



PNG Partnership Fund

REQUEST FOR PROPOSALS

2019-PPF-001

for

**Accelerating Immunisation and Health Systems Strengthening
Program Grants**

Issue date:	6 March 2019
Industry Briefing	8 March 2019
Closing time and date for intention to bid	5:00pm, 29 March 2019
Closing time and date for enquiries:	5:00pm, 29 March 2019
Closing time and date for submission:	5:00 pm, 18 April 2019
Abt Associates Contact Officer:	Darian Clark PNG Partnerships Fund Grant Manager darian.clark@pngpartnershipfund.org

Issued by Abt Associates as Managing Contractor for the PNG Partnerships Fund.

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1. PART 1 – REQUEST FOR PROPOSAL PARTICULARS

1.1. Important dates

Request date of issue:	6 March 2019
Enquiries closing date and time:	Any enquiries or requests for clarification must be made in writing by email and directed to the Contact Officer. Abt Associates will not respond to enquiries received after 5:00pm, 29 March 2019
Submission of Intention to Bid	5:00pm, 29 March 2019
RFP closing date and time:	5:00pm, 18 April 2019
RFP briefing details:	10am-12pm Friday, 8 March 2019 Lamana Hotel, Port Moresby

1.2. Indicative timetable for Evaluation and Award

Technical screening and assessment of proposals by Immunisation Grant Review Panel:	23 April – 3 May
Completion of evaluation:	3 May 2019
Approvals:	Week beginning 6 May 2019
Notification to successful Applicants:	Week beginning 13 May 2019
Notification to unsuccessful Applicants:	Week beginning 13 May 2019
Contract executed:	June 2019
Contract commencement:	June 2019

1.3. Request for Proposal Lodgement

Form of lodgement:	Electronic
Lodgement address:	In <u>electronic copy</u> to: ppfgrants@abtassoc.com.au
Subject	Applicants should reference the following subject in their Offers: PPF-2019-001- Accelerating Immunisation and Health Systems Strengthening Program Grants
Offer validity period	6 months

1.4. Contact

Contact Officer	Name: Darian Clark, PNG Partnerships Fund Grant Manager Email: darian.clark@pngpartnershipfund.org
Registration:	Potential Applicants should register their interest in submitting a Proposal with the Contact Officer to ensure they receive any additional information, modifications and/or addenda that may be released by Abt Associates. Registration must include the full name of the Applicant's nominated representative and email address.

1.5. Proposal Details

Specifications	See detailed Terms of Reference in Part 2
Location	Papua New Guinea
Contract type	Grant Agreement
Type of Grant Opportunity	This is a limited Grant Opportunity where Provincial Authorities/ Offices are invited to submit one of the following: <ul style="list-style-type: none"> (a) a Proposal directly from the Provincial Authority/ Office; or (b) a joint Proposal between a Provincial Authority/ Office and an Immunisation Support Provider led by the Immunisation Support Provider.
Eligibility to Apply	The following organisations are eligible to submit Proposal Submissions: <ul style="list-style-type: none"> (a) Provincial Health Authorities; (b) Provincial Health Offices; or a Provincial Health Authority or a Provincial Health Office in a consortia arrangement with one of the following: <ul style="list-style-type: none"> (c) Faith-based organisations registered to operate in Papua New Guinea; (d) Non-government organisations registered to operate in Papua New Guinea; and (e) Private sector organisations registered to operate in Papua New Guinea.
Limitation of Submissions	Proposal submissions are limited to one per Papua New Guinean Province.
Evaluation Criteria	Proposals will be assessed in accordance with the evaluation criteria and the process specified in Part 4- Evaluation processes.
Intention to Bid	Interested organisations will be required to submit an Intention to Bid

	<p>by sending the documents below to ppfgrants@abtassoc.com.au by 5:00pm on 29 March 2019;</p> <ul style="list-style-type: none"> (a) IPA Registration documents for organisation intending to bid; (b) IPA Foreign entity certification if applicable; (c) If a consortium bid, names of proposed consortia partners; (d) Tax Identification Number and registration documents; (e) List of key personnel proposed to work on the project; (f) List of organisation directors/ committee members; (g) Organisation constitution/ governing documentation; (h) Copies of externally audited financial reports from the past two financial years; (i) Narrative report on Child Protection controls that are in place.
Proposal submission	<p>The Proposal must include the following:</p> <ul style="list-style-type: none"> 1- Completed Part 5 – Proposal Response Schedules; 2- a narrative Proposal addressing the requirements of the Terms of Reference in Part 3; 3- Scope of Work; 4- Outline Workplan; 5- Indicative Project Budget; 6- Activity Based Budget; 7- Risk Management Plan; 8- Monitoring and Evaluation Framework; and 9- Two Written References.

2. PART 2- PROPOSAL SPECIFICATIONS

2.1. Introduction / overview

On 25th February 2019, the Government of Papua New Guinea designated 2019 as the ‘Year of Immunisation’ with a declaration by the Minister of Health & HIV; and requested development partners to extend their support to accelerate the coverage of immunisation to at least 80 per cent to prevent any future outbreak of vaccine preventable diseases.

The Governments of Papua New Guinea, Australia, New Zealand and the Vaccine Alliance (GAVI) have committed to supporting accelerated immunisation in selected provinces in Papua New Guinea (PNG), with technical support from the World Health Organisation (WHO) and UNICEF. This program will contribute to Papua New Guinea’s (PNG’s) achievement of its immunisation targets, and to sustain progress in the coming years.

NDOH, in consultation with development partners, has identified 15 provinces to be prioritised for support from this program to increase routine immunisation coverage: Western, East Sepik, West Sepik, Morobe, Madang, Gulf, Southern Highlands, Eastern Highlands, Western Highlands, Jiwaka, Chimbu, Enga, Oro, Central and ARoB.

The above entities request proposals from provincial health authorities / offices (PHAs / PHOs), faith-based and non-government organisations to support selected provinces in Papua New Guinea achieve improved immunisation coverage rates in its Expanded Programme of Immunization (EPI).

The PNG Partnerships Fund, managed by Abt Associates, has been engaged by the Governments of Papua New Guinea, Australia, New Zealand and the Vaccine Alliance (GAVI) to manage the Immunisation Grant Process for Accelerating Immunisation and Health Systems Strengthening Program Grants.

2.2. Rationale and Objectives for Immunisation Grants

Immunisation rates in PNG are below national and international targets and international standards. Recent widespread outbreaks of vaccine preventable diseases (polio 2018, measles 2014-15) demonstrate the risk of low vaccine coverage. The Government of PNG has clearly prioritised lifting immunisation rates. Increased immunisation rates will improve health outcomes overall, and reduce the likelihood of disease outbreaks, contributing to stronger economic growth and human and community development.

Higher immunisation coverage will reduce illness, disability and death, and contribute positively to children’s growth, education, development and employment, as well as household finances. In 2017, the national coverage of Penta3 (for diphtheria, tetanus, pertussis, polio, influenza type B) was 41 per cent, and measles 34 per cent.

This support aims to support PHAs and PHOs to achieve the objectives set out in the Comprehensive Multi Year Plan 2016-2020 for Immunisation (cMYP), and in particular the year three target of 80% coverage. The ‘Accelerating Immunisation and Health Systems Strengthening’ program is designed to benefit children (primarily under 1 years old, but also children under 5 who have missed immunisation) and women and girls of reproductive age.

