibia-Angola border region. (See Figure 1 below).
Protocols for Service Delivery and for Monitoring and Evaluation

The Contractor will

- Collaborate with ministries of health and technical partners to undertake studies and assessments of human movement patterns in the border areas and impact on malaria transmission
- Develop technical and strategic partnerships with government departments and institutions (such as parastatals or private NGOs) that have specialized expertise in (i) malaria elimination strategies (operational research, advanced surveillance, diagnosis, foci investigation and analysis, entomological surveillance) and (ii) specialized service provision for mobile and migrant populations
- Working with the host Ministries of Health, ensure border posts are established and operated in compliance with the policy guidelines regarding testing, treatment, and surveillance, including (i) case management, including diagnosis and treatment in the malaria posts, (ii) reporting of data from the national health information systems, (iii) project-specific reporting, (iv) monitoring and evaluation, and (v) pharmaceutical supply chain management. (Border posts should operate as an integrated part of the respective government programme, and accordingly be managed day-to-day by the appropriate district, provincial and national authorities.)
• Collaborate with the ministries of health to develop plan of action regarding the operation of the malaria posts, and modalities of communication and feedback. Contractor will be guided by national malaria policies and guidelines, and other relevant policies for service provision.

• Obtain signed approval of the Contractor’s country operating guidelines by the MOH of the respective clinic location. E8 will provide operating guidelines for the implementation of the posts, which will be adapted by the Contractor to reflect governmental policies and procedures for the countries in which they are operating. E8 will facilitate communications with the government if needed.

• The Contractor will develop good working relationships and maintain communication with the ministries of health of the E8 countries in which they are working, as well as the provincial/regional and district health teams in the locations where the malaria posts are based. The Contractor will agree on models of engagement and accountability with the MOH, and schedules of progress sharing and document these agreed upon models in reports to the E8.

1. Establishment of Malaria Posts

In each country, there will be a combination of fixed facilities (malaria plus) and mobile facilities (malaria basic). The relative mix of these will be determined and finalized in collaboration with the ministry of health and E8 Secretariat.

The Contractor will:

• Procure and install refurbished containers using the minimum specifications provided in Annex D for Malaria Plus posts. This includes scoping and site works, procurement and outfitting of the container/post, procurement of furnishings and supplies, and any necessary repairs.
• Procure “gazebo-like” structure/tent for Malaria Basic, which can easily be moved on a frequent basis.
• Collaborate with ministries of health in the E8 countries to integrate the newly established Malaria Plus posts into the register of national health facilities, seamlessly aligning reporting, supply chain, and general oversight by the district health team. E8 Secretariat will facilitate and support engagement with ministries of health
• Manage recruitment and training (in consultation with the MOH)
• Manage logistics and utilities and maintain equipment to an adequate standard to ensure smooth and uninterrupted operations

2. Service Delivery (Diagnosis, Case Management and Surveillance)

The Contractor will:

• Identify suspected cases of malaria, including the screening of fevers, and through profiling of high risk groups or “hotpops”
• Test suspected cases with rapid diagnostic tests
• Treat positive cases with first line antimalarials according to national guidelines
• Offer malaria services, at no cost, to all populations accessing the malaria posts as per agreed-upon policies and operating guidelines.
• Conduct active case investigation on index cases reporting to the malaria posts in frontline countries, and aim to test all members of the index case household
• Periodically conduct active screening of “hotpops” to proactively identify, diagnose and treat infections in the border districts, if required by national protocols.
• Monitor transmission trends to identify outbreaks as defined by national policy and conduct rapid response to support containment; this includes active investigation of cases, testing and treatment (or referral to treatment), and collaboration with Ministry of Health to coordinate complementary activities such as indoor residual spraying and foci investigation.

• Facilitate operations for entomological surveillance (which will be conducted by DHMT), according to national foci investigation protocols defined by MOH/DOH (See Table 2 below)

• Continuously monitor service provision to ensure that health services provided comply with the standard quality of care and other agreed norms established by the MoH.

• Participate in malaria control and elimination interventions coordinated by the district health team in order to stay abreast with national policies and standards, and attend MOH training for surveillance and epidemic response, as well as case management

• Provide holistic package of primary health care services (as defined nationally). Contractor will collaborate with district and provincial health management to align with national standards of service delivery, while the MoH will provide the commodities for Basic Package of Primary Health Care Services (as these non-malaria commodities will not be provided by the E8, although E8 Secretariat will facilitate securing of the commodities from the ministry of health).

3. Project Management

• Participate in frequent coordination meetings with ministry of health (national, provincial, and district level) at a frequency to be decided in collaboration with MOH

• Work with the country’s malaria programme, and capacitate as needed, to manage schedules of staff and coordinate the provision of services with the district team.

• Work with the country’s malaria programme, and capacitate as needed, to coordinate and troubleshoot all aspects of health facility operations; this includes service provision, reporting and M&E, stock management.

• Compile monthly and quarterly progress reports containing programmatic information to share with MOH and E8 Secretariat, and quarterly financial information to be submitted to the E8 Secretariat

• Attend quarterly meetings with E8 Secretariat in Windhoek

• Share experience, learning, and innovation with the E8 Technical Committee and Secretariat in order to inform evolving project design.

