

**Incorporated Trustees of Fund for Global Health (FFGH)  
Request for Proposal (RFP) Number 2023-01  
For: Delivery of High Impact Child Health Services in Ruwan Bore Ward, Gusau LGA**

- 1. Overview of the Bidding Process:** To prepare a responsive proposal, bidders must carefully review and understand the contents of this RFP. If you are interested in bidding, please send an email to FFGH at [rfp@fundforglobalhealth.org](mailto:rfp@fundforglobalhealth.org). This will allow you to receive any updates to the bidding process, answers to written questions posed by other bidders as well as yourself, and an invitation to a video conference where the content of this RFP will be presented using a PowerPoint that will also be circulated to bidders who express interest. At this conference call, all aspects of the RFP and the proposed work will be discussed, and you will also have a chance to ask any questions you may have. **The bid closing date is November 7, 2023 at 23:59 hours Nigeria time.** A proper bid must contain: (i) your signed covering letter; (ii) your technical proposal that meets the requirement of this RFP; and (iii) your financial proposal using the format in Annex 1 (available as a separate Excel file). **Successful implementation of the services described here may lead to considerable additional work with FFGH.**

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**Part 1: Introduction and Background**

- 2.** FFGH invites qualified bidders to submit offers. Offers will consist of (1) a technical proposal, (2) a financial proposal, which must be submitted on the FFGH Excel form; and (3) a cover letter. **Here are the key dates:**

**Table 1: Key Dates**

Procurement Activity	Responsible Party	Date
RFP Issue Date	FFGH	October 3, 2023
Video conference about RFP	FFGH	October 13, 2023
Final date for submitting Questions	Bidder	October 20, 2023
Final date for FFGH Responses to Questions	FFGH	October 27, 2023
Bid submission deadline	Bidder	November 7, 2023 23:59 hours Nigeria Time
Meeting with Shortlisted Teams	FFGH/Bidder	Completed within 20 days of the Bid submission deadline

- 3.** The proposed timeline set out above indicates the process FFGH intends to follow. If there are any changes to this time plan, FFGH will notify all Bidders who have expressed interest in writing at [rfp@fundforglobalhealth.org](mailto:rfp@fundforglobalhealth.org). FFGH will invite all bidders who express their interest in writing to a video conference on the date mentioned above during which we will respond to questions and highlight important aspects of the project and the RFP.
- 4. FFGH:** The Incorporated Trustees of the Fund for Global Health (FFGH) is an NGO incorporated in Nigeria. It is dedicated to improving the health and well-being of Nigerians, particularly those living in rural areas with limited access to health care. Established in 2013, we began operations in Niger State and have now expanded to Zamfara.

**5. Background:** FFGH will support one or two local NGOs to provide basic preventive, promotive, and curative child health services as a complement to existing government services. A pilot will be initiated in 2023 in Ruwan Bore ward in Gusau LGA (and possibly another ward) to test the feasibility of the proposed approach. Based on the results achieved, the approach will be expanded to other areas. To undertake the pilot, a local NGO(s) will be competitively recruited to substantially improve the coverage of high impact services such as Vitamin A, immunization, provision of Azithromycin to infants, and curative care for malaria, pneumonia, and diarrhoea. (The high impact services are described below). The selected NGO(s) will be given considerable autonomy on how they deliver services, however, the payments to the NGO(s) will be based on the actual number of services they provide multiplied by a “tariff” for each service multiplied by the verification rate (the proportion of sampled services that could be independently verified to have taken place). This pay-for-performance (P4P) approach will require independent verification of the NGO’s results by FFGH. Baseline and follow-on surveys will also provide information on the population level impact made by the NGO(s).

## **Part 2: Scope of Work**

**6. Objective:** The objectives are to: (i) decrease the under-5 mortality rate; and (ii) to dramatically improve the coverage, and quality, of key services (described below) for children under 5 in all of Ruwan Bore Ward of Gusau LGA.

**7. Indicators of success:** The following indicators are the key measures of success of the project. FFGH wants to ensure high coverage of the services listed below, especially curative care for pneumonia, diarrhoea, and malaria. Success of the NGO will determine success of the pilot. It will greatly increase the chances of the NGO receiving further work from FFGH.

