REQUEST FOR PROPOSALS #S035273
Mapping of Community Structures
in support of
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF)
Maseru
(EGPAF Lesotho | LCA Office Complex, 30 Princess Margaret Road | Ground Floor | Maseru, Maseru, Lesotho)
Firm Deadline: Tuesday, August 29, 2023

The Elizabeth Glaser Pediatric AIDS Foundation, a non-profit organization, is the world leader in the fight to eliminate pediatric AIDS. Our mission is to prevent pediatric HIV infection and to eliminate pediatric AIDS through research, advocacy, and prevention and treatment programs. For more information, please visit http://www.pedaids.org.

BACKGROUND
Please refer to attached ToR for details

SCOPE OF WORK AND CONTRACTOR DELIVERABLES
The Scope of Work and Contractor Deliverables for this Request for Proposals are found in Attachment A.

FOUNDATION RESPONSIBILITIES:
Please refer to attached ToR for details

LOGISTICS:
Please refer to attached ToR for details

KEY CONTRACT TERMS:
The anticipated contract type is Firm Fixed Price Contract. Unless stated otherwise in the statement of the work, the Contractor is responsible for providing equipment and/or supplies required to perform the services.

OPTIONAL WORK:
The Foundation also anticipates a need to potentially extend this scope of work for an additional 3 option periods. The anticipated duration of each option period is 12 months. Please indicate any pricing changes for the option periods in response to this RFP.
EVALUATION CRITERIA AND SUBMISSION REQUIREMENTS:

The Foundation will accept the proposal that presents the best value. All proposals will be evaluated against the following Evaluation Criteria. Each proposal must contain the items listed in the Submission Requirements column in the following chart. Please submit your Submission Requirements in the order that they appear below.

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Submission Requirements</th>
<th>Weight</th>
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<tbody>
<tr>
<td>Past performance of similar work</td>
<td>3 professional reference letters from similar past projects with phone and email contact information and one or more examples of prior similar work(detailed Scope of Work performed)</td>
<td>30.00%</td>
</tr>
<tr>
<td>Qualifications of proposed individuals and past performance on similar work.</td>
<td>CV/Resume of proposed individual(s) to work on this project and 2 references letters per individual. 3 professional references letter(firm/company) from similar past projects(detailed SOW) with phone and email contact information</td>
<td>20.00%</td>
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<tr>
<td>Contractor’s proposed process and approach to meet our needs efficiently</td>
<td>A maximum 5-page written proposal explaining the process and timeline for implementation</td>
<td>30.00%</td>
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<tr>
<td>Total fixed price</td>
<td>Total fixed price to complete all of the deliverables, including a breakdown by deliverable. This fixed price should be inclusive of all travel, staff/consultant time and any necessary supplies and materials.</td>
<td>20.00%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100.00%</td>
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All applicants are required to be registered and authorized to perform the scope of work in the place of performance. A copy of valid registration must be submitted with each proposal.

PROPOSED TIMELINE:

<table>
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<tr>
<th>DATE</th>
<th>ACTIVITY</th>
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<tbody>
<tr>
<td>8/23/2023</td>
<td>Release of RFP</td>
</tr>
<tr>
<td></td>
<td>Submission of Inquiries directed to: Boithatelo Ratsoane, Procurement Manager, <a href="mailto:tenders-ls@pedaids.org">tenders-ls@pedaids.org</a></td>
</tr>
<tr>
<td></td>
<td>Any form of canvassing will lead to automatic disqualification of the firm</td>
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</table>
No phone calls please.


8/29/2023  Completed proposals must be delivered electronically by the deadline mentioned on page one to: Boithatelo Ratsoane, Procurement Manager, tenders-\[\text{l}s@pedaids.org\]

8/31/2023  Final decision announced and Offerors notified


Please note it is our best intent to comply with the above timeline but unavoidable delays may occur.

