



Health Systems Strengthening, Governance and Finance Activity Terms of Reference

Monitoring, Evaluation, Research & Learning Platform Development for Keneya Sinsi Wale Activity

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I. TITLE

This is a solicitation for the development of an integrated database that will be the Monitoring, Evaluation, Research & Learning (MERL) Platform for the management of the USAID Keneya Sinsi Wale Project's. The Project is in the process of developing an online database with dashboard for the collection, analysis, and presentation of all its data for the next five years and is inviting proposals from capable, experienced and competent organizations for the development of this MERL Platform.

2. PROJECT CONTRACT DETAILS

The United States Agency for International Development (USAID) in Mali has awarded Palladium International a 5-year Cooperative Agreement no 72068820CA000003 for the implementation of the Health Systems Strengthening, Governance and Finance Activity (HSS) in the Regions of Mopti, Segou and Sikasso. The HSS Project is called Keneya Sinsi Wale. To enable the effective tracking of the HSS Activity's performance and create the counterfactual for an impact evaluation at the end of the HSS Activity, Palladium International is conducting a baseline survey to establish a point of reference by which change will be measured across all performance indicators of the Activity. This document therefore serves as the initial guide for the design and conduct of the survey.

2.1 Country Background and Context

For over 50 years, USAID has partnered with the Government of Mali to improve the health and lives of the Malian people. Through support to the full range of needs in Mali, from humanitarian to development support, USAID investments at the national, subnational, and community levels have improved health outcomes for women, children, and families across the country.

Despite substantial improvements in some health outcomes since 2001, the Ministry of Health and Social Affairs (MOHSA) faces challenges to its stewardship of the health sector: poor coordination across levels of government, insufficient engagement with the private sector, lack of data information use in decision making, and inadequate resources for community health management committees (ASACOs), community health centers (CSCOMs), and health districts. While decentralization reform in Mali was intended to improve local ownership and accountability, it has resulted in disconnected central and local government health functions. Local governments often lack the human resources, skills, and funding to undertake evidence-based, participatory planning and budgeting, and these shortcomings are exacerbated by district health management teams (DHMTs) that lack transparent management, leadership, and resources to deliver effective services, distribute commodities, and guarantee health promotion efforts. Medical practitioners are frequently placed in management positions with no prior management experience. Several health workforce assessments have revealed significant HRH shortages, maldistribution of health workers, high attrition and absenteeism, low staff morale, and poor productivity.

Although accountability systems exist for citizens to participate in dialogues on performance and budget allocation and use, in practice, local government-planned forums to share and discuss information are scarce. At the community level, the lack of skilled leaders capable of using evidence for advocacy and accountability and weak ASACO management and oversight functions result in no critical feedback loop between facilities and communities. While the private sector plays a key role in Mali's health system, coordination and data quality within the private not-for-profit and for-profit sectors, as well as between the public and private sector, remains poor. MOHSA has not harnessed private sector resources or sufficiently engaged with the private sector to improve market segmentation and data collection.

According to 2015 National Health Accounts review data, Mali has high out-of-pocket expenditures (about 47.10% of total health expenditure). In 2015, the health expenditure by the government was only 5.8% of gross domestic product, and dependency on external aid for health was 17.4%. Even though Mali has aimed to reduce or abolish CSCOM user fees in public facilities through its ambitious health sector reform plans, user fees still remain a considerable barrier to health service access. Resource pools are heavily fragmented, with no single pool for donor funds and low population coverage of urban-based private health insurance and rural-based community health insurance schemes. Challenges to increasing public spending on health in the short to medium term include slowed economic growth, poor revenue generation, and low prioritization of health in the government budget. The government collects only 18% of gross domestic product in tax revenues, well below the 20% average in sub-Saharan Africa, and local governments have limited revenue-raising capabilities and autonomy in budget allocation decisions.

