Request for Proposals (RFP): Independent Evaluators for the STRICAAN Phase 2 Implementation Assessment

Project: Strengthening Routine Immunization in Consequential Areas in Adamawa and Niger States (STRICAAN) Phase 2

Issued by: Sydani Initiative for International Development (Sydani Group), 1422 Independence Avenue, Central Business District, Abuja, FCT · www.sydani.org

1. Invitation

Sydani Group invites qualified research firms, institutions and consortia to submit technical and financial proposals for an independent, expert-led implementation assessment of the STRICAAN Phase 2 project in Adamawa and Niger States.

Item	Detail
Assignment	Independent evaluators: implementation assessment of initiatives to strengthen detection of, and response to, vaccine-preventable diseases (VPDs)
Locations	Adamawa State and Niger State, Nigeria
Duration	About 8 months, to be completed before June 2027
Contract type	Fixed-price, deliverable-based consultancy
Proposal deadline	29 November 2026, 11:59 pm WAT
Submit to	procurementbid@sydani.org

2. Background and objective

STRICAAN Phase 2 strengthens initiatives that improve the detection of, and response to, vaccine-preventable diseases (VPDs) in Adamawa and Niger States. The project now seeks an implementation assessment of how these initiatives are being implemented, how effective they are, and what drives their performance in the two states.

The assessment will provide independent evidence on:

- implementation processes, intervention approaches and stakeholder engagement
- operational, institutional, behavioural and contextual factors that enable or constrain implementation
- how the initiatives strengthen disease detection, reporting, referral and response
- how they improve routine immunization (RI) uptake and reduce zero-dose and missed-dose children

Findings should show what is working, what is not, and why. They should lead to actionable recommendations that strengthen intervention design and delivery, improve programme effectiveness, build health-system and community capacity, and sustain effective approaches.

Overall objective: to conduct an independent, expert-led assessment of the implementation processes and effectiveness of initiatives to strengthen VPD detection and response. The assessment will identify implementation gaps, enabling factors and lessons learned. These will inform improvements in programme delivery, community engagement and health-system responsiveness in Adamawa and Niger States.

3. Scope of work

The selected consultant will carry out the four workstreams below in both states.

3.1 Research methodology and assessment framework

The consultant shall:

- develop a comprehensive implementation research methodology and assessment framework covering the relevant STRICAAN thematic areas
- define key research questions, indicators, sampling approaches, data sources and analytical frameworks
- develop quantitative and qualitative data collection tools and protocols
- set a sampling strategy covering selected households, health facilities, vaccination sites and relevant stakeholders in Adamawa and Niger States
- define procedures for data quality assurance, ethics, safeguarding and data protection

The methodology shall include, at a minimum:

A. Quantitative component

- **Household survey:** knowledge, awareness, experiences, health-seeking behaviour, service use and other factors affecting access to and uptake of health interventions
- **Health facility and vaccination-site assessment:** service availability, readiness, delivery processes, human resource capacity, logistics and other operational factors
- **Administrative data review:** analysis of programme, RI, surveillance and other administrative data to assess implementation performance, service use and outcomes

B. Qualitative component

- Key informant interviews (KIIs)
- Focus group discussions (FGDs)
- In-depth interviews with stakeholders and community members
- Direct observation of selected implementation activities and service delivery, where applicable
- Case studies of selected implementation experiences across different contexts

Participant groups may include caregivers, community members, community leaders, Volunteer Community Mobilisers (VCMs), Ward Development Committee (WDC) members, health workers, facility managers, LGA and state health officials, programme implementers and other relevant stakeholders.

3.2 Vaccine hesitancy and barriers to immunization

The consultant shall:

- identify and assess the social, behavioural, cultural, informational and service-related factors behind vaccine hesitancy and low immunization uptake in target communities
- examine caregivers' knowledge, attitudes, beliefs, perceptions and experiences of RI
- assess the influence of household decision-makers, community and religious leaders, trusted influencers and other stakeholders on immunization decisions
- examine barriers to accessing and using RI services, separating demand-side barriers from service-delivery constraints where possible
- identify differences in barriers and motivations across population groups and communities, including zero-dose and missed-dose households

3.3 Intervention effectiveness and outcomes

The consultant shall:

- assess the effectiveness and contribution of implemented initiatives towards their intended objectives across the thematic areas
- examine their contribution to improving RI uptake and reducing zero-dose and missed-dose children
- assess approaches and mechanisms for strengthening the detection, reporting, referral and response to VPDs
- examine the effectiveness of community engagement, social and behaviour change and other approaches in improving health awareness, service use and health-seeking behaviour
- analyse programme monitoring, administrative and service-delivery data to assess progress against relevant indicators
- identify implementation strategies that have proven effective across different operational and community contexts
- examine how far observed outcomes are associated with the interventions, considering implementation variations, data quality and contextual factors

