

**Terms of reference (ToRs) for the procurement of services under the EU threshold services concerning social and other specific services listed in Annex XIV Directive 2014/24/EU**

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**Project title:**

SAVax

**Country:**

South Africa

**Subject of the tender procedure:**

Supporting the implementation of the Framework for Integrating Vaccinations against Preventable Diseases: integration of the COVID-19 vaccination into routine health services

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**Processing number:**

21.2258.8-001.00

**Transaction number:**

83444588

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**Subject of the tender procedure:** Supporting the implementation of the Framework for Integrating Vaccinations against Preventable Diseases: integration of the COVID-19 vaccination into routine health services

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## **0. List of abbreviations**

AVB	General Terms and Conditions of Contract (AVB) for supplying services and work 2018
BMZ	German Federal Ministry for Economic Cooperation and Development
DoH	Department of Health
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
NHI	National Health Insurance
SAVax	Vaccines for Africa - Rollout and Production in South Africa
SOPs	Standard Operating Procedures
ToR/s	Terms of Reference
VPMO	Vaccination Programme Management Office
WHO	World Health Organisation

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SAVax - "Vaccines for Africa - Rollout and Production in South Africa (SAVax)" is a partnership programme agreed to between the Governments of Germany and South Africa. It is a technical cooperation programme co-steered at national level in a partnership between the Department of Health (DoH) and the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). GIZ is responsible for the implementation of the development contributions on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ).

The aim of the project is to provide improved access to high quality vaccines for all people living in South Africa. The project has two components: support to vaccine roll-out and local production of vaccines for Africa in South Africa. SAVax will provide technical support focused on strengthening policy, organisational and delivery capacity for vaccination rollout. South Africa has been severely affected by COVID-19, both from a public health perspective as well as severe socio-economic impacts. From a public health perspective, the COVID-19 pandemic has highlighted the need to strengthen the health system for future pandemics. At the same time there is a need to maintain the vaccine rollout campaign and to educate the public on the importance of vaccinations. This has been recently highlighted by the emergence of the COVID-19 variant, XBB.1.5 and the slow progress in achieving a 70% vaccination rate amongst adults living in South Africa.

This ToR form part of the SAVax implementation mandate. The scope of work will form part of the rollout component. The following project objectives are relevant for this tender:

- The share of public health facilities in the provinces of Gauteng and Mpumalanga that have integrated COVID-19 vaccination into primary health services has increased from 50 % to 80 %.

With the advent of the COVID-19 pandemic and lessons learnt in the management of the pandemic, it is apparent that the strengthening of health systems to deal with future pandemics is vital. The administration of various COVID-19 vaccines, for adults, constituted an emergency response stand-alone intervention to attempt to achieve the widest population coverage in the shortest time. With the transition from epidemic to endemic status, the services need to be integrated with normal and routine functioning of the facility. This links in with the intended implementation of the National Health Insurance (NHI). As such the DoH has developed a framework to provide a guide to integrating the COVID-19 vaccination into routine health services, both at a strategic and operational level.

The framework is designed to guide various levels of management and the service delivery platforms to successfully integrate vaccine preventable diseases across the life course of a person and into routine health services thereby providing a broader holistic service. The framework advocates for a stepwise/incremental approach with the interface at service delivery level being the integrated clinical services management platform. It is critical that at the same time, the health systems building blocks are strengthened to ensure sustainability. The implementation of the framework requires a broad range of skills that can only be met through the continuous development of competencies and collaboration with other stakeholders.

The World Health Organisation (WHO) defines integration as the organisation and management of health services so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money. For the DoH this definition has operational reference. Organisationally, integration refers to the means to organise and manage the vaccine preventable services programme under a single directorate/sub-directorate within the Health Services/Public Health/Communicable Diseases Cluster. This is applicable to the national, provincial and district level. Integration must include a seamless service delivery platform that is easy to navigate and use.

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From a leadership and governance perspective, the implementation of the integration framework will require that systems and processes are in place to ensure effective coordination of the entire vaccination programme as well as prudent and sound financial management and monitoring and evaluation. The management of a seamless service delivery platform will require change management and adaptation at all points of service delivery coordination (provincial head office, district (district health system platform), sub-district and facility level).

