

113-261

Yaoundé, le 12 SEPT 2024

**CALL FOR EXPRESSIONS OF INTEREST N° AMI/MINSANTE/SG/UCS-FMP**

**WITH A VIEW TO SELECTING A SUB RECIPIENT (SB) TO IMPLEMENT THE COMMUNITY HEALTH SYSTEMS STRENGTHENING COMPONENT OF GRANT C19RM OF THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA**

Cameroon received a grant from the Global Fund in 2021 to combat COVID-19. After three years, the country has succeeded in controlling the epidemic, but has revealed weaknesses in the health system. To strengthen the system, the grant has been extended until 2025. The Minister of Public Health has created a coordination platform to implement Health System Strengthening activities. Communities have played a crucial role in the response to the epidemic, and their involvement is essential to improve confidence, communication and access to health services. The grant aims to build local capacity to manage endemic diseases and improve the health system.

The Minister of Public Health intends to recruit a sub-recipient to effectively implement the objectives of the community component of the grant.

• **Mandate and scope of the Sub-Recipient's mission**

The sub-beneficiary's main mission is to strengthen the resilience of local health systems by building on the capacity of communities to manage current and future health challenges, while ensuring an effective and sustainable response to epidemics and health emergencies.

• **Eligibility and qualifications required**

Any national or international organisation/institution operating legally on national territory is eligible to be a Sub-Recipient, subject to compliance with the minimum legal, technical, administrative, managerial and organisational requirements defined in the terms of reference.

• **Terms of reference and other additional information**

The detailed terms of reference and additional information useful to applicants can be obtained, free of charge, from the Secretariat of the Coordinator of the Global Fund and Partners Grants Coordination Unit to Fight AIDS, Tuberculosis and Malaria (GFATM-GCU).

• **Submission of applications**

Five (05) copies of applications, in French or English, one (01) original and four (04) copies, must reach the secretariat of the Coordinator of the Grants Coordination Unit of the Global Fund and Partners in the Fight against AIDS, Tuberculosis and Malaria (UCS-FMP), located opposite the Ecole Publique du Camp Bové, route de la Croix Rouge in Yaoundé, no later than 3 p.m. local time on 25<sup>th</sup> September 2024.

**Ampliatiions :**

- MINMAP
- ARMP (pour publication dans le JDM) ;
- SOPECAM (Pour publication)
- GTC CNLS, PNLT, PNLN
- Archives / Chrono

REPUBLIQUE DU CAMEROUN  
Paix - Travail - Patrie  
LE MINISTRE DE LA SANTE PUBLIQUE,  
LE MINISTRE  
The Minister  
Ministry of Public Health  
MINISTERE DE LA SANTE PUBLIQUE

Dr. Manaouda Malacko

**TERMS OF REFERENCE N° D.30-1033**  
**/TDR/MINSANTE/ CAB/UCS-FMP/C OF WITH A VIEW TO SELECTING A SUB-  
RECIPIENT (SB) FOR THE IMPLEMENTATION OF THE COMMUNITY  
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**I. CONTEXT AND RATIONALE**

As part of the response to COVID19, Cameroon obtained a grant from the Global Fund in 2021 to carry out activities in response to the epidemic. After three years of implementation, Cameroon has succeeded in effectively controlling the epidemic throughout the country. However, the COVID19 epidemic highlighted the vulnerability and shortcomings of Cameroon's health system and demonstrated the urgent need to strengthen the health system in order to make it more resilient and better prepared to respond to future epidemics and health crises. This is entirely in line with the statement made by Dr MATSHIDISO MOETI, WHO Regional Director for Africa (2022): "The COVID-19 pandemic has highlighted the fragility of health infrastructures on our continent and the urgent need to strengthen the entire health system, in order to guarantee access to quality care for all Africans, when and where they need it, without financial constraints".

It is in this context that Cameroon has benefited from an extension of the C19RM grant from 2021 to 2025, with a new focus on strengthening the health system. It is also in this context that the Minister of Public Health signed a decision on the establishment and organization within the Ministry of Public Health of a platform to coordinate the implementation of activities to strengthen the health system, and which puts an end to the activities of the C19RM Global Fund Project Management Unit.

