Request for Proposal # 2023-037
Development of an Immunization Product Suite for Tanzania

Summary of deadlines

Release of Request for Proposal	Monday 31st July 2023
Questions via email to be submitted	Friday 4th August 2023
Responses to emailed questions published on Digital Square open application process (OAP) platform	Tuesday 8th August 2023
Proposals due	Friday 25th August 2023
Applicants notified of decision	Friday 8th September 2023

Note that PATH reserves the right to modify this schedule as needed. All parties will be notified simultaneously by email of any changes.

Terms and Acronyms

The following list of acronyms appear throughout the document and appendices.

AEFI	Adverse Events Following Immunization
BID	Better Immunization Data
CHW	Community Health Worker
CRVS	Civil Registration and Vital Statistics
DAK	Digital Adaptation Kit
DTDS	Digital Tracking and Decision-Support system
EIR	Electronic Immunization Registry
FHIR	Fast Healthcare Interoperability Resources
GIS	Geographic Information System
HL7	Health Level Seven
HMIS	Health Management Information System
IHE	Integrating the Healthcare Enterprise
IIS	Immunization Information System
LMICs	Low- and middle-income countries
LMIS	Logistics Management Information System
MOH	Ministry of Health
MPI	Master Patient Index
OpenHIE	Open Health Information Exchange
OSI	Open Source Initiative
RFP	Request for Proposal
SURD	System and User Requirements Document
USAID	United States Agency for International Development
WHO	World Health Organization
VPD	Vaccine Preventable Diseases (VPD)

Table1: List of Acronyms

I. PATH statement of business

PATH is the leader in global health innovation. An international nonprofit organization, we save lives and improve health, especially among women and children. We accelerate innovation across five platforms—vaccines, drugs, diagnostics, devices, and system and service innovations—that harness our entrepreneurial insight, scientific and public health expertise, and passion for health equity. By mobilizing partners around the world, we take innovation to scale, working alongside countries primarily in Africa and Asia to tackle their greatest health needs. Together, we deliver measurable results that disrupt the cycle of poor health. Learn more at www.path.org.

II. Solicitation terms and conditions

2.1 Notice of nonbinding solicitation: PATH reserves the right to reject any and all bids received in response to this solicitation and is in no way bound to accept any proposal.

2.2 Confidentiality: Suppliers shall treat all information provided by PATH as part of this solicitation as confidential. If any information is inappropriately released, PATH may seek appropriate remedies as allowed under applicable law.

2.3 Conflict of interest disclosure: Suppliers bidding on PATH business (also referenced herein as "bidders") must disclose, to the procurement contact listed in the RFP, any actual or potential conflicts of interest. Conflicts of interest could be present if there is a personal relationship with a PATH staff member that constitutes a significant financial interest, a board membership, other employment, or ownership or rights in intellectual property that may conflict with the supplier's obligations to PATH. Suppliers and PATH are protected when actual or perceived conflicts of interest are disclosed. When necessary, PATH will create a management plan that provides mitigation of potential risks presented by the disclosed conflict of interest.

2.4 Acceptance: Bidder's submission of a proposal means the bidder accepts all terms and conditions set forth in the RFP. PATH's acceptance of a proposal does not mean acceptance of its terms and conditions. PATH reserves the option to negotiate on the final terms and conditions. We additionally reserve the right to negotiate the substance of the RFP finalists' proposals, as well as the option of accepting partial components of a proposal if appropriate.

2.5 Right to final negotiations: PATH reserves the option to negotiate on the final costs and final scope of work and reserves the option to limit or include third parties in such negotiations at PATH's sole and full discretion.

2.6 Third-party limitations: PATH does not represent, warrant, or act as an agent for any third party because of this solicitation. This solicitation does not authorize any third party to bind or commit PATH in any way without our express written consent.

2.7 Proposal validity: Proposals submitted under this RFP shall be valid for at least 90 days following the date the proposal is due. The validity period shall be stated in the proposal submitted to PATH.