KEY SOLICITATION TERMS AND CONDITIONS

The following terms and conditions apply to this solicitation. Preference will be given to bidders who can meet EGPAF terms. Any exceptions to the requirements or terms of the solicitation must be noted in your submission.

1. All submissions and/or communications should be identified by the unique RFQ or RFP Reference Number reflected on the first page of the solicitation document. Failure to comply with this requirement may result in non-consideration of your submission. Late quotes/proposals may be rejected without being considered.

2. Participation in this solicitation is open to all legal vendors that are registered and comply with the laws of doing business in the applicable country where services will be rendered. To be eligible for participation in the bidding procedure, bidders must prove to the satisfaction of EGPAF that they comply with necessary legal, commercial, technical, and financial requirements and are able to carry out the resulting work effectively. EGPAF may, at its discretion, require the presumed winner of the procurement to provide a copy of a valid registration certification and/or tax compliance (i.e. VAT) prior to awarding of the final procurement. Failure to provide this information at that time may automatically disqualify a bidder from selection.

3. EGPAF shall use its best endeavors to ensure that funds provided under this solicitation do not provide direct or indirect support or resources to organizations and individuals that are associated with terrorism, promote or advocate the legalization or practice of prostitution or sex trafficking, or provide assistance to drug traffickers. If, during the
course of this solicitation, EGPAF discovers any link whatsoever with any organization or individual associated with any or all of these, they shall be excluded or disqualified from the bidding process.

4. EGPAF reserves the right to terminate the final contract should the selected bidder be unable to fulfill its expected obligations.

5. By submitting a bid, you certify that the person(s) involved in the preparation and collation of quotes/proposals were or are in no way associated or have any Conflict of Interests with the initial preparation of the solicitation, the tender documentation, or the subsequent evaluation, assessment, analysis, management, and decision-making process of this solicitation.

6. The solicitation is not an offer to enter into agreement with any party, but rather a request to receive proposals or quotations from person(s) interested in providing the goods/services outlined in the released solicitation document. Such submissions shall be considered and treated by EGPAF as offers to enter into an agreement.

7. Any quotations or proposals not addressing each of the submission requirements listed in the solicitation may be considered non-responsive and disqualify the applicant from final selection. Any exceptions to the requirements or terms of the solicitation must be noted in the final submission. EGPAF reserves the right to consider any exceptions to be non-responsive. EGPAF reserves the right to reject all submissions, in whole or in part, enter into negotiations with any party, and/or award multiple contracts.

8. EGPAF shall not be obligated for the payment of any sums whatsoever to any recipient of the solicitation until and unless a written contract between the parties is executed.

9. Equal Opportunity Notice. The Elizabeth Glaser Pediatric AIDS EGPAF is an Equal Employment Opportunity employer and represents that all qualified bidders will receive consideration without regard to race, color, religion, sex, or national origin.

10. All items or deliverables provided to EGPAF must be furnished for the use of EGPAF without royalties or any additional fees. All Materials will be owned exclusively by EGPAF. Bidder will not use or allow the use of the Materials for any purpose other than bidder’s performance of the Contract without the prior written consent of EGPAF.

11. ETHICAL BEHAVIOR: As a core value to help achieve our mission, EGPAF embraces a culture of honesty, integrity, and ethical business practices and expects its business partners to do the same. Specifically, our procurement processes are fair and open and allow all vendors/consultants equal opportunity to win our business. We will not tolerate fraud or corruption, including kickbacks, bribes, undisclosed familial or close personal relationships between vendors and EGPAF employees, or other unethical practices. If you experience of suspect unethical behavior by an EGPAF employee, please contact our Fraud Investigations team at fraud@pedaids.org or EGPAF’s Ethics Hotline at www.reportlineweb.com/PedAids. Any vendor or consultant who attempts to engage, or engages, in corrupt practices with EGPAF will have their bid disqualified and will not be solicited for future work.

12. Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment: In accordance with Section 889 of the National Defense Authorization Act for Fiscal Year 2019, supplier understands and agrees that if awarded a contract as result of this solicitation, it will not procure or use any equipment, system, or service that uses “covered telecommunications equipment or services” as a substantial or essential component of any system, or as critical technology as part of any system under the resulting contract. “Covered telecommunications equipment or
services” includes telecommunications or video surveillance equipment or services (including, but not limited to, cell phones, security cameras, network switches, and routers) manufactured by or with components from these Chinese companies or their subsidiaries or affiliates: (1) Huawei Technologies Company; (2) ZTE Corporation; (3) Hytera Communications Corporation; (4) Hangzhou Hikvision Digital Technology Company; or (5) Dahua Technology Company. In the event the supplier identifies covered telecommunications equipment or services used as a substantial or essential component of any system, or as critical technology as part of any system, for performance of this agreement for EGPAF, the supplier will notify EGPAF immediately and will be guided to provide the information required by FAR 52.204-25. The supplier agrees to insert the substance of this clause in all of its subcontracts or purchase orders funded by EGPAF.

13. **Prohibition on the use of Kaspersky Lab.** In accordance with Section 1634 of the National Defense Authorization Act for Fiscal Year 2018, supplier understands and agrees that if awarded a contract as result of this solicitation, it will not provide any “covered article” to EGPAF or use any “covered article” in the development of data or deliverables first produced in the performance of a resulting contract or order. “Covered article” means any hardware, software, or service that: (1) Is developed or provided by a “covered entity”; (2) Includes any hardware, software, or service developed or provided in whole or in part by a “covered entity”; or (3) Contains components using any hardware or software developed in whole or in part by a “covered entity”. “Covered entity” means (1) Kaspersky Lab; (2) Any successor entity to Kaspersky Lab; (3) Any entity that controls, is controlled by, or is under common control with Kaspersky Lab; or (4) Any entity of which Kaspersky Lab has a majority ownership.
TERMS OF REFERENCE

**Mapping of Community Structures: Sustaining HIV Epidemic Control, Geospatial mapping and analysis of TB cases burden in Lesotho and other emerging health priorities**

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a nonprofit organization dedicated to preventing pediatric HIV infection and eliminating pediatric AIDS. Founded in 1988, EGPAF works in 19 countries globally. Currently, EGPAF’s global footprint spans in 19 countries. Founded over 30 years ago through a mother’s determination, EGPAF is committed to a comprehensive response to the global fight to end HIV and AIDS through research, global advocacy, strengthening of local health care systems, and growing the capacity of governments and communities in combating HIV.

EGPAF is a non-profit organization and a world leader in the fight to eliminate pediatric AIDS. Seeking to end pediatric HIV/AIDS through implementation of HIV prevention, care and treatment programs, advocacy, and research, EGPAF began collaborating with Lesotho’s Ministry of Health in 2004. Through leadership from the Government of Lesotho and support from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and other partners, Lesotho significantly scaled-up access to comprehensive HIV and TB services across the country.

In June 2016, Lesotho adopted World Health Organization guidelines recommending Treatment for All, allowing anyone diagnosed with HIV an opportunity to be immediately initiated on treatment for life. EGPAF has used a national-, district-, and site-level approach to deliver HIV services and provide technical assistance to the Ministry of Health. EGPAF-Lesotho currently supports 174 sites in 8 districts to implement a comprehensive package of HIV and TB services, advocates at the national level to inform health policies, and conducts research to inform improved programming. EGPAF Lesotho has continued to partner with the MOH in supporting COVID 19 vaccination program through the CDC ARPA fund.

EGPAF supports the National AIDS Commission’s (NAC) initiatives of realizing the contributions of the community stakeholders in the HIV response and other health priorities. Through their different roles in sensitizing communities about available health services, awareness raising on prevention and management of health outbreaks, these community stakeholders maintain healthy communities; they are ideal for bridging the gap between the health facilities and the communities.