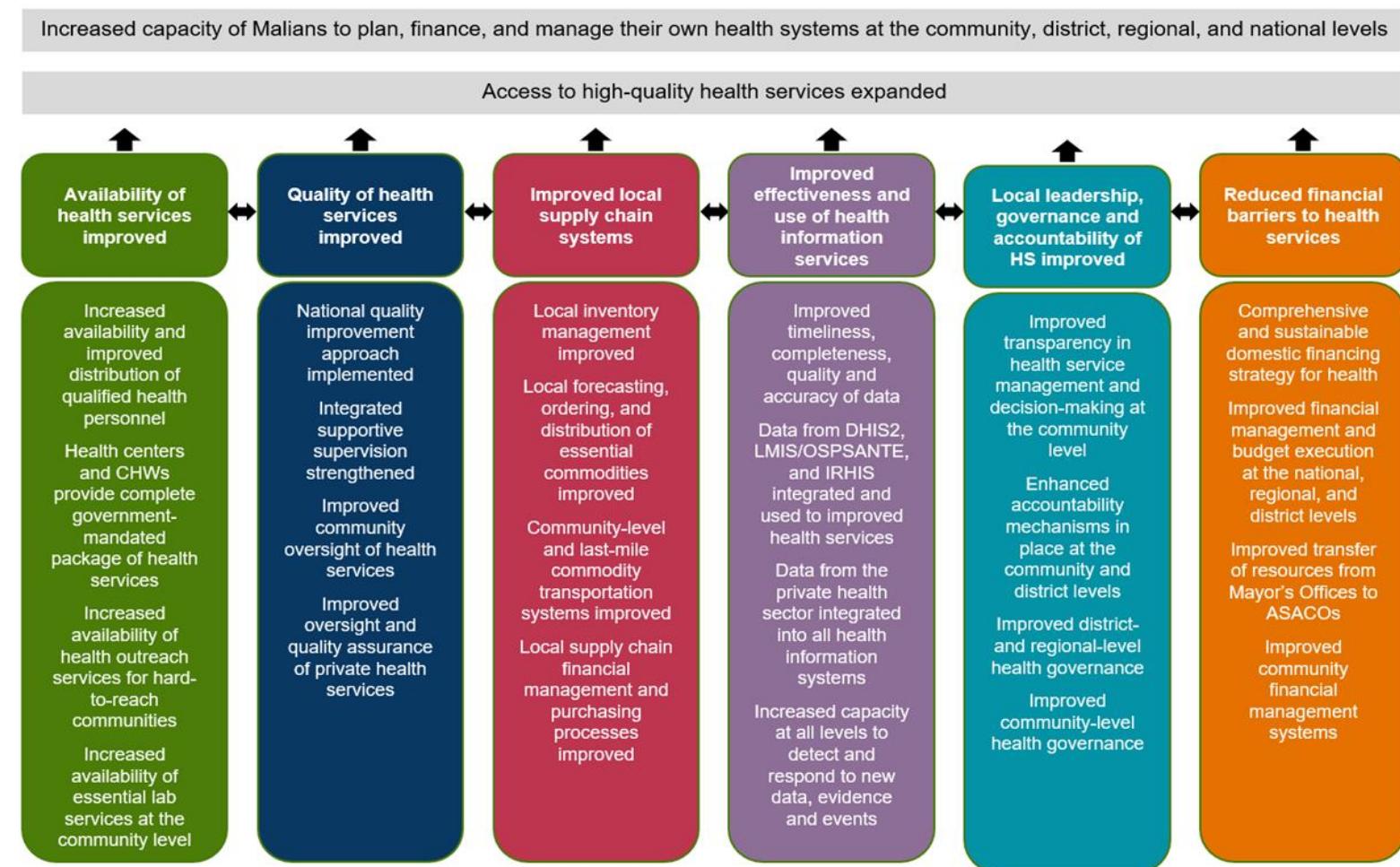
Access to quality healthcare is severely constrained by deficiencies in community health systems. While the Mali health reform proposals will expand services to underserved populations via community health workers (CHWs), funding and training of these workers are primarily donor-supported. Further, there is insufficient knowledge and skills amongst CHWs, poor supervision, fragmented reporting systems, weak referral structures, and insufficient funding for incentive schemes and supplies. To address constraints and bring higher quality care to communities, the MOHSA introduced its Essential Care in the Community (SEC) CHW strategy, focusing on selection, training, stipends, and supervision. Commitment to improving CHW roles and functions must be complemented with improvements in the regulatory framework and capacity development across the community health workforce.

Despite these challenges facing health services in Mali, there is strong political will to reinvigorate and reform broken systems. Last year, the President of Mali announced a series of groundbreaking reforms aimed at reviving Mali's health system and bringing high-quality healthcare to people across the country. The sweeping reforms include:

- Providing select services free of charge—family planning (FP), emergency primary healthcare, preventative and curative healthcare for children under 5, and care for pregnant women
- Increasing the nation's health budget
- Establishing a rural network of CHWs within the national healthcare system