The implementation of the framework will be undertaken incrementally, and it is anticipated that each facility will adapt the framework recommendations based on its unique attributes and capacity. As such the framework will enable a differentiated approach to ensure integration is implemented within the context and capacity of each facility (within the health district/sub-district context). The framework proposes several models to be utilised by facilities and these should be adapted to best fit with the capacity of the facility (the term facility will also consider smaller facilities, external service points and outreach services).

This assignment is underpinned by the philosophy that integration is a process that will result in taking facilities forward to a new and improved level of service delivery.

The testing and piloting of the integration framework will take place within identified districts, sub-districts and facilities in the Provinces of Gauteng and Mpumalanga.

A service provider is required to support the institutionalisation of the integrated vaccination services at the national sphere of government while supporting the provinces of Gauteng and Mpumalanga to institutionalise the approach through testing and piloting the application of the framework at sub-district level and in selected facilities including capacity development support. The range of services to be provided in the testing and piloting will offer a comprehensive package of support.

## **1. Tasks to be performed by the contractor**

The contractor<sup>1</sup> is responsible for achieving the target indicators, outputs and output indicators described in this document.

The module objective for the SAVax project is “access to quality vaccines for all populations in South Africa has improved”. A second objective is that “the capacities for pandemic preparedness of the South African health system have been improved”.

Target indicators for the SAVax project include:

- The share of public health facilities in the provinces of Gauteng and Mpumalanga that have integrated COVID-19 vaccination into primary health services has increased from 50 % to 80 %.
- Standard Operating Procedures (SOP) or guidelines for the integration of COVID-19 vaccinations into primary health services have been implemented by the Provincial Departments of Health in Gauteng and Mpumalanga.

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<sup>1</sup> Candidates/tenderers and contractors that deliver services above the EU threshold are consulting companies.

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**Output 1: Institutional strengthening for integration**

Output indicators:

1. Contributes to reorganised units, systems and/or processes in the NDoH to coordinate pandemic preparedness and integration of vaccination

**Output 2: Understanding the status quo & establishing learning network & common understanding**

Output indicators:

1. Situational analysis is complete, documents key findings and makes recommendations (reports for national and provincial departments)
2. A learning network is established with a ToR
3. Workshop held

**Output 3: Testing & piloting for strengthening of the health system through the integration framework**

Output indicators:

1. Design of customised support packages for the Mpumalanga and Gauteng Provincial Departments of Health
2. Contribute to identifying & reaching a joint decision on the health districts, sub-districts and facilities/services to include in the testing and piloting
3. Testing and piloting of the integration framework (noting the service delivery platforms upon which to do this)
4. Contribute to the implementation of tools, approaches, models, guidelines, SOPs & capacity development etc.
5. Support to strengthening the overall health system, in each province, to manage and coordinate the integration including clarification and confirmation of roles and responsibilities, supporting the formal process for adoption of the integration framework, the SOPs and build capacity for a common understanding of the integration framework and the implementation of it in each province

**Output 4: Guideline for all Provinces on implementing the integration framework**

Output indicators

1. Support the development of a guideline/strategy for replication and upscaling to the other 7 provinces in South Africa.

The contractor is responsible for providing the following work packages and the accompanying milestones:

**Work package 1: Institutional strengthening for integration (national)**

- I. Work with the current national Vaccination Programme Management Office (VPMO) to strengthen and facilitate integration of Covid-19 vaccination by providing organisational development expertise and support including organogram design, roles and responsibilities, organisational design, job description, reporting flows and communication lines etc.
- II. Support, if required, the design of organisational arrangements for pandemic preparedness and management including the integration of any units/structures into the organisational structure of the DoH. This could include the strengthening of such unit/structure. Consideration may also have to be paid to aligning and strengthening pandemic preparedness and readiness across all levels of public health (i.e., spheres of government).

