

**THE UNITED REPUBLIC OF TANZANIA**  
**MINISTRY OF HEALTH**



**Contract No. MoH/2021-2022/C /39**

---

For

**Provision of Community Engagement Campaign to accelerate Uptake of COVID  
19 Vaccines in Tanzania Mainland**

## FORM OF CONTRACT

This Contract is made the day of 30<sup>th</sup> the month of June, 2022 between, on the one hand, **Permanent Secretary, Ministry of Health, of P.o Box 743 DODOMA** and, on the other hand, **The Benjamin William Mkapa Foundation P. O BOX 76274 DAR ES SALAAM TANZANIA** (hereinafter called the "Consultant").

### WHEREAS

- (a) the Client has requested the Consultant to provide certain consulting services as defined in this Contract **TENDER NO. ME/007/2021-2022/HQ/C/61 Provision of Community Engagement Campaign to accelerate Uptake of COVID 19 Vaccines in Tanzania Mainland** (hereinafter called the "Services").

NOW THEREFORE the parties here to hereby agree as follows:

1. The following documents forming the integral part of this Contract shall be interpreted in the order of priority shown:
  - (a) The form of contract;
  - (b) The Special Conditions of Contract (SCC);
  - (c) The General Conditions of Contract (GCC);
  - (d) Terms of reference;
  - (e) Duly registered power of attorney;
  - (f) Negotiation minutes dully signed
  - (g) Notification of award
  - (h) Letter of acceptance
  - (i) Appendixes
    - Appendix 1. Consultant's Technical Proposal
    2. Consultant's Financial Proposal
2. The mutual rights and obligations of the Client and the Consultant shall be as set forth in the Contract, in particular:
  - (a) the Consultant shall carry out the Services in accordance with the provisions of the Contract; and
  - (b) the Consultant, having represented to the Client that they have the required professional skills, and personnel and technical resources, have agreed to provide the Services on the terms and conditions set forth in this Contract at a **Contract Price of Tanzania Three Billion eight hundred eight million forty-two thousand three hundred seventy-four twenty-six cents Only (Tshs 3,808,042,374.26) Inclusive of Local Taxes for the period of Six Months after fund**



disbursement the Client shall make payments to the Consultant in accordance with the provisions of the Contract.

IN WITNESS WHEREOF, the Parties hereto have caused this Contract to be signed in their respective names as of the day and year first above written.

For and on behalf of the MINISTRY OF HEALTH

.....*Amakuba*.....

Signature of Authorized representative

Name.....*PROF. ABEL N. MAKUBA*.....

Occupation.....*PERMANENT SECRETARY*.....

In the presence of

Signature.....*[Signature]*.....

Name.....*Isaya Makoko*.....

Occupation.....*Senior Legal officer*.....

For and on behalf of THE BENJAMIN WILLIAM MKAPA FOUNDATION

.....*Elliot M. Senkoro*.....

Signature of Authorized representative

Name.....*DR. Elliot M. Senkoro*.....

Occupation.....*Chief Executive Officer*.....

In the presence of

Signature.....*[Signature]*.....

Name.....*SHUKRAN ELLIOT MAKILA*.....

Occupation.....*ADVOCATE*.....



**SPECIAL CONDITIONS OF CONTRACT**

---



## SPECIAL CONDITIONS OF CONTRACT

The following Special Conditions of Contract (SCC) shall supplement the GCC. Whenever there is a conflict, the provisions herein shall prevail over those in the GCC. The corresponding clause number of the GCC is indicated in parentheses.

Ser. No.	Required Information/Data	GCC Clause	Amendments of, and Supplements to, Clauses in the General Conditions of Contract
1.	Clients name and Address	1.1(a)	Permanent Secretary Ministry of Health P.O. Box 743, Dodoma
2.	Consultant's Name and address	1.1(d)	The Consultant is: Chief Executive Officer The Benjamin William Mkapa Foundation P.O. Box 76274 Dar Es Salaam
3.	Intended Completion Date	1.1 (k)	The Intended Completion Date is counted six months from the date of fund disbursement to allow all contract accountability requirements including final technical and financial reporting.
4.	Phasing of the Assignment	4.5	NONE
5.	Other Documents Forming Part of Contract	5.1 (h)	Other documents which will form part of the contract are:  <div style="list-style-type: none;"> <ul style="list-style-type: none"> <li>(a) The form of contract;</li> <li>(b) The Special Conditions of Contract (SCC);</li> <li>(c) The General Conditions of Contract (GCC);</li> <li>(d) Terms of reference;</li> <li>(e) Duly registered power of attorney;</li> <li>(f) Negotiation minutes dully signed</li> <li>(g) Notification of award</li> <li>(h) Letter of acceptance</li> <li>(i) Consultant's Proposal;</li> <li>(j) Appendixes</li> </ul> </div> Appendix 1. Consultant's



Ser. No.	Required Information/Data	GCC Clause	Amendments of, and Supplements to, Clauses in the General Conditions of Contract
			Technical Proposal 2. Consultant's Financial Proposal
6.	Eligible Countries	6.1	Non eligible countries are: N/A
		6.2	Materials, equipment and supplies used by the Consultant are not permitted if they have originated in [ <i>state countries</i> ]
7.	Governing Language	7.1	The governing language shall be English
8.	Addresses for Communications and Notices.	11.1& 11.2	<p>The addresses for <u>Communications and Notices</u> are:</p> <p><b>Client</b> : Ministry of Health  Attention : Permanent Secretary  Address: Ministry of Health,  Government City Mtumba,  P.O. Box 743,  Dodoma  E-mail address: <a href="mailto:ps@afya.go.tz">ps@afya.go.tz</a></p> <p><b>Consultant</b> : The Benjamin William Mkapa Foundation  Attention: Chief Executive Officer  Address : Chief Executive Officer  The Benjamin William Mkapa Foundation  P.O. Box 76274  Dar Es Salaam</p>
9.	Assignment	12.1	Consultant shall assign part of their obligations to only those mentioned in the proposal and approved work plan
10	Location of Performing the	14.1	The services shall be performed at:



Ser. No.	Required Information/Data	GCC Clause	Amendments of, and Supplements to, Clauses in the General Conditions of Contract
	Services		<ol style="list-style-type: none"> <li>1. Mbeya</li> <li>2. Dar es Salaam</li> <li>3. Dodoma</li> <li>4. Iringa</li> <li>5. Geita</li> <li>6. Katavi</li> <li>7. Tabora</li> <li>8. Mara</li> <li>9. Songwe</li> <li>10. Mtwara</li> </ol> <p>For each of the selected region, at least two (2) councils will be reached extensively with the campaign interventions with representation of highly performing (with high population/high human interaction) and less performing councils. The decision to select beneficiary council will be reached through common agreement between Consultant (Benjamin Mkapa Foundation), Client (Ministry of Health) and respective Regional Health Management Team (RHMT).</p>
11.	Name of Member in Charge of a JV	15.1	N/A
12.	Authorized Representatives	16.1	<p>The Authorised Representatives are:</p> <p><b>For the Client</b></p> <p>Permanent Secretary Ministry of Health P.O. Box 743 Dodoma</p> <p><b>For the Consultant</b></p> <p>Chief Executive Officer The Benjamin William Mkapa Foundation P.O. Box 76274 Dar Es Salaam</p>

Ser. No.	Required Information/Data	GCC Clause	Amendments of, and Supplements to, Clauses in the General Conditions of Contract
13.	Taxes and duties	17.1	During execution of this assignment, taxes will apply to all reimbursable costs amounting to <b>TZS 1,440,706,374</b> out of the total contract price of <b>TZS 3,808,042,374.26</b>
14.	Effectiveness of the Contract	18.1	<p>The effectiveness conditions are the following:</p> <p>Consultant submitting all preliminary bid documents</p> <p>Consultant and clients signing negotiation meeting minutes as means of agreeing to adhere to the conditions achieved during negotiation meeting</p> <p>Consultant providing a statement of compliance to stipulated Terms of References and to meeting expected deliverables of the assignment</p> <p>Consultant submitting bank bond guarantee equal to 100% of the contract sum</p> <p>Both the client and consultant signing contract agreement before execution of contract</p>
15.	Date of Effectiveness/Commencement of Contract	19.1	The commencement date shall be after funds disbursement
16.	Number of Days to Start Assignment	20.1	The time period to start the assignment shall be after funds disbursement
17.	Duration of Contract	21.1	The time period shall be six Months after funds disbursement
18	Approval of Personnel	25.1	N/A
18.	Project Manager	28.1	The Consultant <i>shall</i> be required to deploy a Project Manager for the Assignment



Ser. No.	Required Information/Data	GCC Clause	Amendments of, and Supplements to, Clauses in the General Conditions of Contract
19.	Notification of Claims, Losses and Damages	36.5 (a)	N/A
20.	Ceiling on Consultant's Liability	36.5 (b)	N/A
21.	Insurance to be Taken Out by the Consultant.	37.1(a)	<p>The risks and the coverage shall be as follows:</p> <ul style="list-style-type: none"> <li>(a) Third Party motor vehicle liability insurance in respect of motor vehicles operated in Tanzania by the Consultant or their Personnel or any Sub-Consultants or their Personnel, with a minimum coverage of N/A</li> <li>(b) Third Party liability insurance, with a minimum coverage of N/A</li> <li>(c) Professional Liability insurance, with a minimum coverage of; N/A</li> <li>(d) Client's Liability and Workers' Compensation insurance in respect of the Personnel of the Consultant and of any Sub-Consultant, in accordance with the relevant provisions of the Applicable Law, as well as, with respect to such Personnel, any such life, health, accident, travel, or other insurance as may be appropriate; and N/A</li> </ul>
	Consultant's Actions Requiring Client's Prior Approval	39.1(a)	N/A
22.	Other Actions Requiring Clients Approval	39.1 (c)	<p>The other actions are: <i>[insert actions]</i>.</p> <p><i>Note: If there are no other actions, then state so above. If the Services consist of or include the supervision of civil works, the following action should be inserted N/A</i></p>



Ser. No.	Required Information/Data	GCC Clause	Amendments of, and Supplements to, Clauses in the General Conditions of Contract
23.	Restriction on Use of Documents	41.2	"Neither Party shall use these documents and software for purposes unrelated to this Contract without the prior written approval of the other
24.	Performance Security, Performance Securing Declaration and ES Performance Security	43.2	Performance Security/ Performance Securing Declaration is applicable.  The Performance Security shall be in the form of Bank Bond Guarantee and shall be 10% of the Contract Sum
25.	Assistance to be Provided by the Client	45.1(d)	"None".
25.	Ceiling of Payments	50.2	The ceiling is 100 percent which is the whole contract sum of <b>TZS 3,808,042,374.26 VAT Inclusive</b> (Three billion eight hundred eight million forty-two thousand three hundred seventy-four twenty-six cents)
26.	Account for Payments	51.1	The account
28.	Reimbursable Expenses	52.4	The Reimbursable expenses are set forth in Appendix 2 to the Contract
	Mode of payments	54.1	The mode of payment shall be lumpsum payment for 100% of contract sum
29.	Currency of Payment.	55.1	The currency of payment shall be the Tanzanian Shillings
30.	Advance Payment	56.1	The following provisions shall apply to the advance payment and the advance payment guarantee:
31.	Repayment of Advance Payment	55.2	The number of months for which the Advance payment will be offset is months. N/A



Ser. No.	Required Information/Data	GCC Clause	Amendments of, and Supplements to, Clauses in the General Conditions of Contract
	Interim Payments	57.(1) – (3)	N/A
33.	Interest on Delayed Payments	<b>59.1</b>	The interest rate on delayed payment is: N/A
34.	Period of Notice of Termination	<b>66.2</b>	14 days written notice of termination shall be given to the other party
35.	Arbitration	<b>77.2</b>	<ul style="list-style-type: none"> <li>a) The place of Arbitration is <b>Dodoma</b></li> <li>b) Arbitration institution shall be <b>Tanzania Institute of Arbitration</b></li> <li>c) The applicable rules shall be Tanzania Arbitration rules</li> </ul>

## GENERAL CONDITIONS OF CONTRACT

---



Ens



### Section 3: General Conditions of Contract

#### A. General

1. Definitions	1.1	<p>The following words and expressions shall have the meanings hereby assigned to them. Boldface type is used to identify the defined terms:</p> <ul style="list-style-type: none"> <li>(a) The “<b>Client</b>” is the party named in the SCC who engages the Consultant to perform the Services.</li> <li>(b) “<b>Completion</b>” means the fulfilment of the Services by the Consultant in accordance with the terms and conditions set forth in the Contract.</li> <li>(c) The “<b>Completion Date</b>” is the date of actual completion of the fulfilment of the Services.</li> <li>(d) The “<b>Consultant</b>” is the organisation whose proposal to perform the Services has been accepted by the Client and is named as such in the <b>SCC</b> and the Form of Contract Contract.</li> <li>(e) “<b>Contract</b>” means the Contract entered into between the Client and the Consultant including the Contract Documents listed in GCC 5.</li> <li>(f) “<b>Contract Documents</b>” means the documents listed in the Contract, including any amendments thereto, that is these General Conditions of Contract (GCC), the Special Conditions of Contract (SCC), and the Appendices.</li> <li>(g) “<b>Day</b>” means calendar day.</li> <li>(h) “<b>Effective Date</b>” means the date on which this Contract <b>comes</b> into force and effect pursuant to GCC Clause 18.</li> <li>(i) “<b>GCC</b>” mean the General Conditions of Contract.</li> <li>(j) “<b>Government</b>” means the Government of the United Republic of Tanzania</li> <li>(k) The “<b>Intended Completion Date</b>” is the date on which it is intended that the Consultant shall complete the Services as specified in the SCC.</li> <li>(l) “<b>Member</b>” means in case where the Consultant consists of a joint venture, any of</li> </ul>
----------------	-----	--

		<p>the entities that make up the joint venture; and  <b>"Members"</b> means all these entities.</p> <p>(m) <b>"Month"</b> means calendar month</p> <p>(n) <b>"Party"</b> means the Client or the Consultant, as the case may be, and <b>"Parties"</b> means both of them. Third party means any party other than Client as Consultant</p> <p>(o) <b>"Personnel"</b> means professionals and support staff provided by the Consultant or by any Sub-Consultant and assigned to perform the Services or any part; and <b>"Key Personnel"</b> means the Personnel referred to in GCC 24.1.</p> <p>(p) <b>"Reimbursable expenses"</b> means all assignment-related costs other than Consultant's remuneration.</p> <p>(q) <b>"Remuneration"</b> means all costs related to payments of fees to the Consultant for the time spent by the professional and other staff on assignment related activities.</p> <p>(r) <b>"SCC"</b> means the Special Conditions of Contract by which the GCC may be supplemented.</p> <p>(s) <b>"Services"</b> means the tasks or actions to be performed and the services to be provided by the Consultant pursuant to this Contract, as described in Appendices to Contract.</p> <p>(t) <b>"Sub-Consultant"</b> means any person or entity to whom/which the Consultant subcontracts any part of the Services.</p> <p>(u) <b>"Third Party"</b> means any person or entity other than the Client and the Consultant.</p> <p>(v) <b>"Writing"</b> means any hand-written, type-written, or printed communication including telex, cable and facsimile transmission.</p>
--	--	---



2. Interpretation and contract documents	2.1	In interpreting this condition of contract headings and marginal notes are used for convenience only and shall not affect the interpretations unless specifically stated; References to singular includes plural and vice versa; and masculine include the feminine. Words have their ordinary meaning under the language of the contract unless specifically defined.
	2.2	Subject to the order of precedence set forth in the form of contract, all documents forming the Contract (and all parts) are intended to be correlative, complementary, and mutually explanatory.
3. Corrupt, Fraudulent, Collusive or Coercive Practices	3.1	The Government requires that Clients, as well as Consultants shall observe the highest standard of ethics during the implementation of procurement proceedings and the execution of contracts under public funds.
	3.2	<p>In pursuance of this requirement, the Client shall:</p> <ul style="list-style-type: none"> <li>(a) exclude the Consultant from participation in the procurement proceedings concerned or reject a proposal for award; and</li> <li>(b) declare the Consultant ineligible, either indefinitely or for a stated period of time, from participation in procurement proceedings under public fund;</li> </ul> <p>if it at any time determines that the Consultant has, directly or through an agent, engaged in corrupt, fraudulent, collusive or coercive practices in competing for, or in executing, a contract under public fund.</p>
	3.3	Should any corrupt or fraudulent practice of any kind referred to in GCC 3.4 come to the knowledge of the Client, it shall, in the first place, allow the Consultant to provide an explanation and shall take actions as stated in GCC 3.2 only when a satisfactory explanation is not received. Such exclusion and the reasons therefore, shall be recorded in the record of the procurement proceedings and promptly communicated to the Consultant concerned. Any communications between the Consultant and the Client related to matters of alleged fraud or corruption shall be in writing or in electronic forms that provide record of the content of the communication.