2.8 Limitation of liability: The terms and conditions set forth in this RFP do not exclude or limit the liability of PATH or the supplier in relation to fraud or in other circumstances giving rise to liability under any applicable law.

2.9 Tender costs and liability: Bidders are responsible for obtaining all information necessary for preparation of their proposal and for all costs and expenses incurred in preparation of the proposal. Subject to the "Limitation of liability" section in this RFP (section 4.8), the bidder accepts by their participation in response to this RFP, including without limitation the submission of the proposal, that it will not be entitled to claim from PATH any costs, expenses, or liabilities that it may incur in tendering a response to this RFP, irrespective of whether their proposal is successful.

2.10 PATH's variation or termination rights: PATH reserves the right to vary or terminate this RFP process with written notice to all suppliers from which it has received proposals. It is intended that this solicitation process will take place in accordance with the provisions of this RFP, but PATH reserves the right to terminate, amend, or vary (to include, without limitation, in relation to any time scales or deadlines) the solicitation process by notice to all suppliers from which it has received proposals. Subject to section 4.8, "Limitation of liability," PATH will have no liability for any losses, costs, or expenses caused by its termination, amendment, or variation to this RFP.

2.11 Joint venture or consortium or subcontractors: Any lead supplier that submits a proposal in response to this RFP takes responsibility and accountability for enforcing the RFP requirements set forth herein among the members of the joint venture or consortium, and each of their advisers, subcontractors, and staff.

2.12 Payment and invoicing: PATH will pay correctly addressed and undisputed invoices within 30 days. Suppliers shall ensure comparable payment provisions apply to payments to their downstream parties. Advance payment is not preferred. If an advance payment is envisaged and is other than industry or country known practice, such must be made clear in the financial proposal to PATH.

III. Project background and proposed timeline

Project background

The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and PATH's Digital Square initiative are partnering with ministries of health to support countries to innovatively select and adapt digital tools. By doing so, countries can better navigate the complexities of pandemics and strengthen routine immunization systems through the Digital Innovation in Pandemic Control (DIPC) project.

The DIPC project plans to enhance existing digital health systems by addressing the need for a global goods immunization product suite that will provide a digital health solution across the vaccine service delivery workflow applicable in low-resource settings. This will assist ministries of health in low- and middle-income countries (LMICs) to more rapidly utilize digital technologies to provide a fully integrated solution that supports effective immunization service delivery, ultimately strengthening data-driven health systems and future pandemic preparedness. This aligns with efforts to integrate COVID-19 vaccination into routine immunization systems.

While there are many digital health solutions that cater for specific functional areas within the workflow, such as electronic immunization registries (EIRs), community-based tools, reporting systems, etc., these still require significant work to achieve an interoperable solution that supports the full end to end immunization use case. Many countries have existing digital systems in place that already support key functions of the workflow and/or the capacity to support particular technologies and may be looking for additional components that can be added to existing systems to provide an integrated immunization solution that aligns with their national digital health strategies and health enterprise architecture. A product suite provides that flexibility and should be designed to incorporate existing systems rather than replace them.

Product suites are aligned with <u>WHO's SMART Guidelines.</u> Product suites should utilize the Level two (L2) (operational) and L3 (machine readable) components to produce L4 (executable) reference software.

Definition of a Product Suite

Digital Square defines product suites as **a configuration of open source technologies and tools that are aligned to meet a functional domain** (such as immunization, antenatal care, etc.) **and support standards-based data exchange.** The product suites package digital tools together and exchange data through appropriate patterns to achieve a desired set of functionality and outcomes. Product suites leverage international guidance documents, such as WHO Digital Adaptation Kits (DAKs), to frame the expected system-wide flows and functionalities.

Product suites must meet defined functional and non-functional requirements to ensure all major functional areas are catered for and essential non-functional needs are considered.

