FEDERAL REPUBLIC OF NIGERIA

THE NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)

INVITATION TO TENDER

for

Individual Consulting Services

Time-Based Payments

ENGAGEMENT OF CONSULTANT FOR THE CUSTOMIZATION OF THE NON-HEALTH SECTOR TOOLS ON ENNRINMS DHIS 2.0

May 2022

NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)

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26th May 2022

A. Preamble

The National Agency for the Control of AIDS (NACA) has received funding from Global Fund in continuance of the pursuit of its statutory responsibilities for HIV/AIDS treatment, care & Support and strengthening of health systems in Nigeria by further addressing the gaps in the National HIV prevention and treatment program.

In its efforts to achieve and strengthening of community routine monitoring and surveillance system for the non-health sector (FSW, MSM, PWIDS, AYP and People in close settings) HIV Program and data transmission through the national ENNRIMS DHIS2 Platform.

The Agency is therefore, seeking for qualified professionals in **customization of the non-health sector tools on ENNRIMS DHIS 2.0.** In compliance with the provisions of the Public Procurement Act 2007, the Agency, therefore invites technical proposal and Priced Quotations from reputable consultants for the immediate customization tools for the under listed high-level activity:

B. Pre-qualification requirement

To qualify for consideration, interested consultants are required to submit proposal/quotation including the under listed documents:

1. Curriculum Vitae (CV)
2. Minimum of a Master's degree or equivalent degree, in Health Information Systems Management.
3. Minimum of 10years' experience and demonstrated advanced health information management skills.
4. Demonstrable skills in working with one or more programming languages including Java Runtime Environment (JRE 7 or higher) Tomcat server, Java, and PostgreSQL 4, web – Apache HTTP Server, Apache Tomcat, Databases – MySQL, PostgreSQL, Oracle.
5. Demonstrable skills in Programming and scripting – PHP, Java, Perl, JavaScript,
6. Development experience utilizing web-based applications such as J2EE, JDK, Struts, Spring, Hibernate, and HTML.
7. Five years' expertise in information system management especially on web-based software platforms and database administration;
8. Five years' experience in DHIS 2 configuration for health information systems;
9. Previous work experience supporting countries in DHIS2 rollout in sub-Saharan countries including experience in training DHIS administrators and health information uses; supported with a training report.
10. Demonstrate oral and written communication skills, including presentations.

More details on the requested services are provided in the Terms of Reference in section A below

The National Agency for the Control of AIDS (NACA) will make available the necessary documents and reports and other information concerning this assignment. You may obtain additional information at the following address: National Agency for the Control of AIDS (NACA) Ground Floor No. 3 Zinguinchor Street, Beside AEDC Office, Wuse zone 4, Abuja
A candidate will be selected on the basis QCBS of comparison of individual qualifications (Curriculum Vitae and Experience)

The following forms are attached:
- (*a*) Terms of Reference;
- (*b*) Model of Curriculum Vitae;
- (*c*) Model of bid for submitting the Proposal;
- (*d*) Form for Observations of the Consultant on the Terms of Reference;
- (e) Breakdown of Activity/cost estimate

Terms of Reference for a Consultancy for the customization of revised community-based tools on the DHIS and Training of Trainers

1.0 Introduction

The National Agency for the Control of HIV/AIDS (NACA) is saddled with the responsibility of coordinating the multi-sectorial response to the HIV/AIDS epidemic in Nigeria. To achieve success in its coordination efforts, the agency requires high-quality data within a reasonable time frame. This will ultimately lead to improved decision making that will mitigate the effects of the HIV/AIDS scourge.

 NACA is doing a lot in combating the scourge of the epidemic, through the Promotion of Behavior Change and Prevention of New HIV Infections, Treatment of HIV/AIDS, Care and Support of PLHIV, PABA, and VC, Policy, Advocacy, Human Rights, and Legal Issues, Institutional Architecture, Systems Coordination, Resource Mobilization, and Research Monitoring and Evaluation, as spelt out in the NSP 2010-2015.