	3.4	<p>For the purposes of this Contract, the terms:</p> <ul style="list-style-type: none"> <li>(a) "<i>corrupt practice</i>" means offering, giving, or promising to give, directly or indirectly, to any officer or employee of a PE or other governmental/private authority or any individual a gratuity in any form, an employment or any other thing or service of value, as an inducement with respect to an act or decision of, or method followed by, a PE in connection with the procurement proceeding;</li> <li>(b) "<i>fraudulent practice</i>" means a misrepresentation or omission of facts in order to influence a procurement proceedings or the execution of a contract to the detriment of the Client,</li> <li>(c) "<i>collusive practice</i>" means a scheme or arrangement among two and more Consultants with or without the knowledge of the Client (prior to or after proposal submission) designed to establish proposal prices at artificial, non-competitive levels and to deprive the Client of the benefits of free, open and genuine competition; and</li> <li>(d) "<i>coercive practice</i>" means harming or threatening to harm, directly or indirectly, persons or their property to influence the procurement proceedings, or affect the execution of a contract.</li> <li>(e) "<i>obstructive practice</i>" means acts intended to materially impede access to required information in exercising a duty under the Contract;</li> </ul>
	3.5	<p>Parties agree that their personnel have an equal obligation not to solicit, ask for and/or use coercive methods to obtain personal benefits in connection with this contract.</p>



4. Interpretation	4.1	<p>Non-waiver</p> <p>(a) Subject to GCC 4.1 (b) below, no relaxation, forbearance, delay, or indulgence by either party in enforcing any of the terms and conditions of the Contract or the granting of time by either party to the other shall prejudice, affect, or restrict the rights of that party under the Contract, neither shall any waiver by either party of any breach of Contract operate as waiver of any subsequent or continuing breach of Contract.</p> <p>(b) Any waiver of a party's rights, powers, or remedies under the Contract must be in writing or in electronic forms that provide record of the content of the communication, dated, and signed by an authorized representative of the party granting such waiver, and must specify the right and the extent to which it is being waived.</p>
	4.2	<p>Severability</p> <p>(a) If any provision or condition of the Contract is prohibited or rendered invalid or unenforceable, such prohibition, invalidity or unenforceability shall not affect the validity or enforceability of any other provisions and conditions of the Contract.</p>
	4.3	<p>Phased completion</p> <p>(a) If phased completion is specified in the <b>SCC</b>, references in the GCC to the Services, the Completion Date, and the Intended Completion Date shall apply to any Phase of the Services (other than references to the Completion Date and Intended Completion Date for the whole of the Services).</p>

5. Documents Forming the Contract and Priority of Documents	5.1	<p>The following documents forming the contract shall be interpreted in the following order of priority:</p> <p>10The form of contract;</p> <ul style="list-style-type: none"> <li>(k) The Special Conditions of Contract (SCC);</li> <li>(l) The General Conditions of Contract (GCC);</li> <li>(m) Terms of reference;</li> <li>(n) Duly registered power of attorney;</li> <li>(o) Negotiation minutes dully signed (if any);</li> <li>(p) Consultant's Proposal;</li> <li>(q) Notification of award</li> <li>(r) Letter of acceptance</li> <li>(s) Appendixes <ul style="list-style-type: none"> <li>1. Consultant's Technical Proposal</li> <li>2. Consultant's Financial Proposal</li> </ul> </li> </ul>
6. Eligibility	6.1	The Consultant's Personnel and its Sub-Consultants and its Personnel shall have the nationality of a country, other than those specified in the <b>SCC</b> .
	6.2	All materials, equipment, plant, and supplies used by the Consultant and services supplied under the Contract shall have their origin in the countries, except those specified in the <b>SCC</b> .
7. Governing Language	7.1	The Contract as well as all correspondence and documents relating to the Contract exchanged between the Consultant and the Client shall be written in the English language unless otherwise stated in the <b>SCC</b> . Supporting documents and printed literature that are part of the Contract may be in another language provided these are accompanied by an accurate translation of the relevant passages in English, in which case, for purposes of interpretation of the Contract, this translation shall govern.
	7.2	<p>The Consultant shall bear all costs of translation to the governing language and all risks of the accuracy of such translation.</p> <p>Reports to be submitted by the Consultants as part of the assignment shall be in the English language</p>



8. Applicable Law	8.1	The Contract shall be governed by and interpreted in accordance with the laws of Tanzania.
9. Contractual Ethics	9.1	No fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal or the contract, shall have been given or received in connection with the selection process or contract execution.
10. Joint Venture, Consortium or Association [JVCA]	10.1	If the Consultant is a joint venture, consortium, or association, (this does not include sub consultancy) all of the parties shall sign the Contract and be jointly and severally liable to the Client for the fulfilment of the provisions of the Contract and shall designate one party to act as a Member-in-Charge with authority to bind the joint venture, consortium, or association. The composition or the constitution of the joint venture, consortium, or association shall not be altered without the prior consent of the Client.
11. Communications and Notices	11.1	Communications between Parties (notice, request or consent required or permitted to be given or made by one party to the other) under the Contract shall be in writing or in electronic forms that provide record of the content of the communication to the address specified in the <b>SCC</b> .
	11.2	A notice, request or consent shall be effective when delivered in person to an authorized representative of the Party to whom the communication is addressed, or when sent to such Party at the address specified in the <b>SCC</b> .
	11.3	A Party may change its address by giving the other Party a notice of change of address.



12. Assignment	12.1	Neither the Client nor the Consultant shall assign, in whole or in part, their obligations under this Contract.
13. Relation between the Parties	13.1	Nothing contained herein shall be construed as establishing a relation of master and servant or of principal and agent as between the Client and the Consultant. The Consultant, subject to this Contract, has complete charge of Personnel and Sub-Consultants, if any, performing the Services and shall be fully responsible for the Services performed by them or on their behalf.
14. Site	14.1	The Services shall be performed at such locations as specified in the <b>SCC</b> , where the location of a particular task is not so specified, at such locations as the client may require in writing.
15. Authority of Member in Charge	15.1	In case the Consultant consists of a JVCA of more than one entity, the Members hereby authorize the entity specified in the <b>SCC</b> to act on their behalf in exercising all the Consultant's rights and obligations towards the Client under this Contract, including without limitation the receiving of instructions and payments from the Client.
16. Authorized Representatives	16.1	Any action required or permitted to be taken, and any document required or permitted to be executed under this Contract by the Client or the Consultant may be taken or executed by the authorized Representatives specified in the <b>SCC</b> .
17. Taxes and Duties	17.1	The Contractor, Sub-contractors and Personnel shall pay such taxes, duties, fees and other impositions as may be levied under the Laws of Tanzania unless otherwise stated in the <b>SCC</b> .
		<b>B. Commencement, Completion and Modification of Contract</b>
18. Effectiveness of Contract	18.1	The Contract shall come into force and effect on the date (the "Effective Date") of the Client's notice to the Consultant instructing the Consultant to begin carrying out the Services. This notice shall confirm that the effectiveness conditions, if any, listed in the <b>SCC</b> have been met.
19. Termination of Contract for Failure to Become	19.1	If the Contract has not become effective within such time period specified in the <b>SCC</b> , either Party may, by not less than twenty-one (21) days written notice to

*End*



Effective		the other Party, be entitled to terminate this Contract.
20. Commence-ment of Services	20.1	The Consultant shall begin carrying out the Services not later than the number of days after the Effective Date as specified in the <b>SCC</b> .
21. Expiration of Contract	21.1	Unless terminated earlier pursuant to GCC 19 [Termination for failure to become effective] GCC 66 [Termination for Default], GCC 67 [Termination for Insolvency], GCC 68 [Termination for Convenience] or GCC 69 [Termination because of Force Majeure], this Contract shall expire at the end of such time period after the Effective Date as specified in the <b>SCC</b> .
22. Amendments or Variations	22.1	Any amendment or variation of the terms and conditions of the Contract, including any modification or variation of the Scope of the Services, may only be made by written contract between the Parties.
		<b>C. Consultant's Personnel and Sub-Consultants</b>
23. General	23.1	The Consultant shall employ and provide such qualified and experienced Personnel and Sub Consultants as are required to carry out the Services.
24. Description of Personnel	24.1	The title, agreed job description, minimum qualification and estimated period of engagement in the carrying out of the Services of each of the Consultant's Key Personnel are described in Appendix 3 to the contract. If any of the Key Personnel has already been approved by the Client, his/her name shall be listed in such Appendix.
	24.2	<p>If required to comply with the provisions of GCC 27 [Removal and/or Replacement of Personnel], adjustments with respect to the estimated periods of engagement of Key Personnel set forth in Appendix 3 [Personnel and Sub Consultants] to the contract may be made by the Consultant by written notice to the Client, provided:</p> <ul style="list-style-type: none"> <li>(a) that such adjustments shall not alter the originally estimated period of engagement of any individual by more than 10% or one week, whichever is the larger;</li> <li>(b) that the aggregate of such adjustments shall not cause payments under this Contract to exceed the ceilings set forth in GCC 51.2 [Cost Estimate of Services:</li> </ul>



		<p>Ceiling Amount] of the Contract; and</p> <p>(c) any other such adjustments shall only be made with the Client's written approval.</p>
	24.3	<p>If additional work is required beyond the Scope of the Services specified in Appendix 1 to the contract, the estimated periods of engagement of Key Personnel set forth in may be increased by contract in writing between the Client and the Consultant.</p>
25. Approval of Personnel	25.1	<p>The Client shall approve the Key Personnel and Sub Consultants listed by title as well as by name in [Personnel and Sub Consultants] to the contract. In respect of other Personnel that the Consultant proposes to use in the carrying out the Services, the Consultant shall submit to the Client for review and approval of copies of their Curricula Vitae (CVs) signed by such personnel. If the Client does not object in writing or in electronic forms that provide record of the content of the communication (stating the reasons for the objection) within twenty-one (21) days from the date of receipt of such CVs, such Personnel shall be deemed approved by the Client.</p>
26. Working Hours, Overtime, Leave & Holidays	26.1	<p>Working hours and holidays, entitlement of leave and overtime, etc for Key Personnel are set forth in [Hours of Work for Personnel] to the Contract.</p>
	26.2	<p>The Key Personnel shall not be entitled to be paid for overtime nor to take paid sick leave or vacation leave, except as specified in Appendix 4 [Hours of Work for Personnel] to the contract and except as specified in such Appendix, the Consultant's remuneration shall be deemed to cover these items.</p>
27. Removal and/or Replacement of Personnel	27.1	<p>Except as the Client may otherwise agree, no changes shall be made in the Personnel. If, for any reason beyond the reasonable control of the Consultant, it becomes necessary to replace any of the Personnel, the Consultant shall forthwith provide as a replacement a person of equivalent or better qualifications acceptable to the Client.</p>
	27.2	<p>If the Client</p> <ul style="list-style-type: none"> <li>(a) finds that any of the Personnel has committed serious misconduct or has been charged with having committed a criminal action; or</li> <li>(b) has reasonable cause to be dissatisfied</li> </ul>



		with the performance of any of the Personnel, then the Consultant shall, at the Client's written request specifying the grounds therefore, forthwith provide as a replacement a person with qualifications, experience, competence and skills acceptable to the Client.
	27.3	<p>Any of the Personnel provided as a replacement under GCC 27.1 and 27.2 [Removal and/or Replacement of Personnel], the rate of remuneration applicable to such person as well as any reimbursable expenses, shall be subject to the prior written approval by the Client. Except as the Client may otherwise agree,</p> <ul style="list-style-type: none"> <li>(a) the Consultant shall bear all additional travel and other costs arising out of or incidental to any removal and/or replacement, and</li> <li>(b) the remuneration to be paid for any of the Personnel provided as a replacement shall not exceed the remuneration which would have been payable to the Personnel replaced.</li> </ul>

28. Consultant's Project Manager	28.1	As specified in SCC, the Consultant shall ensure that at all times during the Consultant's performance of the Services a Project Manager, acceptable to the Client, shall take charge of the operations of the personnel and performance of such Services.
<b>D. Obligations of the Consultant</b>		
29. Standard of Performance	29.1	The Consultant shall perform the Services and carry out its obligations with all due diligence, efficiency and economy, in accordance with generally accepted professional standards and practices, and shall observe sound management practices, and employ appropriate technology and safe and effective equipment, machinery, materials and methods. The Consultant shall always act, in respect of any matter relating to this Contract or to the Services, as faithful advisers to the Client, and shall at all times support and safeguard the Client's legitimate interests in any dealings with Sub Consultants or Third Parties.
30. Law Governing Services	30.1	The Consultant shall perform the Services in accordance with the Applicable Law and shall take all practicable steps to ensure that any Sub Consultants, as well as the Personnel of the Consultant and any Sub Consultants, comply with the Applicable Law.
31. Conflict of Interests	31.1	The Consultant shall hold the Client's interests paramount, without any consideration for future work, and strictly avoid conflict with other assignments or their own corporate interests.
32. Consultant Not to Benefit from Commissions, Discounts	32.1	The remuneration of the Consultant pursuant to GCC 51 to 58 [Payments to the Consultants] shall constitute the Consultant's sole remuneration in connection with this Contract and, subject to GCC 33 [Consultant and Affiliates not to Engage in Certain Activities], the Consultant shall not accept for their own benefit any trade commission, discount or similar payment in connection with activities pursuant to this Contract or in the discharge of their obligations, and the Consultant shall use their best efforts to ensure that any Sub Consultants, as well as the Personnel and agents of either of them, similarly shall not receive any such additional remuneration.
	32.2	Furthermore, if the Consultant, as part of the Services, have the responsibility of advising the Client on the procurement of goods, works or services, the

*Emo*



		Consultant shall at all times exercise such responsibility in the best interest of the Client. Any discounts or commissions obtained by the Consultant in the exercise of such procurement responsibility shall be for the account of the Client.
33. Consultant and Affiliates not to Engage in Certain Activities	33.1	The Consultant agrees that, during the term of this Contract and after its termination, the Consultant and any entity affiliated with the Consultant, as well as any Sub-Consultant and any entity affiliated with such Sub-Consultant, shall be disqualified from providing goods, works or services (other than consulting services) for any project resulting from or closely related to the Services.
34. Prohibition of Conflicting Activities	34.1	The Consultant shall not engage, and shall cause their Personnel as well as their Sub-Consultants and their Personnel not to engage, either directly or indirectly, in any business or professional activities in United Republic of Tanzania that would conflict with the activities assigned to them under this Contract.
35. Confidentiality	35.1	Except with the prior written consent of the Client, the Consultant and the Personnel shall not at any time communicate to any person or entity any confidential information acquired in the course of the Services, nor shall the Consultant and the Personnel make public the recommendations formulated in the course of, or as a result of, the Services. For purposes of this section, "confidential information" means any information or knowledge acquired by the Consultant and/or their Personnel arising out of, or in connection with, the performance of the Services under this Contract that is not otherwise available to the public.
36. Liability of the Consultant	36.1	The Consultant shall be responsible for, and shall indemnify the Client, in respect of loss of or damage to equipment and materials furnished by the Client, or purchased by the Consultant in whole or in part with funds provided by the Client.
	36.2	The Consultant undertakes full responsibility in respect of life, health, and accidents for the Personnel.
	36.3	The Consultant shall indemnify the Client from and against any and all claims, liabilities, obligations, losses, damages, penalties, actions, judgment, suits, proceedings, demands, costs, expenses and disbursements of whatsoever nature that may be imposed on, incurred by or asserted against the Client



		<p>during or in connection with the Services by reason of:</p> <ul style="list-style-type: none"> <li>(a) infringement or alleged infringement by the Consultant of any patent or other protected right; or</li> <li>(b) Plagiarism or alleged plagiarism or fronting practice by the Consultant.</li> </ul>
	36.4	<p>The Consultant shall ensure that all goods and (including but without limitation to all computer hardware, software and systems) procured by the Consultant out of funds provided or reimbursed by the Client or used by the Consultant in the carrying out of the Services do not violate or infringe any industrial property or intellectual property right or claim of any third party.</p>
	36.5	<p>The Consultant shall indemnify, protect and defend at their own expense the Client, and its agents and employees from and against any and all actions, claims, losses or damages arising out of Consultant's failure to exercise the skill and care required under GCC 29 [Standard of Performance] provided:</p> <ul style="list-style-type: none"> <li>(a) that the Consultant is notified of such actions, claims, losses or damages not later than the number of months after conclusion of the Services indicated in the SCC;</li> <li>(b) that the ceiling on the Consultant's liability under GCC 29 [Standard of Performance] shall be limited to the amount indicated in the SCC, except that such ceiling shall not apply to actions, claims, losses or damages caused by Consultant's gross negligence or reckless conduct; and</li> <li>(c) that the Consultant's liability under GCC 29 [Standard of Performance] shall be limited to actions, claims, losses or damages directly caused by such failure to exercise the said skill and care, and shall not include liability for any actions, claims, losses or damages arising out of occurrences incidental or indirectly consequential to such failure.</li> </ul>
	36.6	<p>In addition to any liability the Consultant may have under GCC 29 [Standard of Performance], the Consultant shall, at their own cost and expense, upon request of Client, re-perform the Services in the event</p>

*Ens*



		of Consultant's failure to exercise the skill and care required under GCC 29 [Standard of Performance].
	36.7	Notwithstanding the provisions of paragraph (a) of this GCC 36, the Consultant shall have no liability whatsoever for actions, claims, losses or damages occasioned by: (i) Client's overriding a decision or recommendation of the Consultant or requiring the Consultant to implement a decision or recommendation with which Consultant do not agree; or (ii) the improper execution of the Consultant's instructions by agents, employees or independent contractors of the Client.
37. Insurance to be taken out by the Consultant	37.1	<p>The Consultant</p> <p>(a) shall take out and maintain, and shall cause any Sub-Consultants to take out and maintain, at their (or the Sub-Consultants', as the case may be) own cost, but on terms and conditions approved by the Client, insurance against the risks, and for the coverage specified in the SCC, and</p> <p>(b) at the Client's request, shall provide evidence to the Client showing that such insurance has been taken out and maintained and that the current premiums therefore have been paid.</p>
38. Accounting, Inspection and Auditing.	38.1	<p>The Consultant shall</p> <p>(a) keep accurate and systematic accounts and records in respect of the Services , in accordance with internationally accepted accounting principles and in such form and detail as will clearly identify all relevant time changes and costs, and the bases; and</p> <p>(b) Periodically permit the Client or its designated representative, and up to two (2) years from the expiration or termination of this Contract, to inspect the same and make copies as well as to have them audited by auditors appointed by the Client, if so required by the Client as the case may be.</p>
	38.2	The Consultant shall furnish the Client such information relating to the Services as the Client may from time to

		time reasonably request.
39. Consultant's Actions Requiring Client's Prior Approval	39.1	<p>The Consultant shall obtain the Client's prior approval in writing or in electronic forms that provide record of the content of the communication before taking any of the following actions:</p> <ul style="list-style-type: none"> <li>(a) Any change or addition to the Personnel listed [Personnel and Sub Consultants] to the Contract;</li> <li>(b) Any sub-contract work relating to the Services to an extent and with such specialists and entities as may be approved; and</li> <li>(c) Any other action that may be specified in the <b>SCC</b>.</li> </ul>
	39.2	<p>Notwithstanding any approval under GCC 39.1 (b) above, the Consultant shall remain fully liable for the performance of Services by the Sub-Consultant and its personnel and retain full responsibility for the Services. In the event that any Sub-Consultant is found by the Client to be incompetent or incapable in discharging assigned duties, the Client may request and the Consultant shall provide a replacement, with qualifications and experience acceptable to the Client, or to resume the performance of the Services itself.</p>