Product suites must support appropriate standards-based data exchange to achieve a fully interoperable solution. Data exchange should be enabled through adherence to globally recognized standards with the Open Health Information Exchange (OpenHIE) specified workflows where relevant. Health Level Seven (HL7) Fast Healthcare Interoperability Resources (FHIR) is the preferred open standard and work on product suites should reference and contribute to the development of WHO L3 work.

Product suites must be comprised of recognized global goods and/or technologies that meet the <u>definition of a global good.</u>[1]

Conceptually, product suites are modular by design to:
- Leverage existing infrastructure and tooling.
- Build on prior investments in digital health software products.
- Allow software components to be replaced or upgraded /updated as needs evolve over time.
- Promote re-use and adoption by other countries/projects.

In addition, although each product suite focuses on a particular health program area (in this case immunization), product suites are envisioned to have the ability to link to other health program areas to support integration across primary health care services.

By supporting the development of product suites that are responsive to country's needs, Digital Square believes this will enable the scale up of interoperable digital systems that comply with WHO guidelines and accelerate the implementation of standards-based architectures.

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[1] https://wiki.digitalsquare.io/index.php/What_are_Global_Goods

Proposed project timeline

PATH anticipates that the implementation period for one provider contract will be about 9 months, though a first working minimum viable product (MVP) would ideally be ready 4 months after the contract is initiated.

IV. Purpose of the RFP

Digital Square is soliciting proposals from qualified providers/consortiums to enhance, configure, and/or develop a digital health solution that will meet the requirements as defined in **the Tanzania Electronic Immunization Registry (TImR) System Requirements Specification Document in Appendix A**. This document is derived from the Better Immunization Data (BID) project conducted by PATH and is informed by WHO's Digital Adaptation Kits (DAK), resources of WHO's SMART Guidelines initiative.[2] PATH anticipates issuing one sub-contract or one sub-award depending on the registration type of the selected applicant.

Information detailed in the TImR System Requirements Specification has been localized to reflect the country context and documents the current state of how routine and adult immunization services are delivered within Tanzania. This includes the workflow processes, data elements and decision-support algorithms, and describes linkages to related services for immunization, such as facility registry, appointment scheduling, and reminder generating. It is also informed by an immunization ecosystem mapping exercise designed to understand the current state of digitization and identify gaps that an immunization product suite may fill.

The immunization product suite requirements are localized for Tanzania; however, any proposed solution must be configurable so that it can be contextualized to meet different country's local policies and requirements. This promotes the reuse of global goods.

Whilst the initial requirement is for components that meet the needs of the current Tanzania routine child and adult immunization use cases, the solution should also have the capability to configure and rapidly adapt to additional future child and adult immunization use cases.

Given the conceptual modular approach and emphasis on adaption or re-use of existing tools, it is expected that the successful applicant/s may be a consortium of vendors who will collaborate to develop the solution including any interoperability workflows and produce an integrated solution that is implementation-ready. To ensure the long-term sustainability of the solution, it is critical to have in-country technical capacity to deploy, adapt, maintain, upgrade, and monitor the system post-handover. Therefore, proposals must showcase local capacity in their approach, preferably existing teams that will lead the work.

Guidance on country engagement
This RFP is focused on developing and/or configuring an improved version of a digital immunization product suite that is ready to be implemented in Tanzania. This includes supporting the MOH with the migration of the solution from the test environment to the

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[2] https://www.who.int/teams/digital-health-and-innovation/smart-guidelines

production environment for the initial implementation phase, including capacity building, and a limited period of support. Applicants are encouraged to draw on their knowledge and experience working with in-country teams and existing systems and to leverage existing relationships with stakeholders in Tanzania to better understand the current challenges with regards to digitization of immunization services and meet the prioritized needs of the Tanzania Ministry of Health.

V. Scope of work and deliverables

Software scope

The selected applicant will be expected to support the design and development of standards-based, interoperable solution software to cover the core immunization workflows. The main workflows and functions are summarized below. More specific functional and non-functional requirements to support the workflows are described in the **TImR System Requirements Specification (appendix A)**. The specification document is comprehensive; the specific scope for this project will be agreed upon according to the prioritized needs of the Tanzania MOH and the time and budget available.