4. Training and Capacity Building

• Recruit project staff, including health care workers, in alignment with national guidance on standards and qualifications for recruitment. Collaborate with primary health care departments for recruitment

• Recruit programmatic and management staff, and collaborate with ministry of health and E8 Secretariat to provide necessary training and capacity building

• Collaborate with MoH to build capacity into district health teams, and to ensure there is sustainability planning to include malaria posts and operations in district health budgets and plans

• Coordinate training programs, developed and facilitated based upon the guidance of the country’s malaria programme, for health facility and other project staff at project onset, and facilitate ongoing training (in conjunction with MOH/DOH officials) to maintain excellent standard of service delivery and to revise policies and operations as new evidence informs project approach.

• Develop and implement—in consultation with the MOH/DOH and other specialized agencies—proven training programs to build capacity on migrant-sensitive health care service provision
among officials working with mobile and migrant populations, including health workers, immigration officials, and police.

5. Demand Generation and Community Engagement

- Adhere to the E8 communication and branding approach (details to be provided by the E8 Secretariat in order to maintain consistency across all project activities across the region)
- Design and implement a contextualized demand generation strategy, in collaboration with the country’s malaria programme and agencies with specialized MMP experience, to reach target audiences, primarily mobile and migrant populations, and underserved district populations
- Work with the country’s malaria programme to create and maintain forums for continued active involvement and feedback from community-level structures, including civil society organizations working with MMPs, migration officials, target communities, village heads
- Work with the country’s malaria programme and specialized agencies, to engage community and community structures in the design and maintenance of active surveillance systems

6. Pharmaceutical Supply Management

The E8 Secretariat will facilitate the availability of the commodities from MOH in the case of Namibia, or in the case of Angola, procure commodities through the Voluntary Pooled Procurement mechanism and deliver to the contractor’s storage facilities, for use by the Contractors to ensure alignment with national supply chain management guidelines. The commodities in the E8 Secretariat pharmaceutical supply chain are;

- Artemether/ Lumefantrine tablets or other approved Artemisinin-based Combination Therapy (ACTs)
- Malaria Rapid Diagnostic Tests (RDTs)
- Gloves
- Sharp containers for waste disposal

The specific storage, requesting and delivery processes for the commodities will be aligned to the obtaining processes in the different countries of operation. However, the E8 Secretariat will define the principles and standard processes to ensure commodity security. As a general guide some of the basic activities expected of the contract are shown below;

The Contractor will:

- Pick up (from agreed point of delivery) the commodities and deliver to the Contractor’s warehouse and then to the health facilities. Initial quantification will be based on an E8 estimation of the potential number of persons to be tested and treated.
- Maintain storage capacity to store at least 3 months of stock for the above health products. The stores management will adhere to the Country MOH guidelines for medicines storage.
- The Contractor will report on the consumption of these health products to the E8 Secretariat in the form of a bi-monthly summary report on commodity consumption. This same report will be used to request additional products from the above list. The Contractor may also be required to submit a report and/or requisition to the MOH in certain countries. E8 will provide Standard Operating Procedures for good inventory management as well as the requisite stocks’ data and consumption reporting tools.
- Work closely with the E8 PSM Manager, the E8 Country Focal Person, the national PSM Technical Working Group and/or Commodity Security Committee and all relevant stakeholders to ensure that there are no stock outs at the treatment sites.
• In Malaria Plus sites, collaborate with the MOH and/or other entities to maintain adequate stocks of primary health care medicines in accordance with each country’s Basic Package of Primary Health Care commodities requirements through district supply; support troubleshooting with provincial and district medical stores to ensure maintenance of stocks at all times
• Deliver commodities from the central distribution point to the malaria posts in the different border areas. As stock needs will be erratic and unpredictable, the delivery system must be able to maintain accurate stock records and deliver necessary stocks to the different border regions based on rapid reporting of stock levels
• Collaborate with the respective ministries to facilitate delivery of pharmaceuticals into the border regions

7. Monitoring, Evaluation, Accountability and Learning

Reporting of cases and related indicators will be consolidated in collaboration with the MOH/DOH, to ensure alignment with national health management information systems. Reports on malaria and related indicators should be extracted from national records, and thus require confirmation with national units. However, the responsibility of reporting to E8 Secretariat lies with the Contractor. Engagement with the MOH/DOH on all matters related to disease reporting is a key principle of engagement.

The Contractor will:
• Adhere to national reporting and management of malaria posts’ data, ensuring integration into Country MOH/DOH reporting
• Integrate required data reporting into the national Health Management Information Systems.
• Implement an E8 rapid electronic reporting system to capture project-level data.
• Submit monthly reports to the E8 Secretariat and district health team, and convene monthly meetings with the DHMT to review data and health facility operations
• Train health facility and other project staff (in collaboration with primary health care departments and health information units) on rapid reporting and information management, and the timely collection and use of reporting data to inform project management, troubleshooting, and improve outcomes
• Apply E8 analytical recommendations to optimize project outcomes and conduct retrospective analysis in order to improve performance and target metrics

E8 and the Global Fund Local Fund Agent (LFA) may also conduct periodic monitoring, financial audit and data quality verification visits; these might include visits to the project coordination office of the Contractor, health facilities, as well as pharmaceuticals storage.

8. Reporting Responsibilities and Tasks

The project performance framework will serve as the main reference for reporting requirements.