This donor-supported programme is meant to assist accelerate immunisation service delivery/outreach by enabling provinces to immediately scale up providing services, while at the same time providing an incentive and support for them to begin making resources available for service delivery through official financing mechanisms (HFGs, provincial revenues, DSIP/PSIP, church funds, private sector contributions, etc). These donor funds are catalytic and an incentive to accelerate. Provinces will take

on the responsibility for longer term sustainable financing of immunisation. Provinces are expected to continue their current investments in immunisation (through operational resources, staffing, facilities and cold chain and logistics management) and to increase this annually. An additional objective is to demonstrate how, with the necessary technical support and service delivery progressively resourced by the provinces, immunisation rates can start to rise, serving as an example and viable model for other provinces to adopt.

The PNG National Department of Health (NDOH), in consultation with development partners, has identified up to 15 provinces to be prioritised for this support: Western, East Sepik, West Sepik, Morobe, Madang, Gulf, Southern Highlands, Eastern Highlands, Western Highlands, Jiwaka, Chimbu, Enga, Oro, Central and the Autonomous Region of Bougainville.

The Outcome at the end of the program is to increase coverage of routine vaccinations in selected provinces. The target is 80% coverage in each province. The national routine vaccination package includes:

- (a) DPT+HepB+Hib (diphtheria, tetanus, pertussis (whooping cough), hepatitis B and Haemophilus influenzae type b (Hib)) also known as Penta;
- (b) Oral Polio Vaccine (OPV);
- (c) Inactivated Poliovirus Vaccine (IPV);
- (d) Pneumococcal Conjugate Vaccine (PCV);
- (e) Bacillus Calmette–Guérin (BCG) vaccine against tuberculosis;
- (f) Measles-Rubella (MR);
- (g) Hepatitis B virus birth dose;
- (h) Tetanus Toxoid (TT).
- (i) Other vaccines that maybe introduced to the national schedule

The intention of this program is to build upon the success, momentum, structure and systems that were put in place to deliver the polio campaign. This includes the highly successful Emergency Operations Centre (EOC) that can be adapted for on-going, accelerated routine immunisation.

A nation-wide Measles-Rubella (MR) campaign will be held in June/July 2019 lead by the National Department of Health, with support from WHO and UNICEF. This campaign will be financed and managed separately from the immunisation grants in this Request for Proposal, however, linkages should be made wherever possible to maximise efficiencies and results.

Though higher immunisation rates is the primary goal, the program will allow expansion of related maternal and child health services that can be delivered alongside immunisation as part of an integrated primary health care package. This will likely include the distribution of vitamin A, deworming, nutrition and antenatal care programs.

2.3. Funding Mechanism

The PNG Partnership Fund (PPF) has been selected to manage the delivery of immunisation support to provinces through its established competitive grants mechanism. The Australian Government established the PPF as a funding mechanism to address key human and economic development challenges within PNG. The PPF supports results focused grants that demonstrate clear outcomes that benefit people. It is used to support the scale up and coverage of proven interventions, like immunisation, and to enable and encourage innovation in service delivery to achieve results. It is a competitive grants mechanism open for consortia of government (PHAs/PHOs), NGOs, churches, and corporate health providers.

On behalf of the Australian and New Zealand Governments and GAVI, the PPF is managing this competitive grant process to identify PHAs/PHOs and Immunisation Support Providers who will support provincial led immunisation efforts in selected provinces.

2.4. Provincial Partnership Approach

Achieving 80 per cent coverage of routine vaccinations, with Penta3 as the primary indicator of success, will require a well-coordinated effort of all health providers in the districts and provinces. This will require effective leadership, management and coordination from the PHA/PHO.

Partners that will support the PHA/PHO to lead and deliver effective immunisation services as a component of an integrated primary health approach to service delivery are expected to include:

- (a) PHA/PHO, Provincial, District and Local Level Government institutions in Papua New Guinea;
- (b) Church health services and other faith-based organisations involved in delivering and supporting primary health care;
- (c) Non-government organisations involved in supporting and delivering health care;
- (d) Corporate health providers (where operating in the selected provinces);
- (e) Civil Society Organisations; and
- (f) Women's and other community groups.

2.5. Immunisation Grants

This is a RFP which support Provinces to lead and deliver effective immunisation programs as a component of an integrated primary health approach to service delivery. Two types of proposals can be submitted. First, PHAs/PHOs can submit a single province proposal. Secondly provinces can join a multiprovince proposal led by an NGO under an "Immunisation Support Provider". Multi-province proposals will be the preferred option should provincial HSIP financial management systems require further strengthening. Proposals should outline how the scope of services outlined in the Terms of Reference in Part 3 will be delivered.

Proposals will be assessed against the Terms of Reference in Part 3, including the assessment criteria and the capability/experience/provincial relationships/delivery platforms of the Applicant/s.

In summary, areas for support under this grant will be for provincial service delivery operational costs for organising and managing immunisation services at health facilities and during outreach, building community awareness and demand for immunisation services, training and capacity building and technical assistance towards achieving 80% immunisation coverage. Capital/infrastructure costs, the cost of vaccine competitive grant and distribution to the province, the cost of cold chain equipment and the cost of the 2019 Measles-Rubella campaign will generally not be supported under this grant as support for these is available from other sources such as the NDoH and GAVI (via WHO and UNICEF). Vaccine Supply and Cold Chain

Under Gavi's co-financing approach, PNG is responsible for paying for a progressively higher proportion of the GAVI-supported vaccines. In 2019 and 2020, GAVI will cover a small proportion of the cost of GAVI-supported vaccines. Non-GAVI-supported vaccines are fully paid by PNG. NDOH is responsible for competitive grant and distribution of all routine vaccines. In addition, UNICEF (with GAVI support) will manage the competitive grant of cold chain equipment to refurbish and expand PNG's national cold chain system to meet the needs outlined in the country's cold chain plan.

It is anticipated that this program will support Kina 1 million to Kina 1.4 million per year per province for service delivery costs. The final grant amount will depend on provincial population size, absorptive capacity, and logistical and geographic complexity and cost effectiveness of the proposal.

Proposals may be submitted by PHAs/PHOs and/or organisations wishing to fulfil the role of “Immunisation Support Provider”. Proposals from consortia are preferred to ensure a well-coordinated effort, particularly those that include both government and non-government agencies (e.g. PHAs/PHOs and Immunisation Support Provider/s). Proposals should set out an approach to engaging all health providers (government and non-government) in the nominated provinces and collaborating with other agencies supporting health services in the province where relevant. All approaches will utilise and strengthen provincial level health stakeholder partnership structures.

Immunisation Support Providers may be non-government organisations, church health service providers or private sector organisations which have the capability to support and strengthen the PHA/PHO role to lead, manage and coordinate an immunisation and associated primary health care services over a three-year period. Proposals should cover how Immunisation Service Provider’s will support provincial-led partnerships that build upon existing provincial coordination mechanisms and strengths developed from the recent polio campaign. Organisations submitting proposals must be legally registered in Papua New Guinea.

Proposals can cover one or multiple provinces.