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Milestones for work package 1/Milestones for outputs	Delivery date/period
<p>Inception meeting held and inception report with project plan is available</p> <p>4 days</p>	<p>Inception meeting (NDoH) – by 12 October 2023</p> <p>Inception report &amp; project plan – by 31 October 2023</p>
<p>Support the establishment of the required organisational units and/or reorganisation efforts at the DoH (Task I)</p> <p>20 days</p>	<p>Final report submitted by 29 January 2024</p>

**Work package 2: Understanding the status quo & establishing learning network**

a. Undertake a situational analysis, across all 9 provinces of the current state of progress for the integration of the COVID 19 vaccination service into routine health services, both on a strategic management (head office) and operational (district, sub-district and facility) level. The analysis should include an overview of how vaccination services are currently managed in the provinces noting the requirements of the integration framework for the organisational structuring, management and staffing of these functions. The situational analysis will take the form of a desktop study and virtual interviews/interactions will take place with all provinces. Once the overall situational analysis is complete and based on the emergent themes, success stories, opportunities etc., a more in-depth investigation and analysis will take place for the Gauteng and Mpumalanga Provinces. This will include physical visits to a representative sample of districts and facilities. This will provide in-depth insight into the state of integration in the 2 provinces, feeding into the design of the targeted pilot and support package for these 2 provinces. A methodology, tools and baseline data may be available to utilise and build upon for the situational analysis. If this is available it is expected that the service provider would utilise it, to the extent that it is beneficial to the project strategy and situational analysis. This cannot however be confirmed at this stage. As such there needs to be flexibility and adaptability exercised in undertaking the situational analysis.

b. Document key findings per province including how is integration understood, good practice, lessons learnt, significant gaps and opportunities. The provincial findings should also be assessed in relation to the implementation plan (if it is in place) that supports the framework. This report should be packaged as a high-level strategic overview for each Provincial Department of Health and a comprehensive report for the National Department of Health. The provincial/amalgamated report/s will further serve as a benchmark for measuring progress achieved, gaps in progress as well as key priority areas that require support. It will assist in providing information to plan and support the integration process in each province whilst adopting a differentiated approach for implementation. The situational analysis amalgamated report will provide general policy and implementation recommendations for the 2nd phase of this technical support project. The reports for Gauteng and Mpumalanga provinces will also provide recommendations on the priority areas for support in the 2nd phase of testing and piloting for this technical support project.

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c. Conduct a national workshop on the National Department of Health Framework for Integrating Vaccinations against Preventable Diseases into Routine Health Services in South Africa and the situational analysis report and findings. The purpose of the workshop is to ensure that all Provincial Departments have a common understanding of the purpose of the framework, implementation approach to the framework, highlight key findings and recommendations from the situational analysis which will ensure each province has access to strategic information and understands the purpose, process and implementation plan for integration. This workshop will also initiate a peer learning network for integration, including the development of a Terms of Reference and some support to DoH to operationalise the network, including support for the planning, design and holding of the 1<sup>st</sup> and 2<sup>nd</sup> meeting.

Milestones for work package 2	Delivery date/period
<p>Situational analysis completed and final reports for DoH and provinces with recommendations for phase 2, reports are submitted</p> <p>45 days</p>	<p>Final reports available by 11 March 2024</p> <p>Mpumalanga &amp; Gauteng (including Pretoria)</p>
<p>Workshop conducted to ensure a common understanding of the integration framework and the situational analysis report and findings. Terms of Reference for learning network adopted.</p> <p>Support to the operationalisation of the learning network</p> <p>10 days</p>	<p>Workshop report available by 30 April 2024</p> <p>Terms of Reference adopted by 31 May 2024</p> <p>1st learning network meeting held by 15 July 2024</p>

**Work package 3: Testing & piloting for strengthening of the health system through the integration framework**

a. Support the detailed design of Phase 2: which will cover the testing and piloting of the integration framework application/implementation in the Provinces of Gauteng and Mpumalanga. Based on the situational analysis findings, and the provincial report with recommendations, customised support packages will be designed for the provinces of Gauteng and Mpumalanga. These customised packages will focus on supporting the testing and piloting of the integration framework as well as the provincial management approach to institutionalising the integration framework. These packages of support will be developed in consultation with the DoH and the provincial departments. A range of functional areas will be included for support in the package as per the integration framework including capacity development.

b. In designing Phase 2, the identification of health district/s/sub district/s and facilities should take place. The selection of the number of facilities will be based on the budget available but should cover at least 5 facilities and should ideally include a spread of facilities or services available (i.e., outreach).