The Contractor will be responsible for the following reports:

• Monthly programmatic and service delivery reports, using the reporting tool provided by E8 Secretariat
• Quarterly financial reports, including expenditure and variance analysis reports, detailing variances between projected and actual expenditure
• Any other reports that may be reasonably requested by MOH/DOH and E8 Secretariat.
C. PROJECT DURATION AND LOCATION

The award will cover a period of 18 months. The contract will have a base period of one year and the remaining period as an option period, which will be invoked based on satisfactory performance.

The E8 Secretariat is located in Windhoek, Namibia. The Contractor does not need to be located in Windhoek, but organizations submitting a proposal must have a presence within the SADC region (or are expected to establish a presence) in order to conduct the scope of services. The Contractor and its sub-contractors should be registered to provide health services in the country or countries indicated in the proposal. The Contractor will be expected to attend quarterly meetings with the E8 Secretariat in Windhoek for coordination, strategic input, and performance monitoring.

D. MANDATORY ELIGIBILITY REQUIREMENTS

- Legal entity status in at least one of the SADC countries, including accreditation and authorization to provide health care services in the countries for which you are submitting a proposal (Provide Certificate of Registration or equivalent, if bidder is not a corporation).
- Proven experience in designing, coordinating, and delivering health services to hard-to-reach communities, preferably migrant populations or communities in border areas (Provide Statement of Satisfactory Performance from the top three clients in terms of contract value in the past 3 years).
- A track record of excellence-driven and impact-oriented programming, including design of innovative solutions that are adapted for the respective contexts (E.g. provide Certificates of Rendered Services, Close out Reports, Reference from Donors, Sample M & E Report, Mid-Term Reviews, Project Reviews etc.)
- Experience in the management of electronic reporting systems, preferably including GIS analytics (E.g. provide IT certification from a reputable organisation, GIS certification from a reputable organisation or equivalent)
- Extensive experience and proficiency in monitoring and evaluation, and rigorous analytical approaches to impact evaluation (E.g. provide Programme Review Report or equivalent)
- Robust program management infrastructure, including:
  o Demonstrated financial management capacity and audited financial system (Provide latest Audited Financial Statement or equivalent systems (Income Statement and Balance Sheet) including Auditor’s Report for the past 3 years; 2015, 2014, 2013)
  o Effective organizational leadership with a track record of results in transformational projects; transparent decision-making and accountable systems including adequate infrastructure and information systems to support implementation and close monitoring of performance in a timely fashion (Provide Company Profile, which should not exceed fifteen (15) pages, including Organogram with clear indication of positions to be involved in the proposed project)
- In-depth knowledge of the health delivery context in the SADC region, through experience working across the region and trusted relationships with ministries of health in the region (Provide reference letters from Ministries of Health, developmental organisations)
OTHER EXPERIENCE

• Experience with the pharmaceutical supply management in some or all of the E8 countries (experience with pharmaceutical supply management across national boundaries is an advantage)

• Experience in the implementation of TB, Malaria and HIV/AIDS activities in one or more of the E8 countries is an advantage)

• Experience in the implementation of cross border health programmes (TB, Malaria, HIV/AIDS) is an added advantage. Experience as a recipient of Global Fund or other large donor resources is an advantage.
3. PROPOSAL AND AWARD PROCESS

A. Who Can Submit Proposals?

• Non-profit nongovernmental entities
• For-profit entities
• The entity must have legal entity status in at least one of the SADC countries, and the proposal must include an entity with accreditation and authorization to provide health care services in the countries for which you are submitting a proposal (either the Contractor or a Subcontractor). (This requirement applies to the main contractor in the case of a Joint Venture or Consortium)
• Bidders not included in World Bank’s Listings of Ineligible Firms and Individuals or World Bank’s Corporate Procurement Listing of Non- Responsible Vendors or in a “UN Ineligibility List” or declared as ineligible by other international donor organisations.

B. How to Submit a Proposal

See Section 5 of the RFP for full instructions on the delivery method and contents of the proposals. Incomplete proposals might not be considered.

C. What Should We Do if We Have Questions or Need Assistance in Preparing the Proposal?

Submit questions in writing by to procurement@elimination8.org. Telephone inquiries will not be accepted. Answers to questions will be sent out to all registered parties as described in the in the RFP.

D. Request for Proposal Modifications

Request for Proposal Modifications will be emailed to all parties who have registered their interest with E8 Secretariat.

E. How Do I Register in Order to Receive Notifications or Amendments to the RFP?

Any parties who have emailed the E8 Secretariat to receive a copy of the RFP are automatically registered to receive modifications and notifications. All others should send an email to procurement@elimination8.org.

F. Where Can I Find Reference Material for the RFP?

Registered organizations will be given access to a Dropbox from which they can download the reference documents; any updated references will be communicated.

G. Is There a Limit to the Number of Proposals that I Can Submit?

No, but if you do propose to cover all border areas, your proposal must demonstrate the capacity to implement and manage more than one border areas.
If an offeror wishes to apply for more than one border areas, a single proposal must be submitted. The proposal must clearly state the border regions it is covering.

H. What Is the Estimated Timeline for Submission, Notification, Award, and Implementation?

Proposals must be submitted by the due date indicated on the cover page of the RFP.

The selection process will take place mid-January 2017 and offerors can expect to be notified of decisions towards the by end of January 2017. Contract activities are expected to begin around 01 Februaray 2017, pending successful completion of negotiations, the results of the pre-award assessment, and the checking of references.