Where proposals cover a number of provinces, a lead partner must be identified. The lead partner will be the principal grant recipient. Immunisation Support Providers can support more than one province. The principal grant recipient (Immunisation Support Provider or PHA/PHO) may establish sub-grantee contracts with organisations that already have an existing health presence in the provinces. These funds are not to be used for NGOs to expand their footprints in to new provinces. Discussion may be required after the selection process to ensure there is no overlap in provincial support.

The principal grant recipient will be responsible for managing funding, compliance (including financial management) and achievement of results for the entire grant. Potential Applicants are encouraged to review the following sections on financial management and the selection criteria when deciding on their proposal structure.

2.6. Financial Management

Robust financial management mechanisms will be required to manage the resources for stakeholders to scale up immunisation, and to support the capacity building and systems strengthening required.

Proposals should outline an approach to financial management, including how funding is to be channelled to the province. Options available are:

- (1) Funding (all or part) channelled through the Provincial Health Sector Improvement Program (HSIP) Trust Account (via the National HSIP Trust Account); and
- (2) Funding channelled through the Immunisation Support Provider/s selected through this process.

The long-term goal is that provinces are using the existing financing mechanisms available to them to fund service delivery effectively (HFGs, provincial revenues, etc). The objective of this Accelerated Immunisation Grants Program is to move in that direction by enabling use of national and provincial HSIP Trust Accounts to manage grant funds, until longer term domestic financing is available and effective domestic public financial management systems are in place.

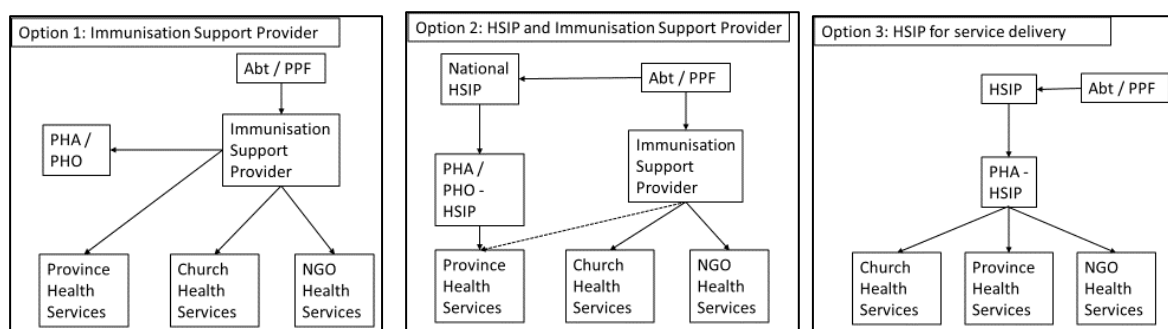
However, use of Option 1 will depend on satisfactory financial management practices according to Australian/GAVI standards. This will be informed by an assessment of the capacity in the province to manage the Provincial HSIP Trust Account, which will also look at the track record of the Province in

managing HSIP account. This assessment will be undertaken by Abt/PPF during the proposal development process.

Where financial management arrangements for the Provincial HSIP account do not meet these standards, grant applicants (with PPF support) will determine the capacity building support required to establish and maintain acceptable financial management arrangements for the Provincial HSIP Trust Account. It is expected that the capacity building support will improve financial management practices so that funds can be delivered through provincial HSIP Trust Accounts over the three year period (pending further financial assessments).

This means that there are three potential scenarios for the flow of funding.

- (a) All funds will flow through an Immunisation Support Provider (an NGO/church led consortium). The Immunisation Support Provider will then manage the funds utilized by the PHA/PHO and implementing partners to deliver services. Funds are to be managed with the direction of the PHA/PHO. This will be relevant in provinces where financial management arrangements for the Provincial HSIP account do not meet minimum standards.
- (b) Funds will flow through both Immunisation Support Provider and through the HSIP Trust Account for the rollout of services. This will be relevant in provinces where financial management arrangements for the Provincial HSIP Trust account do meet minimum standards. This option can be used for provinces that do not have the capability or the desire to manage sub-contracts with NGO and church health services.
- (c) All funds will flow through the HSIP Trust Account for service delivery by the PHA/PHO. This will be relevant in provinces where financial management arrangements for the Provincial HSIP Trust Account do meet minimum standards and where the province has submitted a proposal demonstrating proven capacity to lead and manage and multi-stakeholder partnership and to sub-contract church and NGO health services.



All grants and grant recipients will be subject to independent annual audit as per the existing PPF and HSIP arrangements. Principal grant recipients will be responsible for managing and guaranteeing against fiduciary risk.

In provinces where Immunisation Support Providers are responsible for financial management, they will be subject to an organisational assessment, to determine capacity and support requirements in terms of legal, financial governance and corporate systems. Contracted organisations will need to meet Australian / GAVI standards with regard to financial management and child protection.

Australian Government guidance is at <https://dfat.gov.au/about-us/publications/Pages/assessing-using-pgs-for-pfm.aspx>

GAVI guidance is at <https://www.gavi.org/library/gavi-documents/guidelines-forms/>

There will be provision made for additional support to manage HSIP Trust Accounts at the national and provincial level, and capacity building in financial management for provinces which do not meet the required financial management standards¹.

2.7. Multi-partner support and technical assistance

Three major development partners will be supporting the program financially. GAVI and the Australian and New Zealand Governments.

GAVI Alliance is planning to commit US\$12m for health systems strengthening (HSS) of which US\$5.6m is assigned to this program. GAVI Alliance will also support a further US\$2.8m for cold chain (US\$1m comes from HSS) and a further US\$8.5m for the measles rubella (MR) nationwide campaign commencing in June 2019.

Health is a priority sector for Australian support. Australia's five-year health plan has three outcomes: improving health security to protect against disease outbreaks, strengthening rural primary health care and, expanding the coverage of proven health interventions for reproductive health, HIV, family planning and mother and child health. Australian Foreign Affairs Minister recently announced A\$10m to boost immunisation in PNG in which A\$6.5m will be towards increasing routine coverage.

Through the New Zealand Aid Programme, New Zealand is supporting PNG to achieve sustainable and more inclusive development. The New Zealand Minister of Foreign Affairs announced an NZD\$10m to support increasing immunisation rates across PNG alongside Australia, GAVI alliance and the NDOH, during APEC Leaders Week in 2018.

Three development partners will be supporting the program with technical assistance and capacity building. With GAVI funding, WHO, UNICEF and the United States Centre for Disease Control (CDC) will be providing further technical assistance. The areas of support provided by these partners are essential in each province (and mandatory in GAVI funded provinces). Successful applications will need to describe in their proposals how they will engage with and facilitate the support and capacity building to be provided by these partners. Additional details of the partner support available to provinces will be provided in an annex to be shared in the coming days.

Technical support which will be provided by UNICEF includes:

- (a) Longer-term technical assistance to NDOH and PHAs/PHOs to improve overall coordination and management of immunisation programme;
- (b) Technical support to implement equity-focused immunisation programmes;
- (c) Support to the NDOH Health Facility Standards Branch, National Immunisation Programme and immunisation country stakeholders on strengthening immunisation Supply Chain and Logistics Management (iSCM);
- (d) Longer-term support to develop and implement a comprehensive advocacy, communication and social mobilisation strategy to enhance commitment and resourcing for immunisation and generate increased demand for and engagement around immunisation services;
- (e) Support for expanding and refurbishing the cold chain.