*Ems*



40. Reporting Obligations	40.1	The Consultant shall submit to the Client the reports and documents. Final reports shall be delivered in electronic forms acceptable to the client in addition to the hard copies
41. Proprietary Rights on Documents Prepared by the Consultant	41.1	All plans, maps, diagrams, drawings, specifications, designs, statistics, reports, other documents, data and software compiled or prepared by the Consultant for the Client under this Contract shall become and remain the absolute property of the Client, and the Consultant shall, not later than upon termination or expiration of this Contract, deliver all such documents to the Client, together with a detailed inventory. The Consultant may retain a copy of such documents and software, and use such software for their own use with the prior written approval of the Client. If license contracts are necessary or appropriate between the Consultant and third parties for purposes of the development of any such computer programs, the Consultant shall obtain the Client's prior written approval to such contracts, and the Client shall be entitled, at its sole discretion, to require recovering the expenses related to the development of the program(s) concerned. Other restrictions about the future use of these documents and software, if any, shall be specified in the <b>SCC</b> .
42. Proprietary Rights on Equipment and Materials Furnished by the Client.	42.1	Equipment, tools and materials made available to the Consultant by the Client, or purchased by the Consultant wholly or partly with funds provided by the Client, shall be the property of the Client and shall be marked accordingly. Upon termination or expiration of this Contract, the Consultant shall make available to the Client an inventory of such equipment and materials and shall dispose of such equipment and materials in accordance with the Client's instructions. While in possession of such equipment and materials, the Consultant, unless otherwise instructed by the Client in writing or in electronic forms which provide record of the content of that communication, shall insure them at the expense of the Client in an amount equal to their full replacement value.
43. Performance Security	43.1	The Consultant shall provide at his cost a Performance Security to guarantee the faithful performance of consultant's obligations under this Contract. The performance security shall be payable to the Client as compensation for any loss resulting from the Consultant's failure to complete its obligations under this Contract. The Performance Security shall be discharged by the Client and returned to the Consultant



		not later than twenty eight (28) days following the date of completion of the Consultant's performance obligations and issuance. Performance Security shall be in the amount and currency specified in the SCC.
44. Liquidated Damages	44.1	If the Consultant fails to deliver any or all of the Services within the period(s) specified in this Contract, the Client shall, without prejudice to its other remedies under this Contract and under the Applicable Law, deduct from the Contract Price, as liquidated damages, a sum equivalent to one-tenth of one percent of the price of the unperformed portion of the Services for each day of delay based on the approved contract schedule up to a maximum deduction of an amount equivalent to the Performance Guarantee. Where the sum of liquidated damages exceeds an equivalent to the Performance Guarantee, the Client may terminate the Contract, without prejudice to other courses of action and remedies open to it.
	44.2	The Client shall terminate the contract and then forfeit the Consultant's Performance Security and take over the execution of the contract or award the same to a qualified Consultant through negotiation, if the delay in the completion of the services exceeds ten (10%) percent of the specified contract time plus any time extension duly granted to the Consultant.
		<b>E. Obligations of the Client</b>



45. Assistance and Exemptions	45.1	<p>The Client shall use its best efforts to ensure that the Government shall:</p> <ul style="list-style-type: none"> <li>(a) Provide the Consultant, Sub-Consultants and Personnel with documents as shall be necessary to enable the Consultant, Sub-Consultants or Personnel to perform the Services;</li> <li>(b) issue to officials, agents and representatives of the Government all such instructions as may be necessary or appropriate for the prompt and effective implementation of the Services;</li> <li>(c) assist the Consultant in obtaining necessary licenses and permits needed to carry out the services; and</li> <li>(d) provide to the Consultant, Sub-Consultants and Personnel any such other assistance as may be specified in the <b>SCC</b>.</li> </ul>
46. Access to project site	46.1	<p>The Client warrants that the Consultant shall have, free of charge, unimpeded access to all land in respect of which access is required for the performance of the Services. The Client shall, however, be responsible for any damage to such site or any property thereon resulting from such access, and will indemnify the Consultant and each of the Personnel in respect of liability for any such damage, unless such damage is caused by the default or negligence of the Consultant or any Sub Consultant or the Personnel of either of them.</p>
47. Change in the Applicable Law Related to Taxes and Duties	47.1	<p>If, after the date of signing of the Contract, and during the performance of the Contract, there is any change in the Applicable Law with respect to taxes and duties which increases or decreases the cost incurred by the Consultant in performing the Services, then the remuneration and reimbursable expenses otherwise payable to the Consultant under this Contract shall be increased or decreased accordingly by contract between the Parties hereto, and corresponding adjustments shall be made to the ceiling amount specified in GCC 51.2 [Cost Estimate of Services: Ceiling Amount].</p>
48. Services, Facilities and Property of the Client	48.1	<p>The Client shall make available to the Consultant and the Personnel, for the purposes of the Services and free of any charge, the services, facilities and property</p>



		described in Appendix 5A to the contract at the times and in the manner specified in said Appendix 5A.
	48.2	In case that such services, facilities and property shall not be made available to the Consultant as and when specified in Appendix 5A to the contract, the Parties shall agree on (i) any time extension that it may be appropriate to grant to the Consultant for the performance of the Services, (ii) the manner in which the Consultant shall procure any such services, facilities and property from other sources, and (iii) the additional payments, if any, to be made to the Consultant as a result pursuant to GCC 51.3 hereinafter.
49. Payment	49.1	In consideration of the Services performed by the Consultant under this Contract, the Client shall make to the Consultant such payments and in such manner as is provided by GCC 51 to 58 [Payments to the Consultants] of this Contract.
50. Counterpart Personnel	50.1	The Client shall make available to the Consultant free of charge such professional and support counterpart personnel, to be nominated by the Client with the Consultant's advice, if specified in Appendix 5B to the contract.
	50.2	If counterpart personnel are not provided by the Client to the Consultant as and when specified in Appendix 5B, the Client and the Consultant shall agree on <ul style="list-style-type: none"> <li>(a) how the affected part of the Services shall be carried out, and</li> <li>(b) the additional payments, if any, to be made by the Client to the Consultant as a result pursuant to GCC 51.3 [Cost Estimate of Services: Ceiling Amount].</li> </ul>
	50.3	Professional and support counterpart personnel, excluding Client's liaison personnel, shall work under the exclusive direction of the Consultant. If any member of the counterpart personnel fails to perform adequately any work assigned to such member by the Consultant that is consistent with the position occupied by such member, the Consultant may request the replacement of such member, and the Client shall not unreasonably refuse to act upon such request.

*Ems*



<b>F. Payments to the Consultants</b>		
51. Cost Estimate of Services: Ceiling Amount	51.1	An estimate of the cost of the Services is set forth in Appendix 6 to the contract.
	51.2	Except as may be otherwise agreed under GCC 22 [Modifications or Variations] and subject to GCC 51.3, payments under this Contract shall not exceed the ceiling specified in the SCC.
	51.3	Notwithstanding GCC 51.2, if pursuant to any of the 48 [Services, Facilities and Property of the Client], GCC 52 [Payments: General], or GCC 50 [Counterpart Personnel], the Parties shall agree that additional payments as the case may be, shall be made to the Consultant in order to cover any necessary additional expenditures not envisaged in the cost estimate referred to in GCC 51.1 above, the ceiling set forth in GCC 51.2 above shall be increased by the amount of any such additional payments.
52. Payments: General	52.1	All payments under this Contract shall be made to the account of the Consultant specified in the SCC.
	52.2	Payments in respect of remuneration or reimbursable expenses, which exceed the cost estimates for these items as set forth in Appendix 2 to the contract, may be charged to the contingency provided for only if the Client approved such expenditures prior to being incurred.
	52.3	With the exception of the final payment under GCC 58 [Final Payment], payments do not constitute acceptance of the Services nor relieve the Consultant of any obligations.
53. Remuneration and Reimbursable Expenses	53.1	<p>Subject to the ceiling specified in GCC 51.2, the Client shall pay to the Consultant</p> <ul style="list-style-type: none"> <li>(a) Remuneration as set forth in GCC 53.2; and</li> <li>(b) Reimbursable Expenses as set forth in GCC 53.3.</li> </ul> <p>Unless otherwise specified in the SCC, the said remuneration shall be fixed for the duration of the Contract.</p>
	53.2	Remuneration for the Personnel shall be determined on the basis of time actually spent by such Personnel in the performance of the Services after the date determined in accordance with GCC 20 and SCC (or such other date as the Parties shall agree in writing), at the rates referred to in the SCC and subject to price



		adjustment, if any, specified in the SCC.
	53.3	Reimbursable expenses actually and reasonably incurred by the Consultant in the performance of the Services, as specified in the SCC.
	53.4	<p>The remuneration rates referred to under Clause 53.1(a) above shall cover:</p> <ul style="list-style-type: none"> <li>(c) such salaries and allowances as the Consultant shall have agreed to pay to the Personnel; as well as</li> <li>(d) factors for social charges and overhead (bonuses or other means of profit-sharing shall not be allowed as an element of overhead), and</li> <li>(e) the Consultant's fee.</li> </ul>
	53.5	Remuneration for periods of less than one (1) month shall be calculated on a calendar-day basis for time spent on the assignment (one (1) day being equivalent to 1/30 <sup>th</sup> of a month).
54. Modes of Payment	54.1	Payments in respect of the Services shall be made as specified in GCC Clauses 55 to 57.
55. Currency of Payment	55.1	The currency of payments shall be Tanzania Shillings.
	55.2	Notwithstanding provision of GCC 55.1, if the Contract provides for payment of the Contract Price in more than one currency, the amount payable in each of the applicable currencies shall be specified in the <b>SCC</b> .
56. Advance Payment	56.1	<p>If so specified in the SCC and upon request by the consultant, an Advance Payment shall be made to the Consultant, of the amount and within the number of days after the Effective Date as specified in the SCC. The advance payment shall be made against the provision of a Bank Guarantee by the Consultant which shall:</p> <ul style="list-style-type: none"> <li>a). remain effective until the Advance Payment has been fully offset; and</li> <li>b). be in the format as shown in Appendix 7.</li> </ul>
	56.2	The Advance Payment will be offset by the Client in equal instalments against the statements for the number of months of the Services specified in the SCC until said Advance Payment has been fully offset.

*Emo*



57. Interim Payments	57.1	As soon as practicable and not later than fifteen (15) days after the end of each calendar month during the period of the Services, or after the end of each time intervals otherwise indicated in the SCC, the Consultant shall submit to the Client, in duplicate, an itemized statement, accompanied by copies of invoices, vouchers and other appropriate supporting materials, of the amounts payable pursuant to GCC 53 to 57 for such month, or any other period indicated in the SCC. Each statement shall distinguish that portion of the total eligible costs which pertains to remuneration from that portion which pertains to reimbursable expenses.
	57.2	The Client shall pay the Consultant's statements <b>within thirty (30) days</b> after the receipt by the Client of such statements with supporting documents. Only such portion of a statement that is not satisfactorily supported may be withheld from payment.
	57.3	Should any discrepancy be found to exist between actual payment and costs authorized to be incurred by the Consultant, the Client may add or subtract the difference from any subsequent payments. Interest at the annual rate specified in the SCC shall become payable as from the above due date on any amount due by, but not paid on, such due date.



58. Final Payment	58.1	The final payment under this Clause shall be made only after the final report and a final statement, identified as such, shall have been submitted by the Consultant and approved as satisfactory by the Client. The Services shall be deemed completed and finally accepted by the Client and the final report and final statement shall be deemed approved by the Client as satisfactory sixty (60) days after receipt of the final report and final statement by the Client unless the Client, within such sixty (60) day period, gives written notice to the Consultant specifying in detail deficiencies in the Services, the final report or final statement. The Consultant shall thereupon promptly make any necessary corrections, and thereafter the foregoing process shall be repeated until such time as the final report and the final statement have been approved by the Client.
59. Suspension of Payments	59.1	<p>The Client may, by written notice of suspension to the Consultant, suspend all or part of the payments to the Consultant if the Consultant fails to perform any of its obligations under this Contract, including the carrying out of the Services, provided that such notice of suspension:</p> <ul style="list-style-type: none"> <li>(a) shall specify the nature of the failure, and</li> <li>(b) shall request the Consultant to remedy such failure within a period not exceeding thirty (30) days after receipt by the Consultant of such notice of suspension.</li> </ul>
<b>G. Time Control</b>		
60. The Services to be Completed by the Intended Completion Date	60.1	The Consultant shall carry out the Services in accordance with the Programme submitted by the Consultant, as updated with the approval of the Client and complete them by the Intended Completion Date.
61. Early Warning	61.1	If at any time during performance of the Contract, the Consultant or its Sub-Consultants should encounter events, circumstances or conditions that may adversely affect the quality of the work, increase the cost of Services or delay the execution of the Services, the Consultant shall promptly notify the Client in writing or in electronic forms that provide record of the content of the communication of the delay, its likely duration, and its cause. As soon as practicable after receipt of the Consultant's notice, the Client shall evaluate the situation, and the Consultant shall cooperate with the Client in making and considering proposals for how the effect of such an event or circumstance can be avoided or reduced.



62. Extension of the Intended Completion Date	62.1	In the event the Consultant is unable to complete the assignment by the Intended Completion Date it may request the Client to extend the Intended Completion Date giving reasons. The Client shall extend the Intended Completion Date if the reasons given by the Consultant are found acceptable. The Client shall, however, decide by how much to extend the Intended Completion Date with or without cost.
63. Progress Meetings	63.1	The Client and the Consultant shall arrange progress meetings at regular intervals to review the progress of services. The meeting may review the plans for dealing with matters raised in accordance with the early warning procedure.
	63.2	The Client shall record the business of progress meetings and provide copies of the minutes to those attending the meeting and to the Consultant for action. The Minutes and records under this sub-clause shall be signed by the Parties.

<b>H. Good Faith and Fairness in Operation</b>		
64. Good Faith	64.1	The Parties undertake to act in good faith with respect to each other's rights under this Contract and to adopt all reasonable measures to ensure the realization of the objectives of this Contract.
65. Fairness in Operation	65.1	The Parties recognize that it is impractical in the Contract to provide for every contingency which may arise during the life of the Contract, and the Parties hereby agree that it is their intention that this Contract shall operate fairly as between them, and without detriment to the interest of either of them, and that, if during the term of this Contract either Party believes that this Contract is operating unfairly, the Parties will use their best efforts to agree on such action as may be necessary to remove the cause or causes of such unfairness, but no failure to agree on any action pursuant to this Clause shall give rise to a dispute subject to arbitration in accordance with GCC -77.2 [Settlement of Disputes: Arbitration].
<b>I. Termination and Settlement of Disputes</b>		
66. Termination for Default	66.1	The Client or the Consultant, without prejudice to any other remedy for breach of Contract, by notice of default sent to the other party, may terminate the Contract in whole or in part if the other party causes a fundamental breach of contract. In such an occurrence one party shall give not less than thirty (30) days' written notice of termination to the other party.
	66.2	Where a contract is for a period of less than 90 days, one party shall give written notice of termination to the other party by not less than a number of days as specified in the <b>SCC</b> .
	66.3	Fundamental breaches of the contract shall include but shall not be limited to, the following: <ul style="list-style-type: none"> <li>(a) If the Consultant fails to remedy a failure in the performance of their obligations , as specified in a notice of suspension pursuant to GCC 59 [Suspension of payments] hereinabove, within thirty (30) days of receipt of such notice of suspension or within such further period as the Client may have subsequently approved in writing or in electronic forms that provide record of the content of the communication;</li> <li>(b) If the Consultant submits to the Client a statement which has a material effect on the</li> </ul>

*EWS*



		<p>rights, obligations or interests of the Client and which the Consultant knows to be false;</p> <p>(c) If the Consultant, in the judgment of the Client, has engaged in corrupt or fraudulent practices in procurement proceedings or executing this Contract;</p> <p>(d) Without prejudice to any other remedy, if the Consultant or the Client fails to comply with any final decision reached as a result of arbitration proceedings pursuant to GCC 77.2 [Settlement of Disputes];</p> <p>(e) If the Client fails to pay any money due to the Consultant pursuant to this Contract and not subject to dispute pursuant to GCC 77.2 [Settlement of Disputes] within forty-five (45) days after receiving written notice from the Consultant that such payment is overdue; or</p> <p>(f) If the Client is in material breach of its obligations pursuant to this Contract and has not remedied the same within forty-five (45) days (or such longer period as the Consultant may have subsequently approved in writing or in electronic forms that provide record of the content of the communication) following the receipt by the Client of the Consultant's notice specifying such breach.</p>
	66.4	<p>The Client shall terminate the contract and then forfeit the Consultant's Performance Security and take over the execution of the contract or award the same to a qualified Consultant through negotiation, if the delay in the completion of the services exceeds ten (10%) percent of the specified contract time plus any time extension duly granted to the Consultant.</p>



67. Termination for Insolvency	67.1	<p>The Client and the Consultant may at any time terminate the Contract by giving notice to the other party if:</p> <ul style="list-style-type: none"> <li>(a) the Client becomes bankrupt or otherwise insolvent;</li> <li>(b) the Consultant becomes (or, if the Consultant consist of more than one entity, if any of its Members becomes) insolvent or bankrupt or enter into any contracts with their creditors for relief of debt or take advantage of any law for the benefit of debtors or go into liquidation or receivership whether compulsory or voluntary; or</li> <li>(c) in such event, termination will be without compensation to any party, provided that such termination will not prejudice or affect any right of action or remedy that has accrued or will accrue thereafter to the other party.</li> </ul>
68. Termination for Convenience	68.1	<p>The Client, by notice sent to the Consultant, may in its sole discretion and for any reason whatsoever, terminate the Contract, in whole or in part, at any time for its convenience. The notice of termination shall specify that termination is for the Client's convenience, the extent to which performance of the Consultant under the Contract is terminated, and the date upon which such termination becomes effective.</p>
69. Termination because of Force Majeure	69.1	<p>The Client and the Consultant may at any time terminate the Contract by giving notice to the other party if, as the result of Force Majeure, the Consultant is unable to perform a material portion of the Services for a period of not less than sixty (60) days.</p>
70. Force Majeure	70.1	<p>For the purposes of this Contract, "Force Majeure" means an event which is beyond the reasonable control of a Party, is not foreseeable, is unavoidable, and its origin is not due to negligence or lack of care on the part of a Party, and which makes a Party's performance of its obligations impossible or so impractical as reasonably to be considered impossible in the circumstances, and includes, but is not limited to, war, riots, civil disorder, earthquake, fire, explosion, storm, flood, epidemics, or other adverse weather conditions, strikes, lockouts or other industrial action (except where such strikes, lockouts or other industrial</p>

