Questions and answers regarding Development of an Immunization Product Suite for Tanzania
(Request for Proposal #2023-037)

1. Regarding point 2 of the organizational and team experience requirement, please provide clarity on the evaluation criteria for consortiums. If an applicant applies as a consortium, should the consortium as a whole satisfy the criteria or does every entity in the consortium need to fulfill all the criteria?
   a. If an application is submitted by a consortium, as long as one of the members of the consortium meets the criteria, then the consortium as a whole will meet the criteria.

2. Is there a preferred approach/platform to send outgoing messages out e.g., RapidPro? Should applicants assume SMS is the main channel or would there be a desire to support other channels like WhatsApp?
   a. Yes, SMS is the main form of communication. Documented success with other alternative channels will be a plus.

3. What is the Tanzania Facility Registry based on?
   a. The Tanzania Health Facility Registry is based on a locally custom-built application.

4. Does Tanzania currently have an approach to generate vaccine certificates? If so, can you please share? Are these signed digital certificates like COVID-19 vaccine certificates? If so, please provide information on standard used, e.g., CommonPass, etc.
   a. Tanzania implemented and continues to use a DHIS2-based system for managing certifications for COVID-19 vaccines among other things. It is expected that the improved immunization registry will include, among other new features, the ability to issue standard COVID-19 certificates as detailed in the requirements specification document.

5. System usage - please provide details on what system usage will look like when at scale. E.g., how many health facilities and children vaccinated per year?
   a. The current immunization registry was rolled out to more than 3,000 facilities in 15 regions of Tanzania mainland. The improved version of the immunization registry is expected to be scaled starting with the 15 regions, and then will be scaled up to other regions until it is nationwide.

6. Is OpenLMIS currently being used to support immunization activities and currently integrated with the Tanzania Immunization Registry (TimR)? Is there any more information?
   a. There is an electronic logistic management information system (eLMIS), which is used for managing vaccine logistics and supply chain from the national warehouse to regions and districts. It is envisioned that this system will exchange information with the improved immunization registry through the health information mediator for end-to-end tracking of vaccines and data. See more information here.

7. The project indicates that support will only be needed for three months post launch. In our experience, this is quite short and will likely not be enough time as there is usually a troubleshooting / system refinement phase needed post launch. 3 months also provides minimal time for capacity building and hand off even with the involvement of a local partner. Would there be a plan (outside this grant) to contract the provider (including local partners) to provide ongoing support?
   a. A minimum of three months post launch support is required, and this timeline is constrained by the overall project time limitations (November 2024). If the applicant can demonstrate that the first minimum viable product (MVP) can be delivered earlier, allowing for more time to provide support and refine the system, this would be favorable.
   b. The sustainability plan in the proposal should include proposed activities over the project period that would provide all parties with a plan for ensuring the continued success of the implementation. For example, this may include negotiations with Tanzania MOH and local providers for support service level agreements (SLA), capacity strengthening activities, or other priority needs identified during the technical assessment. The agreed upon plan would be delivered at the end of the project.

8. The system implies actions by the community health worker (CHW) outside of TimR e.g., 4.4 Vaccination follow-up. Is this meant to be done by a separate CHW app (e.g., Unified Community System [UCS]), via SMS response by the CHW or a CHW module for the new
electronic immunization system (EIS)? Please provide a bit more context if the system is meant to be used directly by CHWs or via integrations with other CHW platforms.
   a. The expectation is that the improved immunization registry will be able to exchange information with the CHW application to provide end-to-end immunization coverage data. The improved immunization registry will not be used by CHWs.

9. Registering facilities - can this be done centrally as an admin feature, or does it need to be done via healthcare worker? In most contexts, the creation and management of facilities is usually administered centrally.
   a. This can be done centrally by a system administrator.

10. Please share if available a bit more information on vaccination sessions. Our assumption is that these represent outreach days where facility staff to go to specific communities to deliver vaccine outreach services at the community level.
   a. Yes, vaccination sessions include:
   i. Outreach sessions in the community.
   ii. Clinics at the facilities.

11. Does Tanzania currently have a shared health record or client registry system that the EIS would eventually need to integrate with?
   a. Currently there is no shared health record in Tanzania. The client registry is still under development.