Technical support which will be provided by WHO includes:

- (a) Support the EPI program at the National and Sub National Level for successful implementation of Measles-Rubella (MR) campaign and to support post campaign survey in 2019;

¹ An external review of the HSIP trust account in each participating province will be undertaken prior to commencement of the Program. The review will use a defined set of criteria to assess the status of HSIP account management and make recommendations for capacity development required in provinces which do not operate at an acceptable standard.

- (b) Expanded Programme on Immunization (EPI) related trainings;
- (c) Establishment of Adverse event following immunisation (AEFI) Surveillance and response team at the sub national level;
- (d) Support NDOH to strengthen Vaccine Preventable Disease (VPD) surveillance network at the provincial and district level;
- (e) Support rotavirus hospital-based surveillance in Goroka, Eastern Highlands Province and Invasive Bacterial Vaccine-Preventable Diseases (IB-VPD) surveillance at the Port Moresby General Hospital in Port Moresby;
- (f) Establishment of a National Immunisation Technical Advisory Group (NITAG) and its strengthening activities;
- (g) Support workshops in priority provinces to develop annual implementation plans for 2020 budget submission;
- (h) Support PHAs/PHOs in planning service delivery and developing integrated outreach to improve continuum of care and reduce immunisation dropouts and improve access;
- (i) Support for strengthening supportive supervision at the provincial level;
- (j) Support NDOH with a policy roundtable on digital transformations in the health sector to improve data for decision-making, modernise delivery systems and ensure life-saving vaccines reach all children.

US CDC will support strengthening of operational capacity within priority provinces. STOP and STOP ISDS-like support to provinces: 8 regular STOP, 5 STOP ISDS and 1 ISDS Coordinators will be deployed to priority provinces to build local immunization program operational capacity.

Proposals should clearly outline the health technical support required at the provincial, district and facility levels over the 3 years to achieve 80% immunisation coverage.

Technical support from WHO, UNICEF and CDC will be provided to all provinces to support this program. Provincial and Immunisation Support Proposals are required to describe how they would engage with and facilitate support from technical partners (WHO/UNICEF/CDC). This includes describing how they will facilitate meetings and trainings, which will be required in all locations, indicating who will be a focal point from the NGO/province to work through planning with technical support partners). Details of the support available from these partners will be provided as an addendum to this RFP shortly. Proposals should outline details of the WHO, UNICEF and CDC support to be accessed by the province, including on what and how this support will be accessed. Other support may be available, such as from the World Bank and the Clinton Health Access Initiative (CHAI).

Proposals should outline any remaining gaps in technical support and how this will be addressed, including by whom and on what. If the TA providers are not known then proposals can make this clear and the partners will facilitate provision of the required support.

Where proposals are accessing a range of technical support, the proposal should clearly demonstrate that all support is complementary and not duplicative.

Also relevant to proposals will be knowledge of the stakeholder coordination and collaboration mechanisms established between the various stakeholders.

3. PART 3- TERMS OF REFERENCE

3.1. Introduction

These Terms of Reference are for a Provincial Health Authority (PHA) /Provincial Health Office (PHO)² to deliver an accelerated immunisation program, and for Immunisation Support Providers to support PHAs on the Accelerated Immunisation and Health Systems Strengthening Program funded by the Australian and New Zealand Governments and GAVI (the Vaccine Alliance). These TOR include:

- (1) Background
- (2) The Province-led implementation model
- (3) Financial management arrangements
- (4) The multi-stakeholder partnership supporting the program
- (5) The scope of services required from Immunisation Support Providers
- (6) Grant governance and reporting

A key measure of success will be 80 per cent coverage of Penta3 by 2022 in the selected provinces. This aligns to the third year of the cMYP three-year target. Additional measures of achievement will include other primary health care services delivered alongside immunisation, including antenatal care, vitamin A supplementation and deworming.

The key population that this investment will benefit is children currently under 5, in particular those under 1 year. It will also include those born in the next few years. It is expected that boys and girls will be equal recipients of the vaccinations. Additional beneficiaries will include primarily mothers and children receiving other primary health care delivered alongside vaccination.

The support to provinces will broadly follow the set of activities identified to achieve the Strategic Objectives outlined in PNG's cMYP 2016-2020 with a view to achieving 80% coverage after three years (see Annex 1, pages 95-100). The focus will be on implementing the provincial level activities to achieve these Strategic Objectives. The grants will mostly support service delivery and operational costs (in particular for outreach) and, where relevant, capacity building for provincial and district health leaders and health providers. Activities to be supported may include:

- (1) Operational costs (facility based and outreach) for routine immunisation in all districts, including transportation, personnel costs, capacity building, Information Education and Communication/social mobilisation
- (2) Provincial level capacity building activities, including: program management, financial management, surveillance, microplanning development, monitoring, supportive supervision, management of Adverse Events Following Immunisation (AEFI), demand generation, advocacy, coordination, immunisation technical skills and knowledge.
- (3) Support vaccine distribution and delivery up to the last mile.
- (4) District and health facility level capacity building activities, including planning, budgeting, implementing and reporting on immunisation activities.
- (5) Specific attention on microplanning is required for the most difficult-to-reach districts with the lowest coverage and highly transient populations.

² Henceforth when the document refers to PHA it relates to Provincial Health Authority and also Provincial Health Office for those Provinces still undergoing transition to a full PHA.

- (6) Provision of training for service providers on the WHO 'Immunization in Practice' guidelines.
- (7) Capacity building of and support for health facility staff and relevant officials at the district and provincial level to conduct advocacy and demand generation activities for immunisation.
- (8) Support for immunisation activity monitoring and reporting and data improvements including completeness, quality, use of the National Health Information System (or, where relevant, the electronic National Health Information System), data analysis and use of data for decision making.
- (9) Quarterly reviews of the immunisation programme at the provincial level and support for health centres and districts to plan intensified, periodic immunisation activities in low performing districts and provinces.
- (10) Support for the implementation of the Special Integrated Routine EPI Program (SIREP) in provinces and districts
- (11) Support to strengthen vaccine preventable disease surveillance systems at the provincial level.
- (12) Support for the effective management of vaccine availability and functioning cold chain systems at health facility level.

Two types of proposals will can be submitted. Firstly, PHAs/PHOs can submit a single province proposal. Secondly provinces can submit a multiprovince proposal led by an NGO under an "Immunisation Support Provider". Multi-province proposals will be the preferred option should provincial HSIP financial management systems require further strengthening

3.2. Provincial Led Partnership

It is anticipated that the development, leadership, and coordination for implementation of the Accelerated Immunisation Grants (provided through the Accelerated Immunisation and Health Systems Strengthening Program) will be led by PHAs or PHOs. This will help to ensure alignment with provincial health plans. The grants will assist PHAs/PHOs to fulfil their public health mandate and role in leading development, coordination, management and monitoring a province wide effort to increase vaccination coverage and strengthen health systems.

It is expected that the delivery model for Accelerated Immunisation Grants will be based on existing PHA/PHO structures and will build upon the mechanisms and systems put in place to manage and deliver the emergency polio outbreak campaign, in particular the Emergency Operations Centres (EOCs). Each PHA/PHO will lead and manage a provincial partnership comprised of church, corporate and NGO health stakeholders in the province. Each provincial partnership will have clearly defined lines of responsibility and accountability for all partners. Partnerships will be managed through existing partnership coordination committees, or new mechanisms where necessary.