2.2 Project Theory of Change & Logic Model

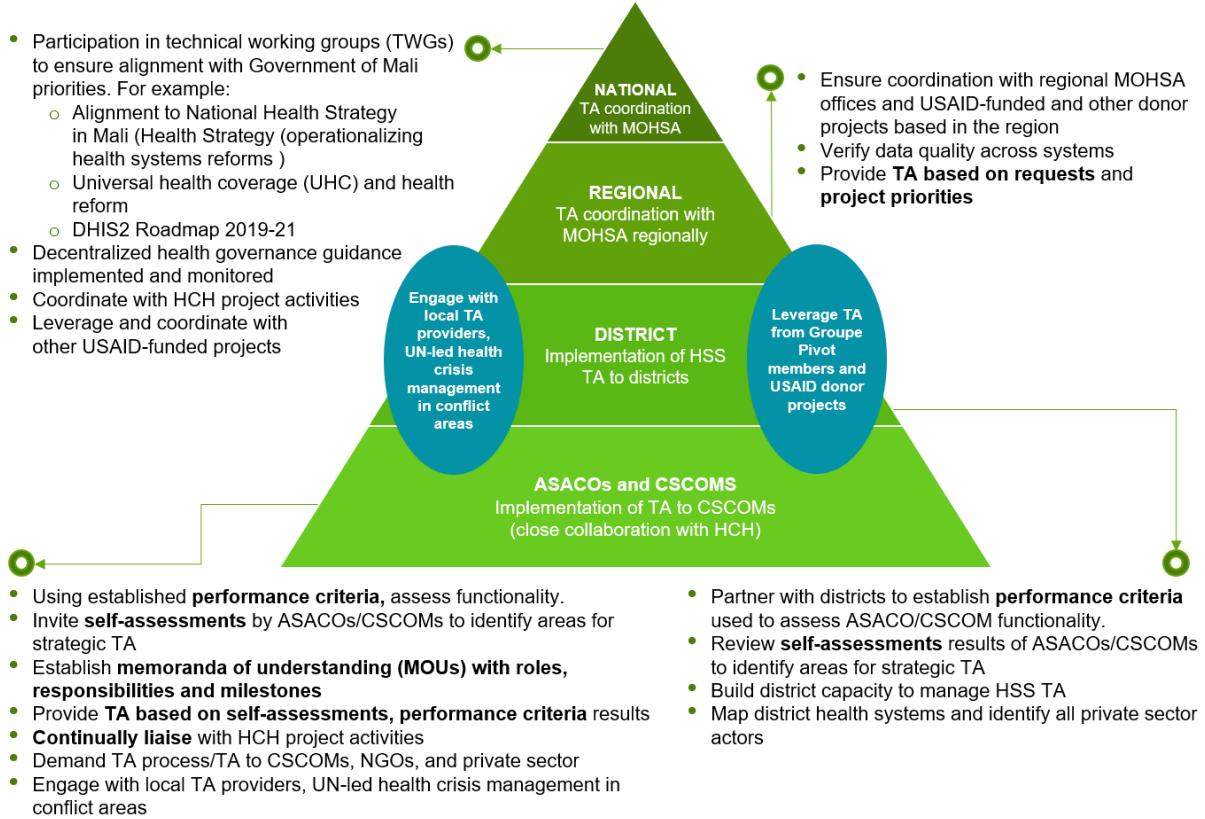
HSS, Governance, and Financing Activity Results Framework



2.3 Activity Theory of Change

The HSS activity is aimed at expanding access to high-quality health services and increase Malians' ability to plan, finance and manage their health system and their own health at the community, district, regional levels within the regions of Sikasso, Segou, and Mopti, and at the national level. The HSS activity will work with Malians and their public, private and civic institutions and systems to strengthen competencies in areas such as management and leadership, workforce development, system management functioning, quality of care, supervision, data for decision-making, and health governance and financing. This activity will also collaborate with other USAID non-health activities that are working in areas such as governance and finance that are relevant to the health system. Additionally, this activity, in collaboration with the HCH activity, will strengthen citizen participation in, and social accountability for, quality health services and efficiently-managed health systems. The availability of high-quality health services will be increased through increased availability of competent health personnel and ensuring that health centers and health workers provide a complete package of services. It will also require the availability of outreach health services for remote, insecure, and hard-to-reach areas, and appropriate lab services at the community level.