For more information, please visit the Foundation’s website at: [http://www.pedaids.org](http://www.pedaids.org)

**Overview:**

The Lesotho Population based HIV Impact Assessment (LePHIA June 2020) shows that Lesotho has achieved the 90-90-90 targets with 90-97-92, and is on the right track to achieving the 95-95-95
targets by 2030. Notwithstanding this, the same report outlines significant gaps that must be closed to maintain the gains achieved thus far. Some of the key interventions to attain the UNAIDS 95-95-95 is accurate community mapping to address the burden of diseases. Tuberculosis (TB) also remains one of the leading infectious killers in the world, with large populations facing high and stagnant case rates of this preventable disease. Global initiatives such as the Zero TB Initiative, seeks to rapidly drive down TB case rates in geographically defined zones, by locally deploying simultaneous strategies to increase: case finding, access to treatment for all forms of TB disease, and access to TB preventive treatment. One key step toward closing gaps in case detection will be to characterize the baseline or starting point for not only the numbers of TB cases in a zone, but how they concentrate spatially so that the impact of interventions can be appropriately measured.

Hence NAC desire to map the community structures, confirm their existence and understand their roles and responsibilities. Understanding these community structures will enable NAC to establish how they can be strengthened for effective sustenance of HIV Epidemic Control and addressing other health priorities that will aid in better retention of PLHIV, increase TB case identification through spatial mapping and mapping of COVID-19 coverage by villages.

Therefore, NAC in a collaborated effort with EGPAF is seeking a consultant to map out community structures/systems to understand their role in the HIV/TB Response.

**Overall Goal and Objectives:**

NAC is seeking to catalyse the coordination framework for CSOs in Lesotho to identify existing community structures and their contribution to HIV Response. To achieve this, NAC as the national coordinating authority for the national HIV response, will contract a local Consultant to execute meaningful engagement with the relevant district and community structures to identify and map out existing community structures, understand their mandate, their capacities and capacity gaps as well as their collaboration with various stakeholders at community and district levels. The survey will further assess their strengths and weaknesses and based on the findings and recommendations from the survey a capacity building plan will be developed to strengthen community systems.

Furthermore, the service provider to provide geospatial mapping and analysis to identify relevant spots within the council areas in Lesotho with high concentration of diagnosed and undiagnosed cases, with the later serving as proxies for high transmission area. This will then inform effective implementation of packages of interventions proposed in the NSP for the period of 2023-2027.

The consultant will address the following objectives:

I. **Lead the proposal of methodology and approaches that will effectively facilitate the mapping of existing community actors**

**Activities:**

- Evaluate their mandate in supporting national health priorities, particularly in the HIV, TB and COVID 19 response
- Determine how well activities are implemented
- Determine the type of a community structure e.g. support groups, faith-based organisations, village health workers, community ART groups and health centre committees.
- Identify other structures available for hard-to-reach groups like herd boys and workers who are mostly away during the day when the usual structures interact with the communities.
II. To identify and map relevant district level infrastructure, including areas with high concentration of TB cases required to understand the distribution of disease and health services for effective implementation of TB interventions

Activities:
• Mapping of TB programme interventions to enable the EGPAF to evaluate impact of service availability on disease control.
• Get a better (geographic) understanding of TB in terms of:
  ○ Numbers
  ○ Location
  ○ Needs for services such as radiology services
• Number and location of TB patients who have received a TB test among those diagnosed.
• Accessibility, availability, and acceptability of service points (health facilities, CXR services & laboratory services)
• Resource allocation and mapping- accessibility and availability of TB services

III. Propose representative geographical coverage that will give a picture of national representation

Activities:
• Through guidance from the respective districts, the Consultant will determine achievement of certain indicators which may include HIV incidence, COVID 19 vaccination rate and programs implemented in various districts. The assignment will also cover rural, urban and peri-urban areas.
• Recommend representation of community structures for geographic coverage