The detail of provincial arrangements will vary according to each provincial situation and context.

3.3. PHA/PHO and Immunisation Support Provider - Scope of Services

PHA/PHO proposals will outline how they will deliver their immunisation program. The Immunisation Support Providers will outline how they will support provinces to lead, develop and deliver immunisation programs, and will manage grant funding. Immunisation Support Providers will include at least one consortium member that is actively providing health care in the nominated provinces.

- (a) Planning, Managing and Coordination Reporting and Monitoring

PHAs/PHOs will:

- Prepare and implement provincial, district and micro-plans to expand immunisation coverage over a three-year period;
- Coordinate a multi-stakeholder immunisation program that includes all church, NGO and corporate health providers in the province;
- Manage the immunisation program, including supervision and oversight of all activities;
- Monitor progress, analyse data to provide strategic information for management, and report outcomes.

The Immunisation Support Provider will support PHAs and PHOs to undertake the above tasks.

(b) Service Delivery Operational Costs

The program will require:

- Managing service delivery sub-contracts for church, NGO and corporate health providers in the province, in line with the provincial plans;
- In provinces which are not yet ready for HSIP funding, manage service delivery sub-contracts with state health providers;
- Managing service delivery sub-contracts (or provide logistics and service delivery) for outreach immunisation services;
- Ensuring sub-contracted health services provide timely, accurate activity and financial reports on health services and immunisation delivered through regular channels to the PHA/PHO;
- Supporting health facilities to check on stock management processes and making timely and accurate vaccine requests.

This category of work will ensure full operational support for immunisation and related primary health care. In addition to sub-contracting, it may include staffing, logistics, transport, procurement etc.

If a PHA/PHO elects to submit a standalone provincial proposal, they will undertake the above.

For provinces in multi-province proposals, the Immunisation Support Providers will be undertaking the above functions.

(c) Capacity building of PHAs/PHOs

The Immunisation Support Provider will provide capacity building to the PHA/PHO, districts and health facilities to deliver the immunisation program. This element will need to be planned, coordinated and delivered in consultation with WHO, UNICEF and US CDC who will be providing technical assistance and capacity building in some provinces. It will include:

- Technical assistance and capacity building for PHAs/PHOs to fulfil their leadership role in planning, coordinating, managing, supervising, monitoring and reporting an immunisation program that also strengthens primary health care;
- Technical assistance and capacity building for district health services and health facilities across the breadth of activities associated with the delivery of immunisation and primary health care services;

Work under this category could include extending WHO and UNICEF tools and training to a wider set of provinces, subject to the geographic scope of their support.

PHA/PHO led proposals will be required to outline their technical assistance and capacity building needs.

(d) Financial Management

The program will need strong financial management including:

- Effective and robust financial management, planning and systems to minimise fiduciary risk;
- Assessment of financial management systems, capacity building as required, for all service delivery sub-contracts;
- Oversight of financial management, including audit for all sub-contracts;
- Timely and regular reporting to Abt and the program funders on financial management, planning, budgeting, disbursement, financial management systems and audit.
- Providing relevant financial management capacity building for state and non-state health providers;
- Ensuring robust financial management of all sub-contracts;

Provinces that have strong financial management systems to manage HSIP Trust Account funds will be required to undertake the above functions and may elect to submit PHA/PHO led proposals.

Provinces requiring more time to strengthen HSIP Trust Account Financial management may elect to join multi province proposal with an Immunisation Support Provider. In this circumstance the Immunisation Support Provider will be required to fulfil the above functions.

(e) Coordination, communication, stakeholder management and advocacy

Effective communication and coordination among all partners will be critical. This will include:

- Supporting PHAs/PHOs to liaise with all partners and strengthen province-led partnerships;
- Coordination WHO, UNICEF and US CDC on the content and timing of capacity building, training and technical assistance to provinces to ensure complementarity and avoid duplication;
- Agreed communication protocols with partners;
- Supporting PHAs/PHOs on strategic and advocacy communications with the target population on immunisation, and with government officials (national, provincial, district) to ensure political and financial support for immunisation and primary health care.
- Establish and manage an Immunization Sub Committee of the PHA to coordinate and holding to account the multi stakeholder roles in the program.

PHA/PHO and Immunisation Support Providers will be required to undertake these functions under the leadership of the PHA/PHO. Multi-provincial proposals should take account of the indicative range of Kina 1-1.4 million per province per year required for service delivery / operational costs, with appropriate additional technical assistance, capacity building and financial management requirements.

3.4. Grant Governance and Reporting

The Inter-agency Coordinating Committee for Immunisation (ICC) will provide high level governance and oversight of the progress of these grants. The key functions and responsibilities will include high

level oversight to track progress towards achieving outcomes. ICC has the role of overseeing all support to government in a coordinated fashion behind national immunisation objectives. It will help ensure alignment and harmonisation between all partners financial and technical inputs to support the cMYP objectives. It provides high level strategic advice and can support high level policy and systems troubleshooting if needed.

The PNG Partnerships Fund will manage the grants to ensure grantees are implementing the project and achieving results indicators in a timely and effective manner. The PNG Partnerships Fund will share copies of progress reports to the ICC, NDOH, GAVI and the Governments of Australian and New Zealand.

3.5. Monitoring and Reporting

PHAs/PHOs and Immunisation Support Providers will develop a Performance Framework for each province to include indicators, targets and baselines at outcome, intermediate outcome and output level. This framework will be based on the core indicators and framework of the cMYP. For all provinces, this performance framework will need to include the minimum core set of GAVI required indicators. This framework will be the basis of all performance reporting and monitoring.

PHAs/PHOs and Immunisation Support Providers will report performance against the performance framework and on budget expenditure on a quarterly basis to PPF. PPF will consolidate reports and provide a summary and overview to the ICC, NDOH, GAVI and the Governments of Australian and New Zealand.

PHAs/PHOs and Immunisation Support Providers will report budget expenditure on a monthly basis.

PHAs/PHOs and Immunisation Support Providers will submit six monthly progress reports with assessments of progress, obstacles, solutions and update of risk assessments to PPF. PPF will review and provide an assessment to funding and oversight partners.

PPF will organise quarterly provincial review visits to review progress, discuss obstacles with implementers, and to discuss solutions. These could include joint visits with ICC technical partners.

In the first year the PPF will have monthly or bi-monthly meetings with the grant management teams to ensure effective and efficient project mobilisation.

4. PART 4 - PROPOSAL CONDITIONS

4.1. ABOUT THIS REQUEST DOCUMENT

This Request for Proposal (RFP) is an invitation to treat and shall not be construed, interpreted, or relied upon, whether expressly or impliedly, as an offer capable of acceptance by any professional, firm or organisation or as creating any form of contractual, quasi-contractual, restitutionary or other relationship.

No binding legal relationship will arise out of this process until execution of a contract with successful Applicants.

4.2. QUERIES

Up to and including the Queries Closing Date, Applicants may submit a query or request for clarification arising from this RFP to the nominated Contact Officer set out in Part 1.4 - Proposal Particulars. Abt Associates does not guarantee that it will respond to any query, particularly queries received after the Queries Closing Date. All such queries are to be via email only. Telephone enquiries will not be taken.