3.4 Evidence generation and recommendations

The consultant shall:

- synthesise quantitative and qualitative findings into a comprehensive picture of implementation and effectiveness
- identify successful strategies and promising practices for RI and other relevant interventions across contexts
- document operational gaps, implementation challenges, lessons learned and drivers of performance
- develop an evidence compendium of key findings, successful approaches, implementation experiences and emerging lessons across the thematic areas
- provide actionable, context-specific recommendations on intervention design, implementation approaches, programme coordination and service delivery
- identify opportunities to adapt and scale successful strategies across implementation contexts
- present findings and recommendations to the project team and stakeholders for validation and discussion

4. Deliverables, duration and payment

4.1 Deliverables

No.	Deliverable	Minimum content
D1	Inception report and assessment protocol	Understanding of the assignment, key assessment questions and evaluation framework; methodology, sampling strategy, data collection tools and analysis plan; draft tools and analytical frameworks; workplan, timeline and stakeholder engagement plan; ethics, safeguarding and data protection considerations
D2	Data collection tools and fieldwork plan	Final household survey questionnaires; health facility and vaccination-site tools; administrative data review and extraction templates; KII, FGD and in-depth interview guides; fieldwork schedule, respondent categories and sampling distribution; data collection and quality assurance protocols
D3	Preliminary findings and validation presentation	Preliminary findings by thematic area; emerging evidence on implementation, effectiveness and context; successful strategies, operational gaps and challenges; presentation to the project team and stakeholders for validation and feedback
D4	Draft assessment report	Executive summary and background; objectives, methodology and limitations; findings from the household survey, facility and vaccination-site assessments, administrative data review and qualitative research; analysis of implementation and effectiveness by thematic area; factors influencing performance across contexts; successful strategies, gaps and lessons; conclusions and prioritised recommendations
D5	Final assessment report and presentation	Evidence compendium of successful strategies, best practices, operational gaps and lessons; final report incorporating the project team's consolidated feedback; actionable recommendations; annexes (final tools, analytical outputs, research documentation); final presentation of methodology, findings, conclusions and recommendations

All deliverables must be submitted in English, in editable electronic formats (Word, Excel, PowerPoint), with clean datasets and codebooks shared with the final report.

4.2 Duration

The assignment covers about **8 months** and must be completed **before July 2027**. The detailed workplan, milestones and submission dates will be agreed during the inception phase. Fieldwork is expected to run state by state: Adamawa, then Niger.

4.3 Payment schedule

The contract will be fixed-price. Payment will follow the schedule below, subject to the project's acceptance of the related deliverables.

Milestone	Payment (% of contract value)
Approval of the assessment protocol (D1)	20%
Completion of Adamawa fieldwork and submission of preliminary findings	30%
Completion of Niger fieldwork and submission of preliminary findings	30%
Acceptance of the final report and presentation (D5)	20%
Total	**100%**

Invoices will be paid within 10 working days of approval of the related deliverable and receipt of a valid invoice, subject to applicable financial procedures. The quoted fee must be inclusive of the statutory 5% tax.

5. Roles and responsibilities

5.1 The consultant

The consultant will work with support from the STRICAAN project team and shall, at a minimum:

- conduct the assessment independently, professionally and objectively
- provide qualified personnel and the technical expertise the assignment needs
- develop the methodology, tools and workplan, and obtain approval before implementation
- collect and analyse data under the approved methodology and applicable ethical and data protection requirements
- ensure the accuracy, quality and confidentiality of assessment data and findings
- analyse and triangulate quantitative and qualitative findings to produce credible evidence
- document implementation experiences, successful strategies, operational gaps and lessons across thematic areas
- report implementation challenges or delays to the project team promptly
- submit all deliverables on time and address consolidated feedback within the agreed review period
- disclose any actual, potential or perceived conflict of interest that could affect the independence of the assessment

- agree a detailed workplan with milestones and submission dates during the inception phase

5.2 The STRICAAN project team

The project team shall:

- facilitate introductions and reasonable access to government stakeholders, programme implementers, health facilities and community structures
- support the consultant to obtain relevant permissions and approvals where required and agreed
- review deliverables and give consolidated feedback within 5 working days of receipt
- pay the agreed fees in line with the payment schedule

The consultant is responsible for obtaining any ethical approval the methodology requires, and should budget for it.