The country has mainstreamed HIV into the mandates of the MDAs ensuring that non-health sector stakeholders use sector-specific strategies to address the HIV epidemic. The MDAs are involved in Vulnerable Children programming (VC) which is coordinated by the Federal Ministry of Women Affairs, Family Life and HIV Education (FLHE) which is a prevention of –in-school youth programme coordinated by the Federal Ministry of Education, Prevention of -out - of- school programme is coordinated by Federal Ministry of Youths and Sport and workplace programmes by the Federal Ministry of Labour. The Federal Ministry of Health coordinates the prevention, treatment, care and support, and programmes to prevent mother to child transmission of HIV. The Nigerian Correctional Centre coordinates the prevention and treatment of People in the Custodial Centre and other Closed Settings. The MDAs have worked with partners to facilitate these interventions at the federal, state and local government levels. The reports from these interventions are reported to the national, using a national reporting structure with the support of the CSOs working in the communities. Monitoring and Evaluation (M&E) of these projects and intervention programs is one of the key activities in the HIV/AIDS national response. This is because of the importance of M&E in

tracking and reporting the progress of the projects and/or interventions in the prevention and treatment of HIV/AIDS.

2.0 Rationale

Monitoring and Evaluation is of vital importance to the successful implementation of programs since it is the only way of establishing what is being done and if the interventions being undertaken are making a difference.

In 2002, Nigeria adopted robust, standardized and unified monitoring and evaluation framework called the Nigeria National Response Information Management System (NNRIMS). Part of this framework is the eNNRIMS designed to facilitate the systematic collection, storage, retrieval and dissemination of information on Nigeria's response to the HIV/AIDS epidemic in a manner that meets the needs of the country, its stakeholders and partners involved in the national response.

Non-health sector programme data of community-based activities are collected on a routine basis and inputted into the eNNRIMS/DHIS2 on a monthly basis. The monthly summary forms (MSF) for each program intervention are summarised on the electronic NNRIMS/DHIS2 platform. This data is collated at the LGA, state and national levels respectively.

This process helped in achieving an excellent result during the HIV/AIDS World Bank funded project by ensuring quality and timely reporting of data at the service delivery point to the LGAs, State and the National. NACA has been maintaining an electronic database system for capturing, storing, analyzing data and presenting results on the prevention of HIV programmes for about 6 years of different community programs, and/or interventions on the DHIS 2 database. This includes the Minimum Prevention Package of Intervention (**MPPI**) targeting the General population, VC and HBC programmes. This process has helped NACA to achieve a lot of historical data on the prevention of HIV which can inform future program interventions.

The Non-health sector DHIS2 platform domiciled with NACA is a web-enabled, open-source software/ platform modelled on the DHIS2 that has the capabilities of warehousing multiple HIV/AIDS datasets. It is been systematically expanded to cover a range of health management

information datasets including client-level data. The software can thus accommodate data from health facilities, community-based data from CSOs/CBOs, disease surveillance (notifications) data, survey data, events data (such as data generated during World AIDS Day and special campaigns), geospatial data, human resource data, and data from logistics management information system).

The national reporting flow of the non-health sector data has been faced with challenges such as; poor coordination, parallel data reporting systems, inadequate technical skills, and poor funding. The Strategic Knowledge Management (SKM) National Technical Working Group (NTGW) is in the process of concluding the harmonisation and revision of the community based tools for Prevention and Treatments, FLHE and Community Care and Support Programme to address the issue of implementers using parallel tools,

The customisation of the community-based tools on the DHIS platform will provide timely, quality, comprehensive and aggregate data reports from all the different quarters in the community response nationally. Quality data from the service delivery points will be timely for reporting both at the national and the global level as data are entered at the service delivery point and viewed at the LGA, state and national levels.