4.3. BRIEFING

Proposal briefing details are included in Part 1.1 – Important Dates. Applicants should register their intention to attend the briefing with the Contact Officer. If a Applicant is unable to attend the briefing they will be provided with the information supplied to all attending Applicants along with responses to any requests for information raised during the briefing.

4.4. COMMONWEALTH GRANTS RULES AND GUIDELINES

This Request for Proposal constitutes the Grant Opportunity Guidelines referenced in the Australian Government Commonwealth Grant Rules and Guidelines available at:

<https://www.finance.gov.au/resource-management/grants/>

4.5. RFP MODIFICATION PROCEDURE

Abt Associates may, in its absolute discretion, issue modifications to this RFP before the Offer Closing Date and Time and may extend the Offer Closing Date and Time to enable Applicants to amend their Proposal.

If Abt Associates elects to issue modifications, Abt Associates will issue a formal addendum via email to all registered Applicants. It is the responsibility of Applicants to ensure they have registered their interest and contact details with the Contact Officer so that they are able to receive all modifications.

All conditions and rules of this RFP will apply to all addenda unless modified by the addenda. Any such addenda will become part of the RFP.

4.6. CONDITIONS FOR PARTICIPATION

The following conditions must be met by the Applicants;

- a. the Applicant must exist as a legal entity at the Offer Closing Time and Date;

- b. the Applicant must be registered to operate in Papua New Guinea at the Offer Closing Time and Date;
- c. at the time of lodgement of their Proposal, the Applicant must not have been:
 - i. precluded from applying for Australian Government funded work; or
 - ii. subject to a judicial decision against them relating to employee entitlements (not including decisions under appeal, and have not paid the claim; and
- d. the Applicant must be solvent and financially capable to undertake the proposed contract work and to perform such work and to undertake the necessary expenditure without anticipated financial difficulties and must be able to so demonstrate prior to contract award.

Abt Associates will exclude from consideration any Proposal if the Applicant or one of its related entities is listed by:

- a. the Australian Minister for Foreign Affairs under the Charter of the United Nations Act 1945 and/or listed in regulations made under Division 102 of the Criminal Code Act 1995. Further information about listed persons and entities is available from the Australian Department of Foreign Affairs and Trade website at www.dfat.gov.au
- b. the World Bank on its “Listing of Ineligible Firms” or “Listing of Firms Letters of Reprimand” posted at www.worldbank.org (the “World Bank List”); or
- c. any other donor of development funding on a list similar to the World Bank List; or
- d. the Workplace Gender Equality Agency as not complying with the Australian Government Workplace Gender Equality Act 2012 (Cth).

4.7. MINIMUM CONTENT AND FORMAT REQUIREMENTS

Abt Associates will exclude an Applicant from further consideration if Abt Associates considers in its absolute discretion that the Applicant’s response does not meet the minimum content and format requirements listed in this clause:

- a. the Proposal must be lodged in accordance with the instructions provided in Part 1.3 – Request for Proposal Lodgement;
- b. the Applicant must submit a complete Offer in the format as set out in Part 1.5 – Proposal Details;
- c. the Applicant must complete Part 5 – Offer Response Schedules and include all specified attachments; and
- d. the Proposal, including all attachments and supporting material, must be written in English, or if in a foreign language, must be correctly translated into English.

4.8. LATE LODGEMENT POLICY

Abt Associates may exclude late Proposals and will not admit them to the evaluation process unless Abt Associates has caused or contributed to the failure to lodge by the Offer Closing Date and Time. The Proposal response is considered late if:

- a. it is submitted after the Offer Closing Date and Time (specified in Part 1.1 – Important Dates); or
- b. it is incomplete as at the Offer Closing Date and Time (including where the Offer response includes electronic files that cannot be read or unencrypted).

4.9. UNINTENTIONAL ERRORS OF FORM

If an unintentional error of form in a Applicant's response is identified prior to award of a contract, Abt Associates may in its absolute discretion allow correction of that error by the Applicant by the submission of a correction, variation or additional information.

An unintentional error of form is an error that Abt Associates is satisfied in its absolute discretion:

- a. represents incomplete information not consistent with the Applicant's intentions and, if relevant, capabilities at the time the submission was lodged; and
- b. does not materially affect the competitiveness of the Applicant's response.

4.10. OWNERSHIP OF RESPONSE MATERIAL

All material submitted in response to this RFP becomes the property of Abt Associates. By submitting a Proposal response, the Applicant allows Abt Associates to copy and do anything necessary to material, including the Applicant's intellectual property contained in the response, for the purpose of evaluating the Applicant's response and negotiating a Contract if the Applicant proceeds to that phase of the process.

4.11. CONFLICT OF INTEREST

During the Proposal process, the Applicant must immediately advise Abt Associates in writing of any circumstances or relationships constituting an actual, potential or perceived Conflict of Interest in respect to its Offer, or the Applicant's obligations under the Contract if the Applicant is awarded the Contract. Abt Associates may in its absolute discretion:

- a. enter into discussions to seek to address such Conflict of Interest;
- b. exclude the Applicant from the process and further evaluation; or
- c. take any other action it considers appropriate.

4.12. HEALTH, SAFETY AND SECURITY

The Applicant, if successful, must at all times, identify, comply with and exercise all necessary, duties and precautions for the health, safety and security of all persons including the Applicant's employees, subcontractors, subcontractor's employees, employees of Abt Associates and other persons who may be affected by the delivery of the contract work.

The Applicant will inform itself of all workplace health, safety and safety duties, codes of practice, policies, procedures or measures applicable to the Location detailed in 1.5 Proposal Details. The Applicant will comply with all such duties, codes of practice, policies, procedures or measures; and in the event of any inconsistency, will comply with such duties, codes of practice, policies, procedures or measures that produce the highest level of health, safety and security. The Applicant must comply with any and all directions by or on behalf of Abt Associates relating to safety and security.

4.13. INSURANCE

All potential Applicants must have appropriate insurance cover for the type of services to be provided as a condition of submitting a Proposal.

4.14. ETHICAL DEALING, FINANCIAL AND PROBITY CHECKS

Abt Associates' policy is to engage in the highest standards of ethical behaviour and fair dealing throughout the Offer process. Abt Associates requires the same standards from those with whom it deals. Applicants must compile responses without improper assistance of employees or former employees of Abt Associates and without the use of information improperly obtained or in breach of an obligation of confidentiality. Applicants should not:

- a. engage in misleading or deceptive conduct in relation to the competitive grant process;
- b. engage in any collusive submissions, anti-competitive conduct, or any other unlawful or unethical conduct with any other Applicant, or any other person in connection with the competitive grant process; or
- c. attempt to influence improperly any officer, employee or agent of Abt Associates, or violate any applicable laws or Abt Associates policies regarding the offering of inducements in connection with the competitive grant process.

Abt Associates may exclude from consideration any Proposal lodged by a Applicant which, in Abt Associates' reasonable opinion, has engaged in any behaviour contrary to this section in relation to the competitive grant process.

Abt Associates (or its agents) may perform such security, probity, and financial investigations and procedures as Abt Associates may determine are necessary in relation to any Applicant, its employees, officers, partners, associates, sub-contractors or related entities including consortium members and their officers, employees and sub-contractors.