Main workflows and functions:
- Create awareness and generate demand.
  - Send appointment reminders to client/caregiver.
  - Send appointment reminders to community health worker (CHW).
  - Send reminders re: missed vaccination to client/caregiver.
  - Send reminders re: missed vaccination to CHW.
    Optional extension
  - Ability to send birth notification to civil registration and vital statistics system (CRVS).
- Plan and manage immunization service delivery.
  - Configure vaccination schedule and business rules for immunization decision-support.
  - Plan for immunization service delivery: schedule immunization clinics, forecast vaccine supplies needed, check inventory and place orders for vaccines supplies if needed, record vaccine supplies dispensed/issued in preparation for clinic.
  - Facility identity management: provides ability to query, retrieve, create and update the information about facilities within the EIS.
  - Ability to interoperate with the Tanzania National Facility Registry.
- Administer immunizations and document care.
  - Record data for pre-immunization screening.
  - Record data for immunization events.
  - Schedule appointments.
  - Generate vaccination certificates.
  - Record data for adverse events related to immunization.
  - Produce lists of vaccinations due for planning purposes.
  - Produce lists of missed vaccinations for follow-up.
  - Perform vaccination events de-duplication at facility level.
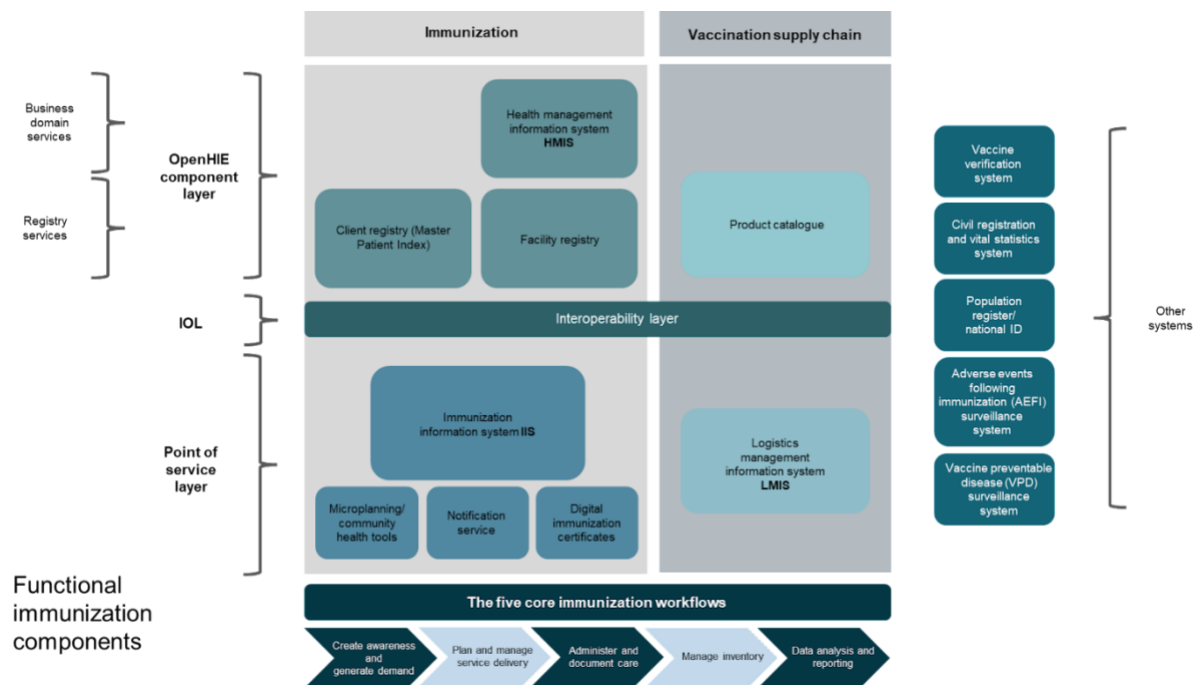 - Perform vaccination events de-duplication at centralized level (if applicable).