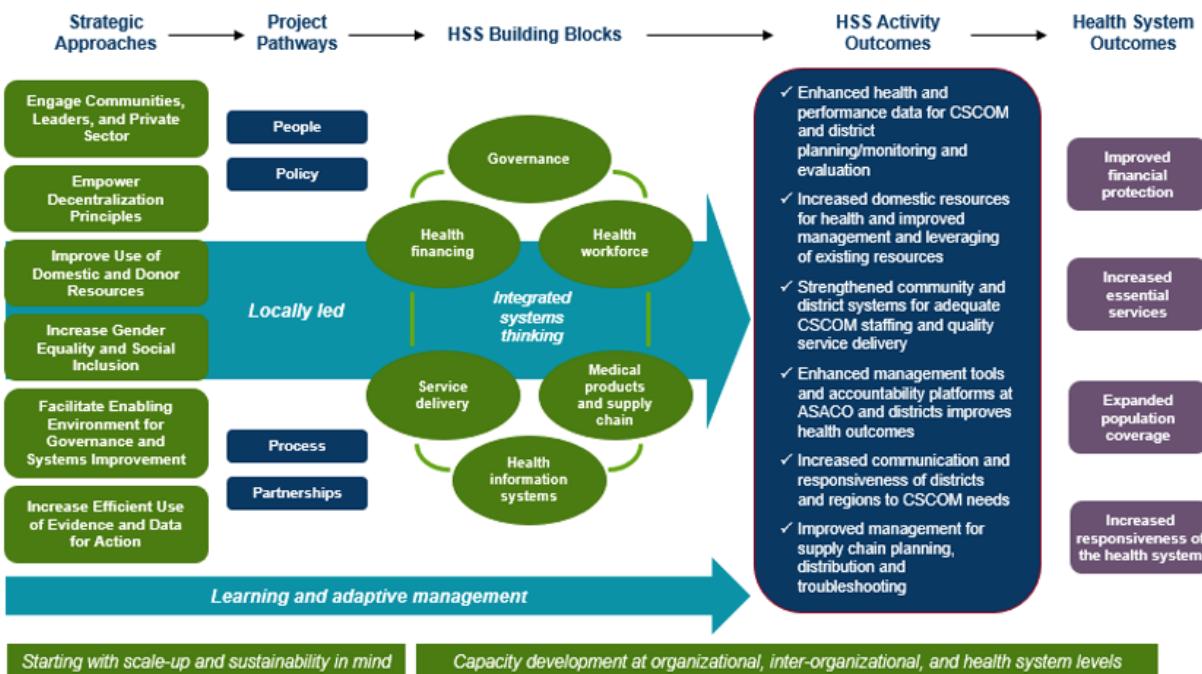
Proposed Approach by Level



HSS will strengthen the national quality improvement approach, improve monitoring and supportive supervision, strengthen community-based oversight of the quality of health services, and improve quality assurance of private health services. The performance of the logistics management system will be improved at district level and below to ensure an uninterrupted supply of quality essential medicines and commodities to clients. This activity will focus on the district and sub-district/community levels to ensure that quality essential medicines and commodities reach the end users and that community health providers, such as CHWs, private maternities, and other targeted private (for- and not-for-profit) health facilities have the management capacity (including fiscal management) to ensure the availability of essential supplies and medicines that they need to provide quality services. This activity will improve input, analysis, and use of quality information at community, facility, and district levels, in public and private sectors, and will support the district- and community-level providers in strengthening the performance and utilization of the three health information systems: DHIS2 for service delivery, LMIS/OSPSANTE for logistics/supply chain, iRHIS for human resources.

This activity will strengthen leadership, management, and governance capacities for health managers, elected officials, healthcare providers, and community actors and groups to enable them to plan, implement, and manage quality services and systems at the district, sub-district and community levels of the healthcare system. This activity will work with communities and households to increase their participation in local savings or health financing mechanisms, as well as to ensure their access to these funds in times of need. Managers of local savings and financing mechanisms will be increasingly accountable to community members through strengthened financial management and transparency. The Activity's results are:

Figure 1. Theory of Change – Building Functional Systems



Result 1: Availability of Health Services: Increasing availability of services requires intervention at all levels of the health system. We will work at all levels of the health system to ensure national policies and guidelines are operationalized in health facilities such that the minimum package of services, essential care in the community, and quality lab service is delivered by competent and present health workers. We will work to improve health worker distribution and retention in Segou, Sikasso, and Mopti through close collaboration with ASACOs and district health management teams (DHMTs). Customized district level scale-up plans will support districts to best coordinate and leverage public sector resources, private sector partners, and donor funding.

Results 2: Quality of health Service Improved: We aim to institutionalize total quality management in the health system through a combination of evidence-based and synergistic mechanisms. Recent publications (from the Lancet Global Health Commission, WHO, the World Bank, OECD, and CDC) highlight the most effective combination of interventions to improve service quality through healthcare provider performance, which include the use of quality improvement (QI) learning collaboratives for group problem-solving, supervision, short on-the-job training sessions, financial incentives, and infrastructure development. It also includes institutionalizing QI through capacity building of district and facility staff, ASACOs and community representatives who will work as one team to design, assess, and improve quality of services.

Results 3: Improved Local Supply Chain: We will apply a “last mile direct delivery model” across the 3 regions that strengthens commodity, data, and financial flows in the public health supply chain. This includes delivering commodities directly to health facilities, supporting CSCOMs and districts in making real-time stocking decisions based on inventory and consumption data, and incorporating transparent payment processes for commodity purchases

Result 4: Improved Effectiveness and Use of Health Information System: In Mopti, Segou, and Sikasso, we will support integration of data across platforms for use in decision making in districts, capturing data from CHWs and private health facilities, establishing effective monitoring and supervision for this effort, and reinforcing initiatives to increase data completeness, data quality, and data use. We will prioritize meaningful engagement of women and the improvement of health services in conjunction with all other results

Result 5: Local Leadership, Governance and Accountability of Health Systems Improved: We will support regional, district, and CSCOM institutions to function with transparency, responsiveness, and accountability. We will assist institutions to improve their management and planning with clear metrics/tools to improve CSCOM performance, manage and respond to risks, implement transparent financial governance, and improve governance of other priorities (human resources for health, data, supply chain, and community engagement). Strengthening governance functions of key institutions at district level requires full partnership with MOHSA, regional and district health institutions, communes/mayors, CSCOMs, and their partners.

Result 6: Reduced Financial Barriers to Health Services: Diversified and sustainable funding streams will remove financial barriers and enhance equity to improve health outcomes and increasing population’s use of services. The recent United Nations General Assembly declaration on UHC (September 2019) reiterates the need for countries to pursue efficient health financing policies, ensuring sufficient spending for health using both traditional and innovative financing while also accelerating efforts towards financial protection. Our project design will draw on

multiple funding sources and collaboration with MOHSA, regional and district health institutions, communes/mayors, ASACOs, private sector, mobile operators, and other stakeholders to build a robust health financing system at regional, district, and community level and strengthen supply-side capacity of the health system in collaboration with HCH (demand side).

3. 4. AVAILABLE INFORMATION SOURCES

The main source of information on this assignment is this terms of reference document. However, vendors who require further information can request for a detailed information on the project by sending an email to MLhss.procurement@thepalladiumgroup.com not later than 13 April 2021. Vendors may also submit questions to the same email for clarification not later than 05 April 2021.