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c. Support the active implementation of testing/piloting and support to the Provincial Departments of Health in Gauteng and Mpumalanga to implement the framework for integration, based on the customised packages of support which should include:

- I. Development of provincial specific Standard Operating Procedures (SOPs), frameworks, circulars, capacity development strategy, plan of implementation etc. to ensure alignment with the framework, the implementation plan and any other relevant documents. The SOPs should include “solution based” models/prototypes which cover the range of facilities (linked to II), based on its unique attributes, capacity etc and delivered as per the Integrated Clinical Services Model
- II. Provide targeted in-depth support to the identified facilities as per the customised packages of support. The support should include a programme of capacity development to implement the integration framework operationally and practically and from a management perspective, workflow processes, information systems & analysis, mentoring and coaching, institutional organisational development and possibly issues of cold chain and stock management etc.

d. Support to strengthening the overall health system to manage and coordinate the integration. This will include differentiating between provincial head office and district offices with respect to roles and responsibilities, support the formal process for adoption of the integration framework, the SOPs (which should be applied provincially and can be customised) and workshop all provincial facilities/services and head office on the integration framework and supporting provincial specific documentation such as the SOPS etc.

Milestones for work package 1/Milestones for outputs	Delivery date/period
<p>Final reports detailing the customised packages of support including the identification of district health/sub district and facilities and implementation plans that cover all functional areas from provincial head office to facility level, are agreed to by DoH and signed off by the provinces</p> <p>18 days</p>	<p>Sign off final package of support and implementation plans is done by 8 March 2024</p> <p>Mpumalanga &amp; Gauteng</p>
<p>Implementation of the customised packages for each province with quarterly reports (prescribed format including the health system strengthening support)</p> <p>95 days per province (190 days in total)</p> <p>Final reports on the implementation to test/pilot/develop capacity in the provinces and in selected districts/sub districts and facilities, are available (including the health system strengthening support)</p> <p>4 days</p>	<p>Implementation starts by 3 April 2024</p> <p>Each quarter reporting with 1<sup>st</sup> quarter ending on 31 July 2024, 2<sup>nd</sup> quarter ending on 31 October 2024 &amp; 3<sup>rd</sup> quarter ending on 31 January 2025</p> <p>Final reports by 23 April 2025</p>



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**Work package 4: Guideline for all Provinces on implementing the integration framework**

- a. Support the development of a guideline/strategy for replication and upscaling to the other 7 provinces in South Africa. The upscaling and replication will be led by DoH. The guideline/strategy should provide an overview of how to innovate for integration including what works, what doesn't, examples of the SOPS, circulars, formats/templates, the models for application in the facilities and lessons learnt with "hacks" to be replicated for achieving integration in a facility. Essentially the guideline should include all aspects of the support provided with lessons learnt and all material produced in the support to the 2 provinces of Gauteng and Mpumalanga.

<b>Milestones for work package 1/Milestones for outputs</b>	<b>Delivery date/period</b>
Guideline/strategy for replication in place to be shared by DoH  7 days	Guideline/strategy in place – By 30 May 2025
Wrap up meeting and final report  3 days	Final report submitted by 20 June 2025  Final wrap up meeting held no later than 11 July 2025

**2. Technical-methodological concept**

In the conceptual design of the tender (technical-methodological approach, project management, if necessary other requirements), the tenderer is required to take specific objectives and requirements into consideration and describe them, as explained below.

In the tender, the tenderer is required to show *how* the specified targets and results are to be achieved with the work packages in the tender (see section 1). For this purpose, the tenderer should consider the following four factors: strategy, steering structure, processes and learning and innovation (sections 3.1-3.3 and 3.5). In addition, the tenderer must describe the design of the project management system in the narrower sense (section 3.5). The tenderer should avoid repeating information from existing documents. The restrictions on the number of pages given in section 6 of these ToRs must be followed.

**2.1. Strategy (section 1.1 of the assessment grid)**

The strategy is the core element of the technical-methodological concept.

The tenderer is required to interpret the targets that it is responsible for and undertake a critical appraisal of the task (section 1.1.1 of the assessment grid). Subsequently, the tenderer must describe and justify the **strategy** it intends to use to achieve the milestones, targets and results that it is responsible for (see section 1) by means of the work packages described in section 2 (section 1.1.2 of the assessment grid).