Robust, well-planned and adequately resourced community responses have proven their effectiveness in strengthening the health system. Evidence points to the unique and fundamental role of communities in building trust between key actors and in designing culturally and socially acceptable response strategies and programmes. Communities also play a crucial role in communicating with the most vulnerable and marginalized populations, in creating demand, and in monitoring the accessibility and quality of services. They are also essential for raising awareness, generating knowledge and conducting research.

The outbreaks of COVID-19 and other diseases have highlighted the importance of community-based and community-led organizations for their ability to adapt rapidly to emerging threats and to support the responsiveness of the healthcare system to evolving needs and challenges. The community component of the C19RM grant aims to build local capacity to manage endemic diseases

and strengthen the health system. It includes promoting awareness, improving access to and quality of health services, and supporting mechanisms for implementing and monitoring the community response. With this in mind, the selection of a sub-recipient is crucial to ensuring the effective implementation of these objectives. It is against this background that the Minister of Public Health plans to recruit a Sub-Recipient (SR) for the community component of health systems strengthening under Global Fund grant C19RM. This budget provision amounts to 1 760 126 (one million seven hundred and sixty thousand one hundred and twenty-six euros) or 1 154 566970 Fcfa (one billion one hundred and fifty-four million five hundred and sixty-six thousand nine hundred and seventy CFA francs).

## **II. OBJECTIVES**

### **1. Overall objective :**

The overall objective of the sub-beneficiary's mission is to strengthen the resilience of local health systems by building on the capacity of communities to manage current and future health challenges, while ensuring an effective and sustainable response to epidemics and health emergencies.

### **2. Specific objectives**

The implementation of interventions by the Sub-Beneficiary under the Community Component of Health Systems Strengthening of the C19RM Grant aims to achieve the following specific objectives:

1. Strengthen the capacity of communities and civil society organizations in organizational development, advocacy to influence health policies, ensuring that community voices are represented at all levels of health governance, resource mobilization, and implementation of community responses to endemic diseases, including HIV/AIDS, tuberculosis and malaria;
2. Strengthen the integration of community interventions to combat endemic and targeted diseases, including HIV/AIDS, tuberculosis and malaria.
3. Develop mechanisms to promote the meaningful involvement of civil society and communities in the design, implementation and monitoring of health programmed, with a focus on marginalized and vulnerable populations.
4. Advocate for improved access to and quality of healthcare services for vulnerable and marginalized populations, in close coordination with healthcare providers;
5. Put in place robust community-led monitoring mechanisms to assess the quality and accessibility of health services, particularly for HIV, tuberculosis and malaria, and ensure accountability in service delivery.
6. Promote awareness of the targeted diseases and prevention and control measures;
- 7 Support community response mechanisms for the management of epidemics and pandemics;
8. Strengthen partnerships and collaboration between key players, in particular community organizations, health authorities and technical and financial partners;

## **III. SCOPE OF THE SUB-BENEFICIARY'S MISSION**

The Sub-Beneficiary is accountable for the performance of the interventions entrusted to it. As such, it is responsible for developing and implementing a strategy and work plan in line with the health sector strategy and the public health system transformation agenda of the Minister of Public Health, enabling in particular:

### **1- Community capacity building and leadership development:**

- Building the planning and leadership capacity of community-led organizations to respond to outbreaks and emergencies;
- Leadership, professional development and resources to enable effective community representation in decision-making processes and platforms relating to health interventions;
- Management of programmed undertaken by community organizations and networks to support or strengthen their capacity for service delivery, social mobilization, resource mobilization, and community monitoring and advocacy.

## **2- Community-led monitoring:**

Community-led monitoring activities to monitor the availability, accessibility, acceptability and quality of health services, integrating aspects of pandemic preparedness and response.

- Advocacy activities based on community-led monitoring data, with the aim of improving policies, remedying shortcomings in the health system, and ensuring adequate budgets and resources; Technical assistance, training and mentoring in community-led monitoring: data collection, collation, cleaning and analysis, use of community data in programmatic decision-making, policy development and advocacy to ensure quality health services.