12. Please explain in more detail the following requirements: Record stock taken - Allow bar code reading of stock taken.
   a. The system should have the ability to record stock (vaccines, syringes, and related consumables) issued from stores for use in the immunization clinics/sessions using bar code readers.

13. What is the role of WHO SMART Guidelines regarding this initiative?
   a. This initiative aims to align with the SMART Guidelines by using requirements that have been documented using the same format as the Digital Adaptation Kits (DAK). When this project was conceptualized it was hoped that the WHO Immunization DAK would have been published and would form the basis for the localized DAKs. As this is not yet available, the aim is still to provide contributions back to the WHO in the form of feedback on the experiences of using "generic" requirements as a starting point to rapidly produce requirements for the local context, and which have the potential for re-use.

14. What are all the systems that are expected to be integrated for the scope of the initiative?
   a. The improved immunization registry is expected to exchange information with but not limited to: health facility registry, the Vaccines Information Management System (VIMS), health management information systems (DHIS2), UCS, and the national civil registration and vital statistics system.

15. For the external integrations, who is responsible for aligning the business and technology stakeholders to ensure the integrations are a success?
   a. The MOH and Digital Square will coordinate the alignment with other stakeholders.

16. Who is responsible for the maintenance and operation of the external systems?
   a. MOH and other partners are responsible for the management and maintenance of other systems.

17. What is meant by the statement “product suites should utilize the level two (L2) (operational) and L3 (machine readable) components to produce L4 (executable) reference software”?
   a. This is the ultimate goal of a “product suite”. While this may not be achievable within the time and scope of this request for proposal (RFP), any solution should take this into consideration and move the products closer to this end goal.

18. Is there an expectation for the winning bidder to support national deployment? If so, what role(s) will the vendor be responsible for, for how long, and is there funding to support this type of support?
   a. The scope of this RFP is limited to software development and technical support for the initial deployment (pilot). Digital Square and MOH are coordinating to determine the modality, approach, and resources to support the further deployment and scale up whose specifics will become clear at a later stage.
19. As mentioned in Appendix A Page 6, “Lack of technical support from non-local system developers who initially supported the system design and development, which affected the system sustainability and operationalization.” Should vendors include costs for ongoing support and maintenance once the project is complete (beyond the proposed timeline of the RFP)? If not, is there a vision for financially supporting the winning bidder in ongoing maintenance and support of any change management activities post RFP project timeline?
   a. The documented sustainability plan should include estimated costs for this, but it is not part of this RFP’s budget. The sustainability plan in the proposal should include proposed activities over the project period that would provide all parties with a plan for ensuring the continued success of the implementation: for example, this may include negotiations with Tanzania MOH and local providers for support SLAs, capacity strengthening activities, or other priority needs identified during the technical assessment. The agreed plan would be delivered at the end of the project.
   b. Digital Square wanted to share its Total Cost of Ownership tool with potential applicants as one resource that might be useful when thinking through costing of ongoing support and maintenance.

20. Is the expectation that after the 3 months of post-project support that Tanzania will be completely self-reliant for ongoing technical support? If so, who will be providing this support?
   a. See response to question 7 above.

21. Is the vendor responsible for proposing or supporting hardware and/or digital infrastructure to support a successful national deployment? If not, what steps will be taken and by whom to ensure hardware/infrastructure meets the demand of a national deployment?
   a. The current Digital Square funding and scope is limited to support the development. Therefore, the vendor will be expected to propose hardware and/or digital infrastructure for successful national deployment. The MOH is in the process of ensuring there is the right type and size of infrastructure to support the national scaleup of the improved immunization registry.

22. Is there funding committed to support digital infrastructure growth as the platform scales to additional users and sites and support software updates over time?
   a. The Government through MOH is mobilizing resources to put in place the appropriate infrastructure to meet the initial and future needs to support the use of the platform at scale.

23. Who is responsible for coordinating all the relevant parties in order to achieve “Deliverable 1 Technical Assessment Report”?
   a. MOH and Digital Square will take care of the coordination and alignment of stakeholders and all other relevant parties.