- i) Percentage of all children 6 to 59 months of age who have received at least one Vitamin A supplement in the last 6 months.
- ii) Percentage of all children 0-24 months who are fully immunized or who are up to date with their vaccinations.
- iii) Percentage of children 9 to 59 months who have received measles vaccination in the last year. This is a catch-up campaign to reach children who previously missed their measles vaccination.
- iv) Percentage of children 1-11 months of age who have received azithromycin in the last 6 months.
- v) Percentage of children with pneumonia, diarrhoea, and malaria in the last month who received diagnosis and appropriate treatment by FFGH-supported efforts.
- vi) Percentage of caregivers (mothers and/or fathers) of children under 5 who have the correct knowledge (as described below under description of services) of the danger signs in children and what to do when their children are sick.
- vii) Percentage of newborn children that have chlorhexidine applied to the umbilical stump within 24 hours of delivery and whose caregivers apply chlorhexidine to the umbilical stump on subsequent 6 days.
- viii) Percentage of newborn children who receive neonatal screening at least twice during the first 7 days of life (one visit in the first 24 hours of life) and are treated appropriately if there are signs of neonatal sepsis.

**8. Services Need to be Village-based and free of charge:** FFGH expects that services will be delivered directly in the community/village. The only exception will be for severe disease which might need to be treated in a nearby health facility. This will dramatically improve access to care. All services will be provided free of charge to the user (no user fees of any kind will be charged).

**9. Description of Services:** The Contractor will provide the following free services:

- i) **Vitamin A:** Provide children 6 to 59 months with Vitamin A supplements every 6 months (100,000 IU for children 6-11 months and 200,000 IU to children 12-59 months of age).
- ii) **Routine Vaccination:** Immunize children with all the routine vaccines recommended and provided by the Government of Zamfara (GOZ) as per the national immunization guidelines. Maintain the vaccines received from the GOZ in a proper condition, strictly adhering to cold chain requirements. Ensure that the health workers providing vaccinations are properly trained, have the correct knowledge, and implement GOZ guidelines diligently.
- iii) **Measles Vaccination:** Ensure that children from 12 months to 59 months of age have received measles vaccine in the last year. This is intended to vaccinate susceptible children and prevent measles outbreaks.
- iv) **Azithromycin:** Provide children 1-11 months of age with Azithromycin once every 6 months. For children 1-2 months of age 80 mg/2 ml (of Azithromycin syrup), for children 3-11 months the dose is 160 mg/4 ml of syrup.
- v) **Treatment of children sick with malaria:** The contractor will treat children under 5 years old with malaria or “severe febrile illness” using the KoboCollect form developed by FFGH or a similar form acceptable to FFGH. Children found to have malaria will receive artemisinin-based combination treatments (ACTs) according to their age. (ACT1 for children 5-15 Kg. (5 months to 3 years), ACT2 for children 15-20 Kg. (3-5 years))
- vi) **Treatment of children sick with pneumonia:** The contractor will treat children under 5 years old with pneumonia using the KoboCollect form developed by FFGH (or a similar form acceptable to FFGH). Children found to have pneumonia will receive Amoxicillin in a dose appropriate for their age (2-12 months = 150-200 mg twice a day for 3 days, 1-5 years = 400 mg twice a day for 3 days.)
- vii) **Treatment of children sick with diarrhoea with at least some dehydration:** The contractor will treat children under 5 years old with diarrhoea suffering from some dehydration using the KoboCollect form developed by FFGH or a similar form acceptable to FFGH. Children found to have some dehydration will receive low osmolar oral rehydration salts (ORS).
- viii) **Behaviour Change Communication.** The contractor will work to teach caregivers of children under 5 how to recognize and deal with sick children. This service will be provided in half of the villages. The contractor will receive payment if the caregiver can spontaneously mention seven of the following ten messages (and they must spontaneously mention all the four highlighted in bold): A child with the following signs should immediately be brought to a hospital or to a Community Health Worker: 1) Child does not breastfeed/drink; 2) Child is vomiting everything; 3) Child is having convulsions; 4) Child is unconscious or lethargic (lack of energy); 5) Child has a stiff neck; 6) **Child has rapid or difficult breathing;** 7) **Child has a high fever;** 8) Child has lots of diarrhoea or diarrhoea with blood. In addition, the caregiver should know 9) **the name of the Community Health Worker and how to contact them;** 10) **care from the Community Health Worker, including medicines, is free.** FFGH suggests, that health workers regularly

visit caregivers to maintain contact with them, ensure children are healthy, and carry out behaviour change communication.