4. 5. PURPOSE AND AUDIENCE

4.1 Purpose

The purpose of this SOW is to identify a firm that will support the Keneya Sinsi Wale project to develop a comprehensive database for the management of the projects performance. The database will be the MERL Platform and will collect data on over 100 indicators and activities in some 660 communities in 3 regions (Mopti, Segou and Sikasso) over a period of 5 years. The MERL platform is required to have both online and offline functionality abilities for data collection, review, analysis, dashboard, data storage and message broadcasting features.

4.2 Audience

This database would have a small group of audience that could total about 2000 individuals. These would include staff of Keneya Sinsi Wale, staff of USAID Mali, Malian Ministry of Health staff at national, regional and district levels in the 3 focus regions, staff of over 600 CSCOMs, key members of over 600 ASACOs, staff of Private Health Facilities (including pharmacies and laboratories) in the 3 regions, staff of Rural Maternities in the 3 focus regions, staff of local NGO implementing partners and key implementing partners such as staff of Keneya Nieta.

However, in addition to these few individuals, certain data from the database will be linked to the Tableau online platform to enable access to the wider population. From this platform, stakeholders, both inside and outside Mali would have access to the data for their studies, policy, strategic and management decisions.

5. SPECIFIC MERL PLATFORM REQUIREMENT

The MERL platform to be developed is required to have the ability to perform the activities stated in each of the sub sections below:

5.1 Data Collection

- I. The platform should have the ability to collect all basic forms of data through the use of smart phones.
- II. The platform is required to have the ability for web data entry, ensuring that all data collected on hard copies can be entered through this platform.
- III. The platform should have the ability to collect and analyse Global Positioning Systems (GPS) coordinates for all data collected.
- IV. In the design of the Keneya Sinsi Wale monitoring system, most of the data need to be collected and processed in real-time. The platform should therefore have the ability to collect real-time data.
- V. Most of the operational areas where data will be collected have no internet connection (or at best, very weak internet connectivity). The platform is therefore required to have the **Caching** ability, ensuring that data collected could be stored and submitted when internet connectivity is available.
- VI. Most of the data collection tools are in tabular format. The platform should therefore have the ability to design and collect data in tabular format to enable efficiency in data collection. It should also have the ability to develop both quantitative and qualitative data collection tools.
- VII. The system would require the use of over 10 different data collection tools. The platform should therefore have the ability to design and effectively manage a minimum of 15 data collection tools.
- VIII. The platform should have the ability to collect data on over 300 activities linked to some 100 indicators for the life of the project.
- IX. Most of the data collection tools would have common biographic data and would therefore require a platform with the ability to perform cascading select, ensure the maintenance of relationship among the different data collected.
- X. The Keneya Sinsi Wale project would have about 300 data collectors. The system is therefore required to have the ability to accommodate over 300 data collectors, with the possibility of simultaneous data collection for the life of the project.
- XI. The project works in collaboration with other partners and may accept data from other sources to be uploaded and analysed on this platform. The platform should therefore be portable enough to accept data from other sources such as CSV format.

5.2 Data Review and Approval

- I. It is expected that data collectors may sometimes commit errors in the collection process and would have to correct them during data review. The system must therefore have the ability to permit the individual collecting the data to correct it even after the data collection is completed (but before synchronizing) or after to be referred back to the individual who submitted the data for correction after synchronization if any errors are detected.
- II. There shall be two levels of review of all data submitted into the system before approval for publishing. The system should therefore have the ability for levels of approval, ensuring that data from the community is approved, and district level is approved at the respective regional offices and the national office before it is published for use by the audience.
- III. The platform is also required to have at least, three levels of authorization (read, write and edit permissions), ensuring that the project can determine who can only view the data but cannot manipulate (read permission), who can collect and submit data (write permission) and who can edit and correct errors in the data (edit permission)

5.3 Data Analysis

- I. The platform will be used in conducting several descriptive analyses such as frequency tables, pie charts, bar charts, histograms, cross tabulations etc. It is estimated that over 100 of such descriptive analysis shall be programmed with the system.
- II. The project would regularly conduct detailed statistical analysis on the data collected to enable accurate and precise decision making based on data. The platform should therefore have the ability to export data into excel and SPSS for detailed statistical analysis and test of significance.
- III. Project activities would be implemented in over 1000 sites and data to be collected from these cites would include GPS data. The platform must not only have the ability to collect these GPS data, but should be able to analyse and plot this data on real geographic map to enable accurate tracing and verification of data as well as multiple cross comparison of indicators by site.
- IV. All data collected will be analysed automatically with most of the data being submitted and analysed in real time. The platform is expected to have the ability to automatically analyse on over 100 indicators and generate the reports automatically and in real-time.
- V. While data collected and analysed is expected to be published for the viewers of many individuals to enable decision making, not all viewers would be authorized to access all data at all times. The platform should therefore have the ability to assign viewership permission, ensuring that certain data can only be viewed by certain individuals based on the permission granted.