I. What Type of Award Will Be Made?

The award will be a Cost Reimbursement Contract. An explanation of each of these terms is provided below:

• Cost Reimbursement. A Cost Reimbursement contract is used when uncertainties regarding contract performance do not permit costs to be estimated with sufficient accuracy to use a fixed price contract. Advances will be made. Contractors will liquidate an advance by submitting invoices for actual allowable costs up to a maximum ceiling. Then another advance will be made for the next quarter.

• Option Period – The maximum period of performance is 18 months. The contract will be awarded for an initial base period of one year and an option period of 6 months, for a total maximum period of performance of 18 months. The option period may be exercised by the issuance of a contract modification by the E8 Secretariat if the E8 Secretariat has a positive assessment of the contractor’s performance, and if the contractor has achieved performance targets. The option period is also subject to availability of funds.

J. What Will Be Provided to the Contractor?

The Offeror should not budget the following in its cost proposal, as E8 Secretariat or the MoH will provide these items to the Contractor:

• Malaria Commodities. E8 will secure the services of a Procurement, Warehousing and Distribution Agent for these products:
  o Artemether/ Lumefantrine tablets or other approved Artemesinin based Combination Therapy (ACTs)
  o Malaria Rapid Diagnostic Tests ( RDTs)

• One 4x4 Vehicle for every Malaria Basic post (approximately, final allocation to be finalized at negotiation stage) and one for each surveillance team.
• One 4x4 vehicle for each surveillance unit
K. How Will Proposals Be Evaluated?

Proposals will be evaluated by a Selection Committee composed of E8 Secretariat staff, E8 Board Members, and outside experts. The Selection Committee will use the evaluation criteria in Section 4 of the RFP to make a selection.

L. What Are the Minimum Eligibility Requirements for a Proposal?

The following minimum requirements need to be met in order for a proposal to be reviewed. Proposals not meeting these criteria may not be reviewed by the adjudication panel.

1. The proposal must be submitted by the due date and time
2. The proposal must be complete
3. The proposal must cover all the border areas specified in Section 2
4. The proposal must be submitted by a legal entity registered in one of the SADC countries, and with accreditation to provide health services in each of the countries where the bidder is proposing to work
5. One Original and five copies of the proposal and electronic copies on a flash drive.
6. The technical and cost proposals must be submitted in separate envelopes

M. Can a Subcontractor Be Included in the Proposal?

In this RFP, a subcontract is when the Contractor contracts part of the work to another entity. A Subcontractor can be included in the proposal as long as the work being done by each entity is clearly defined in the proposal and how the Subcontractor will be supervised by the Contractor.

N. What Will Be Required for Issuance of an Award?

E8 Secretariat may request additional information to clarify or substantiate information provided in the proposal or may request revisions to the proposed approach or personnel.

After selection, E8 Secretariat will negotiate the final cost of the contract with the selected offeror(s).

Contracts will be awarded after selected offerors undergo a pre-award survey to assess the selected offeror’s management capacity and financial capability and after references have been checked.

O. What Will Be Required After an Award Is Made?

Section 2 describes the Services that will be required of the Contractor.
4. EVALUATION CRITERIA

A technical/cost/past performance trade-off analysis will be performed by E8 in order to determine the Best Value to E8. **Issuance of this Request for Proposals does not constitute an award commitment on the part of E8.**

A. TECHNICAL EVALUATION

Proposals will be evaluated in accordance with the criteria set forth below. To facilitate the review of proposals, offerors must organize the sections of their proposals in the same order provided in Section 5 of this RFP.

B. COST EVALUATION

E8 will only select an Offeror for award on the basis of a superior technical proposal, if proposed cost has also been considered in a best value trade-off.
5. PROPOSAL OUTLINE AND GUIDANCE

A. OVERVIEW

To be eligible for consideration, offerors must use the Proposal Outline provided in this section.

The complete Technical and Cost Proposals must be submitted physically to the E8 Secretariat Office on or before the submission deadline. After the deadline for submission of proposals, the Technical Proposal shall be reviewed by the Selection Committee. The Cost Proposal will not be reviewed until the Technical Proposal has been evaluated.

One Original and five copies of proposals plus an electronic copy on a flash drive should be delivered to the following physical address: E8 Secretariat, Channel Life Towers, First floor, 39 Post Street Mall, Windhoek, Namibia. The Technical and Cost Proposals should be in separate envelopes.

The technical proposal should not exceed 20 pages using the page limit guidance listed below. Attachments and the cost proposal are NOT included in the page limit.

Offerors are reminded that presentation and legibility are important factors. Please do not reduce the size of tables or charts to the point that they are not legible. Each page should be numbered.

E8 is not responsible for any costs incurred by the offeror for preparing, submitting, or revising the proposal.

B. TECHNICAL PROPOSAL OUTLINE

The Technical Proposal must include the checklist, the following sections (which must be within the page limits set for each section), and attachments. Only one proposal is expected for the Angola – Namibia border region.