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## **2.2. Cooperation (section 1.2 of the assessment grid)**

Not applicable

## **2.3. Steering structure (section 1.3 of the assessment grid)**

The tenderer is required to describe and explain its approach and its method for steering the measures with the partners involved in delivering the services set out in the tender (section 1.3.1 of the assessment grid).

The contractor plays an active role in the results-based monitoring of the project.

The tenderer is required to present and explain its approach to steering the measures in cooperation with the project partners.

## **2.4. Processes (section 1.4 of the assessment grid)**

The tenderer is required to present the processes in the sector that are relevant to the services in the tender, if appropriate on the basis of existing documents (see annexes) (section 1.4.1 of the assessment grid).

## **2.5. Learning and innovation (section 1.5 of the assessment grid)**

The tenderer must describe its contribution to knowledge management in the project and at GIZ (section 1.5.1 of the assessment grid). The following tasks are to be taken into consideration:

- Contributions to conferences and meetings.
- The contractor's experts are actively involved in GIZ's sector networks.

In addition, the tenderer is required to present and explain measures that promote horizontal or vertical scaling-up (section 1.5.2 of the assessment grid).

## **2.6. The contractor's project management activities (section 1.6 of the assessment grid)**

In its tender, the tenderer is required to describe its approach and procedure for coordination with and within the project (section 1.6.1 of the assessment grid).

The tenderer is required to draw up and explain an operational plan, which also includes a plan for the assignment of all the experts included in its tender, for implementing the strategy described in section 3.1. The operational plan must include the assignment times (periods and expert days) and assignment locations of the individual experts and, in particular, describe the necessary work stages. It must also take into consideration and, if necessary, add to the milestones in section 2 (section 1.6.2 of the assessment grid).

### **Project management specifications:**

- The contractor is responsible for selecting, preparing, training and steering the experts assigned to perform the consultancy tasks.
- The contractor provides equipment and supplies/non-durable items and assumes the associated operating and administrative costs.

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- The contractor manages expenditures and costs, accounting processes and invoicing in accordance with GIZ's requirements.
- The contractor reports regularly to the client in accordance with the General Terms and Conditions of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.

In addition to the reports specified in the GIZ General Terms and Conditions, the contractor submits the following reports:

- Inception report
- Contributions to reports to GIZ's commissioning party
- Brief quarterly reports on the implementation status of the project (5-7 pages)

**2.7. Sustainability requirements (section 1.7 of the assessment grid)**

Not applicable.

**3. Human resources**

**3.1. Specified human resources concept**

The tenderer is required to provide staff for the positions ('experts') referred to and described here in terms of the scope of tasks and qualifications on the basis of corresponding CVs (see section 0).

The qualifications listed below are the requirements for achieving the maximum number of points in the specialist assessment.

**Expert 1: Team leader (section 2.1 of the assessment grid)**

A statement of availability for this expert must be attached to the tender as an annex.

Tasks of the team leader

- Overall responsibility for the advisory packages of the contractor
- Ensuring the coherence and complementarity of the contractor's services with other services delivered by the project at local and national level
- Taking cross-cutting themes into consideration (for example, gender equality)
- Ensuring that monitoring procedures are carried out
- Regular reporting in accordance with deadlines
- Responsibility for checking the use of funds and financial planning in consultation with the officer responsible for the commission at GIZ
- Supporting the officer responsible for the commission in updating and/or adapting the project strategy, in evaluations and in preparing a follow-on phase

Qualifications of the team leader

- Education/training (2.1.1): University degree (Master's) in public health,, public and development management, social sciences or some related field
- Languages (2.1.2): Not applicable
- General professional experience (2.1.3): 12 years of professional experience in the public sector

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- Specific professional experience (2.1.4): 8 years of professional experience implementing projects to strengthen systems and processes for service delivery, governance and management. An advantage will be experience in the public health sector
- Leadership/management experience (2.1.5): 6 years of management/leadership experience as project team leader or manager in a company
- Regional experience (2.1.6): Not applicable
- Development cooperation (DC) experience (2.1.7): 4 years of experience working in DC projects
- Other (2.1.8): Not applicable

**Expert 2: Public Health Care/Management Expert (Section 2.2 of the assessment grid)**

Tasks of expert 2

- Provide expert advisory services on all issues related to public health care, service delivery platforms, administration, operations, systems and processes
- Lead operational, strategic and management support, to dovetail and complement with expert 2, at provincial head office, district, sub-district and facility level
- Support the situational analysis
- Report writing and recommendations
- Support the design of manuals
- Support to the design and delivery of the capacity development workshops

Qualifications of expert 2.