- VI. Data would be analysed and disaggregated in accordance with the Activity Monitoring, Evaluation and Learning Plan (AMELP) of the Keneya Sinsa Wale project. Key factors of disaggregation include sex, age group, geographic coverage, technology, beneficiaries. The platform should therefore have the ability to capture the data in these disaggregated formats as well as analyse the data in disaggregated formats.

5.4 Dashboard

- I. The project would be developing an interactive dashboard to enable easy access to and use of data for decision making. The platform should therefore have the ability to develop an interactive dashboard with over 400 descriptive statistics such as graphs, tables, charts, maps, pictures etc. It should also have the capacity to manage this dashboard over the 5-year period of the project's life.
- II. Whilst many of the users of the data would be in geographic areas with relatively reliable internet connectivity, the majority of the users are in areas where there is little to no internet connection or at best unreliable internet signal strength. The platform should therefore have both online and offline abilities to ensure that the absence of internet does not correlate with the absence of data.
- III. The project has several indicators that will be collected from the DHIS2 database - a database used by the Malian Ministry of Health for the management of more of their health data. There is therefore the need to link this MERL platform with the DHIS2 database to ensure that all needed data are uploaded into the MERL platform in real-time.
- IV. As explained earlier, this platform will provide direct access to data to some over 2000 users, however, the database will be linked to a Tableau online dashboard that would enable access to data to several thousands of users across the world for policy, strategic and programmatic health decisions; project designs and adaptions; as well as researches by health experts and students. The platform is therefore required to have the ability to link up with a Tableau online database for the regular publishing of some pre-approved data online.
- V. A good picture is said to be equivalent to 1000 words and as such, the project's stories will not only be told with figures and narratives but also with several hundreds of pictures. These pictures would be published on the platform for easy access by users from all locations. The platform should therefore have the capacity to create a photo album for project pictures.
- VI. In addition to the quantitative data and photos, the project will regularly develop some five types of short stories, namely case studies, success stories, before & after stories, first person stories and photo & captions. The platform should have the ability to publish up to 60 such short stories each year for the life of the project.

5.5 Messaging Abilities

- I. The monitoring systems would be used on regular bases to disseminate information including broadcasting messages through Short Message Service (SMS). The system should therefore have the ability to broadcast SMS to larger population.
- II. As the use of Interactive Voice Response (IVR) messaging system has become very popular due to its ease of use in data collection, the project would periodically use IVR system for message broadcasting and data collection. The platform is therefore required to have IVR capabilities.
- III. To ensure timely responses to the over 2000 health service providers and organizations that would be receiving direct support and indirect support from the project, the project intends to set up a helpline for call-in support. The platform should therefore have the ability to establish a helpline system to facilitate the provision of support to beneficiary organizations.

5.6 Data Storage

- I. The project has just completed the collection of baseline data. Several more data will be collected during project implementation through the monitoring of project activities. The project will also conduct periodic assessments, evaluations and research. It is estimated that the amount of data to be stored by the project for the 5 years could accumulate to 2.5TB of data. The platform should have the capacity to store and secure this data for the life of the project.
- II. In addition to the soft copy data, the project would also receive huge amounts of hard copy data (scanned copies of data collection tools), and other visuals such as picture, photos and images. The platform should have the ability to store these materials in retrievable formats for the life of the project.
- III. In addition to IVR recordings that would be collected during project implementation, the project may also produce short videos and audio recordings (both from the researches/evaluation and project implementation activities). The platform should have the ability to store these data in an easy-to-retrieve formats to facilitate access to these materials when needed for decisions.

5.7 Project Management

- I. The platform will be used for Activity Planning and Work Planning purposes. It must therefore have the ability and features for planning that would enable individual staff to plan their activities electronically and accordingly submitted to their supervisors for approval.
- II. The platform should also have the ability and features that would allow the respective supervisors to electronically approve plans and requests submitted to them. This approval process could include commenting, editing or reviewing sections of the plan before appending a signature, code, initials or other forms of approvals as may be decided

jointly between the Keneya Sinsi Wale team and the Vendor during the MERL Platform development process.

- III. The platform will serve as the source of monitoring the activities of staff. This will involve tracking the daily activities being conducted by each staff and generating graphs, diagrams, charts etc based on the activities of the respective staff. It will also be used for staff performance monitoring by comparing the achievements of each staff to their plans on monthly basis. The platform should therefore have the ability to perform these functions.

5.8 Data Protection and Security

- I. As a project that is taking place in regions that have active security concerns, there would be data containing Personal Identifiable Information (PII) that needs to be secured to protect the individuals concerned. The system should therefore have the ability to keep some data confidential, ensuring that all information that have been identified by the project as PII would be secured from the users of the platform.
- II. The advancement of technology comes along with several challenges including the hacking of systems and compromising of data. Such an action can have severe consequential effect on the data and its usage. The Vendor should therefore show proof that the proposed system has the ability to reasonably secure Keneya Sinsi Wale Project's data again external attacks.