TECHNICAL PROPOSAL:

<table>
<thead>
<tr>
<th>Technical Proposal Checklist</th>
<th>(limit of 1 page, use the provided form)</th>
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<tbody>
<tr>
<td>Section 1: Cover Page</td>
<td>(limit of 1 page, use the provided form)</td>
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<tr>
<td>Section 2: Experience</td>
<td>(limit of 2 pages)</td>
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<tr>
<td>Section 3: Proposed Approach</td>
<td>(limit of 10 pages)</td>
</tr>
<tr>
<td>Section 4: Management-Implementation</td>
<td>(limit of 6 pages)</td>
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</table>
REQUIRED ATTACHMENTS TO THE TECHNICAL PROPOSAL: (no page limit):

A. CVs for Key Personnel (abbreviated, or profile of selected experience most relevant for this work)
B. Project Organizational Chart
C. Timeline

C. COST PROPOSAL OUTLINE

COST PROPOSAL:

No Page Limits

Cost Proposal Checklist
Section A: Cost Proposal Cover Sheet
Section B: Proposed Cost (Template provided)
Section C: Budget (Summary tables provided)
Section D: Budget Narrative (no page limit)

D. PROPOSAL SECTIONS AND CONTENTS

The offeror must follow the guidance given in the rest of this section as to required format and contents of the proposal. The sections have been designed to correspond to the evaluation criteria.
TECHNICAL PROPOSAL CHECKLIST
(Please check all that apply and include this page with the proposal)

Have you?

☐ Submitted your technical and cost proposals to E8 in separate files by the required deadline?

☐ Only included the relevant border area in the proposal?

Does your Technical Proposal include the following?

☐ Section 1: Cover Page (not more than one page using the form provided)

☐ Section 2: Experience
  (not more than two pages)
  Information on Subcontractors, if applicable

☐ Section 3: Proposed Approach (not more than ten pages)

☐ Section 4: Management-Implementation Plan (not more than six pages)

☐ Attachment A: Career highlights and experience for Key Personnel (only summarize experience relevant to the project. DO NOT submit extensive CVs)

☐ Attachment B: Program Organizational Chart
Technical Proposal Section 1: Cover Page
[Use this form or create one in this format]

RFP E8-TTT-003/2016: Installation and Implementation of Health Service Posts for Expanded Access to Malaria Diagnosis, Treatment, and Surveillance for Mobile and Underserved Populations in Two Border Areas of Southern Africa

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<tr>
<th>Name of Organization:</th>
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<th>Type of Entity:</th>
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<td>□ Non-profit, nongovernmental</td>
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<td>□ Other (specify)</td>
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<tr>
<th>SADC Countries where you or your Subcontractor(s) are accredited and authorized to deliver services:</th>
<th>Organization’s Total 2015 Annual Operating Budget:</th>
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<th>Does proposal cover all the border areas?</th>
<th>□ Namibia- Angola</th>
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Authorized Signatory: 

Name and Title: 

Date: 
Technical Proposal Section 2: Experience
(Limited to two pages)

This section should include information on your organization and proposed key personnel. If you will be implementing the program with a subcontractor, please provide similar information for them. Provide the information in the format provided.

a. Similar services provided in the countries included in the border area.

Please complete the following table with information on the similar services your organization has provided in the last five years:

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<thead>
<tr>
<th>Country/Provinces</th>
<th>Programs/services</th>
<th>Dates</th>
<th>Funding Source</th>
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Provide additional information on how these services are similar to the services required under this contract:

b. Prior and current services provided in the border area

Please complete the following table with information on whether your organization has in the past or is currently working in the border area for which you are submitting a proposal:

<table>
<thead>
<tr>
<th>Border area</th>
<th>Description of services provided</th>
<th>Dates</th>
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c. Experience in coordinating and delivering health services to hard-to-reach communities, preferably migrant populations or communities in border areas

Please complete the following table with information on whether your organization has in the past or is currently coordinating and delivering health services to hard-to-reach-communities:

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<th>Country/Provinces</th>
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a. Global Fund

Please complete the following table with information on whether your organization has in the past or is currently implementing a program funded by the Global Fund.

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<th>Country</th>
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b. Ministries of Health

Please complete the following table with information on whether your organization has in the past or is currently collaborating with the Ministries of Health in the border area for which you are submitting a proposal.

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<th>Border Area Country</th>
<th>Description of collaboration with the Ministry of Health</th>
<th>Dates</th>
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c. Key Personnel

Identify the positions you consider key to the success of your proposed approach, including subject matter expert(s), and the individual who would fill each position. Provide an abbreviated CV for each named individual as an attachment to the proposal.

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d. Past Performance References for Your Organization

Provide three past performance references for your organization (do not include E8). E8 reserves the right to obtain past performance information from sources other than those listed below.

<table>
<thead>
<tr>
<th>Contact (Name and Title)</th>
<th>Organization</th>
<th>Telephone and email</th>
<th>Services and Dates Provided</th>
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Technical Proposal Section 3: Proposed Approach
(not to exceed ten pages)

a. Description of Proposed Approach

Describe your technical approach for providing the services described in Section 2 of this RFP. For each type of service, describe which individual will be providing the service.

Each of the following must be included in your description to allow the selection committee to evaluate your proposal:

1. Contextualised demand generation for testing and treatment amongst 1/ mobile and migrant and 2/ underserved border area populations
2. Service provision (testing and treatment) in hard to reach areas
3. Implementation and evidence plan for reaching targets
4. Surveillance (active screening, identification, and response to outbreak
5. A section on the efficiency/effectiveness/innovation of your proposed approach. Describe how you will monitor the performance and the quality of services provided under the contract. Also describe your plan to monitor for fraud and malfeasance.
b. Other

Also answer the following questions.

a) What are your plans to link with other health and non-health activities in the border areas, which may enhance the project?