- o Patient identity management**:** provides ability to query, retrieve, create and update new and existing patients within the EIS.
  - o *Note: The National Health Client Registry is under development. The solution should consider future requirements to interoperate with the National CR as part of the solution design.*
  - o Support patient record de-duplication and perform patient matching and linking / unlinking within the electronic immunization registry.
- Manage immunization inventory at the facility level.
  - o Manage inventory of vaccines and related supplies at facility level.
    - Check stock levels of vaccines and related supplies.
    - Record stock used.
    - Record stock damaged / wasted / disposed.
    - Order stock of vaccines and related supplies.
    - Update stock when received.
  - o Manage distribution of vaccines and related supplies at facility level, including transfers between facilities.
  - o Manage information on the cold chain for vaccines at facility level.
- Data analysis and reporting (monitor and evaluate).
  - o Provide the ability to access and analyze data to improve immunization program decision making through the generation of reports and dashboards that are routinely needed by immunization providers and other partners.
  - o Integration with DHIS2 for aggregate reporting.

Main activities

The selected applicant will be responsible for leading the following activities:
- Technical assessment of the design, architecture, and implementation of the current OpenIZ-based immunization registry to understand gaps and challenges that need to be addressed and best practices that can be adopted to inform the design, development, and implementation of a revitalized Electronic Immunization System (EIS).
- Develop detailed requirements using the high-level requirements in the **TImR System Requirements Specification in Appendix A** and take lead in the definition of the software design and architecture elements including the data model and standards to be adopted, user interface screens, key software components and their relationship, and demonstrate how the solution will fit and interoperate within the Tanzania digital health framework.
- Develop and deliver a revamped and fully functional immunization digital system that meets the requirements detailed in the **TImR System Requirements Specification in Appendix A.**
- The proposed solution should be conformant with the OpenHIE interoperability framework and must use open standards that are appropriate for the context and that consider legacy systems. In alignment with WHO's SMART Guidelines Level 3, the use of FHIR is strongly preferred. For the immunization commodities supply chain, the use of GS1 standards is preferred.
- Develop a quality assurance framework and use it to test the developed solution and produce test results. Lead in conducting user acceptance testing and produce documented test results.

- Develop all necessary user and technical documentation for the improved software including but not limited to user guides, training materials, and technical and configuration manuals.
- Strengthen capacity of the MOH ICT technical teams in management and maintenance of infrastructure and software components for optimal performance of the improved EIS.

The diagram above shows a functional view of the components of the immunization product suite aligned with the OpenHIE architecture. For the purposes of this RFP, the functional components within the grey box labelled as Immunization are the core functions included in-scope and detailed in the TImR System Requirements Specification in Appendix A.

Whilst the TImR System Requirements Specification in Appendix A does not include detailed requirements for the immunization supply chain workflow, the applicant should demonstrate an understanding of how the other components may interface with the existing vaccine information management system (VIMS) and showcase any existing work that is relevant or that can be expanded upon.

All other functional components shown in the diagram are representative of how the immunization product suite could be extended in later phases to support additional use cases. If there are existing linkages within the proposed product suite that can be described and demonstrated, this would be advantageous. These include, but are not limited to:
- Microplanning for immunization services.
- Digital verifiable vaccine certificates.
- Identity management:
  - Linkage to national ID systems and population registers for verification of identifiers.
- Adverse Events Following Immunization (AEFI) surveillance systems.
- Vaccine Preventable Diseases (VPD) surveillance systems.

- Vaccine track and trace systems.
- Community Health Information System (CHIS).

The proposed solution is expected to address and encompass the following technical scope:

The primary output is an immunization product suite comprised of open source software components that will provide a fully functional digital solution that meets the requirements detailed in the TImR System Requirements Specification in Appendix A.

Any software components must be either a recognized global good or they must meet the requirements to be a global good.