Applicants should promptly provide Abt Associates with such information or documentation that Abt Associates requires in order to undertake such investigation. A Proposal may be rejected by Abt Associates if the Applicant does not promptly provide, at its own cost, all reasonable assistance to Abt Associates in this regard or based on the outcomes of the investigations or procedures.

Abt Associates may also make independent enquiries about any matters that may be relevant to the evaluation of a Proposal.

4.15. CHILD PROTECTION

The successful Applicant must have appropriate child protection policies in place and/or be willing to comply with Abt Associates and DFAT's latest *Child Protection Policy*. DFAT's *Child Protection Policy* is available on its website and Abt Associate's policy is attached to this Request for Proposal at Annexure A. The successful Applicant will be required to participate in a Child Protection Risk Context Tool and work with Abt Associates to implement any necessary Child Protection Implementation Plan for medium and high-risk activities.

4.16. RIGHT NOT TO PROCEED

Abt Associates is not bound contractually, or in any other way to the Applicants who respond to this RFP. Abt Associates reserves the right not to proceed with this Proposal or any part of it, and to suspend or vary the Proposal and/or its requirements at any stage.

4.17. COSTS BORNE BY APPLICANT

All costs and expenses incurred by Applicants in any way associated with the development, preparation and submission of the Proposal response, including but not limited to attendance at meetings, site

visits, discussions, presentations and providing any additional material required by Abt Associates, will be borne exclusively by the Applicants.

4.18. SUPPLIER ACKNOWLEDGEMENTS

Applicants are considered to have:

- a. examined this RFP, any documents referenced in this RFP and any other information made available by Abt Associates to Applicants for the purpose of responding;
- b. examined all further information which is obtainable by the making of reasonable enquiries relevant to the risks, contingencies, and other circumstances having an effect on their Proposal response;
- c. undertaken their own professional advice in respect of this RFP, any other information provided to Applicants and the competitive grant process generally, as appropriate;
- d. satisfied themselves as to the correctness and sufficiency of their Proposal response including submitted prices; and
- e. satisfied themselves as to the terms and conditions of the Draft Contract and its ability to comply with the Draft Contract.

Responses are submitted on the basis that Applicants acknowledge:

- a. they do not rely on any representation, letter, document or arrangement, whether oral or in writing, or other conduct as adding to or amending these conditions other than addenda; and
- b. they do not rely upon any warranty or representation made by or on behalf of Abt Associates, except as are expressly provided for in this RFP, but they have relied entirely upon their own inquiries and inspection in respect of the subject of their Proposal response.

4.19. RIGHTS OF ABT ASSOCIATES

Without limiting any other rights contained in this RFP, Abt Associates may do any or all of the following at any time:

- a. not proceed with the competitive grant activity;
- b. suspend, defer or change the structure and timing of the competitive grant activity;
- c. determine at any time a short list of Applicants;
- d. seek amended Proposals or call a new request for Proposal;
- e. forward any clarification about this RFP to all known Applicants on a non-attributable basis and without disclosing any confidential information of a Applicant;
- f. allow or not allow another legal entity to take over a Proposal response in substitution for the original Applicant where an event occurs that has the effect of substantially altering the composition or control of the Applicant or the business of the Applicant;
- g. negotiate with one or more persons who have not submitted Proposal responses or enter into a contract or other binding relationship for similar Specifications outside of this competitive grant process; and/or
- h. terminate any negotiations being conducted at any time with the Applicants.

5. PART 5 – EVALUATION PROCESS

5.1. PROPOSAL RESPONSE

The Applicant is to provide a written response to the RFP in accordance with the requirements set out in this Part 5.

The Applicant's written Proposal to the requirements set out in Part 2 – Specifications will be used by the Evaluation Panel to evaluate Proposals against the evaluation criteria.

The Evaluation Panel may also use any relevant information obtained in relation to the Proposal (whether from the Applicant as part of clarification, reference checks, negotiations, presentations or by any other independent inquiry) in the evaluation of Proposals.

5.2. EVALUATION PROCESS

The objective of the evaluation process is to select grant activities that represent value with relevant money in the context of the objectives and outcomes of the grant opportunity.

Proposals will be assessed by an Immunisation Grant Review Panel in accordance with the evaluation criteria specified below.

The Immunisation Grant Review Panel will make a judgement on whether a proposal is:

- (a) Ready for approval with minor changes (no need to return to Panel for further review);
- (b) Ready for approval with substantial changes (needs to return to Panel for further review); or
- (c) Not suitable for funding.

In parallel, Abt/PPF will organise an assessment of financial management systems of the Applicant (or lead organisation if a consortium bid), and of the HSIP Trust Accounts in selected provinces. The findings of these assessments will be included in the Immunisation Grant Review Panel deliberations.

Applicants should ensure that they provide all required information in their Proposals to fulfil each evaluation criteria by submitting all requirements set out in Part 1.5 - Proposal Details and Part 5 – Proposal Response Schedules.

The Proposal evaluation process will be divided into the following phases:

- (a) Receipt and registration of Proposals;
- (b) Screening of Proposals for compliance with RFP requirements and conditions of participation;
- (c) Technical proposal assessment;
- (d) Assessment of financial management systems of the Applicant;
- (e) Pre-award assessment; and
- (f) Evaluation Report.

As part of, and in addition to the evaluation process, Abt Associates may:

- (a) Require clarifications and/or presentations from Applicants at any time during the evaluation process. Should such presentations be required, dates, times and venues for presentations will be notified to all Applicants participating in the evaluation or the shortlisted Applicants from the evaluation process. A list of areas and issues for Applicants to address will be provided prior to the presentations; and

- (b) Conduct reference checks and pre-award assessments (including site visits, if relevant) on Applicants. Reference checks may be conducted with any referee proposed by the Applicant in its Proposal response or with any other organisation selected by Abt Associates at its discretion.

Abt Associates may also request further information from Applicants during the evaluation process.

In addition to the above, Abt Associates will organise an assessment of financial management systems of the Applicant (or lead organisation if a consortium bid), and of the HSIP Trust Accounts in selected provinces. The findings of these assessments will be included in the Immunisation Grant Review Panel evaluation.

5.3. EVALUATION CRITERIA

The following criteria will be used to assess the PHA led proposals and Immunisation Support Provider proposals.