The DHIS eliminates the cost of frequent visit to the service delivery point for data collection. The required amount of funds for data collection is a factor to consider in the intervention of community-based program reporting. The huge cost of sponsoring routine visit to the service delivery point to collect data can be eliminated with the use of mobile phone and other electronic platform for reporting via the DHIS platform. This is because the DHIS 2.0 is web base and require login details to access the platform for any operation.

Aim and Objectives
The overall aim of the engagement of the consultant is to customize the non-health sector tools on the eNNRIMS-DHIS2 platform
The specific objectives are:
- Customize all non-health sector data elements, indicators and MSF tools on the platform for reporting.

- Configure all non-health sector organization units and attach corresponding MSF.`

- Configure the data visualization modules for the database to generate the required reports.

- Develop training slides, manual and presentation for NTOT.

- Facilitate the training of Trainers on the new platform.

- Build the capacity of the NACA NNRIMS-DHIS2 team to generate reports, factsheets, and quarterly implementation reports and manage the platform.

- Liaise with the RME department to develop validation rules and its implementation.

- Configure mobile (light and smartphone) data entry modules to ensure data entry via mobile devices

Duration:
The assignment will tentatively be undertaken for a period of 15days.

Expected outputs.
1. Customization of Revised harmonized non-health sector tools (FLHE, VC, HBC, HIV Self-test, Prevention)
2. Non-health sector Organisation unit customised and attached to corresponding non-health sector MSF.
3. MSF Validation rules implemented.
4. Final Training slides, Training manuals and presentations to train stakeholders and health facility staff developed.
5. The capacity of NACA NNRIMS-DHIS2 is built on the factsheet productions, data generations, and management on the platform.

Qualifications and Competencies Required:
- Minimum of a Master's degree or equivalent degree, in Health Information Systems Management.
- Minimum of 10years' experience and demonstrated advanced health information management skills.
- Demonstrable skills in working with one or more programming languages including Java Runtime Environment (JRE 7 or higher) Tomcat server, Java, and PostgreSQL 4, web – Apache HTTP Server, Apache Tomcat, Databases – MySQL, PostgreSQL, Oracle.
- Demonstrable skills in Programming and scripting – PHP, Java, Perl, JavaScript,
- Development experience utilizing web-based applications such as J2EE, JDK, Struts, Spring, Hibernate, and HTML.
- Five years' expertise in information system management especially on web-based software platforms and database administration;
- Five years' experience in DHIS 2 configuration for health information systems;
- Previous work experience supporting countries in DHIS2 rollout in sub-Saharan countries including experience in training DHIS administrators and health information uses;
- Excellent skills and experience in training facilitation, mentoring and capacity development;

- Demonstrate oral and written communication skills, including presentations.

Remuneration:
The rate payable is in line with the approved consultancy rate of the National Agency for the Control of AIDS

GUIDELINE FOR SUBMISSION AND OPENING OF DOCUMENTS
a. The detailed Proposal must be in English Language and submitted in three (3) hard copies each **(one original & two copies)** of the requested documents and proposal. The documents shall then be enclosed and sealed in one (1) single outer envelope, and clearly marked at the topmost right corner **"Customization of tools"** and the Name, Address, Email and Phone Number of the Consultant boldly written at the back of the envelope, with acknowledgement to NACA office at the address below.
b. **Deadline for Submission:** The deadline for the submission of proposal should not be later than 12 noon of **Wednesday 6th June 2022** by **12 noon**. The submission(s) received will be opened immediately after closing at NACA Conference Room in the presence of consultants that choose to attend.

ADDRESS FOR INFORMATION AND SUBMISSION OF PROPOSALS
Attention:
Head Procurement
National Agency for the Control of AIDS (NACA)
Ground Floor Room 1.08
No. 3 Zinguinchor Street, Beside AEDC Office, Wuse zone 4, Abuja
OR
Email: procurement@naca.gov.ng

GLOBAL FUND CODE OF CONDUCT
You shall get acquainted with the global fund code of conduct for suppliers using this link below:
https://www.theglobalfund.org/media/3275/corporate_codeofconductforsuppliers_policy_en.pdf
Accepting this invitation shall serve as an acknowledgement and agreement to abide by the Global Fund Code of Conduct for Suppliers.