- Education/training (2.2.1): University Medical degree: MBChB or a health science masters
- Languages (2.2.2): Not applicable
- General professional experience (2.2.3): 10 years of professional experience working in or with the public health sector
- Specific professional experience (2.2.4): 4 years of professional experience in providing advisory services to health systems/processes within the public health sector
- Leadership/management experience (2.2.5): 4 years of management/leadership experience as a health systems project team leader or manager
- Regional experience (2.2.6): Not applicable
- Development cooperation (DC) experience (2.2.7): Not applicable
- Other (2.2.8): Not applicable

**Expert 3: Institutional & OD Expert (Section 2.3 of the assessment grid)**

Tasks of expert 3

- Lead all activities related to organisational development, design and institutionalisation of the models, tools, systems and processes
- Lead the organisational and functional assessments
- Support the situational analysis
- Report writing and recommendations
- Lead the design and development of the SOPs
- Support the design of manuals
- Support to the design and delivery of the capacity development workshops

Qualifications of expert 3.

- Education/training (2.3.1): University postgraduate degree in public health, public and development management or social sciences
- Languages (2.3.2): Not applicable

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- General professional experience (2.3.3): 10 years of professional experience in organisational development,
- Specific professional experience (2.3.4): Not applicable
- Leadership/management experience (2.3.5): 4 years of management/leadership experience as an OD project team leader or manager
- Regional experience (2.3.6): Not applicable
- Development cooperation (DC) experience (2.3.7): Not applicable
- Other (2.3.8): Not applicable

**Expert 4: Hr & Capacity Development Expert (Section 2.4 of the assessment grid)**

Tasks of expert 4

- Lead all activities related to the capacity development approach and implementation
- Lead the design and content development of capacity development related material
- Support the development of the SOPs
- Report writing and recommendations
- Lead the design and delivery of the capacity development workshops

Qualifications of expert 4.

- Education/training (2.4.1): University postgraduate degree in public health, education, or industrial psychology, HR and training related
- Languages (2.4.2): Not applicable
- General professional experience (2.4.3): 10 years of professional experience in HR approaches and/or designing and implementing capacity development approaches and programmes
- Specific professional experience (2.4.4): 8 years Conducting training including facilitation, content development, on the job training, coaching & mentoring etc.
- Leadership/management experience (2.4.5): Not applicable
- Regional experience (2.4.6): Not applicable
- Development cooperation (DC) experience (2.4.7): Not applicable
- Other (2.4.8): Not applicable

**Expert 5: Public Health Expert (Section 2.5 of the assessment grid)**

Tasks of expert 5

- Provide expert advisory services on all issues related to public health care, administration, systems and processes. Some experience in the introduction of new models and/or re-organising workflow systems and processes will be an added advantage
- Support the situational analysis
- Report writing and recommendations
- Support the design of manuals
- Support to the design and delivery of the capacity development workshops

Qualifications of expert 5.

- Education/training (2.5.1): Degree in medicine or post graduate degree in psychology, pharmacy, nursing or related health sciences field
- Languages (2.5.2): Not applicable
- General professional experience (2.5.3): 5 years of professional experience in or with the public health sector

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- Specific professional experience (2.5.4): 3 years experience in health system strengthening projects
- Leadership/management experience (2.5.5): Not applicable
- Regional experience (2.5.6): Not applicable
- Development cooperation (DC) experience (2.5.7): Not applicable
- Other (2.5.8): Not applicable

**Expert 6: Public Health Expert (Section 2.6 of the assessment grid)**

Tasks of expert 6

- Provide expert advisory services on all issues related to public health care, administration, systems and processes
- Support the situational analysis
- Report writing and recommendations
- Support the design of manuals
- Support to the design and delivery of the capacity development workshops

Qualifications of expert 6.