Assessment Criteria	Weighting
<p>Results Focus</p> <p>What will the suggested intervention(s) achieve?</p> <p>The proposal will outline:</p> <ul style="list-style-type: none"> • The establishment of Provincial and District baselines for the key immunisation indicators; • Performance Framework (to track and monitor priority immunisation targets and including additional primary health care outputs and outcomes achieved through an integrated service delivery model); • Performance measures: immunisation coverage and other primary health care indicators (for example ANC, Vitamin A distribution) and intermediate outcomes (capacity building) to be achieved; • Capacity building support for provincial health services (health facilities, districts and provinces) to collect, manage, analyse and report data on immunisation and related primary health care activity; • Annual performance targets that are realistic and achievable including immunisation coverage (age and gender disaggregated), health worker capacity development, and other health system strengthening indicators such as building the capacity of PHAs/PHOs. <p>The disbursement of funds may be contingent in part or in full on an organisation's ability to meet performance targets.</p>	30%
<p>Approach, Delivery Modality & Methodology</p> <p>This will outline how PHAs/PHOs or Immunisation Support Providers propose to strengthen the province wide-immunisation program and partnership.</p> <p>NGO led multi-province proposals must demonstrate that the NGO is already implementing health programs in the provinces within the proposal.</p> <p>The proposal will outline:</p> <ul style="list-style-type: none"> • How PHA/PHO leadership will be developed and deliver immunisation programs towards the achievement of 80% immunisation coverage; • How the PHA/PHO will coordinate and manage a multi-stakeholder partnership of all health service providers (and supporters) in the 	20%

<p>province;</p> <ul style="list-style-type: none"> • Capability, experience, existing provincial relationships/delivery platforms for Immunisation Support Providers • Alignment with the Mid Term Development Plan II, cMYP and provincial immunisation plans • Use of existing PHA/PHO structures • Learnings from the lessons from polio campaigns • Clearly outlined technical support requirements and how this will be addressed • An analysis of the problems and obstacles in delivering immunisation programs and how the proposed approach will overcome them; • Risk assessment and risk management plan; • Alignment with PNG’s National Health Plan, national immunisation plans and targets, and relevant provincial and district health plans; • Adherence to relevant DFAT safeguard policies on child protection. <p>PHA/PHO led proposals will include an immunisation roll out plan for the remainder of 2019 and indicate how they will develop a 2020 plan as part of their routine Annual Implementation Plan development that can also be the basis for 2020 contracting.</p> <p>Immunisation Support Provider proposals will outline how they will support the development of provincial immunisation plans for 2019, and how they will support provinces to develop 2020 Annual Implementation Plan as part of the routine provincial plan process (see table below)</p>	
<p>Laying the Foundations for Sustainability</p> <p>How will the proposed approach lay the foundations for sustainability?</p> <p>The proposal will outline:</p> <ul style="list-style-type: none"> • The support to PHAs/PHOs to build staff and institutional capacity to sustain enhanced immunisation and primary health care programs; • The linkages with and leveraging of existing development partner support in the provinces (for example, the Australian co-funded Asian Development Bank’s Health Services Sector Development Program and other Australian-funded PPF grants); • A full provincial immunisation budget that includes planned domestic and international financing. • Clear reflection that the provincial immunisation budget allocation constitutes a meaningful proportion of the total provincial immunisation costs (including provincial + donor partner funding from this program) during the lifetime of this program, increasing annually thereafter to reach full domestic sustainability <p>Proposals must include a table showing current and future provincial resources allocated to immunisation to demonstrate how provinces will be sustainably self-financing by 2023. A sample table format is included below. This will be a mandatory requirement.</p>	10%
<p>Gender and social inclusion</p> <p>The proposal will outline how gender equality, disability and social inclusion will</p>	10%

be achieved (and measured) in the planning and implementation of the program.	
<p>Management Systems and Financial Management Arrangements</p> <p>Technical and operational capabilities to successfully support the administration of the proposed grant will be assessed using a fiduciary, legal and risk assessment template.</p> <p>The proposal will outline:</p> <ul style="list-style-type: none"> • Provincial leadership for immunisation, provincial financial resource allocation (and likely availability) for immunisation activity, provincial allocation of dedicated time of PHA/PHO staff to oversee and coordinate the immunisation program; • Provincial Partnership arrangements with clear roles, responsibilities and lines of accountability for all stakeholders; • Project management and oversight arrangements; • Project management capacity, and the appropriateness of proposed capacity building plans; • Financial management arrangements to manage the grants (including of sub-contracted NGO and church health providers); • Financial management, fraud and internal control systems in place (this includes the two primary potential recipients in the province (HSIP Trust Account and the leading Church/NGO health provider); • Procurement and supply systems; • The approach to Environmental and Social Safeguards, including Child Protection, vulnerable and disadvantaged groups and Health and Safety; • Legal and governance structures for all partners (including but not limited to registered legal entity; registered for taxation, if applicable). 	30%
Total	100%

Table 1: National and Proposal Requested Resource Allocation Schedule

All proposals must include a table showing current and future provincial resources allocated to immunisation to demonstrate how provinces will be sustainably self-financing by 2023. Immunisation Support Provider proposals will demonstrate PHA/PHO endorsement of the tables before formal approval of the proposals can occur. If an Immunisation Support Provider proposal is to support multiple provinces, separate summary tables should be completed and endorsed for each province.

The column “Baseline 2019” should indicate the resources allocated to immunisation in the province’s 2019 Annual Implementation Plan. Narrative text should also indicate the actual resources transferred and available. The columns for 2020 – 2022 should demonstrate an intention to increase provincial funding for immunisation in a province’s Annual Implementation Plan. Provinces that are able to mobilise additional resources for 2019 (beyond those allocated in the AIP) should reflect that in the table. These provinces will be considered favourably during the review and selection process.

Proposals need to describe the indicators that will be used to track provincial resources allocated to immunisation and how they will be measured and the reporting schedule. Provinces that are significantly off-track after the first year of support will be required to submit a revised table for approval by PPF together with an action plan that outlines how provincial resource allocations to immunisation will be increased to meet the commitments in the revised table. Provinces that continue to remain off-track based on the revised table after year 2 of support may be subject to reduced levels of PPF support.

	Baseline 2019	July – Dec 2019	2020	2021	2022	Jan – June 2022	2023 (after the program ends)
Provincial Resources							
Provincial operational cost allocation							
Manpower							
Provincial logistics / cold chain / supply chain allocation ³							
Sub-Total Provincial allocation							
Proposed budget summary of PPF contribution in this proposal							
Additional manpower ⁴							
Additional operational funding							
Other requested							
Requested TA and capacity building							
Sub-Total Proposal Request							
Total Domestic and Program Support							
Total Domestic and Program Support							
Proportion (%) of total program support provided by the province							

³ Costs may include medical supply distribution where provinces demonstrate inadequacies in the supply chain due to sub-optimal performance of agencies contracted to deliver vaccines and supplies.

⁴ Where additional manpower is required, a plan demonstrating how this will be sustained beyond the grant period must be included in the proposal.

5.4. PROPOSAL SELECTION

A Senior Management Group – comprising of representatives from NDoH, Department of National Planning and Monitoring, Australia, New Zealand and GAVI – will approve which proposals are selected for funding. Recommendations and technical feedback from the Technical Review Panel will be taken into consideration.

5.5. DEBRIEFING

Applicants may request a debriefing following the award of a contract. Applicants requiring a debriefing should contact the Abt Associates Contact Officer.

5.6. GRANT AGREEMENT

Grant agreements are expected to be signed with Abt Associates in June 2019, although some may be signed in the second half of 2019 subject to due diligence checks. The Grant Agreement will be based on and include a fully developed project proposal, draft program logic, monitoring and evaluation frameworks, work plans and budgets, and a risk management framework.

A template Grant Agreement will be provided to registered Applicants following submission of their Intention to Bid.

The Grant Agreement will be for a period of up to 3 years until June 2022 and will be issued in the currency of Papua New Guinean Kina.

As the funding proposed in the RFP extends past Abt Associates' current Head Contract end date, Applicants acknowledge that the Grant Agreement will contain provision for novation to a third party in the event that the Head Contract is not extended beyond the current term.