Characteristics relating to the proposed solution should address:
- All software components should be available under an OSI-approved open source license.[3]
- All documentation (e.g., user guides, test cases) should be available under an appropriate Creative Commons license[4], allowing the users to adapt and translate the materials for the local context.
- For any data exchange workflows, the proposed solution should be conformant with the OpenHIE interoperability framework and must use open standards that are appropriate for the context and that consider legacy systems. In alignment with WHO's SMART Guidelines Level 3, the use of FHIR is strongly preferred. For the immunization commodities supply chain, the use of GS1[5] standards are preferred.

VI. Deliverables

No	Deliverable
1	**Technical assessment report** of the existing TImR detailing best practices and components that can be adopted, and gaps and setbacks that need to be addressed in the revitalization of the TImR.
2	**Detailed software requirements and solution architecture document** detailing, among other things, data model, standards to be adopted, software components and their relationships, and user interface screen mockups.
3	**Quality assurance framework and test plan** to ensure safety and performance of the system. Tests should include unit tests for code, integration tests, functional tests to validate that features work as expected and as per user and system requirements, and performance metrics. Tests cases should comprise functional, and automated where automation is appropriate and feasible. All tests must clearly map back to the TImR System Requirements Specification for traceability.
4	**Minimum Viable Product version 1 of an improved TImR** with functional features detailed under the software scope above and in line with the requirements detailed in the user and system requirements document.
5	**UAT test report** and test results detailed pass rate in line with the quality assurance framework and a plan for addressing failed test.

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[3] https://opensource.org/licenses

[4] https://creativecommons.org/licenses/

[5] https://www.gs1.org/about

6	**Minimum Viable Product version 2 of an improved TImR** and support for migration from test to production environment for initial implementation phase.
7	**Product, technical and user documentation** including user guide, training manuals, technical guides, implementation, and configuration manuals. (See detail below)
8	**Capacity strengthening report** detailing areas of capacity building, approach used and MOH technical teams that were trained.
9	**3 months post-go live support.**

Product, technical, and user documentation

A comprehensive set of immunization product suite documentation should include the documentation listed below. This documentation should be in English, but it is highly advantageous if some or all the documentation is also available in other languages (e.g., French, Portuguese).

#	Document	Intended audience
1	A product suite "brochure" that outlines the value proposition and provides a comprehensive overview of the main features and functions. This should be available in both printable document and presentation slide-deck format.	High level decision makers (e.g., government leaders, donors, investors).
2	Detailed software requirements.	Business and system analysts, data analysts.
3	Technical documentation that describes the technical architecture of the solution, including a context diagram that explains the system interactions.	Enterprise / system architects, systems analysts, developers, system integrators.
4	Technical documentation that describes how to deploy, configure, and validate the solution. This must support an Installation Qualification[i] that provides documented evidence of a functioning infrastructure and successful installation deployment of all the solution software components.	Implementers (i.e., individuals/organizations who deploy the software solution and test that it is correctly installed), and ICT (i.e., individuals/organizations who are responsible for the power and connectivity infrastructure).
5	A set of detailed test cases that can be used to demonstrate compliance with the functional requirements. This should support an Operational Qualification that provides documented evidence and assurance that the immunization product suite functions as expected and produces consistent results. Test cases should be written in Behavioral Driven Design (BDD) syntax for ease of re-use where appropriate.	Implementers, quality assurance testers, development teams, people responsible for completing user acceptance testing.
6	A set of documented test cases and evidence of conformance to relevant interoperability workflows.	Implementers, quality assurance testers, development teams, system integrators.

7	Documentation that describes how to use the components of the product suite i.e., user manual.	End users of the immunization product suite.
8	Operational documentation that describes how to maintain and monitor the solution and provide first level support to end users on an operational basis.	System administrators, ICT support staff, end user support staff.
9	Description of the skills and competencies needed to: • Operate the solution (e.g., what skills must a system administrator require to keep the solution up and running). • Maintain the solution (e.g., to add new forms, to update vaccination schedules, to create a new report). • Add additional functionality (e.g., what skills must a developer have to be able to add a new feature or interoperate with a new application).	Individuals/organizations responsible for human resource planning and recruitment.