*EWS*



		action are within the power of the Party invoking Force Majeure to prevent), confiscation or any other action by Government agencies.
	70.2	Force Majeure shall not include any: <ul style="list-style-type: none"> <li>(a) event which is caused by the negligence or intentional action of a Party or such Party's Sub-Consultants or agents or employees, or</li> <li>(b) event which a diligent Party could reasonably have been expected both to take into account at the time of the conclusion of this Contract, and avoid or overcome in the carrying out of its obligations .</li> </ul>
	70.3	Force Majeure shall not include insufficiency of funds or failure to make any payment required.
71. No Breach of Contract	71.1	The failure of a Party to fulfil any of its obligations shall not be considered to be a breach of, or default under, this Contract insofar as such inability arises from an event of Force Majeure, provided that the Party affected by such an event has taken all reasonable precautions, due care and reasonable alternative measures, all with the objective of carrying out the terms and conditions of this Contract.
72. Measures to be taken on Force Majeure	72.1	A Party affected by an event of Force Majeure shall continue to perform its obligations under the Contract as far as is reasonably practical, and shall take all reasonable measures to minimize the consequences of any event of Force Majeure.
	72.2	A Party affected by an event of Force Majeure shall notify the other Party of such event as soon as possible, and in any case not later than fourteen (14) days following the occurrence of such event, providing evidence of the nature and cause of such event, and shall similarly give written notice of the restoration of normal conditions as soon as possible.
	72.3	Any period within which a Party shall, pursuant to this Contract, complete any action or task, shall be extended for a period equal to the time during which such Party was unable to perform such action as a result of Force Majeure.
	72.4	During the period of their inability to perform the Services as a result of an event of Force Majeure, the Consultant, upon instructions by the Client, shall either: <ul style="list-style-type: none"> <li>(a) demobilize, in which case the Consultant shall be reimbursed for additional costs they reasonably and necessarily incurred,</li> </ul>

		<p>and, if required by the Client, in reactivating the Services; or</p> <p>(b) Continue with the Services to the extent possible, in which case the Consultant shall continue to be paid under the terms of this Contract and be reimbursed for additional costs reasonably and necessarily incurred.</p>
--	--	---

*[Handwritten signature]*

*[Handwritten signature]*



73. Cessation of Rights and Obligations	73.1	<p>Upon termination of the Contract pursuant to GCC 19 [Termination of Contract for Failure to Become Effective], GCC 66 [Termination for Default], GCC 67 [Termination for Insolvency], GCC 68 [Termination for Convenience] or GCC 69 [Termination because of Force Majeure] , or upon expiration of this Contract pursuant to GCC 21 [Expiration of Contract], all rights and obligations of the Parties shall cease, except</p> <ul style="list-style-type: none"> <li>(a) such rights and obligations as may have accrued on the date of termination or expiration;</li> <li>(b) the obligation of confidentiality set forth in GCC 35 [Confidentiality] ;</li> <li>(c) the Consultant's obligation to permit inspection, copying and auditing of their accounts and records set forth in GCC 38 [Accounting, Inspection and Auditing]; and</li> <li>(d) any right which a Party may have under the Applicable Law.</li> </ul>
74. Cessation of Services	74.1	<p>Upon termination of the Contract by notice of either Party to the other pursuant to GCC 66 [Termination for Default], GCC 67 [Termination for Insolvency], GCC 68 [Termination for Convenience] or GCC 69 [Termination because of Force Majeure], the Consultant shall, immediately upon dispatch or receipt of such notice, take all necessary steps to bring the Services to a close in a prompt and orderly manner and shall make every reasonable effort to keep expenditures for this purpose to a minimum. With respect to documents prepared by the Consultant and equipment and materials furnished by the Client, the Consultant shall proceed as provided, respectively, by GCC 41 [Proprietary Rights on Documents Prepared by the Consultant] or GCC 42 [Proprietary Rights on Equipment and Materials Furnished by the Client.].</p>
75. Payment upon Termination	75.1	<p>Upon termination of the Contract pursuant to GCC 66 [Termination for Default], GCC 67 [Termination for Insolvency], or GCC 69 [Termination because of Force Majeure], the Client shall make the following payments to the Consultant:</p> <ul style="list-style-type: none"> <li>(a) remuneration pursuant to GCC 53.2 [Remuneration and Reimbursable Expenses] for Services satisfactorily performed prior to the effective date of termination, and reimbursable expenditures</li> </ul>



		<p>pursuant to GCC 53.3 [Remuneration and Reimbursable Expenses] for expenditures actually incurred prior to the effective date of termination; and</p> <p>(b) except in the case of termination on the Consultant's default, reimbursement of any reasonable cost incidental to the prompt and orderly termination of this Contract.</p> <p>Payment to the Consultant under GCC 75.1 shall be effected upon submission of a claim by the Consultant and subject to an assessment made by the Client. Consultant shall submit claim within 30 days from the effective date of termination.</p>
76. Disputes about Events of Termination	76.1	If either Party disputes whether an event specified in GCC 66 [Termination for Default], GCC 67 [Termination for Insolvency], or GCC 69 [Termination because of Force Majeure] has occurred, such Party may, within forty-five (45) days after receipt of notice of termination from the other Party, refer the matter to arbitration pursuant to GCC 77 [Settlement of Disputes], and this Contract shall not be terminated on account of such event except in accordance with the terms of any resulting arbitral award.
	76.2	In the case of discontract between the Parties as to the existence or extent of Force Majeure, the matter shall be settled according to GCC 77 [Settlement of Disputes].
77. Settlement of Disputes	77.1	<p><u>Amicable Settlement</u></p> <p>(a) The Client and the Consultant shall use their best efforts to settle amicably all disputes arising out of or in connection with this Contract or its interpretation.</p>
	77.2	<p><u>Arbitration</u></p> <p>(a) Any dispute between the Parties as to matters arising pursuant to this Contract which cannot be settled amicably within twenty eight (28) days after receipt by one Party of the other Party's request for such amicable settlement may be submitted by either Party for arbitration in accordance with the provisions and the place specified in the SCC.</p>



# Appendices

## Appendix A – Description of the Services

*Give detailed descriptions of the Services to be provided, dates for completion of various tasks, place of performance for different tasks, specific tasks to be approved by Employer, etc.*

### JAMHURI YA MUUNGANO WA TANZANIA



### WIZARA YA AFYA

### UTEKELEZAJI WA MIKAKATI YA KUONGEZA KASI YA UHAMASISHAJI NA UTOAJI WA CHANJO DHIDI YA UVIKO-19 NCHINI

**Juni - Desemba, 2022**

#### **1. Utangulizi:**

Ugonjwa wa Virusi vya Korona (UVIKO-19) ulibainika kwa mara ya kwanza katika Jamhuri ya Watu wa China mnamo mwezi Desemba, 2019. Katika Jamhuri ya Muungano wa Tanzania, kisa cha kwanza cha mgonjwa wa UVIKO-19 kilithibitika tarehe 16 Machi, 2020 ambapo jitihada mbalimbali za kudhibiti ugonjwa huu zimekuwa zikiendelea kufanyika nchini. Baadhi ya afua zinazotekelezwa ni pamoja na kuimarisha huduma za kinga kwa kuwaelimisha wananchi kunawa mikono mara kwa mara kwa maji safi tiririka na sabuni au kutumia vitakasa mikono, kuepuka mikusanyiko isiyo ya lazima na kuvaa barakoa katika maeneo hatarishi. Aidha, tayari Serikali imeidhinisha matumizi ya chanjo dhidi ya UVIKO-19 nchini ili kuimarisha kinga ya UVIKO-19 baada ya kujiridhisha na vigezo vya ubora, usalama na ufanisi wa chanjo husika kupitia Wizara ya Afya na Mamlaka za Udhibiti nchini.

Serikali kupitia Wizara ya Afya imeendelea kuratibu na kutekeleza afua za utoaji wa chanjo dhidi ya UVIKO-19 nchini. Mwenendo umeonesha kuwa kasi ya uchanjaji huongezeka zaidi wakati wa utekelezaji wa kampeni za kitaifa za uhamasishaji na utoaji chanjo. Tanzania inatarajia kutoa chanjo kwa walengwa wapatao 21,518,650 (70% ya Watanzania wenye umri wa miaka 18 na kuendelea) ifikapo Desemba, 2022. Hadi kufikia

tarehe 6 Machi, 2022 jumla ya Watanzania 2,664,373 (12% ya walengwa wote) wamepata dozi kamili ya chanjo dhidi ya UVIKO-19 ambapo walengwa 4,900,000 angalau wamepata dozi moja ya chanjo zinazotolewa. Aidha, kwa chanjo zinazotolewa kwa dozi mbili ili kupata kinga kamili, kumekuwa na changamoto ya walengwa kutorudi kupata dozi ya pili ya chanjo ambapo walengwa 308,164 (36%) hawajarudi kupata dozi ya pili ya chanjo aina ya *Sinopharm* na walengwa 147,345 (25%) kwa chanjo aina ya *Pfizer*.

Kwa kuzingatia taarifa mbalimbali za utekelezaji na mwenendo wa utoaji wa chanjo dhidi ya UVIKO-19 nchini, Wizara imefanya ainisho la **changamoto** zinazopelekea kasi ndogo ya utoaji wa chanjo dhidi ya UVIKO-19, ambazo ni pamoja na:

- a) Hadi sasa takribani Mikoa yote **imeshindwa kufikia malengo** ya kila siku ya uchanjaji yaliyowekwa na Wizara;
- b) **Huduma mkoba na tembezi kutofanyika kwa viwango vya kutosha** kwa baadhi ya Mikoa na Halmashauri, hasa katika maeneo ya taasisi na maeneo yenye mikusanyiko kwa sababu mbalimbali;
- c) Huduma za utoaji wa elimu na **chanjo ya UVIKO-19 kutojumuishwa katika afua nyingine** za afya, mfano Kifua Kikuu, Malaria, UKIMWI, Mama na Mtoto;
- d) **Uwepo wa walengwa wengi wanaohasi chanjo** kwa chanjo zinazotolewa kwa dozi mbili) ili kupata kinga kamili;
- e) **Uwepo wa dhana hasi na mwitikio mdogo wa chanjo** dhidi ya UVIKO-19 hususan miongoni mwa watu wenye ushawishi mkubwa kwa wananchi;
- f) Baadhi ya viongozi, (mfano Viongozi wa Kata, Wenyeviti wa Mitaa/Vijiji) **kutokusimamia kikamilifu afua ya chanjo dhidi ya UVIKO-19** katika maeneo yao; na
- g) Shughuli za uhamasishaji na utoaji wa chanjo dhidi ya UVIKO-19 **kutokujumuishwa katika matukio yanayoendelea katika ngazi ya jamii.**

## **2. HADIDU ZA REJEA (TERMS OF REFERENCES, ToRs) ZA KUONGOZA UTEKELEZAJI WA MIKAKATI YA KUONGEZA KASI YA UTOAJI WA CHANJO**

### **2.1: Maeneo ya Utekelezaji:**



Mikakati hii inatarajiwa kutekelezwa katika mikoa 10 ambayo ni **Mbeya, Dar Es Salaam, Dodoma, Iringa, Geita, Katavi, Tabora, Mara, Songwe na Mtwara**. Orodha hii ya mikoa inajumuisha mikoa ambayo hivi sasa haina Wadau wengine, mikoa yenye Mdau mmoja asiyefanya katika Halmashauri zote na mikoa yenye Wadau ambao shughuli za uhamasishaji wa chanjo wanazozifanya haihusishi kuifikia jamii nzima.

Katika mikoa yote hii kumi (10), utekelezaji unatakiwa kuhusisha angalau Halmashauri mbili (2) au tatu (3) kwa kuzingatia vigezo vifuatavyo:

- a) Kipaumbele kutolewa kwa **Halmashauri yenye kasi ndogo ya uchanjaji** ili kuchangia jitihada za Halmashauri husika kufikia malengo ya utoaji wa chanjo dhidi ya UVIKO-19;
- b) Kipaumbele kutolewa kwa **Halmashauri yenye idadi kubwa ya watu na/au Halmashauri ambayo uzoefu umeonesha kuwa mwitikio wa uchanjaji unakuwa mkubwa zaidi** ukilinganisha na Halmashauri zingine pale rasilimali zinapoelekezwa; au
- c) Kipaumbele kutolewa kwa **Halmashauri iliyo katika hatari zaidi ya maambukizi ya UVIKO-19** na Halmashauri ambayo taarifa zinaonesha kuwa huwa inaripoti visa vingi vya UVIKO-19.

Wakati wa utekelezaji wa zoezi hili, Halmashauri ambako utekelezaji utafanyika zitachaguliwa kwa kuhusisha Wizara ya Afya, Ofisi ya Rais - TAMISEMI, Wadau Watekelezaji (Implementing Partners, IPs) na Timu za Uendeshaji wa Huduma za Afya Ngazi ya Mkoa/Halmashauri (R/CHMTs).

## **2.2: Namna ya Utekelezaji:**

Utekelezaji wa Mikakati hii utafanywa na Wizara ya Afya kupitia kwa Mdau Mtekelezaji (Implementing Partner, IP) atakayechaguliwa kwa kuzingatia sifa, uwezo na uzoefu ulioainishwa katika andiko hili. Katika ngazi zote za utekelezaji, Mdau Mtekelezaji (IP) atashirikiana na Mamlaka za Serikali katika ngazi husika. Aidha, mkutano wa pamoja ili kupata maelekezo na maoni ya utekelezaji utafanyika kwa kuhusisha Mdau Mtekelezaji (IP), Wizara ya Afya (MoH) na Ofisi ya Rais – TAMISEMI (PO-RALG) kabla ya utekelezaji kuanza. Mdau Mtekelezaji atalazimika kutoa taarifa ya utekelezaji (kuonyesha hali ya

utekelezaji wa mikakati husika na matumizi ya fedha) kila baada ya wiki mbili kipindi chote cha utekelezaji.

Afua za kipaumbele kutekelezwa ni zile zitakazochangia kuongeza mwitikio na kasi ya utoaji wa chanjo dhidi ya UVIKO-19 na kuimarisha mifumo ya utoaji wa chanjo. Baadhi ya mikakati inayopendekezwa ni ile inayohusisha watu mashuhuri ngazi ya jamii (mfano Wahudumu wa Afya Ngazi ya Jamii, Viongozi wa Vijiji/Mitaa, Makundi ya Kijamii, Taasisi/Vikundi vya Kitaalamu) na Wataalamu wa Afya (watoa huduma ya chanjo).

Kama sehemu ya utatuzi wa changamoto zilizoainishwa na ili kufikia malengo ya uchanjaji ya kila siku, mwezi na malengo makuu ya kitaifa, Wizara ya Afya kwa kushirikiana na Mdau Mtekelezaji (IP) atakayechaguliwa inatarajia kutekeleza mikakati ifuatayo katika mikoa na Halmashauri:

- a) Kufanya **uraghibishi kwa Viongozi katika ngazi za Serikali za Mitaa** ili waweze kusimamia na kuhakikisha malengo yaliyopangwa kwa ngazi zao na hatimaye kuwezesha kufikiwa malengo ya kila siku kwa kila Mkoa na Halmashauri yanafikiwa kupitia *Score Card*
- b) Kutekeleza **huduma mkoba na tembezi ili kusogeza huduma za elimu kwa umma, uhamasishaji na utoaji wa chanjo dhidi ya UVIKO-19 kwa jamii;**
  - i. Kutoa motisha kwa viongozi ngazi ya vijiji/mitaa (Wenyeviti wa Mitaa/Vijiji) kulingana na matokeo;
  - ii. Kutoa motisha kwa wahamasishaji na watoa huduma ya chanjo (wakati wa utekelezaji wa huduma mkoba na tembezi) kulingana na matokeo.
- c) **Kuhakikisha elimu ya kutosha na huduma ya chanjo dhidi ya UVIKO-19 inaifikia jamii mahali popote ambapo wanajamii wanapatikana;**
  - i. Kuzifikia **Taasisi na maeneo ya kazi** ili kusogeza huduma ya elimu na chanjo dhidi ya UVIKO-19 kwa watumishi na wafanyakazi katika maeneo ya kazi.
  - ii. **Kutumia matukio mbalimbali yanayofanyika katika ngazi ya jamii** (*Event-Based COVID-19 Vaccination Approach*) ili kuhakikisha kuwa jamii inafikiwa na huduma ya chanjo ya UVIKO-19 kwa urahisi.



iii. **Kuainisha wataalamu wa afya watakaofanya uhamasishaji na kutoa chanjo moja kwa moja kwa walengwa wanaohudhuria katika vituo vya kutolea huduma za afya kwa sababu mbalimbali (Provider-Initiated COVID-19 Vaccination Approach, PICVA).**

- d) Kufuatilia walengwa waliohasi chanjo ya UVIKO-19 ili kuhakikisha wanakamilisha chanjo ili kupata kinga kamili;
- e) Kujumuisha huduma za utoaji wa elimu na **chanjo dhidi ya UVIKO-19 katika afua nyingine** za afya zinazotekelezwa katika ngazi ya jamii na vituo vya kutolea huduma za afya, mfano Kifua Kikuu, Malaria, UKIMWI, Mama na Mtoto; na
- f) **Kutumia vyombo vya habari, mitandao ya kijamii na watu mashuhuri wenye ushawishi** ili kuelimisha jamii kwa kuondoa na kupunguza dhana hasi na mwitikio mdogo wa chanjo dhidi ya UVIKO-19.