- ix) **Application of Chlorhexidine to Umbilical Stump:** The contractor will ensure that Chlorhexidine (300 mg.) is applied to the umbilical stump within 24 hours of delivery. The mother will be instructed how to apply the remaining Chlorhexidine to the umbilical stump every day every day for 6 days.
- x) **Neonatal Screening & Treatment of Neonatal Sepsis:** Neonates will be seen at least once in the first 24 hours of life and again during the first week of life. The health worker will assess the neonate using a form designed by FFGH. Children who have signs of sepsis will be treated appropriately by a community health worker using oral amoxicillin (200 mg. twice a day for 3 days) or a trained health worker using injectable antibiotics (usually Ampicillin (200 mg. every 6 hours) and Gentamycin (30 mg. once a day)) for three days.
- xi) **Other Services:** Carry out other such services or actions that FFGH reasonably requests to increase the delivery of above services. This will help accomplish the objectives of the contract and increase payments to the contractor. Such services will include, among others, working with traditional and religious leaders to increase uptake of curative and preventive services.
- xii) **Deployment of Health Workers:** FFGH expects that the NGO(s) will deploy about 1 Community Health Worker for every 1,000 population to ensure easy access to curative and preventive services and regular communications with caregivers. The NGO(s) will also deploy enough formally trained health workers (such as CHEWs, J-CHEWs, nurses, etc.) within Ruwan Bore to support the Community Health Workers and achieve high coverage of services, including curative care and immunization. The formally trained health workers will visit the villages, likely by motorcycle, to provide care. The NGO will provide FFGH with a list of its Community Health Workers and where they are deployed. The NGO will also provide FFGH with a list of its formally trained health workers.
- xiii) **Training of Health Workers:** The NGO(s) will be responsible for the training of the Community Health Workers and formally trained health workers so that they can implement all the services described above. FFGH will independently assess the quality of the training and the knowledge, skills, and attitudes of the deployed health workers.
- xiv) **Quality of Services:** Ensure that the services it provides are of good quality, meet the standards set by FFGH, and comply with standards set by the Government of Zamfara.
- xv) **Injections and Drips:** Injections (including injectable vaccines) and “drips” will be provided to patients by a trained health worker in keeping with the guidance provided by the Government of Zamfara.
- xvi) **Maintaining Accurate Records:** The NGO(s) will accurately maintain records using KoboCollect forms designed by FFGH or their equivalent (However, FFGH prefers the use of KoboCollect). The NGO can determine how best health workers will capture the data. One option is to provide health workers with phones or tablets. (The cost of doing this must be included in your bid and reflected in the tariffs you propose.) The data will have to be uploaded by the NGO(s) to the KoboCollect server at least once per week so it is visible to FFGH. Significant inaccuracy, or any falsification of records will be grounds for immediate termination of the contract.

**10. Payments and Deliverables:** The successful bidder will be paid in 2 ways: 1) payments for services provided, referred to hereafter as pay for performance (P4P); and 2) a mobilization advance equivalent to 25% of the annual earnings as estimated by FFGH. FFGH will deduct 1/12<sup>th</sup> of the advance from each P4P payment so the advance will be recouped equally over one year. (See details in paragraph 12 below.)

**11. Pay for Performance:** The successful bidder will be paid an agreed amount (the tariff indicated in your financial bid) per VERIFIED service. For example, if the successful bidder reports providing 1,000 children with Vitamin A, the agreed tariff is Naira 70 per child provided Vitamin A, and FFGH is able to verify 90% of the children claimed (the “verification rate”), then the payment would be Naira 63,000 (1,000 X 70 X 90%). The compensated services are the one described above in paragraph 9, sub-paragraphs (i) to (x).

**12. Timing of Payments:** The mobilization payment will be provided upon contract signing. The P4P payments will be made every 2 months. Here is how these P4P payments are made:

- i) The NGO submits an invoice.
- ii) **Initial Payment.** Half (50%) of the invoiced amount (the value of the services that the NGO claims it delivered) will be paid upon receipt of the invoice. From this amount FFGH will deduct 1/12 of the mobilization advance mentioned above.
- iii) **Verification Payment:** This will be paid once the results have been independently verified by FFGH. For example, if the NGO provides an invoice with P4P payments worth N2,000,000, then N1,000,000 will be paid upon receipt as the initial payment. If the verification rate is 90%, then a further N800,000 will be paid to the NGO as the verification payment: (Full payment due = N2,000,000 X 90% = N1,800,000. From this subtract the N1,000,000 initial payment leaving a verification payment of N800,000.) FFGH expects to be able to make the verification payment to the NGO within about one month of submission of the completed invoice. FFGH will subtract from the verification payment 1/12 of the mobilization advance mentioned above.

**13. Duration:** The implementation of the services will be for 12 months beginning around January 2024. If successful, the contract could be extended by mutual agreement.