## **3- Community-led advocacy and research:**

Community-led qualitative, quantitative and operational research on health systems preparedness and resilience in the context of outbreaks, including system capacity to assess and mitigate potential human rights, health equity and gender implications.

- Community mapping and analysis of legal, policy and other barriers that impede/limit community and community-led responses to outbreaks.
- Budget advocacy to mobilize national resources for health and community systems in pandemic preparedness and response.

## **4- Community participation, links and coordination:**

- Community participation and representation in national policy processes, decision-making and accountability mechanisms, and in the development of local, regional and national strategies and plans (including EEC and national health security action plan, intra-action [RIA] and after-action [RAA] reviews and simulation exercises [Ex]; country-wide platforms, working groups or mechanisms with a role in preparedness).
- Supporting and strengthening community mobilization initiatives and approaches insofar as they are agile and adaptable in the context of sudden-onset outbreaks and health emergencies.
- Creating and/or strengthening platforms to improve coordination, joint planning and effective linkages between stakeholders and community-based organizations and formal health systems in outbreak preparedness planning.
- Support for the establishment or strengthening of community involvement in coordination mechanisms and risk communication and community mobilization (CRMC) working groups.

## **IV. EXPECTED RESULTS**

The results expected from the Sub-Beneficiary as part of this assignment are:

### **1- Improved Disease Prevention and Management:**

- \* This includes raising awareness and disseminating appropriate messages/materials.
- \* Increased screening: Significant increase in the number of screenings carried out in the areas concerned.

### **2- Effective Response to Health Emergencies:**

\*Functional Protocols: Development and implementation of operational protocols at community level for the management of health emergencies, ensuring a rapid and coordinated response to public health crises.

\*Response Capacity: Strengthening the capacity of communities to respond effectively to pandemics, with established mechanisms for rapid mobilization and inter-institutional coordination.

### **3- Increased awareness and health education:**

\* Increased knowledge: Increase in community awareness of endemic disease prevention practices, measured by surveys and evaluations.

\*Educational material: Creation and effective dissemination of educational material, adapted to the cultural and linguistic contexts of the target communities.

### **4- Effective Monitoring and Evaluation System:**

\*Functional mechanisms that enable the regular feedback of reliable data on the implementation of community interventions to civil society organizations and back to service providers.

\*Performance Reports: Production of regular reports detailing the results achieved, the challenges encountered, and recommendations for any necessary adjustments.

### **5- Coordination and Strengthened Partnerships :**

\* Optimized Collaboration: Improved coordination between the various local stakeholders, health authorities and international partners to ensure an integrated and effective approach to interventions; \*Strong Partnerships: Establishment of sustainable partnerships with community organizations, local leaders, health authorities and other community stakeholders to support the implementation of activities and maximize the impact of interventions.

## **V. ELIGIBILITY CONDITIONS**

This Call for Expressions of Interest (CEI) is open to National Organizations/Institutions or international organizations in good standing with national legislation and demonstrating experience in the field of the assignment (regularity and experience) attested by documentary evidence:

- a) of legal exercise of activities in Cameroon (headquarters agreement, approval from national authorities, legalized articles of association and internal regulations, certificate of bank domiciliation issued by a banking establishment approved by COBAC, proof of non-repayment of taxes, proof of regularity of situation with regard to the CNPS, location plan approved by the tax authorities, ...);
- b) proven experience in managing community health projects in general, and the fight against malaria, tuberculosis and HIV in particular for at least five years.

Interested candidates must provide all the information showing that they are qualified to carry out the assignment (agreements, contracts, brochures, publications and any other production capable of attesting to their experience and capacities in the health sector). These references must also be presented in a synoptic table showing the date of completion, the service provided, the cost of the service and the beneficiary.

## **VI. COMPOSITION OF THE APPLICATION FILE AND EVALUATION CRITERIA**

The expression of interest file must be submitted in two volumes of 4 copies each (one original and 03 copies): Volume 1: Administrative File and Volume 2: Technical File.