---

**Technical Proposal Section 4: Management-Implementation**
*(limited to six pages)*

This section requests information on how you will manage the program. Include information about how you will work with any proposed Subcontractor.

a. **Organizational Chart for the Program:**

Attachment B to your technical proposal is the proposed program organizational chart showing how it fits within the structure of your organization and clearly delineate key management personnel and reporting relationships. As noted in Section 2 of the RFP, it is required that the Project Coordinator be based in the border area. The Project Director must have the authority to make key programmatic decisions, communicate directly with E8 staff, and be responsible for the direct submission of required reports to E8.

b. **Description of Management Approach:**

a) Who will be managing the program on a day-to-day basis?

b) How will you recruit and train new staff?

c. **Subcontractors**

Will you be contracting out part of the work? Identify any subcontractors and describe the roles and responsibilities of each organization for this program.

d. **Implementation Challenges**

Identify any important external factors beyond your control that may affect the successful implementation of the program.

e. **Current Funding:**

List all of your current programs in SADC in the table below

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Funding Source</th>
<th>Period of Performance</th>
<th>Amount of Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
COST PROPOSAL CHECKLIST
(Please check all that apply and include this page with the proposal)

Have you?

☐ Submitted your technical and cost proposals to E8 in separate files by the required deadline?

Does your Cost Proposal include the following?

☐ Section A: Cost Proposal Cover Page (template provided)
☐ Section B: Budget (summary table template provided)
☐ Section C: Budget Narrative

For the Budget, Have You:

☐ Shown the entire other funding sources for in the Other Funding Sources column?
☐ Included a detailed budget for any subcontractors?
Cost Proposal Section A: Cover Page
[Use this form or create one in this format]
[Total proposed cost to be funded by E8 Secretariat, do not include leveraged costs although these can be described in the budget narrative]


<table>
<thead>
<tr>
<th>Name of Organization:</th>
<th>Primary Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(must be an individual with the authority to negotiate and enter into a contract)</em></td>
<td>Email:</td>
</tr>
<tr>
<td>Title:</td>
<td>Website:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Type of Entity: (check one)**
- [ ] Non Profit
- [ ] For Profit
- [ ] Other (specify)

<table>
<thead>
<tr>
<th>Organization’s Total 2015 Annual Operating Budget:</th>
<th>Year and country where registered:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which border areas(s) is this proposal for?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Angola- Namibia</td>
</tr>
</tbody>
</table>

Authorized Signatory: __________________________________________
Name and Title: _______________________________________________
Date: _________________________________________________________
Cost Proposal Section B: Budget Guidance

a) General

• A table of the proposed summary budget has been provided as Annex E to this RFP, and should be used by the offeror. Details budgets linking to the summary tables should be developed in Microsoft Excel, and included in the proposal documents.

• The Budget should be included in the Cost Proposal as Section B.

• Information on the amount and source of additional funding from non-E8 sources should be included and labelled as ‘other funding sources’ and described in the budget narrative. All sources of funding for the program activities described in the proposal must appear on the budget under either the E8 column or the ‘other sources of funding’ column.

b) Salaries and Benefits

• Include job titles and names (if the position is already filled) or designate if the position is vacant in the spreadsheet.

• Each position to be funded under the contract which appears in the program organization chart (Attachment B of the Technical Proposal) should be listed in the budget detail and a level of effort given.

• List all positions on separate lines on the budget.

c) Independent Consultants

• Show the specialty, name, daily or monthly rate, and number of days or months

d) Travel

• Include travel that staff and/or consultants will be taking to support the program at the onset of their responsibilities or as part of their routine activities such as supervision and monitoring.

• Include who will be traveling, number of trips, and amount for each trip. Identify point of origin and destination.

e) Operating Costs

• Provide information on any other costs that will be incurred to conduct the work

f) Subcontracts

• Provide a detailed supporting budget for any subcontractor costs appearing in the “subcontractor” line item.
Cost Proposal Section C: Budget Narrative

Provide a budget narrative as Section C of the cost proposal. Describe the major assumptions.

a) **Salaries and Benefits:**

   • For management staff, especially at the regional head office level, state the percentage of time that will be dedicated to the project.

   • The cost of any benefits for staff should be fully explained -- type, basis of calculation, etc. A breakdown of what is included must be supplied in the budget narrative if you use a percentage rate for benefits.

b) **Independent Consultants**

   • Provide a brief description of the statement of work.

   • Explain how you arrived at the consultant rate (should be determined using the individual’s rate history)

c) **Travel**

   • Explain why travel is being budgeted

   • Describe local per diem policy

d) **Operational Costs**

   • Explain how estimations and/or calculations were made for each sub-line item

e) **Subcontractors**

   • Provide financial information, budget, and budget narrative following this proposal’s format and requirements.

f) **Other Sources of Funds**

   • Provide information about every other source of funds to the program, including other donor contributions, government funds, community contributions and private sector contributions.
ANNEX A: Rationale and Location for Deployment of Malaria Posts

Placement of Posts

Below is a list all the border districts which have been identified by the country as priority districts for the purpose of cross-border collaboration and control of importation. In most instances, the borders are found directly along the border line; however, in some instances, the districts are found slightly further “inland” of the country, where there is clear data suggesting that certain communities in these districts are responsible for importation of infection into a frontline country. Efforts have been made to estimate the volumes of the MMPs that travel through these districts. However, due to the informal nature of much of the migration in this region, the size of this population has not been well documented. The majority of MMPs cross through informal crossing points, and their movement is therefore very challenging to accurately quantify. Statistics collected by the International Organization for Migration (IOM) provide data on formal migration (individuals that register at the formal borders), however there are no estimates on the volume of irregular crossing.