6. PLATFORM DESIGN PROCESS

The platform will be developed jointly with the Monitoring, Evaluation, Research and Learning (MERL) team of the project to ensure effective and autonomous management of the platform and the entire monitoring system. The services required in this tender process is therefore categorized into four stages as follows:

- I. Training of MERL Team: As part of the design of the platform, the successful vendor will be required to train a 9-member MERL team. The training would include how to design and manage the MERL platform. The purpose is to ensure that the MERL team can effectively manage the system and can subsequently modify, change and add more features such as data collection tools and reports.
- II. Development of MERL Platform: After the training, the vendor would lead the MERL team in the development of the platform by coaching and guiding them to develop the entire MERL platform ensuring that the development process will serve as an on-job-training. The MERL platform must be designed to perform all the requirements specified in the specific MERL platform requirements in section 5 above.
- III. Pre-testing of MERL Platform: Upon completion of the development of the MERL platform, the MERL team will pre-test it by training the technical team and implementing the system for a minimum of 3 months. Within this period, the MERL team is expected to identify all areas that will require review, adjustments, corrections, and redesign. The

observations from the pre-testing will be the bases for finalizing the platform. The vendor is not required to participate in the pre-testing of the MERL platform, however, if the vendor wishes to participate in it, this may be considered by the project. It should however be noted that, while the project may be willing to provide logistical support for the vendor to participate in the pre-testing, the project will not pay fees in any form to enable the vendor to participate in the pre-testing. The vendor's responsibilities during the pre-testing period will be limited to responding to periodic requests from the MERL team.

- IV. **Finalizing of MERL Platform:** Based on the findings from the pre-testing, the vendor will be required to lead the MERL team to finalize the platform, ensuring that all the limitations have been addressed and an effective and efficient MERL system is in place performing all the functions specified in section 5 above.

7. DELIVERABLES

Work Plan and Notes: The vendor is required to submit a work plan covering all the four processes explained in section 6 above. The work plan should also include the level of effort for each activity as well as an accompanying work plan notes that provides more details to the work plan including resources the Kenya Sinsi Wale needs to get ready before the commencement of the platform development process. This work plan must be submitted at least 5 working days before the inception debrief.

Inception Debriefing: The Kenya Sinsi Wale team would hold an inception debrief meeting with the Vendor to discuss, review and adjust the work plan. The meeting will also be an opportunity for both parties to clear their doubts and for the Kenya Sinsi Wale team to clarify their expectations to the vendor for the last time.

Version 1 Platform: The version 1 of the MERL platform shall be a complete platform with all the required features fully functioning and having the ability to perform all the requirements set out in section 5 of this terms of reference document. This platform is for pre-testing and therefore all the features should be complete and functional before it can serve as the deliverable. The pre-testing will be conducted by the MERL team of Kenya Sinsi Wale. The Vendor does not need to participate in the pre-testing.

Version 2 Platform: The platform will be pre-tested by the MERL team of Kenya Sinsi Wale within 3 months during which all the limitations and sections needing revision shall be recorded. Based on this information, the vendor will lead the MERL team in revising and finalizing the platform. The revision could include deleting, changing, revising, updating and/or introducing new sections on the platform. This revision will lead to the completion of the version 2 of the MERL platform which will then be presented to USAID for their observation and input.

Final MERL Platform: Based on the comments from USAID, the vendor will lead the Kenya Sinsi Wale MERL team to revise and finalize the platform. The vendor's responsibility at this level will be limited to coaching the MERL team to perform the final revision.

8. DISSEMINATION PLAN

The vendor is not expected to participate in the disseminations. However, if the vendor chooses to participate in the dissemination, the project would make logistical arrangements for the vendor and will not pay consultancy fees for their participation.

First Draft MERL Platform Dissemination to Staff: Upon completion of the draft version, the MERL Platform shall be disseminated to all staff of Kenya Sinsi Wale. There shall be 4 levels of disseminations. These are the National level and each of the 3 Regional Offices. The participants for the dissemination shall include staff of Kenya Sinsi Wale, Staff of Group Pivot et LGNOs working under Group Pivot, 6-member District Support Teams working with the Kenya Sinsi Wale Project, samples of CSCOMs, ASACOs, Rural Maternities and Private Sector Providers. This dissemination shall be done before the pre-testing of the MERL platform.

Version 2 MERL Platform Dissemination to USAID Staff: Upon completion of the Version 2 of the platform, it shall be disseminated to staff of USAID. The AOR for Kenya Sinsi Wale would be responsible for deciding on those who would participate in this dissemination and inviting them accordingly.

Final MERL Platform Dissemination to Key Stakeholders: Upon the completion of the final version of the MERL Platform, it will be disseminated to a larger group of stakeholders. This would be done at the national level, 3 regional levels and in each of the 26 Districts. Participants would include MOHSA staff at National, Regional and District levels, Prefets, Mayors, all beneficiary CSCOMs and ASACOs, all beneficiary Private Sector Providers, all beneficiary Rural Maternities, key development partners and opinion leaders.

9. EVALUATION CRITERIA

The entire evaluation process is categorized into 3 phases:

Proposal Evaluation: The first phase will be an evaluation of the proposals submitted by the vendor. The technical proposal shall be evaluated first. Vendors who score less than 80% with the technical proposal will be deemed not qualified and therefore their financial proposals will not be evaluated. The financial proposals of the vendors who scored more than 50% will be evaluated to select those who move to the next level of the evaluation.