**14. Geographic scope:** Bidders will bid on covering all of Ruwan Bore Ward. FFGH, at its sole discretion, may decide to split the ward and assign parts to different NGOs.

### **Part 3: Bid Preparation, Format, Submission, and Evaluation**

**15. Expression of Interest:** Interested bidders should indicate their interest by emailing FFGH at [rfp@fundforglobalhealth.org](mailto:rfp@fundforglobalhealth.org). Expressing interest will ensure that you receive: (i) any updates on the bid process; and (ii) responses to questions posed in writing by other bidders or yourself; and (iii) an invitation to the bid information session.

**16. Questions:** Bidders may pose questions to FFGH regarding the bid, or the work, or anything else referred to in this RFP. Questions may be submitted in writing to [rfp@fundforglobalhealth.org](mailto:rfp@fundforglobalhealth.org) by the date listed in table 1. Any FFGH response to a written question will be provided by email to all bidders who have expressed interest. FFGH will NOT identify the bidder who posed the question. After the bid information session, you may also request a telephone call with FFGH to answer any questions you may have. These requests will be dealt with on a “first come-first served” basis. However, if the volume

of such requests is very high, FFGH may not be able to respond. In that case you can still ask your question(s) in writing.

- 17. Bid Information Session:** Bidders who express their interest in writing will be invited to a bid information session (video conference) where the details of the bid process, the scope of services, and the terms and conditions of the contract will be explained. FFGH will also answer questions during this session.
  
- 18. Format and Content of the Technical Proposal:** The proposal should not be longer than **12 pages**, no smaller than 11-point font. Materials beyond 12 pages will NOT be reviewed by the bid evaluation committee. The only exception is for the CVs of the: 1) Project Lead; 2) Field Director; and 3) Administrative Officer. Each of these CVs can be up to **3 pages** in length no smaller than 11-point font. The proposal should allow the evaluation committee to assess your organization based on the criteria described below. You have considerable flexibility in how you want to structure your proposal. However, it will be evaluated on the criteria listed in Table 2. The weights in Table 2 give you an approximate means for structuring your proposal. FFGH suggests that you pay particular attention to the following: 1) achieving high coverage of services including curative services; 2) assuring the quality of the services; 3) motivating and training field staff; and 4) bringing health services to the village, understanding the community's perspective, and ensuring their needs are met.
  - (i) **Technical Approach:** This aspect of the proposal will address the following: 1) how do you propose to deliver the services with particular attention to curative services? FFGH requires that bidders will deploy community health workers (CHWs) or equivalent, who will reside in the villages they serve. We require that they will be supported by a trained health worker who travels from village to village likely by motorcycle; 2) what kind of health workers will you use? 3) how will they be trained? 4) how will they be supported, supervised, and managed? 5) how will they be provided supplies? 6) how will you monitor performance? In addition, you should come up with a list of 3 to 5 important challenges you think you will face and how you will address these challenges. Please also provide a proposed concise overall work plan.
  - (ii) **Staffing:** Please list the people you nominate to be the 1) Project Lead; 2) Field Director; and 3) Administrative Officer. You should provide information about what proportion of their time will be dedicated to the project. Their CVs should describe their academic qualifications, relevant experience, and track record of successful implementation of health or related social services.
  - (iii) **Experience:** Please describe in detail your firm's or organization's experience with implementing services in the community (rather than just at facilities) with a focus on the last 5 years. We are particularly interested in any experience your firm has in delivering primary health services. For each relevant experience, please provide the following information: 1) what kind of services were provided? 2) how were they provided? 3) how many beneficiaries were there? 4) when were the services provided (start and end date)? 5) where were the services provided? 6) Who funded the activities? 7) the monetary value of the services. Please provide up to date contact details for the person who was your main contact in the funding agency.
  
- 19. Evaluation Criteria:** Each proposal will be evaluated on technical criteria and on the financial bid. A technical proposal must achieve a score of at least 75 points out of 100 (i.e., 75%) for the bid to be further considered. Those proposals that score above 75% on the technical evaluation will be evaluated with regard to their value for money. As noted in paragraph 23 below cost is a key issue.
  
