Procurement of services for the development of a proposal for scaling-up antenatal care supply kits in Mozambique

Request for Proposals (RFP)
Bid Reference
2017/FWC/MPA/001
Unit Name
Department of Reproductive Health and Research
The World Health Organization (WHO) is seeking offers for an assessment of the evidence regarding the feasibility, sustainability, requirements, cost-effectiveness and implementation options for scaling-up the use of antenatal care (ANC) supply kits in Mozambique. This information will be used by the Mozambique Ministry of Health, WHO and other stakeholders to understand whether ANC supply kits (or part of) could be incorporated into the Mozambique supply chain or whether the use of other (private) supply solutions is feasible and cost-effective. Your organization/company is invited to submit a proposal for the services in response to this Request for Proposals (RFP).

WHO is a public international organization, consisting of 194 Member States, and a Specialized Agency of the United Nations with the mandate to act as the directing and coordinating authority on international health work. As such, WHO is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are, therefore, requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service.

WHO requires the successful bidder, the provider, to carry out the following:

**Background information and project description**

Maternal mortality remains a daunting problem in Mozambique. Availability of high quality ANC can improve maternal and newborn health outcomes but implementation presents chronic challenges and difficulties. The conclusions of a qualitative study published in 2015 (see attachment) indicated that the ANC service package in Mozambique is poorly implemented and poor functioning of the supply chain was identified as a major barrier. In addition to ensuring adequate clinical protocols and increasing community understanding, it was suggested that Supply Chain Operations could be strengthened through the introduction of a kit supply system for ANC supplies in Mozambique.

Two assessments were then performed in 2012 on the kit supply system. The first study finalized in May 2012 and focused on identifying the necessary material to be included in the ANC package. The second study focused on the set up and organization of the kit procurement and was completed in October 2013 (see attachment). The final outcome was an antenatal care supply chain strategy to improve the delivery of antenatal care evidence-based practices at point-of-care (see attachment). This strategy consisted of four components and was locally coordinated and delivered by the International Center for Reproductive Health Mozambique (ICRH-M) under the leadership of the Mozambique Ministry of Health and the WHO:

- **COMPONENT 1**: ANC kits containing the necessary medicines, laboratory supplies, materials and equipment. Four different kits were designed and provided to the clinics including the products required for the ANC consultations (first and follow-up visits) according to the protocols and norms legislated by the Ministry of Health (see attachment).

- **COMPONENT 2**: Availability of a cupboard for storage place for the kits. This allows easy and quick access of the nurses to all necessary materials while the woman is in the room, enabling the nurses to provide care comprehensively and improving the delivery and quality of the necessary ANC interventions in a most efficient manner.

- **COMPONENT 3**: Tracking sheet (so-called “ficha”) to monitor the stock levels of the kits and thus avoid stock-outs.

- **COMPONENT 4**: One-day training session at the start.

The above studies were conducted as preparatory work for an ANC demonstration project which was subsequently carried out in 10 ANC clinics in Mozambique. This project was a randomized controlled trial to test the effect of the ANC kit intervention explained above on the delivery of
evidence-based ANC interventions (see Annex for research protocol). For this demonstration project a vertical supply approach was opted for and kits (packed as kit A, kit B, a separate box with urine collecting containers and a forth kit with long-lasting impregnated bed nets) were supplied. Kits A and B were supplied from an overseas vendor and packed overseas.

**Scope of the work and specific tasks**

The results the above-mentioned demonstration project, submitted for publication, show a large and statistically significant impact on the improved delivery of antenatal care. It is now critical to examine how this intervention based on delivery of ANC medical supplies via supply kits could be scaled-up in Mozambique, and to identify important considerations to inform policy decisions related to the supply of ANC products.

In developing a proposal for scaling-up ANC supply kits, the following specific tasks will be addressed by the selected organization/company under the contractual agreement:

1. **Composition of kit or kits:**
   - Validate and re-examine the composition of the kit or kits. Assess the need to change the supply solution opted for during the demonstration project phase;
   - Use of kit A and B, or all products in one kit;
   - Optimize product shelf life and total kit shelf life by pre-selecting sources for critical items;
   - Assess the validity of the supply of urine collection device in a separate box;
   - Assess options and suggest where possible to replace suggested brands (or products) used during the demonstration phase by more cost effective solutions;
   - Discuss composition of the kit or kits with the Mozambique Ministry of Health and secure its agreement for the final composition and number.