Sample Presentation: Vendors who qualified to the second stage of the evaluation (based on Technical and Financial proposal evaluations), will be required to make a 2-hour presentation justifying how their platform satisfies each of the requirements stated in section 5 above. Following the presentations, the tender board members will pose questions to seek clarification on the performance of the platform. This question-and-answer session could be up to 2-hours but not more.

Negotiations: Based on this presentation, Keneya Sinsi Wale will select the best 3 products for negotiations. The Project will negotiate with the vendor adjudged to have the best product and if successful, the project will go ahead to award them the contract. However, if the negotiation with the vendor with the best product does not end in an agreement, the project will move ahead to negotiate with the vendor with the 2nd best product and finally with the 3rd best project.

10. EVALUATION STANDARD

10.1 Technical Proposal Evaluation

The technical proposal shall be scored on two levels:

Level 1: Proposal Quality (15%)

1. Experience of Organization – 5
2. Proposed Consultants CV – 5
3. Proposed Work plan – 5

Level 2: Proposed Platforms Abilities (85%)

1. Data Collection Ability – 15%
2. Data Review & Approval Ability – 10%
3. Data Analysis Ability – 15%
4. Dashboard Ability – 20%
5. Messaging Ability – 5%
6. Data Storage Ability – 10%
7. Project Management Support – 5%
8. Data Protection and Security – 5%

10.2 Financial Proposal

The financial proposal shall be evaluated based on the following key points:

1. Proposed level of effort, number of consultants for each activity, and consultancy fee (in comparison with the experience of the proposed consultants)
2. Annual subscription rate for the platform in relation to its ability. Please note that the platform will be used for 5 years.

11. PERFORMANCE PERIOD

The development of this platform is expected to begin in April 2021. The vendor is required to propose the detailed LOE and when the entire process is expected to be completed based on their solution. Prospective Candidates must factor in the requirement mentioned in this terms of reference document such as 3 months of pre-testing.

12. LOGISTICS AND SECURITY ARRANGEMENT

Logistics: The Keneya Sinsi Wale Project will be responsible for all logical arrangement before, during and after the development of the MERL platform. These include international and domestic transport, hotel accommodation, and meals. The project will also be responsible for organising the training and the various sessions for the development of the platform. Prospective bidders should therefore not budget for these logistics.

Security Arrangement: Mali is one of the several countries with security challenges. The eventual winner will therefore be responsible for making their own security arrangement. The Keneya Sinsi Wale project is not responsible for security arrangements for the eventual winner.

13. APPLICATION PROCEDURE

To be considered in this bid, the vendor must submit a detailed proposal with the format below. Please note that the evaluation criteria are based on this format. Failure to provide all the information required in this section may disqualify the prospective bidder. **The evaluation of proposals will commence as soon as a proposal is received. No proposal would be accepted after 13 April 2021**

1. Introduction of the Organization (Not more than 1.5 pages): This introduction should focus on the bidding organization's background such as year of establishment, projects implemented, countries in which the organization has implemented projects, awards and

recognition won by the organization etc. Everything that the organization would like us to know about them should be stated here. **This section should not exceed 1.5 pages.**

2. **Proposed Platform's Features:** Please explain the qualities of the platform you are proposing and its ability to perform each of the functions stated in section 5 of this terms of reference document. Please note that this is a key evaluation criteria and should be thoroughly addressed. The response to the requirements should be arranged in the order of the requirements as stated in section 5 to facilitate understanding of the platform's abilities. For each criteria and sub criteria, please clearly state whether the platform can perform the required function before explaining. **This section may not exceed 5 pages.**
3. **Past Experiences:** The bidder is required to present some projects implemented in the past or currently being implemented that have the features mentioned in the requirements in section 5 of this document. If one single project implemented by the organization does not have all the features mentioned in section 5 above, the organization can present multiple projects, and highlight how they meet the requirements stipulated in this document. Information required here include project's name, brief description of the project, geographic coverage, and cost of establishing the system. **This section should not exceed 3 pages.**
4. **Work Plan (Table & Gantt Chart):** The prospective vendor must submit a detailed work plan table containing each of the activities that would be carried out until the final version of the MERL platform is ready. The work plan should at least include the item (activity), dates, place, and person responsible. Vendors have the choice to add more content to the work plan. In addition to the tabular work plan, prospective vendors must develop the work plan on a Gantt chart, with each of the item (activities) clearly stated and accordingly marked on the chart to facilitate understanding.
5. **Proposed Consultants CV:** The prospective vendor must attach the CV of each of the proposed consultants. While there are no requirements specified for these consultants, their CVs should clearly demonstrate that they have the experience developing similar MERL platforms. This section should also clearly state what their role will be if the vendor is successful.
6. **Itemized Budget:** The vendor should propose an itemized budget to cover all the activities stated on the work plan and the hiring of the platform. This budget should cover a period of 5 years. The budget should be detailed and should include the Cost Unit, Quantity, Level of Efforts (LOE), Unit Cost and Total Cost.