### **VOLUME1: ADMINISTRATIVE FILE**

The administrative file includes

- The letter declaring the expression of interest;
- The documentary package attesting to eligibility; the administrative documents must be presented in copies certified by the competent authorities and dated less than three months before the date of submission of the file;

- Where applicable, the notarized deed legalizing the grouping or consortium agreement;
- The quality of the operational, administrative, financial and accounting procedures manual in force (reliability of administrative, financial, accounting and operational processes, separation of accounts, separation of functions, competitive purchasing procedures, availability and reliability of information in real time, frequency and quality of internal and external audits, code of ethics, fraud prevention and management, etc.).
- The organization chart with the CVs (curriculum vitae) of the staff occupying the main functions;
- Activity reports for the last three years;
- Control and/or audit reports for each of the last three years.

**The absence or invalidity of any of the documents or evidence listed above, any false declaration, or a technical score of less than 70/100 will result in the elimination of the candidate.**

## **VOLUME2: TECHNICAL FILE**

In its offer, the tenderer must clearly demonstrate its understanding of the assignment in four main sections:

### **a) Intervention logic and work methodology**

This section will deal in particular with:

- A detailed understanding of the objectives and expected results;
- Opinions on the main subjects relating to the assignment, making it possible to highlight its level of knowledge in the area of the assignment, to formulate hypotheses and other conditions for success, as well as the risks associated with the implementation of such interventions.
- the applicant's strategy for implementing the interventions and achieving each of the objectives assigned and for each of the areas of intervention, i.e., combating HIV/AIDS, tuberculosis and malaria and strengthening the health system;
- the methodology for implementing the mission;
- identification of national and local stakeholders, clarification of their respective roles in the strategy and the collaboration plan to be put in place;
- the approach, methods and schedule for transferring skills to local organizations and/or communities.

### **b) Organizational capabilities**

In this section, the bidder must provide:

A description of the entity's current territorial deployment in the Regions, including, where appropriate, a presentation of existing collaboration platforms or those to be set up with the relevant local players;

- Presentation of the candidate's experience in the areas covered by the assignment; this description must be accompanied by supporting documents attesting to the said experience.
- a detailed draft organization chart of the entity implementing the project, with profiles of the five key posts proposed, covering the functions considered key for such a project;
- the organization's budgets for the last three years and budget for agreements with other donors.

### **c) Detailed implementation and monitoring-evaluation plan**

The bidder must provide:

- a sufficiently exhaustive and detailed list of the activities to be implemented, their description, the resources required and the expected results;
- an implementation Schedule

- a document describing the organization's monitoring and evaluation system. This includes a description of the systems for collecting and reporting health information in the area covered by the assignment, as well as the frameworks for collaboration with the stakeholders (identification of stakeholders, review of needs, alignment and exhaustiveness of the coverage of needs linked to the orientations of the C19RM's programmatic framework, strategy for collecting information, monitoring and evaluation, frequency of reporting, etc.).

The evaluation grid for the technical bid is presented in the annex to these ToRs.

## **VII. SUBMISSION OF APPLICATIONS**

Applications, written in French or English, submitted in 05 copies (01 original and 04 copies) in a sealed envelope, must be received no later than <sup>25th</sup> September 2024 at 15:00 at the Secretariat of the Coordinator of the Global Fund Grants Coordination Unit and other partners, located opposite the Ecole Publique du Camp Bove, route de la Croix Rouge - Phone: (237) 677 25 43 37/Dr Rogers AJEH.