IV. Engagement with the Community Structures

Activities:
• Identify existing Community Structures through various methods as proposed by the Consultant.
• Learn about their various roles in supporting the HIV continuum of care including HIV Prevention, Care and Support and Treatment including, TB
• Identify their roles and responsibilities in supporting other health-related community-based interventions such as SRHR, TB and GBV and programs targeting Adolescents, girls and Young Women (AGYW), males and hard to reach groups including the referrals to services
• Assess the level of collaboration between these structures with other stakeholders in facilitating referrals and linkages for the different services, availability of referral systems or any referral methods used by the community structures
• Assess the level of understanding of the reporting mechanisms and systems in place, and identify current reporting gaps, barriers and challenges
V. Engagement with the Structures at Community Council and/or District Level

Activities:
- Engage with the main leadership structures at community council and district levels to understand collaboration with the community structures.
- Engage with other implementing partners providing technical and financial support to community structures to identify complementarity and minimize duplication of efforts.
- Identify opportunities to engage the implementing community structures and the leadership structures in advocating for national policies within their jurisdiction at the community level.

VI. Consult with national level CSOs, NGOS, INGOS, Parastatals and/or Ministries

Activities:
- Determine community structures the above community structures work with.
- Evaluate the roles and responsibilities of the respective community structures in place.
- Determine capacity building initiatives offered to such community structures.
- Indicate capacity needs and areas of support for community structures.
- Assess the reporting tools community structures use.
- Determine mentorship and support systems given to the existing community structures.

VII. Develop a Community Systems Strengthening Plan

Activities:
- Propose a comprehensive action plan to build the capacities of identified structures to improve their contributions in implementing the Risk Communication and Community Engagement Plan and in the national HIV response.
- Facilitate geographical area specific stakeholder’s validation meetings by grouping together the different geographical locations that would have participated in the mapping exercise to present a comprehensive report to the stakeholders.

VII. Literature Review

Activities:
- Review national documents in the form of policies, laws, study reports and others which may include but are not limited to the recently reviewed National HIV and AIDS Strategic Plan (NHASP), the Medium Term Review report of NHASP, Decentralization Policy, National HIV Policy, NSP, NAC Coordination Framework and the LePHIA report including MOH documents like the Risk Communication and Community Engagement Plan/Strategy, Essential Health Services Package and Village Health Program Policy which guide provision of health services at Community Level.

Key deliverables from this assignment will include:
- EGPAF seeks to appoint a service provider to provide geospatial mapping and analysis of services in each council area. It is expected that this will help EGPAF, will strategically plan interventions to support NTP achieve the objectives of the NSP 2023 - 2027.
- All written documentation is to be submitted in English using Microsoft Word in both soft and hard copy. All primary data collected and analysis conducted for the purpose of the evaluation will remain the property of EGPAF and must be submitted electronically and in a clear and comprehensible format in Excel. No parts of this mapping exercise, whole of part, shall be published without prior written approval of EGPAF.
• NAC, EGPAF Technical Director and Technical Leads (Director TA LIP & Senior advisor) will closely review available programme documents to develop the workplan to carry out mapping in the council areas.

• The methodology will be done as per the existing best methods used in such mapping exercises before and this will be detailed in the workplan. In general, the workplan should be feasible and adaptable to geographic context.

• An inception report detailing how the mapping exercise will be conducted including workplan describing specific tasks and how these will be implemented, the deliverables and timelines for conducting the mapping exercise, including tools that will be used to collect data e.g. Questionnaires, interview guides, etc.

• Progress update reports submitted and presented in slide decks to NAC and EGPAF

• A final detailed report that provides an insight into the available and existing community structures, their strengths and weaknesses. The report should detail processes, findings, recommendations and proposed action plan to provide capacity to the Community Structures where necessary to enable their effective contribution in national HIV and other health priorities response.