2. Assess the size of the national ANC market (pregnant population) and quantify the needs;

3. Understand the demand variations across ANC clinics to optimize the number of kits (preferability of one single kit for all ANC clinics versus two slightly different kits);

4. Assess options and costs of the implementation of the supply kits at national level according to various possible scenarios (e.g. local versus external procurement and packing). Assess ancillary costs. Assess options for local and/or regional supply, storage and delivery;

5. Assess frequency of kit distribution to ANC clinics - monthly, bimonthly, quarterly. Identify minimum 3 potential local/regional candidates;

6. Assess requirements needed in place to be able to successfully deploy the supply kits strategy;

7. Assess whether a phased ANC kit introduction would be preferred by Mozambique Ministry of Health and other local stakeholders, when relevant (in terms of supply capacity, procurement budget or other considerations);

8. Assess feasibility in the context of the healthcare system in Mozambique;

9. Identify bottle-necks, barriers and weak links of the kits strategy that could limit the success in the short- and long-term and propose solutions;

10. Prepare and Expression of Interest (EOI) call for provision of supplies; evaluate the responses of the EOI and on the basis of these responses draft an Request for Proposal (RFP) for actual Supplies;

11. Evaluate the RFP responses, present minimum one Procurement Approach;

In order to perform the above it is expected that the consultant(s) will interact with the local WHO office in Mozambique, and with ICRH-M. In addition, these partners will facilitate the meetings with the Mozambique Ministry of Health.
The deliverables expected include:

- Suggested optimal composition and number of kits;
- List of potential local/regional contractors for provision;
- EOI to pre-select local and regional suppliers;
- Recommended procurement approach (including storage and distribution options with costs analysis including ancillary costs);
- Identification of costed options for integration of ANC kits into the existing (government) supply chain;
- Recommendations on whether a phased introduction for the Supply of ANC kits in Mozambique would be preferable;
- Presentation in PP, which could be used to meet key stakeholders such as MOH, WHO and others;
- RFP to select one vendor (supply and distribution of kits) or two vendors (one for the supply and one for kit distribution).

These terms of reference may be complemented following further discussion and input from the Mozambique Ministry of Health.

The provider shall be a for profit or not for profit institution operating in the field of supply chain and procurement of medical products, with proven expertise in:

- Project Management: experienced supply chain specialist with knowledge of international Quality Assurance requirements, (local) sourcing possibilities and experience in business development, as well as working in multi stakeholder partnerships.
- Procurement: sourcing specialist with knowledge of state-of-the-art procurement and tendering approaches used in developing country health programs, including Mozambique. Knowledge of global market landscape of suppliers of essential medicines and ANC products.
- Supply Chain: In depth knowledge of health product distribution and supply chains in different countries including Mozambique, and pros and cons of different options for supplying to health facilities. Strategic (local) pharmaceutical supply chains and interrelations with regional and international supply systems.
- System implementation: Experience in training of local supply system users.
- Quality Assurance: Experience in qualification of vendors in line with USAID regulations (both in a consignment and in a litigation approach) as well as experience in training of local system users.
- Knowledge of English language, Portuguese language is a plus.
- Proficient report writing.

**Bidders should follow the instructions set forth below in the submission of their proposal to WHO:**

i. The proposal and all correspondence and documents relating thereto shall be prepared and submitted in the English language.

ii. The proposal should be concisely presented and structured to include the following information:

- Proposed approach/methodology for the conduct of the assessment
- Proposed structured output
• Proposed time line
• Financial proposal.

iii. Each proposal should include a duly completed Executive Summary (attached hereto as Annex A), and a listing of reference contacts (template attached hereto as Annex B).

iv. Information which the bidder considers confidential, if any, should be clearly marked as such.

v. The bidder shall submit the complete proposal to WHO in writing no later than **14 July 2017 at 16:00 hours Geneva time** (“the closing date”), by email at the following address:

   betrana@who.int.

vi. Each proposal shall be marked Ref: 2017/FWC/MPA/001 and be signed by a person or persons duly authorized to represent the bidder, to submit a proposal and to bind the bidder to the terms of this RFP.

WHO may, at its own discretion, extend the closing date for the submission of proposals by notifying all bidders thereof in writing.

Any proposal received by WHO after the closing date for submission of proposals may be rejected.

The offer outlined in the proposal must be valid for a minimum period of 90 calendar days after the closing date. A proposal valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the bidder’s consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its proposal.