## **VIII. ADDITIONAL INFORMATION**

### **Interviews with candidates and site visits/evaluations**

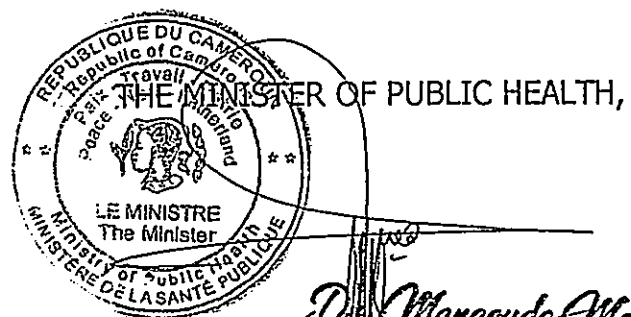
The evaluation committee will hold interviews and site visits with candidates who have not been eliminated during the application evaluation process. These interviews and visits may result in a readjustment of the technical evaluation scores, depending on the assessment of the evaluation committee. The successful candidate will be the one presenting a complete and compliant administrative file and the highest technical score of at least 70/100.

**Working languages:** English and French

**Geographical coverage of the assignment:** the 10 regions of Cameroon

**Implementation period:** October 2024 - December 2025 Budget: €1,760,126 (approximately 1,154,566,970 CFA francs).

Yaoundé 12 SEPT 2024



**APPENDIX: GRID FOR EVALUATING TECHNICAL OFFERINGS**

Assessed area: Organization and methodology of the company					
N°	Aspects Assesse			Maximum score 5	Candidates score
1	Logic of intervention (strategies)	Understanding of the assignment: review of objectives and expected results (very good=5; good=3; acceptable=2; insufficient=1)		5	
2		Opinion on the main topics relating to the assignment (very relevant=3; acceptable=2; insufficient=0)		3	
3		Applicant's strategy for implementing the interventions and achieving each of the assigned objectives and for each of the intervention areas. (Applicants whose existing activities are aligned with these TDRs will receive a higher score.		25	
3.1.		Fight against AIDS (very good=5; good=4; acceptable=3; insufficient=1)		5	
3.2.		Fight against malaria (very good=5; good=4; acceptable=3; insufficient=1)		5	
3.3.		Fight against tuberculosis (very good=5; good=4; acceptable=3; insufficient=1)		5	
3.4.		Strengthening the community health system (very good=10; good=5; acceptable=3; insufficient=1)		10	
4		Methodological approach for implementing the mission to achieve results by the end of 2025 (satisfactory=8; acceptable=5; insufficient=1)		8	
5		Identification of key stakeholders relevant to the mission and description of their roles and responsibilities, collaboration plan (Applicants who are currently collaborating with stakeholders will receive a higher score. )		5	
6		Approach, modalities and programming of skills transfer to local organizations and/or communities (very good=4; good=3; acceptable=2; insufficient=0)		4	
7	Organisational skills	Current coverage of the territory (at least 8 Regions=5; at least 3 Regions=3; less than 3 Regions=1.)		5	
8		<i>Experiences in the areas of the assignment (Community capacity building and leadership development, Community-led monitoring) 2 pts per relevant reference with documentary evidence.</i>		6	
9		<i>Relevance of the organization chart and profiles of the five key members of staff coordinating implementation (Good=5; acceptable=3; poor=0)</i>		5	
10		Financial management and accounting capacity: level of annual budget, organization of financial management and accounting.		5	
11		level of annual budget, organization of financial management and accounting. million CFA francs=3; more than 100 million=2; less than 100 million =0)			
12		Quality of the procedure's manual (sufficiently complete=2; fairly complete=1; insufficiently complete =0)		2	
13	Detailed implementation plan (DIP)	List and description of activities to be implemented		11	
13.1.		To fight against HIV (relevant=2; acceptable=1; insufficient=0)		2	
13.2.		Activities to fight against TB (relevant=2; acceptable=1; insufficient=0)		2	
13.3.		Activities to fight against malaria (relevant=2; acceptable=1; insufficient=0)		2	
13.4.		Activities to strengthen the health system (relevant=5; acceptable=3; insufficient=0)		5	
14		Identification of resources and expected results (Good=5; average=3; insufficient=0)		5	
15		Implementation timetable (relevant=4 ; acceptable=2 ; not relevant=0)		4	
16		Monitoring and evaluation framework for the implementation of interventions (Good=4; acceptable=2; not relevant=0)		4	
<b>TOTAL</b>				<b>100</b>	