3. Community engagement
The successful applicant will be expected to engage with the relevant open communities as appropriate and should describe any existing participation and a plan for further engagement. These should include the OpenHIE and WHO SMART Guidelines communities.

4. Sustainability plan
A documented sustainability plan that details the handover process to the Tanzania MOH.

VII. Proposal requirements

A. Geographic

Applicant(s)/consortium(s) should demonstrate that they have local presence and have resources based in country with capacity to deliver the work to ensure quick turnaround time and minimal cost during the support period and for ease of knowledge transfer and sustainability of the improved TImR.

B. Technical

Provide a narrative on your technical approach to accomplish the Scope of Work and Deliverables per section IV. The submitted proposal must follow the proposal template and is limited to **14 pages (excluding appendices)** and must include the following:

1. A detailed work plan with all activities must be divided into clear work packages. Please describe dependencies, if any, between work packages.
2. A detailed description of the overall solution design, including:
   a. Architectural overview of the product suite components and interoperability workflows.
   b. Description of each software component/ tool, including license type and technical stack and links to open source repositories.

c. Description of the quality assurance framework that will be used to test the product suite.
3. Description of all documentation that will be produced and where it will be made available.
4. An open source community engagement plan.
5. Description of the competencies required to:
　　a. Operate the solution (e.g., what skills must a system administrator require to keep the solution up and running).
　　b. Maintain the solution (e.g., to add new forms, to update vaccination schedules, to create a new report).
　　c. Add additional functionality (e.g., what skills must a developer have to be able to add a new feature or interoperate with a new application).
6. Description of the vendor/consortium's experience and ability to meet the needs of the project. This should include grant administration, project management, and technical competencies including knowledge of interoperability standards and software quality assurance practices. This should also reference any previous experience related to immunization solutions.
7. Potential risks and a plan to mitigate them.
8. Documented sustainability plan that details the expected handover process to the Tanzania MOH.

C. Cost

The cost proposal must include a budget narrative, detailing the cost and cost basis applied in generating the proposal and describe the reasonableness of each proposed cost. The Cost Proposal must also include a detailed budget that is itemized by the cost categories defined below. This detailed budget should be submitted in the Excel template provided (Appendix B) and must include the following information:

- Percent participation in total level of effort according to key staff.
- Rates of key staff.
- Estimated total level of effort and associated costs.
- Itemization of all other costs, e.g., agency costs, agency fees, sub-contracted resources, administrative costs, supplies, tax, etc.
- Estimated schedule of other anticipated expenses (travel, selected applicant resources, supplies, etc.).

Budget categories
Staff
External services
Transportation/Travel costs
Equipment
Other costs/consumables
Administration costs
Forwarding of funds (subawards)

Total project costs

Documents required for submission:
1. Budget in the Excel compliant with the financial guidelines document provided with this RFP.
2. Budget narrative.
3. Registration certificate.

D. Experience

Section B: (No page limit)
Provide information on your overall qualifications, including:

- Past performance information sheets demonstrating:
    - Profile of relevant corporate qualifications.
    - Profile of relevant experience and examples of related work.
    - Number of years in business.
    - If your company has more than one location, please indicate these.
- Staffing plan accompanied by Curriculum Vitae (CV) for key technical positions.
    - A staffing plan in accordance with the Cost Proposal personnel requirements, including specific position titles and the approximate level of must for each position.
    - A complete and current resume must be submitted for each of the key staff/key technical positions, detailing the requisite qualifications and experience of the individual.

Documents required for submission:
1. Technical Proposal document – max 14 pages without annexes.
2. Past performance references – minimum 2 included as annexes with the Technical Proposal.

VIII. Proposal evaluation criteria

The following is a list of significant criteria against which proposals will be assessed. The criteria are listed in order of priority; however, they are not weighted.