In advance of a more extensive study on malaria, migration and importation, an initial analysis was conducted to determine the optimal locations for placement of the E8 malaria posts. The results of the analysis below determine the initial proposed locations, which may be revised after more information has been gathered (expected 2017).

Quantitative analyses to identify potential border post locations

The quantitative analysis involved a series of analytical steps to identify potential locations for where to place new border health clinics in the E8 countries. A statistical model was developed to optimize these variables: 1) What are the bordering districts of the E8 region; 2) Where is there currently poor health access; 3) What is health-seeking behavior like across the E8 region; 4) Where is the population at risk of malaria high (whether at risk populations live in these areas or are traveling there); and 5) Where is migration and mobility common?

The model above was modified to include treatment-seeking in the E8, obtained mostly from countries’ MIS and DHS, which were used to calculate national means of treatment seeking rates (%) and MBG (model based geostatistics) treatment seeking output (%). Both national mean and MBG treatment-seeking outputs were extracted to the prospective facility locations to allow for further stratification of priority locations. Incidence or cases averted values are adjusted by both national mean and MBG predicted treatment-seeking rates are also provided. Finally, the models were modified to include cross-border movements modelled using migration data. The result of the quantitative analysis allows ranking of potential facility locations (identified by approximate GPS point) in all bordering districts by:

1) Locations that capture the most potential cases that currently do not have access (within 2 hours) to health facility and where populations are least likely to currently seek care at existing facilities. This summarizes the number of new malaria cases that would be captured by a new border post put at that location.

2) Predicted flows of infected people assuming porous borders. This summarized relative flows of people between any 2 borders (in either direction) in the E8 region such that porosity of borders can be relatively compared.
**Figure 2**: Potential E8 border post locations identified by quantitative analysis (and to be confirmed during contract award).

---

**Target Community and Demand Generation**

Behaviour change and demand generation strategies for MMPs will need to take into account the unique characteristics of this group and the underlying drivers of poor access. Mobile and migrant populations:

- Typically do not access or use basic, malaria services
- Do not have information about how to or where to access malaria treatment in other countries
- Lack good information on their rights in relations to access to health services
- Are denied services due to stigma and based on the basis of their lack of citizenship status
- Fear discrimination/being deported
- Face structural barriers to accessing services (policies, cost, opening hours, attitudes of service providers, language etc.)

As a result, there is a need to complement mass media and communication strategies with localized demand generation approaches to increase uptake among the MMPs. Efforts to increase uptake should also include communication and training for providers of health care in the border areas as well as other officials who interact with the target population. The latter group is a critical audience for behaviour change activities to ensure that they provide services with a migrant-sensitive
approach and they understand the role of facilitating access for these groups in order to meet both local and regional malaria goals.

The planned borderline assessment to be contracted out by E8 will also assess demand barriers in order to inform the development of the best demand generation strategies. Beyond providing more information (BCC), the demand generation approach will also center on the needs and priorities of the individuals (the MMPs) to offer services that are aligned with their preferences.

The key features of the demand generation strategy for the MMPs will be as follows:

1. Provision of accessible and acceptable services (screening, treatment, health promotion etc.) for all, without regard for nationality or citizenship status. The provision of services for the MMPs serves a dual purpose of (i) improving access for underserved and stigmatized populations from a human rights and access perspective, and (ii) increasing the accuracy of surveillance data on travel history, district of origin, and demographic data. As a result, removing the fear of citizenship status and allowing MMPs to freely report their actual district and country of origin will improve the reliability and validity of nationality and travel history. This improved surveillance information will support improved targeting and effectiveness of the elimination response.

2. Regional awareness campaign promoting a harmonized message on access to care for MMPs/undocumented travelers through border areas
   a) Billboards will be placed to inform communities and migrants about the malaria posts
   b) Health promotion material on the existence of malaria posts will be placed at key points (borders, shopping centers, bus stations). A lesson learned from similar programs on the Thai/Cambodia border is also the training and use of bus drivers as peer educators to inform their clients (the MMPs) on malaria testing and treatment and malaria post locations for accessing care
   c) Publicity on the opening hours of posts – wall murals, posters

3. Education for health workers and officials, as well as Immigration/Police/Army officials

4. Strategic placement of malaria posts in areas that are secure and safe, to encourage use of the services in a migrant-friendly environment and with migrant-sensitive branding and messaging (for example, official government signs would not encourage use by MMPs).

While the above description provides the overarching framework for communication and demand generation among the target group, the contractors are invited to propose and implement innovative demand generation strategies that increase uptake, using the branding materials as per the E8 communication guidance which will be provided.

**Sustainability**

While the malaria posts are seen as a time-limited intervention, designed to address a specific problem during the elimination phase, this activity will aim to align with the district health teams of the respective countries for purposes of reporting, commodity supply, and general oversight. However, the malaria posts are not intended to be fully integrated; in an elimination setting, it is sometimes necessary to adapt the traditional systems to aggressively address specific challenges – in this case, the malaria posts are intended to provide access to malaria testing until elimination is attained.
After the duration of the Global Fund support, the new infrastructure will be taken over by the governments, and can continue to serve as a mechanism for providing care for MMPs and the underserved populations. The plan for sustainability includes:

1. From the start of the grant, efforts will be made to register the malaria posts as part of the official list of national health facilities. As this is a lengthy process in most countries, the malaria posts may initially operate as “satellite clinics” of existing health facilities, before they are officially listed as part of the health facility list. Once they are listed as health facilities, they will be able to receive commodity supplies and to be staffed along with other health facilities in the area. Advocacy will be done with the MOH and existing partners in the district to sustain the intervention even after the grant, possibly with the support of other partners who focus on migrant health in border areas.