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<tr>
<th>Deliverable</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Inception report</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Existing Data Collection</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Geographic Reporting and community mapping Structure</td>
<td>4 weeks</td>
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<tr>
<td>Mapping of patients and accessibility to TB services within communities and facilities</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Service Accessibility</td>
<td>2 weeks</td>
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<tr>
<td>Final report and data</td>
<td>2 weeks</td>
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**Duty station and duration of the assignment**

• The duty station for the consultant will be in Maseru roving between EGPAF, NAC and MOH as per need with district travel. Therefore, the service provider will work closely with the NAC, MOH, EGPAF Technical leads (Director TA LIP and Senior TB advisor) who will provide relevant information and provide inputs into all stages of the consultants’ assignment.
• The total duration of the project is estimated to be 60 (sixty days only) full time equivalent from the work award day.

Consultant Experience and Qualifications

• Master’s Degree in public health, Health Management, Social Sciences, or related field
• The team lead or project lead should possess an advanced university degree in GIS.
• Expertise in quantitative data analysis techniques including employing rigorous statistical methods for large data sets.
• Ten or more years of experience in project management and/or implementing HIV and TB and other health related projects in Lesotho
• Experience on facilitating engagement or feedback meetings with various stakeholders inclusive of the Policy makers to gather stakeholder inputs.
• Prior work supporting the Lesotho HIV and other health related progress on issues of community strengthening systems and coordination.
• Understanding the relationship between the Community, District structures (especially the District AIDS Committees and the District Health Management Teams) and national level
• Prior experience working in resource constrained settings and strengthening of the Civil Society Organisations and Community Based Organisations in Sub Saharan Africa.
• Demonstrable experience in designing, developing and conducting geospatial mapping and analysis.
• Proven project management skills.
• Excellent skills and experience in GIS, Web Mapping, Field Data Collection and Analysis.
• Demonstrated knowledge and skills in data collection, analysis and report writing
• Understanding of concepts like Community Led responses and monitoring will be an added advantage.
• Excellent report writing skills.
• Fluent in English and Sesotho
• Prior work for the PEPFAR related programs will be an added advantage.

RESPONSIBILITIES OF PARTIES

EGPAF’s responsibilities:

• EGPAF Technical leads (Director TA LIP and Senior TB advisor) shall coordinate introductions with NAC and NTP for the Consultant for specific assignments.
• EGPAF Technical leads shall collaborate with NAC and NTP to ensure the Consultant has access to all technical documents/materials necessary for furtherance of this assignment in a timely manner.
• EGPAF shall ensure timely payments of the Consultant work for the duration of the contract.
• EGPAF shall support preparations for logistics related to stakeholder meetings (e.g. workshops & validation meetings) and subsequent payments for such meetings.
• EGPAF shall coordinate with NAC and NTP to ensure all key deliverables under this assignment are received in accordance with the agreed Deliverable Schedule, reviewed by NAC and NTP and the task team made up of relevant stakeholders supporting this exercise as key stakeholders within a reasonable time period of receipt of the deliverable.
• EGPAF Technical leads shall serve as a complimentary support where need arises during the assignment.
**Consultant’s Responsibilities**

In fulfilling the objectives of providing effective, efficient technical assistance during the mapping assignment, the responsibilities of the Consultant are as follows:

- Setting-up briefing meetings with the relevant community and district structures, through support of NAC, to ensure close communication, coordination and collaboration with the stakeholders during the implementation of the Scope of Work (SOW)
- Work closely with the NAC Strategic Information Manager and NTP focal point together with EGPAF technical leads as the responsible office for research, learning and evidence creation for evidence-based decisions.
- Submission of key deliverables in line with the approved deliverable schedule
- Submission of periodic progress reports as per the agreed roadmap.
- Provide own communication costs; voice and data communication
- Provide own transport services in the execution of the assignment
- Prepare presentations (and in some times facilitate presentations in meetings) and other sharing material for stakeholders’ meetings.