1. Sound, feasible Technical Approach that conforms to all the components listed in Sections above **(50 points).**
- Work plan (5 points) - detailed work packages with dependencies shown and expected timelines.
- Solution design and documentation (30 points):
    - Solution design
        - Architectural overview and interoperability workflows.
        - Description of each software component/ tool, including license type and technical stack and links to open source repositories.

- Description of the quality assurance framework that will be used to test the product suite.
    - Documentation description and where it will be available.
    - Completed Functional and Non-functional spreadsheet (5 tabs).
- Sustainability and risk (10 points)
    - Open source community engagement plan.
    - Risks and mitigation plan.
    - Documented sustainability plan that details the handover process to the Tanzania MOH.
- Competencies needed (5 points) to:
    - Operate the solution (e.g., what skills must a system administrator require to keep the solution up and running).
    - Maintain the solution (e.g., to add new forms, to update vaccination schedules, to create a new report).
    - Add additional functionality (e.g., what skills must a developer have to be able to add a new feature or interoperate with a new application).

2. Organizational and Team experience - in the following areas to be validated by past performance information references **(25 Points).**
- Experience with developing, testing, and deploying open source digital health solutions.
- Experience with common health standards such as HL7 FHIR, ICD9 & 10, LOINC, SNOMED, Open Health Information Exchange (OpenHIE) architecture and interoperability profiles.
- Experience working in the immunization domain and/or existing relationships with Tanzania.
- Experience managing government funded grants or contracts (preferably United States Government and/or European governments).

3. Costs - as detailed **(25 points)**.
- Budget narrative.
- Itemized detailed budget.
- Personnel - at minimum the budget should detail:
    - All proposed staff/positions with daily rates.
    - Total number of days in total level of effort according to key staff.
- Itemization of all other costs (e.g., agency costs, service tax, administrative costs, supplies, etc.).
- Estimated schedule of other anticipated expenses (e.g., travel, selected applicant resources, supplies, outside resources, etc.).
- Details of all subcontracted work including proposed consultants as well as proposed sub awardees.

Note: Digital Square reserves the right to include additional criteria.

IX. Instructions and Deadlines for Responding

A. PATH contacts

Program contact: Tori Matus; vmatus@path.org
Procurement contact: Celeste Gonda; cgonda@path.org
Technical Lead contact: Linda Taylor; ltaylor@path.org

B. Proposal Process

Completed proposal should be submitted via WizeHive here.
Any questions related to the platform should be addressed to Tori Matus: vmatus@path.org.

The process for submission is as follows:
- Navigate to the submission portal and click "Sign Up" or "Log In."
- Once logged in, click "Create a Profile to Get Started." This step must be completed before you can proceed with the application.
- Click the "Get Started" box (marked with a "+").
- You can now access and edit the two required forms.
- All forms can be saved in draft prior to submission.
- Once both required forms are completed, the "Submit" button will be green and clickable. Once submitted, forms cannot be edited.

We advise that you pay close attention to upload instructions for file types. We will not accept responsibility for resolving technical transmission problems with proposals.

RFP Timeline	
Release of Request for Proposal	Monday 31st July 2023
Questions via email to be submitted by	Friday 4th August 2023
Responses to emailed questions published on Digital Square open application process (OAP) platform	Tuesday 8th August 2023
Proposals due	Friday 25th August 2023
Applicants notified of decision	Friday 8th September 2023

C. Fact-finding questions

Questions on this solicitation will be accepted via email to the contacts listed above through August 4th, 2023, by 5:00 p.m. EST. Responses to all submitted fact-finding questions will be posted to Digital Square's website on August 8th, 2023. Please note that responses will not be confidential except in cases where proprietary information is involved. Inquiries after this date cannot be accommodated.

Appendix A: TImR System Requirements Specification Document
Appendix B: Budget template

[i] https://wiki.digitalsquare.io/index.php/Shelf_Readiness