NOTES/DISCLAIMER
i. Late submissions will not be accepted.
ii. NACA shall verify any or all documents and claims made by applicants and will disqualify consultants with falsified documents and claims.
iii. If it is determined that submitted documents and claims have been falsified, the consultant may face prosecution in a court of Law.
ii. NACA shall not be held responsible for any disqualified proposal as a result of any omission or deletion relating to the submission guidelines.
iii. This advertisement shall not be construe a contract to any Consultant, nor shall it entitle any Consultant submitting documents to claim any indemnity from NACA.

iv. NACA is not bound to shortlist any Consultant, and reserves the right to annul the bidding process at any time without incurring any liabilities or providing reason.

Signed
Management.

B. FORMAT OF CURRICULUM VITAE (CV)

Name : _____

Complete address :

Profession : _

Date of Birth : _____

Years of professional experience : _____   Nationality : __

Membership in Professional Societies : __

Detailed Tasks Assigned : _

Key Qualifications :
[*Give an outline of your experience and training most pertinent to tasks on assignment. Describe degree of responsibility you held on relevant previous assignments and give dates and locations. One page should be sufficient.*]

Education :
[*Summarize college/university and other specialized education, giving names of schools, dates attended, and degrees obtained.   A page or less should be sufficient.*]

Employment Record :
[*Starting with present position, list in reverse order every employment held. List all positions held since graduation, giving dates, names of employing organizations, titles of positions held, and locations of assignments. For experience in last ten years, also give types of activities performed and client references, where appropriate. Use about two pages.*]

Languages :
[*For each language indicate proficiency: excellent, good, fair, or poor in speaking, reading, and writing.*]

Certification :

       I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

_____   Date : __
[*Signature of consultant*]   *Day/Month/Year*

Full Name of Candidate :

C. Proposal

To : [*Name and address of Procuring Entity*]

Mr/Mrs. :

I, the undersigned, offer to provide the consulting services for [*Title of consulting services*] in accordance with your Letter of Invitation dated [*Date*].

My fees are [net of taxes, estimated at…, as applicable]

I hereby submit my Proposal, which includes this Technical and Financial Proposal.

I understand that you are not bound to accept any Proposal you receive.

I remain,

Yours Truly,

Name of the Consultant :

Address :

D.   OBSERVATIONS AND SUGGESTIONS
OF THE CANDIDATE CONSULTANT ON THE TERMS OF REFERENCE

1.

2.

3.

4.

5.

LIST OF ANNEXES

Annex A :   Cost Estimate of Services, and Schedule of Rates.

Annex B :   Consultants Reporting Requirements.

Annex C :   Evaluation Criteria.

COST ESTIMATE OF SERVICES

(1) *Remuneration*

Rate /day in (currency)	*Number of Days*	*Total (currency)*

(2) *Reimbursables*

	Rate	*Units/Days*	*Total*
(*a*) (International) (Local) Travel + Taxi			
(*b*) Local Transportation			
(*c*) Communications			
(*d*) Hotel Accomodation			
			Sub-total (2)

TOTAL COST

ACTIVITY SCHEDULE (Consultant to modify accordingly)

Activity (Work)   *periods*

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th

Reports   Date

1. Inception Report

2. Progress Reports

3. Draft Final Report

4. Final Report

EVALUATION CRITERIA

The Criteria, sub-criteria, and point system for the evaluation of the Technical Proposals are:

                                                                        <u>Points</u>

(i)   Specific experience of the Consultant relevant to the assignment: *60*
    1) Adequacy for the assignment   50
    2) Experience in customization   10

(ii) Key professional qualifications and competence for the assignment: 40
    1) General qualifications   40

        Total points for criterion (I & ii):   100