2. During implementation, there will be capacity building of local health services to ensure they are migration sensitive, and to continue to provide care to MMPs in line with agreed policy, even after the grant.

Advocacy and strategic planning by countries will work towards planning and budgeting for prevention of reintroduction in the frontline countries, and reorientation towards elimination in the second line. The E8 will work with these countries to plan and budget to maintain the malaria posts as part of their respective country strategies, allocating their country resources towards the cross-border efforts.
## ANNEX B: Health Commodity List

<table>
<thead>
<tr>
<th>HEALTH COMMODITY LIST</th>
<th>Provided by E8 Secretariat in Angola</th>
<th>Provided by the Ministry of Health in Namibia (MOU facilitated by E8)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Artemisinin-based Combination Therapy</strong> Tablets - ACT s</td>
<td>Provided by E8 Secretariat in Angola</td>
<td>Provided by the Ministry of Health in Namibia (MOU facilitated by E8)</td>
</tr>
<tr>
<td>Blister pack - 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blister pack – 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blister pack -18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blister pack 24</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rapid Diagnostic Test kits</strong></td>
<td>Provided by E8 Secretariat in Angola</td>
<td>Provided by the Ministry of Health in Namibia (MOU facilitated by E8)</td>
</tr>
<tr>
<td><strong>Essential primary health care pharmaceuticals</strong></td>
<td>Provided by the Ministry of Health in each country (MOU facilitated by E8)</td>
<td></td>
</tr>
<tr>
<td><strong>Gloves and sharps boxes, as well as other non-pharmaceutical consumables</strong></td>
<td>For all countries, E8 Secretariat will cover costs through budget made available to contractor</td>
<td></td>
</tr>
</tbody>
</table>
## ANNEX C: Malaria Plus Site Requirements

### MALARIA PLUS SITE REQUIREMENTS (INDICATIVE) - ACTUAL REQUIREMENTS TO BE CONFIRMED BY THE MINISTRY OF HEALTH

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ablutions:</td>
<td>Latrine. Basic pit latrine for both male and female users at least 30m from the health facility. Normal wind blowing directions should be considered.</td>
</tr>
<tr>
<td>Water:</td>
<td>Access to potable water or a clean and safe water source is required.</td>
</tr>
<tr>
<td>Drainage and container stability</td>
<td>Facility should be in a location that is not prone to flooding. Provision of a cement base for both stability and flooding avoidance must be considered.</td>
</tr>
<tr>
<td>Accessibility:</td>
<td>Community and mobile/migrant population must have easy and unhindered access to the facility</td>
</tr>
<tr>
<td>Basic sanitation:</td>
<td>Facility must be in an area that is easy to clean with limited grass/bushes growth.</td>
</tr>
<tr>
<td>Visibility:</td>
<td>Facility must be visible to the target community, with highly visible branding.</td>
</tr>
<tr>
<td>Shade:</td>
<td>Facility must provide shade - at least natural shading could be considered such as existing trees.</td>
</tr>
<tr>
<td>Security:</td>
<td>Facility must be in a location considered safe and secure.</td>
</tr>
</tbody>
</table>
## ANNEX D: Malaria Plus Container Specifications

**CONTAINER SPECIFICATIONS (FINAL SPECIFICATIONS TO BE DETERMINED BY COUNTRY CONTEXT IN COLLABORATION WITH MINISTRY OF HEALTH AND E8 SECRETARIAT)**

To be procured by the contractor

<table>
<thead>
<tr>
<th>Container Specifications</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-foot standard dry container: Steel container with corrugated walls and wooden floor Or 40-foot standard dry container: Steel container with corrugated walls and steel floor</td>
<td>Length: 40 Foot (12 meters) Width: 8 Foot (2.4 meters) Height 8 Foot and six inches (2.6 meters)</td>
</tr>
<tr>
<td>Door Opening</td>
<td>Centrally place door on one of the lengths</td>
</tr>
<tr>
<td>Windows opening Front window dimensions (minimum): 50 cm x 50 cms Rear window dimensions (minimum): 100 cms x 100 cms</td>
<td>Window openings Two in front and one rear to allow for adequate air circulation. All window openings should be burglar proof.</td>
</tr>
<tr>
<td>Security</td>
<td>Main door should be lockable and burglar proofed. All windows should be burglar proofed.</td>
</tr>
<tr>
<td>Inside painting</td>
<td>White oil paint.</td>
</tr>
<tr>
<td>Outside painting</td>
<td>Painted in Green and with rust proofed chassis (under coating of red-oxide). E8 branding to be provided</td>
</tr>
<tr>
<td>Floor</td>
<td>Option 1. Wooden floor (most container come with a wooden floor). Option 2: Steel floor (most containers come with a flat steel floor – it has to be flat).</td>
</tr>
</tbody>
</table>
ANNEX D: Health Commodity Flow

ANNEX E: Budget Template

See attached Excel Budget Template