### **2.3: Sababu za Kutekeleza Mikakati hii:**

Mikakati hii inatekelezwa ili **kusogeza huduma za elimu, uhamasishaji na chanjo dhidi ya UVIKO-19 kwa walengwa** kupitia mbinu mbalimbali. Uelimishaji na uhamasishaji ngazi ya jamii unafanyika ili kuchochea mwitikio wa chanjo dhidi ya UVIKO-19 ikiwa ni pamoja na jamii kuzingatia njia za kinga dhidi ya UVIKO-19. Mikakati hii inafanyika ili kufikia asilimia 70 ya walengwa wote ifikapo Desemba, 2022 na malengo ya kila siku ya utoaji wa chanjo dhidi ya UVIKO-19 yaliyowekwa kwa Mikoa na Halmashauri ambako utekelezaji utafanyika.

Jedwali X: Idadi ya walengwa wa chanjo (kimkoa) na malengo ya kila siku ya uchanjaji.

REGION	POP. 2022	18+ POP. 2022	70% of 18+ pop. 2022	People fully vaccinated as of May, 2022	Expected Number of People to be vaccinated from June to December, 2022	Monthly regional target from July to December, 2022	Regional daily targets from July to December, 2022
DAR-ES-SALAAM	5,648,563	3,310,079	2,317,055	409,932	1,907,123	317,854	10,595
DODOMA	2,814,049	1,385,385	969,770	326,587	643,183	107,197	3,573
GEITA	2,646,716	1,127,464	789,225	155,941	633,284	105,547	3,518

IRINGA	1,205,336	671,974	470,382	79,836	390,546	65,091	2,170
KATAVI	879,775	367,826	257,478	78,623	178,855	29,809	994
MARA	2,592,288	1,127,987	789,591	172,670	616,921	102,820	3,427
MBEYA	2,344,831	1,210,046	847,032	139,466	707,566	117,928	3,931
MTWARA	1,536,401	888,664	622,065	123,213	498,852	83,142	2,771
SONGWE	1,360,282	678,918	475,243	40,637	434,606	72,434	2,414
TABORA	3,302,485	1,486,877	1,040,814	172,478	868,336	144,723	4,824

#### **2.4: Muda wa Utekelezaji:**

Utekelezaji wa mikakati hii ya uelimishaji, uhamasishaji na ushirikishaji jamii katika kuongeza mwitikio wa chanjo dhidi ya UVIKO-19 unatarajiwa kufanyika kwa kipindi cha miezi sita (6) kuanzia Julai hadi Desemba, 2022.

#### **2.5: Vigezo na Sifa za Mdau Mtekelezaji (IP):**

Ili kufikia malengo yanayotarajiwa na kuharakisha utekelezaji kwa wakati, Mdau Mtekelezaji (IP) atakayehusishwa anapaswa kuwa na sifa na kutimiza vigezo vifuatavyo:

- Taasisi ambayo kwa muda wa utekelezaji wa mikakati hii itakuwa haijapokea fedha kutoka vyanzo vingine** katika kutekeleza afua zinazofanana kwenye mikoa ambako utekelezaji huu utafanyika;
- Taasisi yenye uzoefu mkubwa wa kutekeleza afua za elimu ya afya kwa umma** na uhamasishaji wa jamii kuhusu masuala ya afya ishirikiane na Wizara ya Afya kwa kuzingatia hitaji la sasa la kuongeza *“burning rate”* na kuendelea kuimarisha mifumo ya huduma za afya katika ngazi ya jamii;
- Taasisi yenye wataalamu wenye taaluma tofautitofauti zinazohusu uelimishaji** na uhamasishaji jamii kuhusu masuala ya afya;
- Taasisi yenye uzoefu wa kushirikiana na Serikali ikiwemo ngazi mbalimbali za utekelezaji kupitia Wizara ya Afya na OR-TAMISEMI;**
- Taasisi ambayo ina Waraka wa Mashirikiano (MoU) na imekuwa ikishirikiana na Wizara ya Afya katika utekelezaji wa Miradi mbalimbali ikiwemo kupitia afua za afya ngazi ya jamii katika kukabiliana na UVIKO-19, Kampeni mbalimbali za elimu ya afya na uhamasishaji masuala ya afya na Miradi mikubwa ya fedha ikiwemo Mfuko wa Fedha wa Dunia kwa nyakati tofauti;**



- f) Taasisi inayofanyiwa ukaguzi na Ofisi ya Mkaguzi na Mdhambi Mkuu wa Hesabu za Serikali (CAG) kwa miaka yote ya utekelezaji wa miradi mbalimbali, hivyo, ni salama zaidi kushirikiana nao ukilinganisha na local IPs wengine;
- g) Taasisi ambayo ina usajili wa ndani ya nchi na haifungamani na usajili wowote nje ya nchi (locally registered NGO by establishment);
- h) Taasisi ambayo imewahi kupokea fedha kutoka vyanzo mbalimbali na kufanya utekelezaji kwa kushirikiana na Serikali kwa masuala ya afya, huduma za afya ngazi ya jamii na elimu ya afya kwa umma;
- i) Taasisi ambayo zaidi ya asilimia 90 ya wafanyakazi wake ni raia wa Tanzania; na
- j) Taasisi ambayo Sera na Miongozo yake ya utekelezaji imeundwa na inatekelezwa kwa sheria na taratibu za Jamhuri ya Muungano wa Tanzania kwa 100%.

## **2.6: Matokeo Tarajiwa (Expected Deliverables):**

Yafuatayo ni matokeo tarajiwa ya utekelezaji wa mikakati iliyoainishwa:

- i. Afua za utekelezwa zilizoainishwa ikiwa ni pamoja na bajeti ya utekelezaji kwa kila afua;
- ii. Malengo ya kila siku na ya kila mwezi ya uchanjaji kufikiwa kwa kila ngazi;
- iii. Kufikia malengo ya uchanjaji kwa mikoa itakayonufaika kwa kutoa chanjo kwa asilimia 70 ya Watanzania wenye umri wa miaka 18 na kuendelea ifikapo Desemba, 2022
- iv. Kuwafuatilia walengwa wote waliohasi chanjo na kufikia angalau 95% ya wateja wote waliohasi chanjo;
- v. 100% ya taarifa za wateja wapya wanaopata chanjo kuingizwa katika mfumo wa *chanjocovid system*;
- vi. Angalau 70% ya taarifa za wateja waliopata chanjo kwa taarifa za sasa ziingizwe katika mfumo wa *chanjocovid system*;
- vii. Taarifa fupi ya kila siku ya utekelezaji kuwasilishwa kwa Waganga Wakuu wa Mikoa na Halmashauri;

- viii. Taarifa ya kila wiki ya utekelezaji wa mikakati na matumizi ya fedha kuwasilishwa Wizara ya Afya;
- ix. Idadi ya matukio ya uhamasishaji jamii yanayofanyika katika ngazi ya jamii, Halmashauri na Mkoa;
- x. Idadi ya huduma mkoba na tembezi zinazofanyika katika ngazi ya jamii; na
- xi. Taarifa kuu ya utekelezaji ikiwa na taarifa ya fedha na taarifa ya utekelezaji wa mikakati.



# SPECIAL POWER OF ATTORNEY

THE BENJAMIN WILLIAM MKAPA FOUNDATION

TO

**DR. ELLEN MKONDYA-SENKORO**

This **POWER OF ATTORNEY** given on the 20<sup>th</sup> day of May 2022 by **The Benjamin William Mkapa Foundation** a Trust incorporated in the Republic of Tanzania pursuant to the provisions of the Trustees Incorporation Act (Cap 318 R.E 2002) of the Laws of Tanzania having its registered office in Dar es Salaam P.O Box 76274 Dar es Salaam aforesaid (hereinafter called "**The Trust**")

**WITNESSETH** as follows: -

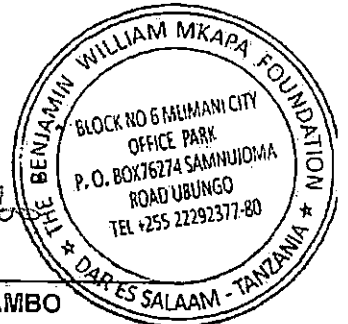
The Trust appoints **Dr. Ellen Mkondya-Senkoro**, the Chief Executive Officer of the Benjamin William Mkapa Foundation of Dar es Salaam, Tanzania (hereinafter called "**The Donee**") to be its attorney with authority to execute on its behalf all such matters concerning the bidding process in respect of **Tender No. ME/007/HQ/2021-2022/NC/61 Provision of Community Engagement Campaign to Accelerate Uptake of Covid-19 Vaccines in Tanzania Mainland** including signing tender documents and proposals, negotiations and signing of contract, authorizing, sealing, signing and executing actual and/or customary documents, deeds or instruments as may be necessary.

The Trust intends that any deed or agreement signed on its behalf by the Donee pursuant to clause one (above) shall bind the Trust and shall have the same effect as if it had been executed under the Trust's Common Seal.

**IN WITNESS WHEREOF** the Common Seal of the Trust hereinto set out hands this 20<sup>th</sup> day of May 2022.

**SEALED and DELIVERED** by the  
Common Seal of The Benjamin William  
Mkapa Foundation  
This 20<sup>th</sup> day of May 2022

}

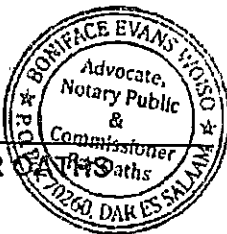


*Adeline Kimambo*

**DR. ADELINE KIMAMBO**  
**CHAIR OF THE BOARD OF TRUSTEES**  
**THE BENJAMIN WILLIAM MKAPA FOUNDATION**  
**DONER**

**BEFORE ME:**

*[Signature]*



**COMMISSIONER FOR OATHS**

*[Handwritten signature]*

### ACKNOWLEDGEMENT


I **DR. ELLEN MKONDYA-SENKORO** do hereby acknowledge and accept to be the Donee of the said **THE BENJAMIN WILLIAM MKAPA FOUNDATION** under the terms and conditions contained in this **SPECIAL POWER OF ATTORNEY** and I promise to perform and discharge my duties as the lawfully appointed Donee faithfully and honestly.

**SIGNED AND DELIVERED** by the said  
**DR. ELLEN MKONDYA-SENKORO**  
Who is personally known to me  
This 20<sup>th</sup> Day of May 2022

}

  
\_\_\_\_\_  
**DR. ELLEN MKONDYA-SENKORO**  
DONEE

**BEFORE ME**





\_\_\_\_\_  
**COMMISSIONER FOR OATHS**



# RECORD OF NEGOTIATIONS

## (MINUTES OF NEGOTIATIONS)

**Name of the Procuring Entity:** MINISTRY OF HEALTH P.O BOX 743 DODOMA

**Tender ID No:** ME/007/2021-2022/HQ/NC/61

**Subject of Procurement:** PROVISION OF COMMUNITY ENGAGEMENT  
CAMPAIGN TO ACCELERATE UPTAKE OF COVID 19 VACCINES IN  
TANZANIA MAINLAND.

**Method of Procurement:** SINGLE SOURCE

**Date of Negotiation:** 4th JUNE, 2022.

PART 1: RECORD OF NEGOTIATIONS	
ISSUE	AGREEMENT (WITH FULL DETAILS)
Discussion on scope of work.	<p><b>We agreed that; -</b></p> <p>Consultant should commence on all client fulfillment on provision of community engagement campaign to accelerate uptake of COVID-19 vaccines in Tanzania Mainland by selecting at least two or three Councils out of total councils in a region. The beneficiary councils in identified 10 regions will be selected depending on population density and high human interaction; current COVID-19 vaccine uptake (prioritizing low performing and highly performing councils) and the one where if investments is made, targets are reached.</p> <p>Also, consultant should establish strategy of reaching vulnerable groups such as elders and people with co-morbidities in order to ensure that they are protected from COVID-19 pandemic since they are more victim to COVID-19.</p> <p>Consultant also should establish any strategy which will increase chances to reach to vulnerable population groups.</p>

	<p>-Commencement on subsection segment of reaching goals of special groups, i.e. elders people to achieve intended objectives.</p> <p>-Also, Consultant will offer extra community service such as HIV services which will be integrated during COVID-19 vaccination programs. The integrated services will however depend on the availability of support structures and required facilities.</p> <p>Client information to be entered into the <i>chanjocovid system</i> for all clients receiving services.</p> <p>Thus, it was agreed that the client will facilitate more availability of <i>Janssen</i> (J&amp;J) vaccine, and the consultant will work with the respective authorities to accelerate the uptake of J&amp;J vaccine and also focus to accelerate uptake of second dose of /shot for those that had taken one dose and require the second shot to complete the dosage.</p>
Discussion on Financial Terms/Contract Price	<p><b>We agreed that; -</b></p> <p>Discussion on consensus of financial terms, consultant offered discount to <b>TZS 3,808,042,374.26</b> out of <b>TZ 4,245,984,875.25</b> which was submitted in bidding documents by the client. Out of this, the taxable amount was <b>TZS 1,440,706,374.00</b> and non-taxable amount was <b>TZS 2,367,336,000.00</b>.</p> <p>The discount was reached by deducting beneficiary councils from 30 to 25. We agreed to reduce beneficiary health facilities in specific councils from 40 to 30 also implementation days will be nine (9) days instead of ten (10) days of vaccination sensitization, community engagement and outreach programs. This will enable not exceeding the Ministry allocated financial budget of <b>TZS 3,831,449,900.00</b> (VAT inclusive) and meeting the intended deliverables.</p> <p>Moreover, number of CHWs to attend the planned orientation programs was reduced from 80 to 70 per</p>

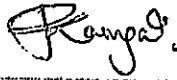



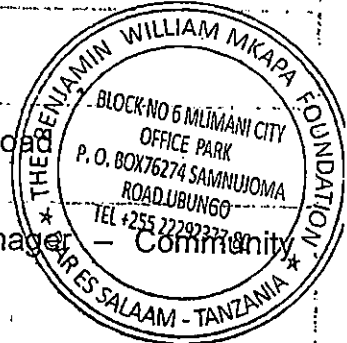
	<p>council in 8 councils instead of previous 10 councils. The total number of print IEC materials for being printed reduced from 4500 to 4200 copies. The cost of refreshment was readjusted from TZS 20,000/= up to TZS 18,000/= per plate for the council level activities and TZS 30,000/= to TZS 25,000/= per plate for the regional level activities.</p>
Discussion on payment mode	<p><b>We agreed that;</b></p> <p>Funds disbursement will be done <b>at one time by 100% of contract sum</b> in order to accommodate the concurrent accelerated implementation in all beneficiary regions.</p> <p>To safeguard the funding, the Client through this negotiation requested the Consultant to provide Bank Guarantee for safeguarding money with an equal amount of contract sum. <b>The bank guarantee should be submitted before signing of the contract.</b></p>
Discussion on time of contract.	<p><b>We agree that;-</b></p> <p>Client and Consultant agreed that the time of contract should be <b>6 months</b> counted from the date of funds disbursement. The 6 months involves implementation of all programmatic deliverables of client obligations, technical reporting and financial reconciliation. On further discussion, it was demanded that there are unforeseen circumstances that can happen during implementation and hence need extensive monitoring which will be achieved within 6 months. <b>Therefore, it was agreed that the implementation duration will be six (06) months (counted from the date of funds disbursement) for reaching all technical deliverables/implementing strategies, achieving both programmatic and financial requirements. In 6 months, the assignment shall have been completed and all technical and financial reports submitted; accountability validations and reviews conducted.</b></p>

<p>Working methodology and discussion on terms of reference.</p>	<p><b>We agree that; -</b></p> <p>Working methodology for interventions to accelerate COVID-19 vaccines uptake will be based on reaching the daily and monthly targets set for each beneficiary regions/councils. These targets are developed depending population size of specific region. The client will be measured on extent of reaching the provided daily targets and reaching other requirements of the ToRs submitted.</p> <p>The consultant provided some anticipated challenges and risks on concurrent implementation in all 10 regions instead of the initial proposed approach of phased out implementation starting with 5 regions then rollover to the remaining 5 regions. The consultant indicated that the risk associated to this approach is limited allowance to experience implementation-based challenges and lessons and use them for further rollout, this approach would mitigate unforeseen implementation risks.</p> <p>However, as it was the directive of the client to implement concurrently, the consultant requested this to be documented as an implementation risk and the consultant will work with the client to address these challenges to ensure they don't affect contract performance.</p>
<p>Other contractual related matters.</p>	<p><b>We agree that; -</b></p> <ul style="list-style-type: none"> <li>- Consultant should submit missing document of Tax clearance, certificate of tax exemption and VAT registration.</li> </ul>



We hereby certify that the above is a true and accurate record of the negotiations:

For the Procuring Entity	For the Consultant firm
Signature: 	Signature: 
Name: Dr. Tumaini Menson Haonga	Name: Happiness Willbro
Position: Chairperson	Position: Program Manager – Community Health services
Date: 04/06/2022	Date: 04/06/2022

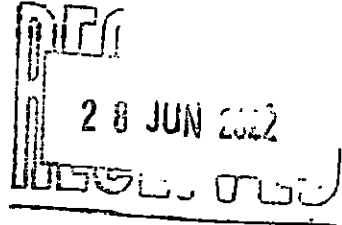


THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF HEALTH

Telegram: "AFYA", DODOMA  
Telephone: + 255 025 2323267  
E-Mail: [ps@afyai.go.tz](mailto:ps@afyai.go.tz)  
(All letters should be addressed to  
The Permanent Secretary)



Government City- Mtumba,  
Afya Street,  
P. O Box 743,  
40478 DODOMA



Ref. No. CAB 209/549/03/100

24<sup>th</sup> June, 2022

M/s. The Benjamin William Mkapa Foundation,  
P. O. Box 76274,  
**DAR ES SALAAM.**

**RE: NOTIFICATION OF AWARD FOR PROVISION OF COMMUNITY  
ENGAGEMENT CAMPAIGN TO ACCELERATE UPTAKE OF COVID 19 VACCINES  
IN TANZANIA MAINLAND TENDER NO. ME/007/2021-2022/HQ/C/61**

Reference is made to the above heading.

2. Please be informed that, your Tender No ME/007/2021-2022/HQ/C/61 for Provision of Community Engagement Campaign to accelerate Uptake of COVID 19 Vaccines in Tanzania Mainland was approved by MOH Ministerial Tender Board
3. The contract is hereby accepted, by the Ministry of Health at a **Total Contract sum of Tanzania Shillings Three Billion eight hundred eight million forty-two thousand three hundred seventy-four twenty-six cents Only Tshs 3,808,042,374.26 VAT Inclusive.**
4. Thank you for your cooperation.