The bidder may withdraw its proposal any time after the proposal’s submission and before the above mentioned closing date, provided that written notice of the withdrawal is received by WHO by email as provided above, before the closing date.

No proposal may be modified after its submission, unless WHO has issued an amendment to the RFP allowing such modifications.

No proposal may be withdrawn in the interval between the closing date and the expiration of the period of proposal validity specified by the bidder in the proposal (subject always to the minimum period of validity referred to above).

WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) bidder, modify the RFP by written amendment. Amendments could, *inter alia*, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.

All prospective bidders that have received the RFP will be notified in writing of all amendments to the RFP and will, where applicable, be invited to amend their proposal accordingly.

Before conducting the technical and financial evaluation of the proposals it has received, WHO will perform a preliminary examination of these proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been...
properly signed, and whether the proposals are generally in order. Proposals which are not in order as aforesaid may be rejected.

Please note that WHO is not bound to select any bidder and may reject all proposals. Furthermore, since a contract would be awarded in respect of the proposal which is considered most responsive to the needs of the project concerned, due consideration being given to WHO’s general principles, including economy and efficiency, WHO does not bind itself in any way to select the bidder offering the lowest price.

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.

WHO reserves the right to:

a) Award the contract to a bidder of its choice, even if its bid is not the lowest;
b) Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;
c) Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO’s action;
d) Award the contract on the basis of the Organization’s particular objectives to a bidder whose proposal is considered to be the most responsive to the needs of the Organization and the activity concerned;
e) Not award any contract at all.

WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obliged to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relating to the evaluation/selection process or to state the reasons for elimination to any bidder.

NOTE: WHO is acting in good faith by issuing this RFP. However, this document does not oblige WHO to contract for the performance of any work, nor for the supply of any products or services.

At any time during the evaluation/selection process, WHO reserves the right to modify the scope of the work, services and/or goods called for under this RFP. WHO shall notify the change to only those bidders who have not been officially eliminated due to technical reasons at that point in time.

WHO reserves the right at the time of award of contract to extend, reduce or otherwise revise the scope of the work, services and/or goods called for under this RFP without any change in the base price or other terms and conditions offered by the selected bidder.

WHO also reserves the right to enter into negotiations with one or more bidders of its choice, including but not limited to negotiation of the terms of the proposal(s), the price quoted in such proposal(s) and/or the deletion of certain parts of the work, components or items called for under this RFP.

Within 30 days of receipt of the contract, the successful bidder shall sign and date the contract provided to it by WHO, and return it to WHO according to the instructions provided at that time. If the bidder does not accept the contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice.

WHO reserves the right to publish (e.g. on the procurement page of its internet site) or otherwise make public the contractor's name and address, information regarding the contract, including a description of the goods or services provided under the contract and the contract value.

Any and all of the contractor's (general and/or special) conditions of contract are hereby explicitly excluded from the contract, i.e., regardless of whether such conditions are included in the contractor's offer, or printed or referred to on the contractor's letterhead, invoices and/or other material, documentation or communications.

We look forward to receiving your response to this RFP.

Yours sincerely,
Dr M. Gulmezoglu
## Annex A – Executive Summary

<table>
<thead>
<tr>
<th>Structure of the information to be provided by the Company expressing interest</th>
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<tbody>
<tr>
<td><strong>1 Company Information</strong></td>
</tr>
<tr>
<td><strong>1.1 Corporate information</strong></td>
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<tr>
<td><strong>1.1.1</strong> Company mission statement</td>
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<tr>
<td><strong>1.1.2</strong> Service commitment to customers and measurements used</td>
</tr>
<tr>
<td><strong>1.1.3</strong> Organization structure (include description of those parts of your organization that would be involved in the performance of the work)</td>
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<tr>
<td><strong>1.1.4</strong> Geographical presence</td>
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<tr>
<td><strong>1.1.5</strong> Relevant experience (how could your expertise contribute to WHO’s needs for the purpose of this RFP)</td>
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<tr>
<td><strong>1.2 Staffing information</strong></td>
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<tr>
<td><strong>1.2.1</strong> Number and Geographical distribution of staff</td>
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### Annex B - Listing of reference contacts (for projects related to one or more area(s) described under paragraph Scope of the work and specific tasks above)

| 1. Name of contracting organization: |
| 2. Contact person: |
| 3. Contact email: |
| 4. Contact phone number: |
| 5. Contractual period: |
| 6. Description of services provided: |

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