- Education/training (2.6.1): Degree in immunology, epidemiology, health economics or a related field in the health sciences
- Languages (2.6.2): Not applicable
- General professional experience (2.6.3): 5 years of professional experience in health system strengthening
- Specific professional experience (2.6.4): 1 year experience in pandemic preparedness
- Leadership/management experience (2.6.5): Not applicable
- Regional experience (2.6.6): Not applicable
- Development cooperation (DC) experience (2.6.7): Not applicable
- Other (2.6.8): Not applicable

**Expert 7: Health Quality Assurance Expert (Section 2.7 of the assessment grid)**

Tasks of expert 7

- Provide expert advisory services on all issues related to public health care, administration, systems and processes
- Support the situational analysis
- Report writing and recommendations
- Support the design of manuals
- Support to the design and delivery of the capacity development workshops

Qualifications of expert 7.

- Education/training (2.7.1): Degree in nursing or related field in the health sciences
- Languages (2.7.2): Not applicable
- General professional experience (2.7.3): 5 years of professional experience in health system strengthening projects
- Specific professional experience (2.7.4): Not applicable
- Leadership/management experience (2.7.5): Not applicable
- Regional experience (2.7.6): Not applicable
- Development cooperation (DC) experience (2.7.7): Not applicable
- Other (2.7.8): Not applicable

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In addition to their specialist qualifications, all team members should also have the following qualifications:

- Team skills
- Initiative
- Communication skills
- Sociocultural competence
- Efficient partner- and client-focused working methods
- Interdisciplinary thinking

Soft skills are not evaluated.

#### 4. Costing requirements

##### 4.1. Assignment of experts

In your tender, please do not deviate from the specification of quantities required in these ToRs (the number of experts and expert days, the budget specified in the price schedule), because this is part of the competitive tender and is used to ensure that the tenders can be compared objectively. There is no entitlement to use the total number of expert days or the specified budget.

The number of expert days corresponds to the working days.

<b>Expert</b>	Expert days in the country of residence /remote	Expert days in total	Consecutive stay > 3 months (see General Terms and Conditions)
<b>Expert 1: Team Leader</b>	50	50	No
<b>Expert 2: Public Health Care/ Management Expert</b>	67	67	No
<b>Expert 3: Institutional &amp; OD Expert</b>	56	56	No
<b>Expert 4: HR &amp; Capacity Development Expert</b>	30	30	No
<b>Expert 5: Public Health Expert</b>	37	37	No

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<b>Expert 6:</b> <b>Public Health Expert</b>	37	37	No
<b>Expert 7:</b> <b>Health Quality Assurance Expert</b>	24	24	No

#### 4.2. Local administrative staff

#### Not applicable5.3 Travel expenses

The travel expenses must be costed as follows by the contractor:

<b>Travel expense item</b>	<b>Number/quantity</b>
Total number of international flights	0
Total number of regional/national flights	77
Transport costs (rail travel, car travel, public transport)	
Per-diem allowances	
Accommodation allowances	
Other travel expenses (visa, project-related travel expenses outside the place of business etc.)	

Per-diem and accommodation allowances are reimbursed as a lump sum up to the maximum amounts permissible under tax law for each country as set out in the country table in the circular from the German Federal Ministry of Finance on travel expense remuneration (downloadable at <https://www.bundesfinanzministerium.de>).

Subject to proof of expenditure, reasonable accommodation costs in excess of this amount, airfares and other main transport costs can be included in the costing.

All travel activities must be agreed in advance with the officer responsible for the project. Travel expenses must be kept as low as possible.



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#### **5.4. Equipment**

Not applicable

#### **5.5. Operating costs in the country of assignment**

Not applicable

#### **5.6. Workshops, education and training**

The contractor runs the following workshops/study trips/training courses:

- 50 workshops/training courses

Workshop budget: ZAR 693 460.04

The fixed, unalterable budget given above is specified in the price schedule for workshops. The budget includes the following costs relating to the planning and running of workshops:

- Venue/Room hire
- Technical systems
- Catering

The budget does not include the fees and travel expenses for the contractor's experts incurred in connection with the planning and running of the workshops. These are covered by the corresponding number of expert days and travel expenses (see sections 5.1 and 5.3 above).