Prof. Abel N. Makubi  
**PERMANENT SECRETARY**



*Noted.*



**Copy:**

Chief Executive Officer,  
Public Procurement Regulatory  
Authority,  
P. O. Box 2865,  
**DODOMA.**

The Controller and Auditor General,  
P. O. Box 905,  
**DODOMA.**

Attorney General,  
Attorney General Chambers,  
Ministry of Justice and Constitutional  
Affairs,  
P.o.Box 630,  
**DODOMA.**

Internal Auditor General,  
Ministry of Finance and Planning,  
P. O. Box 2802 ,  
**DODOMA.**

Reginal Manager,  
Tanzania Revenue Authority  
P.O Box 679  
**DODOMA**

Director  
Technical Audit  
Ministry of Finance and Planning  
P.O. Box 2802  
**DODOMA**

Ref. No. BMF/GOVC/2022/147

27<sup>th</sup> June 2022

Permanent Secretary,  
Ministry of Health  
P.O. Box 743,  
40478 Dodoma,  
Tanzania.

Dear Sir/ Madam,

**RE: AWARD ACCEPTANCE LETTER: PROVISION OF COMMUNITY  
ENGAGEMENT CAMPAIGN TO ACCELERATE UPTAKE OF COVID 19  
VACCINES IN TANZANIA MAINLAND TENDER NO.ME/007/2021-  
2022/HQ/C/61**

---

Reference is made to the heading above and the award notification letter with reference No. CAB 209/549/03/100 dated 24<sup>th</sup> June 2022.

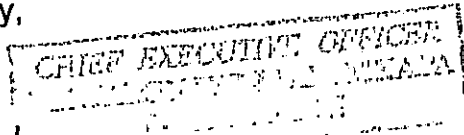

The Benjamin William Mkapa Foundation (BMF) acknowledge receipt of the award letter on 27<sup>th</sup> June 2022, and we hereby confirm the acceptance of the award.

BMF, further extend its appreciation to the Ministry of Health for this opportunity. We commit to deliver, building from our evidence-based collaborative and complementing initiative on accelerating COVID 19 vaccination coverage, as it was provided to our application.

The Foundation will wait for further guidance on the next steps to allow effective execution of this noble course within the provided time. We trust that the strategies and requests submitted through the negotiation minutes will be considered.

Thank you for your continuous collaboration, leadership, and support.

Sincerely,



**Dr. Ellen Mkandya - Senkoro**  
Chief Executive Officer.

The Benjamin William Mkapa Foundation

*All correspondences should be addressed to the Chief Executive Officer*



## WORK SCHEDULE

Deliverables	N°	Activity	Month 1				Month 2			
			Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Activity 1: Community-led mobilization, Door to Door and Integrated facility led COVID 19 vaccination, and post-vaccination follow-ups										
1. Action plans developed and District level campaign implementation plan and mobilized requirements and resources	1.1	Support regional and District level mobilization, engagement, orientation, and planning								
1. Number of capacitated CHWs on COVID 19 vaccine and surveillance by using national approved manuals to be utilized to the campaigns	1.2	Conduct CHWs orientation on COVID 19 vaccine and surveillance (for those not initially trained)								
2. Number of capacitated regional, district and community level influencers	1.3	Conduct advocacy meetings with Regional, District, community influential people, community leaders, religious leaders, and peers on COVID 19 vaccine key messages and preventive measures.								
3. Number of local customised SBCC messages	1.4	Conduct pre-campaign community education, mobilization, and sensitization meetings.								
4. Number of people reached and sensitized on COVID 19 vaccines	1.5	Conduct door to door and community targeted integrated COVID 19 vaccination campaigns for 10 days campaign in 30 councils								
4.1 Number of community campaigns conducted										
4.2 Number of Health facilities facilitated to conduct door to door outreaches	1.6	Conduct post-campaign follow-ups, 2nd dose vaccination, data entry and reporting								
5. Total Number of people vaccinated with COVID 19 Vaccinated										
5.i Number of people vaccinated with first dose of COVID 19 vaccination										
5.ii Number of people completed the 2nd dose of COVID 19 vaccination										

*GWS*

[illegible]

GW



**TECHNICAL PROPOSAL**

**CONSULTANCY SERVICES FOR THE PROVISION OF COMMUNITY  
ENGAGEMENT CAMPAIGN TO  
ACCELERATE UPTAKE OF COVID - 19 VACCINES IN TANZANIA  
MAINLAND**

**TENDER NO. ME/007/2021-2022/HQ/NC/61**

**Submitted to:**

**Permanent Secretary,  
Ministry of Health,  
Government City-Mtumba,  
Afya Road,  
P.O. Box 743,  
40478 DODOMA**

**Submitted by:**

**The Benjamin William Mkapa Foundation**

**Contact Person:**

**Dr. Ellen Mkondya Senkoro**  
Chief Executive Officer  
Benjamin William Mkapa Foundation (BMF),  
Mlimani City Office Park, Block No. 6, Sam Nujoma Road,  
Ubungo P.O. Box 76274 Dar-es-Salaam,  
Mobile: 0754-299292  
E-mail1: [emsenkoro@mkapafoundation.or.tz](mailto:emsenkoro@mkapafoundation.or.tz)  
Email2: [info@mkapafoundation.or.tz](mailto:info@mkapafoundation.or.tz)

**21<sup>st</sup> May 2022**

## TABLE OF CONTENTS

---

WORK SCHEDULE .....	ii
ACRONYMS.....	3
TECHNICAL PROPOSAL SUBMISSION FORM.....	4
THE BENJAMIN WILLIAM MKAPA FOUNDATION EXPERIENCE .....	5
COMMENTS AND SUGGESTIONS ON THE TERMS OF REFERENCE AND ON COUNTERPART STAFF AND FACILITIES TO BE PROVIDED BY THE CLIENT .....	11
DESCRIPTION OF APPROACH, METHODOLOGY AND WORK PLAN FOR PERFORMING THE ASSIGNMENT .....	19
ORGANIZATION AND STAFFING.....	22
PROPOSAL SECURING DECLARATION FORM.....	23



## ACRONYMS

---

AEFI	Adverse events following immunization
AIDS	Acquired immunodeficiency syndrome
ANC	Ant- Natal care
BMF	The Benjamin Mkapa Foundation
CBHP	Community Based Health Program
CEO	Chief Executive Officer
CHMTS	Council Health Management Team
CHWs	Community Health workers
COVID 19	Coronavirus disease of 2019
DC	District Commissioner
DED	District Executive director
FAQ	Frequency Asked Questions
LGAs	Local Government Authorities
NACOPHA	The National Council of People Living with HIV
PORALG	President office - Regional Administrative authorities and Local Government
PWC	Price Water
KPMG	Klynveld Peat Marwick Goerdeler
RAS	Regional Administrative secretaries
RCCE	Risk Communication and Community Engagement
RHMTs	Regional Health Management Teams
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
TANROADS	The Tanzania National Roads Agency
TB	Tuberculosis
TOTs	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	United State Agency for International Development.
VICOBA	Village Community Banking

## TECHNICAL PROPOSAL SUBMISSION FORM

21<sup>st</sup> May 2022

Permanent Secretary,  
Ministry of Health,  
Government City - Mtumba,  
Afya Road,  
P.O Box 743  
40478 Dodoma

Dear Sir:

We, the undersigned, offer to provide the consulting services for Provision of Community Engagement Campaign to Accelerate Uptake of COVID-19 Vaccines in Tanzania Mainland in accordance with your Request for Proposal dated 19<sup>th</sup> May 2022 and our Proposal. We are hereby submitting our Proposal, which includes the Technical Proposal, and the Financial Proposal through the Tanzania National Electronic Procurement System (TANePs).

If negotiations are held during the period of validity of the Proposal, i.e., before the date indicated in PDS 25, we undertake to negotiate on the basis of the proposed staff. Our Proposal is binding upon us and subject to the modifications resulting from Contract negotiations.




We undertake, if our Proposal is accepted, to initiate the consulting services related to the assignment not later than the date indicated in PDS 48.

We also confirm that the Government of the United Republic of Tanzania has not declared us, or any sub consultants for any part of the Contract, ineligible on charges of engaging in corrupt, fraudulent, collusive or coercive practices. We, furthermore, pledge not to indulge in such practices in competing for or in executing the Contract, and we are aware of the relevant provisions of the Proposal Document (ITC 3).

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorised Signature	 	
Name and title of Signatory	Dr. Ellen Mkondya Senhora Chief Executive Officer	
Name of Firm	The Benjamin William Mkapa Foundation	
Address	Mlimani City Office Park, Block No.6, Sam Nujoma Road, Ubungo, P.O. Box 76274, Dar es Salaam	



## THE BENJAMIN WILLIAM MKAPA FOUNDATION EXPERIENCE

### **Background:**

Established in April 2006 by the Former President of Tanzania, His Excellency Benjamin William Mkapa, the Benjamin William Mkapa Foundation (BMF) is a legally registered and homegrown local TRUST, with the main objective to supplement and complement the health sector development efforts of the Government of Tanzania and rest of Africa. BMF's mission is to contribute towards the attainment of better health outcomes through innovative health and related system solutions. To operationalize the Trust Deed, the periodic BMF Strategic Plans have been further guided by the International and National frameworks, whereas moderate to mega scale initiatives have been designed and implemented across the country and reaching especially underserved areas.

BMF programs have mainly targeted 3 tiers at **national, sub national and community levels** whereas the key focus areas are :a) Health Systems Strengthening such as Human Resources for Health, Health Infrastructure development, Health financing; b) Communicable diseases such as HIV and AIDs, TB, Malaria as well as emerging infectious diseases and c) Non-Communicable conditions, like Cervical cancers screening, Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH). Gender and human rights have been cross-cutting aspects in all BMF interventions. Our targeted programs have been contributing to the national policy, strategies and plans vide strategic and impactful collaboration and partnerships. BMF has continued being a trusted partner to the Government through a good working relationship with the Ministry of Health; PORALG and others, thus having reputation on efficiency, quality of work, maximizing impact and adhering to agreed timelines and standards as per client requirement. To-date BMF have implemented several projects (including humanitarian initiatives to address emergencies, such as COVID-19), which have reached almost the entire country (153 LGAs) through funding by wide range of donors, private sector and well-wishers, including Global Fund to fight against AIDS, TB and Malaria, USAID, Irish Aid, Abbott Fund, UK Comic Relief, Walter Reed, UNFPA, UNICEF, Royal Norwegian Government, World Lung Foundation, Geita Gold Mine, ACACIA and other Corporates/Private sector. BMF's financial capacity is reflected by being able to handle a budget of an average of TZS 20billion per annum.

Our work in COVID-19 has covered 22 out of 26 regions in Tanzania mainland and 5 Regions in Tanzania Islands where we have deployed 534 Health Care workers at Health Facilities, 221 Health Care Workers at Port of Entries and 886 Health Care Workers capacitated through blended model-e-learning and physical on case management and IPC. Additionally, BMF has been able to deploy 3,992 community health volunteers engaged on COVID-19 and refurbished 7 isolation centres to support provision of COVID-19 treatment services and 119 health facilities supported to improve infection prevention control environment. Our achievements have been attained through direct interventions at the health facilities, community sensitization, outreaches, community follow-ups and capacity building to the

community structures which include over 6,000,000 Tanzanians have been reached with health education on COVID-19 through CHWs, 43 million unique social media accounts reached with COVID-19 vaccine messages and education through traditional media, 30,133 reached and vaccinated for COVID 19 through facility-led integrated outreaches, increased screening capacity and alert detection at the port of entries by 12 folds (from 5 to 75 alerts per week), strengthened control of COVID-19 test certificates (more than 10,000 certificates verified per week) as well as 22 regions supported with PPEs focusing on Health facilities, Port entries and CHWs.

**BMF Technical Capacity and Competences:** BMF operates from Dar es Salaam head office with 6 field offices upcountry. We have a workforce of 50 multi-skilled personnel with knowledge, and experience ranging between 5 - 30 years and with variety of competencies extending from Senior Public health experts; Clinical experts; Technical program management; Community mobilization; IT, Advocacy, Monitoring, evaluation, Research; Human Resource Management; Financial Management; Grants and Compliance; Auditing, Procurement management and others. For this project, if awarded BMF will utilize its existing structures along with identified competent technical experts with massive experience and skills in implementing public health programs, social and gender-integrated programs including research initiatives and strategies development. Further BMF by nature of different funding streams is being audited by Controller and Auditor General (CAG) and the big five audit firms, namely PWC, KPMG, and Ernest & Young, and has maintained a clean audit report since its inception.


**BMF Management Structure:** The Foundation operates in alignment with the BMF Trust Deed and other institutional policies and operational manuals under the governing Board of Trustees, which is appointed by the Settlor (Founder), and meets quarterly. The Management team led by the Chief Executive Officer (CEO) is vested with the responsibility of day-to-day management with support from the Units of Internal audit, Corporate Support Services and Mkapa Legacy and four functional departments namely, Programmes and Business Development; Strategy and Performance Management as well as Finance and Grants. For good governance and accountability, BMF strengthens its internal controls further and manage risks, through an Internal Auditing Unit that carries periodic audits as per approved Annual Internal audit plan, which is derived from the Organizational Risk Profile.



**Table 1: Major Work Undertaken During The Last Ten Years That Best Illustrates Qualifications**

Duration	Assignment name / & brief description of main deliverables/ outputs	Name of Client & Country of Assignment	Approx. Contract Value (in US\$ or EURO)/Amount paid to your firm	Role on the Assignment
March 2020-December 2020	<p><b>Accelerated Covid 19 Response (TOKOMEZA COVID 19)</b></p> <p>Strengthen community-based health services with a focus on response to outbreaks specifically COVID 19 through facility led community led outreaches and media activation interventions.</p> <ul style="list-style-type: none"> <li>-Hiring of 620 Community health workers in Dar</li> <li>-Provision of PPEs, working and reporting tools including mobile phones</li> <li>-Training of CHWs and health officers on emergency response</li> <li>-Training of CHWs on basic health provision</li> <li>-Supporting community level provision of health education, surveillance and contact tracing focusing to Covid 19</li> <li>-Over 2 million people were sensitized for Covid 19 through facility led community integrated outreach.</li> <li>-Increased screening capacity and alert detection at the port of entries by 12 folds (from 5 to 75 alerts per week) Strengthened control of COVID-19 test certificates (more than 10,000 certificates verified per week</li> <li>- Use of <b>Community Application Tool (CHAID)</b> to accelerate COVID-19 and integrated community-based data collection and reporting</li> </ul>	UNICEF TZANZANIA Dar es Salaam	Tshs 1,200,309,067	Prime - recipient responsible for project execution, Implementation monitoring and reporting in line with the donor requirement and National guidelines.
April 21 to May 22	<p><b>Covid 19 Vaccine Accelerated interventions</b></p> <ul style="list-style-type: none"> <li>-Vaccination average during campaign was 500 people per day while council target is 208 and 320 for Chunya and Kyela respectively</li> <li>-12108 people were vaccinated with covid 19 with an interval of 3</li> </ul>	UNICEF Tanzania Mbeya and Songwe	TSsh 2,163,815,000/=	Prime-recipient responsible for program execution, implementation, and monitoring

	<p>months in Kyela DC and Chunya DC from Dec 21 to March 22</p> <p>Hiring of 1084 CHWs</p> <ul style="list-style-type: none"> <li>- Training of CHWs on basic health provision</li> <li>-Provision of PPEs and working tools to hired CHWs including mobile phones</li> <li>-Supporting community level provision of health education, surveillance and contact tracing focusing to Covid 19</li> <li>- 46,777 adolescent girls and boys reached with SRH, GBV and Nutrition education and services</li> <li>-Engaged R/CHMTs, village leaders (formal and informal) facility in-charges during covid 19 vaccination campaign</li> <li>-Engaged national and local traditional and social media for covid 19 vaccination uptake</li> <li>- Over 43 million unique social media accounts reached with COVID 19 vaccine messages and education through traditional and social media.</li> <li>-Traditional media reached a total of 14,878,718 unique listeners (, females are 7,198,247 (49.4%) F, and 7,680,471 (51.6%) M</li> <li>- Use of Community Application Tool (CHAID) to accelerate COVID-19 and integrated community-based data collection and reporting</li> </ul>			
July 20 to date	<p><b>Strengthen Covid 19 Case Management at facility levels</b></p> <ul style="list-style-type: none"> <li>-Recruitment of 182 skilled HCWs who were deployed to 130 HFs in 47 LGAs in 8 Regions</li> <li>-Provision of PPEs to the recruited HCWs</li> <li>-Support case management at the health facilities</li> </ul>	<p>UNFPA - PAMBANA NA KOROMA D Dodoma, Geita, Kigoma, Mara, Mwanza, Shinyanga and Simiyu</p>	Tshs. 2,069,057,501	Prime-Recipient responsible for program implementation
	<ul style="list-style-type: none"> <li>-Refurbishments of isolation units/centres for Covid 19 in 5 Regions</li> </ul>	Dar Es Salaam, Dodoma, Geita, Shinyanga, Mara		
	<ul style="list-style-type: none"> <li>-Support PPEs to the Regional authorities to protect HCWs</li> </ul>	Dar es Salaam, Dodoma, Geita, Kigoma, Mara,		

	-Conduct Quality Improvement supportive supervision to the facilities benefited with HRH initiative	Dar es Salaam, Dodoma, Geita, Kigoma, Mara, Mwanza, Shinyanga and Simiyu		
-6 Months (July-Dec 2021)	<b>Case Management, RCCE and Surveillances</b> -Recruitment of 365 skilled HCWs including Health Officer at Port of entry and deploy to 172 HFs in 70 LGAs in 22 Regions -Provided PPEs to recruited HCWs	DFID - PAMBANA CORONA 22 Regions of Tanzania excluding Njombe, Manyara and Ruvuma	Tshs 1,924,308,800	Prime-Recipient responsible for program implementation  
6 Months (July-Dec 2021)	-Hiring of 1072 CHWs in 4 Regions -Provision of PPEs, working and reporting tools including mobile phones. -Support community level provision of health education, surveillance and contact tracing focusing to COVID 19  -Provision of integrated essential health services at the community in alignment with the CBHP guideline  - Use of Community Application Tool (CHAID) to accelerate COVID-19 and integrated community-based data collection and reporting -Conduct Quality Improvement supportive supervision to the facilities benefited from HRH initiative	22 Regions of Tanzania excluding Njombe, Manyara and Ruvuma		
July 20 to date	<b>Case Management, -Recruitment of 38 skilled HCWs and deployed to 4 Regions</b>  <b>RCCE and Surveillance Hiring of 169 CHWs in 2 Municipals of Ilala and Kinondoni in Dar Es Salaam and 1 LGA-Chemba in Dodoma Region.</b> -Supporting CHWs with PPEs and working tools -Support community level provision of health education, surveillance and contact tracing focusing to COVID 19	MFPIII Dodoma, Simiyu, Mwanza and Kigoma  Ilala and Kinondoni MCs in Dar es Salaam and Chemba in Dodoma.	Tshs 1,584,494,436/=	Prime- Recipient responsible for project implementation