6. Eligibility and team requirements

6.1 Eligibility

The RFP is open to research firms, academic or research institutions, and consortia registered in Nigeria or with a registered Nigerian partner. Bidders must:

- have at least 5 years of experience in health research or programme evaluation in Nigeria, ideally in immunization, primary health care or disease surveillance
- have completed at least three mixed-methods evaluations or implementation research studies in the last five years, including household surveys and facility assessments
- show field capacity in northern Nigeria, preferably in Adamawa and/or Niger States
- be independent of STRICAAN implementation. Organisations or individuals that design, fund or implement STRICAAN interventions must declare this, and may be excluded to protect the independence of the assessment

6.2 Minimum key personnel

Role	Minimum qualifications and experience
Team lead / principal investigator	Postgraduate degree (PhD preferred) in public health, epidemiology, health systems or a related field; 10+ years in evaluation or implementation research, including immunization or VPD programmes; led at least two comparable assessments
Quantitative lead / statistician	Postgraduate degree in statistics, biostatistics, epidemiology or demography; 7+ years designing surveys, sampling and analysing household and facility data
Qualitative lead / social and behaviour change specialist	Postgraduate degree in social sciences, anthropology or public health; 7+ years in qualitative research on health behaviour,

Role	Minimum qualifications and experience
	community engagement or vaccine hesitancy
Data manager	Degree in a relevant field; 5+ years managing electronic data collection (e.g. ODK, KoboToolbox, SurveyCTO), data quality assurance and data protection
State field coordinators (Adamawa and Niger)	Degree in a relevant field; 5+ years coordinating fieldwork in the state; fluency in local languages (e.g. Hausa, Fulfulde, Nupe)

Key personnel named in the proposal may not be replaced without Sydani Group's written approval of an equally qualified substitute.

7. Proposal content

Bidders must submit the technical and financial proposals as **separate files**. No price information may appear in the technical proposal.

7.1 Technical proposal (maximum 25 pages, excluding annexes)

1. **Cover letter** signed by an authorised representative
2. **Understanding of the assignment:** the context, objectives and key assessment questions
3. **Methodology and assessment framework:** research questions and indicators; quantitative design (household survey, facility and vaccination-site assessment, administrative data review); qualitative design (KIIs, FGDs, in-depth interviews, observation, case studies); sampling strategy and indicative sample sizes for each state; approach to vaccine hesitancy and to assessing effectiveness and contribution; analysis and triangulation plan
4. **Data quality, ethics, safeguarding and data protection:** quality assurance, informed consent, ethical approval route, safeguarding of participants, and handling of personal data
5. **Workplan:** a Gantt chart covering inception to final report, showing the state-by-state fieldwork sequence and completion before June 2027
6. **Team composition:** roles, level of effort (days) per person, and an organogram
7. **Corporate experience:** at least three comparable assignments in the last five years, with client name, contact, value and year
8. **Annexes:** CVs of key personnel (maximum 4 pages each); signed conflict of interest declaration; company registration documents (CAC certificate, CAC status report showing directors) and valid tax clearance certificate; a sample of a previous evaluation report (or link)

7.2 Financial proposal

- A total fixed price in Nigerian Naira (~~₦~~), **inclusive of the statutory 5% tax**
- A detailed budget broken down into: professional fees (daily rate × days for each team member); fieldwork costs by state (enumerators, supervisors, transport, accommodation,

per diems); training and pre-testing; ethical approval; data collection devices and platforms; validation and dissemination meetings; and other direct costs
- Prices must remain valid for 90 days from the submission deadline

8. Evaluation criteria

Proposals will be evaluated by quality and cost: **technical 70%, financial 30%**. Only technical proposals scoring at least **70 out of 100** will have their financial proposals opened.

Technical criterion	Points
Understanding of the assignment and context	25
Methodology, sampling and analysis plan (quantitative and qualitative)	30
Approach to data quality, ethics, safeguarding and data protection	10
Workplan and feasibility within the timeline	10
Qualifications and experience of key personnel	10
Corporate experience and field presence in Adamawa and Niger	15
Total	**100**

The lowest-priced compliant financial proposal receives 30 points. Others are scored as 30 × (lowest price ÷ bid price). The bidder with the highest combined score will be invited to negotiate. Sydani Group may request a presentation or clarification from top-ranked bidders.

9. Submission instructions and timetable

9.1 How to submit

- Email proposals to **procurementbid@sydani.org**.
- Subject line: "RFP Submission - STRICAAN 2 Independent Evaluators - [Bidder Name]"
- Attach two separate PDFs: "Technical Proposal - [Bidder Name]" and "Financial Proposal - [Bidder Name]". The financial proposal must be password-protected; Sydani Group will request the password only from technically qualified bidders.
- Late, incomplete or non-compliant proposals will not be considered.

9.2 General conditions

- This RFP does not commit Sydani Group to award a contract. Sydani Group may cancel the process, or accept or reject any proposal, without giving reasons.
- Bidders bear all costs of preparing and submitting proposals.
- False or misleading information, collusion, or any attempt to influence the evaluation will lead to disqualification.
- All proposals will be treated as confidential and used only for this procurement.