#### **5.7. Local Subsidies**

Not applicable

#### **5.8. Other Costs**

Not applicable

#### **5.9. Flexible remuneration item**

Budget for flexible remuneration: ZAR 487 301.00

The fixed, unalterable budget given above is earmarked in the price schedule for flexible remuneration. Flexible remuneration is intended to facilitate the flexible management of the contract by the officer responsible for the commission at GIZ. The contractor can make use of the funds in accordance with the General Terms and Conditions.

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## **6. Requirements on the format of the tender**

The structure of the tender must correspond with the structure of the ToRs. It must be legible (font size 11 or larger) and clearly formulated. The language of the tender is English.

The technical-methodological concept of the tender (section 2 of the ToRs) is not to exceed fourteen pages (not including the cover page, list of abbreviations, table of contents, brief introduction and, if applicable, CV for the backstopper).

The CVs of the staff proposed in accordance with section 3 of the ToRs must not be more than five pages in length. The CVs must clearly show what position the proposed person held, which tasks they performed and how long they worked during which period in the specified references. The CVs can also be submitted in English.

We strongly request that you do not exceed the number of pages specified.

## **7. Options**

### **7.1 Follow-on measure/extension of service-delivery period**

Continuation of the activities described in section 2 of these ToRs with possible expansion of these activities to include new work packages of the same type. It is currently not possible to provide a final estimate for this follow-on phase. However, the number of expert days and the budget specified in section 5 of these ToRs are increased in proportion to the above-mentioned requirements, a maximum duration of six months.

**Precondition:** The contract for the follow-on phase is awarded by GIZ's commissioning party BMZ.

## **5. Other Requirements**

- Please submit your proposal (technical and price proposal) in separate files/folder to [ZA\\_Quotation@giz.de](mailto:ZA_Quotation@giz.de) no later than 25<sup>th</sup> **August 2023** all documents must be in PDF.
- **Submission to any other email address may invalidate your bid.**
- Please do not mention any price for this measure on your cover letter/Technical proposal.
- Please submit your tax clearance certificate with the bidding documents.
- Please submit your price proposal in **ZAR**.
- Our General Terms of Conditions (attached) shall not be changed/amended should you be the winner of this tender. These General Terms and Conditions will form part of the contract should you be awarded this contract. By submitting your proposal, we will conclude that you have read and accepted these terms and conditions.
- Participating more than once in same tender is not allowed and it will lead to your proposal as well as that of the company where you appear more than once being

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disqualified. The responsibility rests with the companies to ensure that their partners/experts are not bidding/participating more than once in same tender.

- **Bidders are not allowed to communicate directly with any other person regarding this bid other than the procurement official/s. Failure to comply with this requirement may lead to your bid being disqualified.**
- Bidders must strictly avoid conflicts with other assignments or their own interests. Bidders found to have a conflict of interest shall be disqualified. Without limitation on the generality of the above, Bidders, and any of their affiliates, shall be considered to have a conflict of interest with one or more parties in this EOI and tender process, if they:
  - a) are or have been associated in the past, with a firm or any of its affiliates which have been engaged by GIZ or the Interim Supply Chain Management Council to provide services for the preparation of the design, specifications, Terms of Reference, cost analysis/estimation, and other documents to be used for the procurement of the services in this selection process;
  - b) were involved in the preparation and/or design of the programme/project related to the services requested under this EOI and tender;
  - c) are serving or have been serving in the past three months in the structures of the Interim Supply Chain Management; or
  - d) are found to be in conflict for any other reason, as may be established by, or at the discretion of GIZ.

#### Scientific data

In the event of any uncertainty in the interpretation of a potential conflict of interest, Bidders must disclose to GIZ, and seek GIZ's confirmation on whether or not such a conflict exists.

- Similarly, the Bidders must disclose in their proposal their knowledge of the following:
  - a) if the owners, part-owners, officers, directors, controlling shareholders, of the bidding entity or key personnel are family members of GIZ staff involved in the procurement functions and/or the Interim SCM Council or any Implementing partner receiving services under this EOI or tender; and
  - b) all other circumstances that could potentially lead to actual or perceived conflict of interest, collusion or unfair competition practices.
- **Failure to disclose such an information may result in the rejection of the proposal or proposals affected by the non-disclosure.**
- **Bids sent via Dropbox and WeTransfer will not be accepted.**