	<p>-Provision of integrated essential health services at the community in alignment with the CBHP guideline.</p> <p>- Use of <b>Community Application Tool (CHAID)</b> to accelerate COVID-19 and integrated community-based data collection and reporting</p>			
May 21 to April 22	<p><b>Facility led community led integrated outreaches activities for covid 19, Nutrition and essential services</b></p> <p>-Hired 194 CHWs in Nanyamba TC and Newala TC</p> <p>- Training of CHWs on basic health provision</p> <p>-Provision of PPEs and working tools to hired CHWs</p> <p>-Supporting community level provision of health education, surveillance and contact tracing focusing to Covid 19</p> <p>-21,007 were reached and vaccinated during facility led outreached with an interval of 3 months</p> <p>Other essential services includes 185 Nutrition demonstrations suck gardens and;</p> <p>Under five immunizations on BCG, Penta, MR2 and OPV – 21,558</p> <p>Under-fives nutrition assessment 18,558</p> <p>Vitamin A-40,781</p> <p>Family planning - 2,721 women</p> <p>ANC services – 980 women among them</p> <p>GBV cases reported 382</p> <p>ICHF enrollment 340</p>	<p>UNICEF Tanzania</p> <p>Mtwara Tanzania</p>	<p>TSHS. 1,914817,144.94</p>	<p>Prime-Recipient responsible for project implementation</p> <p><i>Geo</i></p>
January 2022 to date	<p><b>Covid 19 accelerated plan</b></p> <p>-Deployment of Health Workers in 11 mainland regions and 2 Districts of Unguja &amp; Pemba</p> <p>-Capacity building of Health care workers on case management through e-learning platform in 11 regions of mainland including 2 Districts of Unguja and Pemba</p>	<p>USAID Tanzania</p> <p>11 regions of Tanzania Mainland &amp; 2 Districts of Unguja and Pemba</p>	<p>TZS 928,000,000</p>	<p>Prime Recipient responsible for project implementation</p>

## **COMMENTS AND SUGGESTIONS ON THE TERMS OF REFERENCE AND ON COUNTERPART STAFF AND FACILITIES TO BE PROVIDED BY THE CLIENT**

### **On the Terms of Reference**

Utilizing of health professional volunteers, unemployed and retiree health professional that are linked to health facilities - Realising that the accelerated vaccination plan will require utilizing of the facility led staff, where most of the facilities operates with shortage of skilled health workers and the vaccination campaign should not affect delivery of other essential and routine health services ,our approach have considered Utilizing of professional health workers volunteers as guided by the national volunteerism guideline and those unemployed to facility led outreach and door to door vaccination.

### **On Counterpart Staff and Facilities**

The Benjamin W. Mkapa Foundation understands that the main responsibility for providing and allocating the necessary resources to fully carry out the project lies with the Consultant in an accelerated manner based on the project implementation period. The client has proposed (9) key personnel that will be supported by professional data staff and well as another compliance team -basically in financial compliance. These project-designated team will be co-charged in terms of allocated Level of Efforts (cost-sharing) with BMF sources. The skill sets for the designated staff include Public Health Officers (Team Leader), Community Health Specialists, Data Management Staff, Financial and compliance specialists. The designated staff will be stationed to 5 regions and in other regions BMF will establish regional focal and teams from existing government structures. Our application will effectively engage the respective local teams at all stages of planning, implementation, and appraisals at all levels while continue to build capacity on identified areas to ensure optimal performance.

This application has provided and leveraged all key infrastructure requirements to enhance the effective implementation of the scope as provided to the terms of reference. The leveraged resources include office facilities, transport facilities and other support staff. Among the 10 regions BMF have full-fledged office space in 5 regions (Mtwara, Mbeya, Sogwe, Manyara and Iringa). Further leverages will be on existing government facilities, including data and other key operating systems, structures, facilities, requires medical commodities and others and those supported by implementing partners within the beneficiary regions.

## DESCRIPTION OF APPROACH, METHODOLOGY AND WORK PLAN FOR PERFORMING THE ASSIGNMENT

---

### Background

In June 2021 the government of Tanzania came up with the National Vaccine deployment plan which clearly shows the strategies and priorities for the vaccine rollout. The plan is aiming at reaching out 20% of the population (11,888,398) utilizing the COVAX vaccine by the end of year 2022. In ensuring that this target is attained, and no one is left behind especially those identified as priority groups the government started the vaccination campaign in July 2021 with the initial target of 1,000,000 million people this being in alignment with the initial vaccine doses which were received. To date, the country has received over 10 million vaccine doses, but the recorded vaccination rate is still low whereby only 12% of the population is reported to be vaccinated as of current. Additionally, the Vaccine utilization trend across regions has also been varying with some best and poor performing regions thus reflecting the need for customized solutions and approaches.

Different challenges are associated with the observed slow pace of COVID 19 vaccine uptake, and these include inadequate community reach, top-down RCCE interventions with very minimal, engagement, customization, and ownership at the local level, limited community-led solutions which adequately address the myths and misconceptions of the respective communities and negative peer pressure which directly influence certain groups. This calls for more robust approaches which will ensure reach out of the poorly reached, strategic engagement of local influencers, strengthened community engagement, and local dialogues in vaccine awareness-raising and sensitization as a means of increasing the vaccine uptake and reducing new infections, morbidities, and mortalities resulting from COVID 19.

### Understanding of the Assignment

Tanzania declared the first case of COVID-19 on 16<sup>th</sup> March, 2020. Different preventive measures have been undertaken countrywide including health education and community sensitization on observation of recommended public health measures such as frequent hand washing, social distancing and masking, screening in Points of Entry (PoEs) and enhanced disease surveillance including the use of vaccine after the launch on 28<sup>th</sup> July, 2021. The country intends to vaccinate a total of 21,518,650 individuals which is equivalent to 70% of eligible population by December, 2022, currently the statistical achievement is at 12%. Different initiative have been established including engagement of stakeholders. The procurement entity - Ministry of Health aim to foster acceleration of COVID-19 Vaccination target to 100% daily of the Councils or District for the entire period of the project implementation by engaging a consultant to undertake the following scope:

- Engage Regional and District Administrative Secretary through the office of Regional and Council Medical Officer who will oversee and guide the campaign implementation;
- Meet the daily vaccination targets set for each of the beneficiary councils or Districts.
- Ensure that 95% from the baseline of all COVID-19 vaccine lost to follow population are traced and vaccinated within the campaign implementation duration;
- Ensure that 100% of new vaccinated clients' information are entered into the chanjocovid system during campaign implementation.
- Increase the number of clients' information entered into chanjocovid system from the current council backlog to 70% during campaign implementation.



- Provide brief daily report to the regional and council medical officer;
- Provide a written narrative Weekly technical report to MoH-DPS detailing the implementation status according to objectives and targets
- Managing All contractual compliance requirements as per provided requirements.

### **Rationale**

Among other strategies which are employed to ensure effective rollout and accelerated uptake of COVID 19 vaccine are the Risk Communication and community engagement (RCCE) strategies. These strategies focus on ensuring maximum community engagement through different channels of communication while addressing individual-level behavioral needs. To attain this, use the recognized national and community channels of communication which include religious and other influential leaders, peers, health care personnel, institutions, traditional and social media, and other social and community networks to reach out to the targeted beneficiaries in a more targeted way is critical.

Further, anecdotal findings demonstrate that as part of pandemic and epidemic controls (e.g. HIV) community testing approaches like, integrated stationed community testing, door to door testing, targeted community testing, extended moonlight and peer linked testing have been showing a positive impact in reaching out the targeted and general population at large. Replicating the same in scaling up COVID 19 vaccination will be of additional value in accelerating the community acceptability and vaccine uptake. Though the regions have started to employ some of these approaches and following the fact that uptake is still significantly low and pandemic context has continued to be dynamic there is a continuing high and urgent need for scaling up best practices and designing responsive and innovative integrated community-led, sustainable, and balanced community intervention to complement the ongoing efforts. It is with this background that the intervention of this proposal is built on the effort of increasing the community's acceptance and utilization of the COVID 19 vaccine.

### **Existing Opportunities**

The interventions under this proposal leverage the existing opportunities, best practices, lessons, and new innovations from the Government, BMF similar interventions, and other implementing partners that will attribute to accelerating Covid 19 vaccine uptake. Some of the existing leverages opportunities from BMF, by the government and partners, include the following:

#### **From BMF**

Over 4000 skilled health care workers and 3900 community healthcare workers deployed to accelerate service delivery improvement including emergency responses in 22 regions of Tanzania Mainland.

- Unique community engagement and mobilization models to increase uptake of service including rapid response to COVID 19 at the facility and community level which have enabled BMF in collaboration with respective structures to attain a daily vaccination rate of 80% to above 100% during the vaccination campaigns.
- Strong partnership with the Regional and Local government authorities, national and local based IPS which ensures effective ownership and scalability of different implemented approaches at the local level.
- Developed, capacitated, and established pool of national, local, and community-based champions and influencers from all strategic disciplines and networks.

*Guo*

### From the government.

- Existence of national-level manuals, strategies, systems, and platforms addressing COVID 19 prevention and vaccination.
- Trained coordinators and health care providers at the regional level who can supervise, coordinate, and oversee the vaccine roll-out efforts at the community level.
- Availability of ToTs at the regional and district level who can support scale-up, capacity-building efforts, and mentorship in their respective regions and districts.
- Availability of the National system responding to the FAQ that can be streamlined and strengthened at the regional and district level to respond to the local needs.
- The already started community outreach that can be used to draw lessons and best practices and inform the scale-up.
- Availability of the National "Chanjocovid" reporting platform that can be used to ensure effective capturing of the vaccine efforts
- Availability of health care providers and essential commodities needed for COVID 19 vaccination.

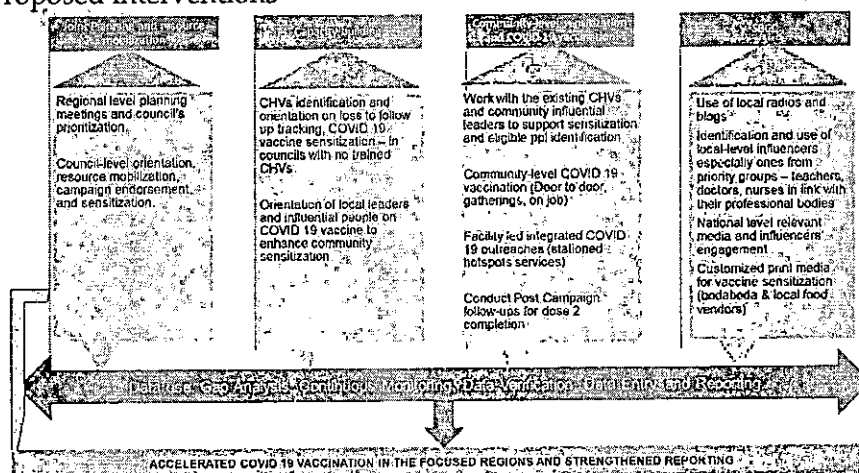
### From Partners;

- Ongoing RCCE and media engagement strategies that can be further adapted and modified to suit the local needs and specific targets.
- Momentum of professional associations that can be used in providing scientific evidence responding to the existing questions in a more engaging manner
- Capacity building and training at the regional level especially for the Community health care workers who can be used as a local resource in supporting the community sensitizations and follow-ups during the vaccine acceleration outreaches.
- Existence of community health workers working in other disciplines but who can be capacitated to enhance effective integration of COVID 19 vaccine acceleration initiatives in their routine activities.

### Methodology

BMF methodology will consider the implementation of focused interventions aiming at attaining a rapid uptake of the COVID 19 vaccine and outbreak preventive measures through creative and customized RCCE and integrated community-level mobilization and outreach as highlighted in figure 1 and further in the narrations below;

Figure 1: Proposed interventions



*Handwritten signature/initials*

### Creative RCCE – Mass media, social media, Print media, and influencers for demand creation

RCCE interventions will aim at increasing the demand for COVID-19 vaccination by increasing knowledge, awareness, and the population's confidence in vaccination. Depending on the established need BMF will either develop new or adapt the already existing messages which have been developed through the health promotion unit and customize them to suit the local context and the targeted audience. For effective RCCE the following interventions will be carried out;

- Communication and media engagement (mass media & Print Media) Use of social media and local media houses will be employed to effectively reach out to the intended audiences. For the traditional media, spots, testimonials, and dialogues will be used to send out the intended messages and ensure that the community is well and correctly informed. Further, the use of print media will also be employed through the defined local influential groups who are in one way or another in direct contact with many community members to communicate key messages on COVID 19 vaccination. All the used materials will be customized to suit the local context and cater for the area-specific related hesitancy issues, myths, and misconceptions.
- Use of strategic Regional and district leaders, local influencers, community, religious, influential leaders, and peers; The dissemination of communication products will involve the Regional and District leaders, local influential people, religious leaders, peers etc.  
Influential people and leaders will be used for the vaccine endorsement, call for action, and dissemination of COVID-19 vaccine messages to their communities. Messages from this group will be shared with the audience through direct messaging, traditional and social media as well as other channels of communication.

Apart from the influential people, BMF will use a peer-led modal to reach out more community members. The most targeted peers will include local food vendors and boda boda drivers. These will help to reach out to more people as they are many in number and their day-to-day activity engages meeting and direct contact with various clients from different places ranging from low to high risk. This fact places them as one of the important and strategic group for the engagement in COVID 19 awareness and raising and vaccine sensitization initiative both as beneficiaries and as a communication channel that can easily reach out to the community with the intended messages addressing myths, misconceptions public panic and hesitancy towards COVID 19 vaccine.

### Community-led mobilization, Integrated facility led COVID 19 vaccination, door to door and event-based vaccination, and post-vaccination follow-ups

Integrated facility-led outreaches will be conducted at the community level prioritizing the underperforming councils and hotspot points where large and targeted populations can be easily reached. For effective implementation of this phase the following activities will be conducted;

#### *i. Regional and District level engagement*

Before the community engagement, regional level sessions which will bring together the key RHMT and CHMT representatives as well as the Regional and District leaders (RC, RAS, DC, DED) will be conducted. The session will engage the project briefing and joint progress review



to identify best practices and existing gaps from the already existing plans which are being implemented by the regions and councils. The same avenue will be used to support the identification of the priority Districts with a large population, minimal vaccination outreach and/ or that are poorly performing.

Further, jointly with respective regional and councils' teams, the project will map existing Implementing partners supporting the councils' plans on covid 19 and vaccination plans with the purpose of avoiding duplications and capitalize on complementarities and synergies. This joint planning and prioritization will help to avoid duplication and ensure complementarity and maximization of the results.

*ii. Capacity building and CHWs engagement on Covid 19. Vaccine and surveillance.*

BMF-supported Community health care workers (about 4000 CHWs distributed in different regions) along with others will be used to support community Mapping and surveys, identification, and creation of community spotlights or vaccine centers, obtaining community consent and identification of people with co-morbidities for special attention. Further, the CHWs are key in supporting community mobilization, and feedback provision in relation to the community views, existing myths and beliefs that will inform implementation as well as community follow-ups post vaccines for timely capturing of any reported side effect/ adverse event. Interventions in this area will include;

- Orientation to CHW on Covid 19 Vaccine Promotion, surveillance, and AEFI, and this will target councils that have not received the CHWs training from the priority regions.
- On-site rapid capacity building to CHW on Covid 19 Vaccine Promotion, surveillance, and AEFI for the ones that were previously oriented.
- Full engagement of CHWs in COVID 19 vaccination campaign (pre, during, and post-vaccination)

*iii. Pre campaign community education, mobilization, and sensitization meetings:*

Before the vaccination campaign/ outreach the CHWs, community leaders, and local influencers will be used to support community-level sensitization to ensure the community is well informed, sensitized, and prepared. They will be used to respond to the vaccine-related questions rising from the communities and cite the reasons for vaccine hesitancy within their communities to support the designing of more customized solutions for community education and sensitization prioritizing the non-hesitant and poorly reached population. The CHWs, influential people, and community leaders will start the sensitization at least a week before the community outreach sessions.

Through this exercise, the CHWs will identify community members who are ready to be vaccinated and the same communication will be shared with the facilities to support a more focused door-to-door vaccination and outreaches. Pre-vaccination mobilization will go hand in hand with media activation and sensitization through the engaged local traditional media and social media pages including influencers' social media pages. Apart from the community leader other regional and council leaders will be used for endorsement of the campaign.

iv. Community targeted COVID 19 Vaccination Integrated Campaigns, Door to door and event-based vaccination;

Community-level vaccination will take three approaches (integrated campaigns, door-to-door, and event-based vaccination) which will most of the time be implemented concurrently.

**The integrated facility-led COVID 19 vaccination campaigns:** This will be a targeted community exercise focusing on the low-performing councils and hotspot areas with large populations and interactions. In each region, active community points will be selected in collaboration with the regional and district team and a day will be spent per point for the provision of COVID 19 vaccine. Selection of vaccination sites for vaccination will be informed by evidences of high responsive areas to ensure resources are used responsively and target places that will attribute to more yields. To ensure comprehensive service coverage the outreach activities will take an integrated **facility-led outreach approach** whereby a variety of services like under-five immunization, ANC services, screening for non-communicable diseases, HIV and TB will be provided in the same avenue. Services to be integrated will not be uniform in every area and the package for each council will be designed jointly with the regions and districts. Realizing that the accelerated vaccination plan will require the utilization of facility staff where most of the facilities operates with shortage of skilled health workers and the vaccination campaign should not affect delivery of other essential and routine health services, our approach will then consider use of **professional health workers volunteers as guided by the national volunteerism guideline** and those unemployed to facility led outreach and door to door vaccination.