24. Regarding the following required activity: “Strengthen capacity of the MOH ICT technical teams in management and maintenance of infrastructure and software components for optimal performance of the improved EIS”. Would virtual conferencing be sufficient, or is in-country required? If in-country, is the vendor required to organize and pay for in-person conferencing/meeting spaces, as well as travel, food, and time/salaries of all personnel outside of the proposed consortium (i.e., MOH, PATH, etc.)?
   a. Physical and hands-on sessions will be preferred for effective knowledge transfer. Digital Square will coordinate and cover conference/meeting space and the related participant costs. The vendor should only include costs related to the participation of their personnel in such sessions.

25. What are the pilot sites for MVP 1 and MVP 2?
   a. The initial implementation will take place in about five to 10 health facilities in two select districts in one region of Tanzania mainland. This will be critical in demonstrating and providing the basis for further deployment by MOH in collaboration with other partners.

26. Who is responsible for managing the rollout plan for MVP 1 and MVP 2?
   a. MOH will be responsible for providing leadership and management of the rollout plan in collaboration with Digital Square and other partners who are supporting the national
immunization program. The vendor will be expected to provide input and technical insights to the plan.

27. As the original TImR platform was deployed in 2017, is there an expectation that modernized hardware such as tablets be procured to ensure a successful rollout? If so, is the vendor responsible for these costs?
   a. Hardware-related costs are not part of the vendor’s responsibility.

28. For out of country vendors applying to this RFP, do you envision in-country visits to be budgeted? If so, which activities listed within the RFP would you request vendors to be in-country?
   a. As indicated in the RFP, strong preference will be given for entities/consortiums with in-country presence to perform the work with minimal travel costs. Additional in-country visits for individuals and resources from outside will be accepted under the justification of providing additional technical expertise and within reasonable rationale.

29. For a proposed consortium, are in-country partners within Tanzania mandatory, or can a consortium seek alternatives within the Africa region?
   a. There is a strong preference for in-country partners within Tanzania.

30. Is there a plan for supporting the MOH in data migration and change management if the intent is to migrate away from the existing TImR platform?
   a. It is expected that the vendor will provide support in data migration during the deployment if the MVP will have migrated away from the current platform.

31. What organizations are represented/make up the evaluation committee?
   a. Digital Square, GIZ, Tanzania MOH.

32. Given that ChanjoCOVID duplicates functionality in TImR solely for the delivery of COVID-19 vaccines (e.g., management of vaccination appointments, vaccination admission registration, certificate issuing, etc.) and that there are challenges with ChanjoCOVID’s lack of stock management and interoperability which TImR can address, would an option to have TImR replace ChanjoCOVID’s functionality and reduce the complexity of the product suite be open to consideration?
   a. MOH is working on integration of COVID-19 into routine immunization in all aspects of the immunization program management including information systems. The improved immunization registry is expected to have functionalities to support routine, COVID-19, and all other forms of adult immunization as detailed in the requirement specification document.

33. What do you mean by community engagement and sustainability? To what extent should applicants engage? What if applicants are engaged with other communities, for example DHIS2 community, does that suffice enough?
   a. If you can show community engagement with 1. communities supporting the software application (e.g., DHIS community) and 2. any related digital health communities (such as OpenHIE, Digital Square global goods community, SMART Guidelines, Digital Health and Interoperability Working Group [DH&I WG]), that would be preferable. Active participation in calls, online forums, hosting community events/calls, etc. are considered community engagement.

34. In the Technical Application Requirements, there is a request to document a “sustainability plan that details the expected handover process to the Tanzania MOH”. What does the sustainability plan cover and for what period? Is it costly or is it just a plan? Should a sustainability plan be included during the application or during handing over?
   a. The sustainability plan in the proposal should include proposed activities over the project period that would provide all parties with a plan for ensuring the continued success of the implementation. For example, this may include negotiations with Tanzania MOH and local providers for support SLAs, capacity strengthening activities, or other priority needs identified during the technical assessment. The agreed plan would be delivered at the end of the project.

35. Is there a format for Curriculum Vitae (CV) for key technical positions? What is the recommended maximum number of pages per CV?
a. There is not a specific format for the CV for key technical positions nor a max number of pages per CV.

36. What will be the financial modality of this work? Will it be paid per deliverable, per operational cost, or is there a prepared payment plan?
   a. Payments will be made against specific deliverables listed in the SOW based on the financial reports and supporting documents to be provided by the subrecipients, which is required by the donor. GIZ will require seeing all supporting documents and financial reports by the subrecipients.