- 20. Criteria for Judging the Technical Proposal:** The technical criteria for this recruitment are:

**Table 2: Criteria for Judging the Technical Proposal**

No.	Criteria / Sub-Criteria	Weight (%)
1.	<b>Technical Approach</b>	40%
a)	How the services will be provided (25%)	
b)	Likely challenges and how they will be addressed (10%)	
c)	Workplan – (5%)	
2.	<b>Staffing: Expertise and Qualifications of Key Personnel (including academic qualifications, relevant experience, and track record)<sup>1</sup></b>	30%
a)	Quality of Project Leader – (15%)	
b)	Quality of Field Director - (9%)	
c)	Quality of Administrative Officer – (6%)	
3.	<b>Experience and Capabilities of Firm</b>	30%
a)	Experience in the last 5 years of delivering services in the community ideally in North-West Nigeria, ideally in the health sector. (25%)	
b)	Reference list with up-to-date contact details for experience cited in 3 a) above. (5%)	
	<b>TOTAL</b>	100%

- 21. Financial Proposal:** The financial proposal must be submitted in the Excel spreadsheet in Annex 1. You must submit your financial proposal along with your technical proposal. The financial proposal must be denominated in Nigerian Naira. Please follow the following instructions in completing the financial proposal: 1) Fill in **ALL** the cells that are in green. 2) The tariffs should reflect the whole cost of service delivery, including: overhead and management, other expenses (e.g. transportation phones, airtime etc.), and the cost of drugs or supplies as described above under “description of services”. The only exception is for vaccination equipment and vaccines which FFGH will help you acquire; 3) Do not put anything in red cells. The red cells are automatically calculated.; 4) Do not modify the spreadsheet except for inserting the numbers in the green boxes. Do NOT change the assumptions in the spreadsheet in the red cells.
- 22. Inflation:** Every 6 months FFGH will automatically increase all tariffs paid to the contractor. The percentage increase in the tariffs will be equal to the rate of inflation in Nigeria over the previous 6 months. Therefore, you do not need to account for future inflation in your bid.
- 23. Keeping Bid Price Low:** The total bid price, calculated from the tariffs you quote, must cover ALL expenses (such as, but not limited to, training, staff, travel, supplies, software, hardware, etc.). No additional payments to the firm will be considered and FFGH will consider firms who try to add costs later as acting in bad faith. FFGH is extremely focused on keeping its costs low. Therefore, keeping your tariffs low substantially increases your chances of winning the contract.
- 24. Covering Letter:** Your bid must be accompanied by a signed covering letter which includes the following: (a) the name of your firm and a copy of its corporate registration (Corporate Affairs Commission), (b) contact details for the project manager within the firm or organization; and (c) the following statement: “We agree to abide by all the terms and conditions of the RFP issued by FFGH. We give FFGH sole discretion in the award of contract. We will forgo any opportunity to apply any kind

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<sup>1</sup> Substitution of personnel after contract signing will be subject to FFGH approval and may lead to cancellation of the contract.

of pressure or influence on FFGH or to litigate FFGH on any issue related to this RFP. This proposal will remain valid for 90 days after submission.”

- 25. Bid Submission:** Bids must be emailed to <rfp@fundforglobalhealth.org>. Your proposal must be submitted by the date and time stipulated in Table 1. Please make sure that your email references “FFGH RFP Number 2023-01 for Delivery of High Impact Child Health Services in Ruwan Bore Ward, Gusau LGA.”
- 26. Checklist:** A proposal is NOT complete unless it contains ALL of the following:
- a) Signed covering letter (see paragraph 24)
  - b) Technical proposal that complies with the requirements in paragraph 18 and allows for an evaluation based on the criteria in paragraph 20.
  - c) Bid form in Excel using the form in Annex 1.
- 27. Meeting with Bidders Key Personnel:** FFGH, at its sole discretion, may request a meeting with the bidder’s key personnel (i.e., 1) Project Lead; 2) Field Director; and 3) Administrative Officer) prior to the award of a contract.

#### **Part 4: Other Terms and Conditions**

- 28. Agreeing to Terms and Conditions:** By submitting a proposal in response to this RFP you are agreeing to abide by all the terms and conditions in this RFP. You are giving FFGH sole discretion in the award of contract. You are also forgoing any opportunity to apply any kind of pressure or influence on FFGH or to litigate FFGH on any issue related to this RFP.
- 29. Bid Validity:** Bids must stay valid for 90 days after submission.
- 30. Collusion and Fraud:** Any firms or individuals who engage in collusion or other fraudulent practices, as judged by FFGH, will have their proposals rejected and will be barred from participating in future work with FFGH.
- 31. Consortium:** FFGH does allow up to two (2) firms or organizations to form a consortium to bid. However, it must be clear in the technical proposal which organization is in the lead.
- 32. Cost of bid preparation:** FFGH will not compensate any bidder for the costs incurred in preparation of their proposal.
- 33. Right to refuse any proposals:** FFGH maintains the right to reject any and all proposals submitted in response to this RFP.