**Door-to-door vaccination;** door-to-door sensitization and vaccination will be conducted to effectively reach out to the poorly reached population especially elders and the disabled. This will be led by the team of the facility provider, community health care worker, and the community leader for easy community acceptance, full engagement, and follow-ups. Both door-to-door and integrated outreaches will be divided into two phases whereby some of the days will be used for the 1<sup>st</sup> vaccination phase and other days will be used for the 2<sup>nd</sup> vaccination phase that will take place 3 weeks after the 1<sup>st</sup> phase. This approach will support ensuring that more people complete both 2 shots of vaccines (apart from JJ).

**Event-based vaccination:** During the regional and council level planning the team will identify formal and informal community events that will be used as an avenue of reaching out to more people with the vaccination services. The targeted events will include football matches, local celebrations, and gatherings, VICOBA gatherings, markets and open market days, churches, mosques, traditional dances, jogging clubs, university communities etc. The team of vaccinators will then ensure proper arrangement, mobilization, and vaccination of people during these events. Event-based vaccination will consider the use of a single-shot vaccine (JJ) since the targeted population in this approach is a mobile population.

v. Post campaigns follow up

In each community outreach, BMF will employ the use of community health care workers in registering and marking those who have been vaccinated for effective follow-ups post-vaccine for identification of any adverse event and linkages with the health facilities as per raising need. For the vaccine that requires two shots then these CHWs will be used to follow up the vaccinated community members and ensure that they are encouraged to complete the second dose. The CHWs will be used as an extended arm from the facility to the community and through them, the health care workers will be able to locate the vaccine defaulter and ensure that they are brought back to the facilities or organized community points for vaccine completion. Apart from the CHW's engagement in post-vaccine community follow-ups,

continual use of social, traditional media, and influencers in sensitizing the community on the importance of vaccine completion will also be ensured.

#### **Reporting; Monitoring, Feedback, Learning, and documentation**

BMF will ensure continuous documentation and reporting from the beginning to the end of all carried out tasks. The report produced will highlight all the key activities, deliverables, achievements, challenges, and recommendations. In the frequency that will be agreed with the MOH, BMF will be virtually or physically holding catch progress review meetings for updates and alignment. Attained achievements will be shared with other stakeholders through all National and sub-national level COVID 19 coordination forum and mechanisms.

Monitoring will be continuous to ensure the maintained quality and relevance of BMF's work and strategies. Reported project indicators will be defined, their numerator, denominator, source, frequency of collection, and the responsible person will as well be clearly cited, and this will be in alignment with the set of defined indicators and the respective council vaccination targets per day. Collected data will be quality audited, analyzed, and then used to inform BMF and other stakeholders through progress update meetings, technical working groups and reports to enhance uptake of necessary decisions in alignment with the attained results. Further, as part of the implementation, we will support the regions and councils to capture all data in the government COVID 19 database "ChanjoCovid" and this will include the existing backlog data.

BMF will monitor its progress with a set of indicators that link from the specific project inputs, interventions, outputs, outcomes to the impact. A participatory approach will be enhanced on program monitoring and facilitating real-time data collection using electronic gadgets at the site and linked with the M&E dashboard at the HQ and incorporating results for reporting from the community to the national level, in collaboration with the regional and district focal persons (R/CHMTs, facility Incharges, CHWs). The project will utilize paper & electronic-based reporting mechanisms prioritizing in alignment with the national reporting guidelines to ensure effective data capturing. The program in collaboration with the CBHP coordinator and CHMT will ensure constant availability of registers and data collection tools and proper documentation.

Routinely program monitoring will be conducted as per the developed M&E framework with set baselines and targets at each intervention or activity. The framework will be developed jointly with the MOH at the very initial stages and before the implementation start up. Through it a list of indicators i.e., inputs, outputs, outcomes and impacts which will be set against targets, timelines and means of verifications. Furthermore, the program will utilize the information collected and reported to generate knowledge, evidence, lessons, and best practices and disseminated at the national level through the avenues of technical meetings/forums.

#### **Media Monitoring**

BMF will work with the media facilitator to ensure effective designing, implementation and monitoring and reporting of the media activities. For the media reach, we will also employ the use of Otus to establish the area-specific radio listenership and reach and Keyhole to establish the social media reach. The media facilitators scope will include Designing of Radio spots and Mentions with COVID 19 vaccine messages; Production of Radio Spots to promote the vaccine uptake; Production of visual content (Testimonials) and sharing through different social media platforms and Television; Preparation of social media Posts and live streams ; Identification and engagement of strategic Influencers who will take forward the campaign



agenda ; Identification and engagement of local radios to support the airing of mention and spots; facilitation of the media monitoring as well as coming up with the project documentary telling the approaches, attained successes and sustainability measures.

**Table 2: Work Plan**

Table 2: Work Plan									
N°	Activity	Month 1				Month 2			
		Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
<b>Activity 1: Community-led mobilization, Door to Door and Integrated facility led COVID 19 vaccination, and post-vaccination follow-ups</b>									
1.1	Support regional and District level mobilization, engagement, orientation, and planning								
1.2	Conduct CHWs orientation on COVID 19 vaccine and surveillance (for those not initially trained)								
1.3	Conduct advocacy meetings with Regional, District, community influential people, community leaders, religious leaders, and peers on COVID 19 vaccine key messages and preventive measures.								
1.4	Conduct pre-campaign community education, mobilization, and sensitization meetings.								
1.5	Conduct door to door and community targeted integrated COVID 19 vaccination campaigns for 10 days campaign in 30 councils								
1.6	Conduct post-campaign follow-ups, 2nd dose vaccination, data entry and reporting								
<b>Activity 2: Creative RCCE - Print media, mass media and social media for demand creation</b>									
2.1	Engage National and local media houses for the airing of testimonials and vaccine sensitization messages								
2.2	Support production of print media to support covid 19 vaccine sensitization								
2.3	Support the dissemination of COVID 19 communication products through local influencers								
<b>Activity 3: Ensure Reporting, Monitoring, Feedback, learning and documentation</b>									
3.1	Periodic implementation review meeting with National, Regional and District team								
3.2	Facilitate data entrants that include backlog and real-time data enter chanjocovid system								
3.3	Monitoring of field activities implementation progress								
3.4	Document best practices and learnt lessons to inform further scale-up								
3.5	Monitoring of traditional and social media platform								

## ORGANIZATION AND STAFFING.

### *Governance*

The governance team will provide the high-level overall project oversight, ensure compliance in implementation, government engagement and forge strategic partnerships for performance acceleration. This team will be led by the CEO of the Mkapa Foundation who will be supported by the Director of Programs, Finance and Grants and an internal auditor.

### *Implementation team*

The project will be led by a Team Leader who will be responsible for implementation and meeting all project deliverables. The team Leader will also be fully responsible for managing all project interventions, communication, and reporting to the Client. To further support the team will be five Regional Program officers who will play the technical role and work on different levels of efforts to ensure quality delivery of work, as well as effective project implementation, monitoring and evaluation. The regional project officers will be supported by professional data staff and well as another compliance team -basically in financial compliance. The designated staff will be stationed to 5 regions and in other regions BMF will establish regional focal and teams from existing government structures. Our application will effectively engage the respective local teams at all stages of planning, implementation, and appraisals at all levels while continuing to build capacity on identified areas to ensure optimal performance.

**Table 3 : Team Composition and Task Assignments**

<b>Professional Staff</b>				
<b>Name of Staff</b>	<b>Firm/ Organisation</b>	<b>Area of Expertise</b>	<b>Position Assigned</b>	<b>Task Assigned</b>
Dr. Happiness Willbroad	BMF	Program Management, Community Health, Health Systems and Service Delivery	Team Leader	Lead project implementation team from planning, execution to appraisal
Dr. Nangaghe Mgweni	BMF	Program Management, Community Health, Health Systems and Service Delivery	Regional Program Officer - Lindi & Mtwara	Oversee overall implementation of the program in allocated councils
Dr. David Magiri	BMF	Program Management, Community Health, Health Systems and Service Delivery	Regional Program Officer - Rukwa & Katavi	
Ms. Zawadi Dakika	BMF	Program Management, Community Health, Health Systems and Service Delivery	Regional Program Officer - Iringa & Manyara	

Mr. Clarence Mkoba	BMF	Program Management, Community Health, Health Systems and Service Delivery	Regional Program Officer - Mbeya & Songwe	
Mr. Emmanuel Mashana	BMF	Program Management, Community Health, Health Systems and Service Delivery	Regional Program Officer - Tabora & Singida	
Ms. Rahma Musoke	BMF	Monitoring & Evaluation	M&E Manager	Oversee all M&E related activities
Mr. Moringet Mollel	BMF	Finance, Grants Management & Compliance	Finance Manager	Oversee financial management, compliance and control
Mr. Owen Mwandumba	BMF	Social Behaviour Communication Change	Communications Specialist	Oversee mass and print media activities



Table 4: Staffing Schedule

Table 4: Staffing Schedule																	
N°	Name of Staff	Staff-month input by month <sup>1</sup>												Total staff-month input			
		1	2	4	4	5	6	7	8	9	10	11	12	n	Home	Field	Total
Key Staff																	
1	Dr. Happiness Willbroad							0.5		0.5					1		2
									1							1	
2	Dr. Nangaghe Mgweno							0.5							0.5		2
									1	0.5						1.5	
3	Dr. David Magiri							0.5							0.5		2
									1	0.5						1.5	
4	Ms. Zawadi Dakika							0.5							0.5		2
									1	0.5						1.5	
5	Mr. Clarence Mkoba							0.5							0.5		2
									1	0.5						1.5	
6	Mr. Emmanuel Mashana							0.5							0.5		2
									1	0.5						1.5	
7	Ms. Rahma Musoke							0.5		0.5					1		1.5
									0.5							0.5	
8	Mr. Moringet Mollel							0.5	0.5	0.5					1.5		2
									0.5							0.5	
9	Mr. Owen Mwandumbya							0.5		0.5					1		2
									1							1	
Support Staff																	
10	Data Clerks							0.5	1	0.5						2	2

<sup>1</sup>Assumption is that the project implementation will begin Mid-July 2022 after completion of contracting process

GWS

## PROPOSAL SECURING DECLARATION FORM

Date: 21<sup>st</sup> May 2022

Tender No. ME/007/2021-2022/HQ/NC/61

Provision of Community Engagement Campaign to Accelerate Uptake of COVID-19  
Vaccines in Tanzania Mainland

Permanent Secretary,  
Ministry of Health,  
Government City - Mtumba,  
Afya-Road,  
P.O Box 743,  
40478 DODOMA.

We, the undersigned, declare that:

We understand that, according to your conditions, proposals must be supported by a Proposal Securing Declaration.

We accept that we will automatically be suspended from being eligible for tendering in any contract with the PE for the period of time as determined by the Authority if we are in breach of our obligation(s) under the tender conditions, because we:

- (a) have withdrawn our proposal during the period of Proposal validity specified in the Form of Tender; or
- (b) having been notified of the acceptance of our Proposal by the PE during the period of Proposal validity, (i) fail or refuse to execute the Contract, if required, or (ii) fail or refuse to furnish the Performance Security, in accordance with the ITC 48.

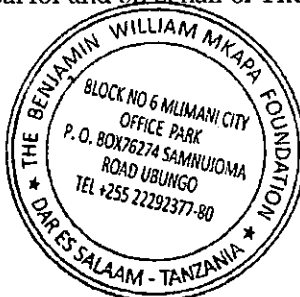
We understand this Proposal Securing Declaration shall expire if we are not the successful Consultant, upon the earlier of (i) our receipt of your notification to us of the name of the successful Consultant; or (ii) twenty-eight days after the expiration of our Proposal.

Signed: Ellen Mkondya-Senkoro in the capacity of Chief Executive Officer.

Name: Dr. Ellen Mkondya-Senkoro

Duly authorized to sign the Proposal for and on behalf of The Benjamin William Mkapa Foundation

Dated on 21<sup>st</sup> day of May, 2022.



*Handwritten signature*

## PROPOSAL SECURING DECLARATION FORM

Date: 21<sup>st</sup> May 2022

Tender No. ME/007/2021-2022/HQ/NC/61  
Provision of Community Engagement Campaign to Accelerate Uptake of COVID-19  
Vaccines in Tanzania Mainland

Permanent Secretary,  
Ministry of Health,  
Government City - Mtumba,  
Afya-Road,  
P.O Box 743,  
40478 DODOMA.

We, the undersigned, declare that:

We understand that, according to your conditions, proposals must be supported by a Proposal Securing Declaration.

We accept that we will automatically be suspended from being eligible for tendering in any contract with the PE for the period of time as determined by the Authority if we are in breach of our obligation(s) under the tender conditions, because we:

- (a) have withdrawn our proposal during the period of Proposal validity specified in the Form of Tender; or
- (b) having been notified of the acceptance of our Proposal by the PE during the period of Proposal validity, (i) fail or refuse to execute the Contract, if required, or (ii) fail or refuse to furnish the Performance Security, in accordance with the ITC 48.

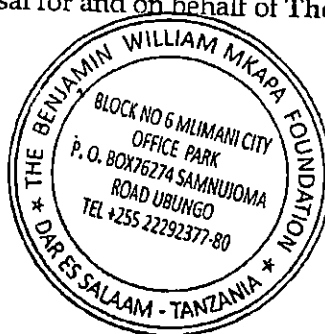
We understand this Proposal Securing Declaration shall expire if we are not the successful Consultant, upon the earlier of (i) our receipt of your notification to us of the name of the successful Consultant; or (ii) twenty-eight days after the expiration of our Proposal.

Signed: Ellen Mkondya-Senkoro in the capacity of Chief Executive Officer.

Name: Dr. Ellen Mkondya-Senkoro

Duly authorized to sign the Proposal for and on behalf of The Benjamin William Mkapa Foundation

Dated on 21<sup>st</sup> day of May, 2022.



*Handwritten signature*

*Handwritten signature*



FORM FIN-1

FINANCIAL PROPOSAL SUBMISSION FORM

Dar es Salaam,  
21<sup>st</sup> May 2022

To: Permanent Secretary,  
Ministry of Health,  
Government City - Mtumba,  
Afya Road,  
P.O. Box 743,  
40478 DODOMA.

Dear Sirs:

We, the undersigned, offer to provide the consulting services for *Provision of Community Engagement Campaign to Accelerate Uptake of COVID - 19 Vaccines in Tanzania Mainland* in accordance with your request for proposal dated May 22 and our Technical Proposal.

Our attached Financial Proposal is for the amount of TZS 4,245,984,875.25 (*Four Billion Two Hundred Forty-Five Million Nine Hundred Eighty Four Thousand Eight Hundred Seventy Five and twenty five cents Only*), excluding of all indirect local taxes in accordance with Clause 25.2 in the Data Sheet.

Our Financial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations, up to expiration of the validity period of the Proposal, i.e. before the date indicated in Clause 12.1 of the Data Sheet.

No commissions, gratuities or fees have been or are to be paid by us to agents or any other party relating to this Proposal and, in the case of award, Contract execution.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature: \_\_\_\_\_

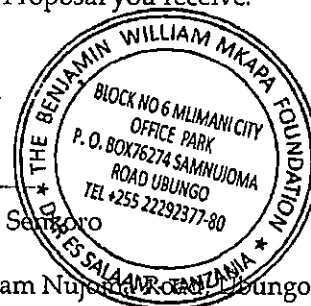
Name and Title of Signatory: Dr. Ellen Mkondya Sankoro

In the capacity of: Chief Executive Officer

Address: Mlimani City Office Park, Block No.6, Sam Nujoma Road, Kinondoni Municipality, P.O. Box 76274, Dar es Salaam, Tanzania

Email: emsenkoro@mkapafoundation.or.tz

[info@mkapafoundation.or.tz](mailto:info@mkapafoundation.or.tz)



Em

Em

### SUMMARY OF COSTS

Cost Component	Costs
Staff Remuneration (1)	76,963,374.26
Reimbursable Expenses (1)	4,131,984,001.00
Sub- Total	4,208,947,375.26
Local Taxes (1)	37,037,500.00
Total Costs	4,245,984,875.26

6/10/20

6/10/20

### BREAKDOWN OF STAFF REMUNERATION

Name 1	Position2	Staff month Rate3	Inputs (staff - months)	[Indicate Sub Cost for each staff ] 4
Staff				
		Head Office		
		Field		
Dr. Happiness Willbroad	1	7,873,388.95	2	15,746,777.90
Dr. Nangaghe Mgweni	1	3,066,178.73	2	6,132,357.45
Dr. David Magiri	1	3,066,178.73	2	6,132,357.45
Ms Zawadi Dakika	1	3,066,178.73	2	6,132,357.45
Mr. Clarence Mkoba	1	3,066,178.73	2	6,132,357.45
Mr. Emmanuel Mashana	1	3,066,178.73	2	6,132,357.45
INTERN-DATA CLERCK	10	1,000,000.00	2	20,000,000.00
ACCOUNTANT	1	2,760,398.55	2	5,520,797.10
DRIVERS	2	1,258,503.00	2	5,034,012.00
			Total Costs	76,963,374.26

4/10

6/10



### BREAKDOWN OF REIMBURSABLE EXPENSES

N	Descriptions	Units	Unit Cost	Quantity	Indicate Sub Cost For each item
1	Per Diem Allowance				1,775,252,500.00
2	Travel Costs				1,373,871,501.00
3	Communications Costs Between				11,000,000.00
4	Material, Supplies etc				314,460,000.00
5	Other mass media, print media, and productions				657,400,000.00
	Total Costs				4,131,984,001.00

6/10

6/10

### BREAKDOWN OF TAXES

Sl. No.	Description	Unit	Unit Cost	Quantity	Number of District	Cost for each Item
1	BMF TA Cost	2	650,000.00	1	5	325,000.00
2	BMF TA Cost	2	650,000.00	1	5	325,000.00
3	BMF TA Cost	11	650,000.00	1	5	1,787,500.00
4	Other Mass Media	130				34,600,000.00
Total Taxes						37,037,500.00

GMS

GMS