

Request for proposals (RFPs) for the development of a digital Master Facility List (MFL)

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RFP Number: CHCAMERFP005

Response Deadline: July 11, 2025

The Clinton Health Access Initiative, Cameroon (CHAI Cameroon) is a Not-For-Profit Organization that began working in Cameroon in 2007 and is supporting the Government of Cameroon at both National and Sub-National levels to effectively and efficiently develop scalable solutions to deliver lifesaving health services across Cameroon.

Malaria and Neglected Tropical Diseases (NTDs) remain major public health challenges in Cameroon. Malaria is the leading cause of morbidity and mortality, accounting for over 3 million confirmed cases annually and contributing to 17.2% of deaths in health facilities (HF) (2021). The *Plasmodium falciparum* parasite, transmitted by *Anopheles gambiae*, is the predominant species. Despite efforts, in (2022) malaria prevalence among children under five remains high at 26%.

The Government of Cameroon, through the Ministry of Public Health, has prioritized the fight against malaria and NTDs in its Health Sector Strategy (2016–2027). The program is supported by partners such as the U.S. President’s Malaria Initiative (PMI), WHO, and the Clinton Health Access Initiative, with a focus on disease surveillance, prevention, treatment, and community engagement.

The Clinton Health Access Initiative’s (CHAI) Surveillance and Data Use Program in Cameroon focuses on strengthening the quality, availability, and use of malaria program data to improve decision-making and program effectiveness. The objectives of these programs are as follows :

1. Improve Data Quality
 - Ensure accurate, complete, and timely malaria data collection at all levels of the health system.
2. Enhance Data Use for Decision-Making
 - Promote the routine use of data by national and sub-national malaria program managers to guide planning, resource allocation, and implementation of targeted intervention.
3. Strengthening Surveillance Systems
 - Support the integration and functionality of malaria surveillance within the national health information system.
 - Improve case detection, reporting, and response mechanisms.
4. Capacity Building
 - Train health workers and data managers in data collection, analysis, visualization, and interpretation.
 - Foster a culture of data-driven decision-making across the malaria control program.
5. Support Digital Tools and Innovation
 - Deploy and optimize digital platforms and dashboards for real-time data access and visualization.
 - Facilitate interoperability between surveillance systems and other health data platforms.

As part of efforts to provide support and strengthen digital tools within the eHealth Architecture, CHAI Cameroon, in collaboration with the Ministry of Health

(MINSANTE), is developing the Master Facility List (MFL) to support comprehensive planning processes. To this end, CHAI Cameroon is seeking proposals from qualified software development vendors to design and implement a digital Master Facility List functionality within the eHealth Architecture platform, interoperable with relevant systems (National Health Information System NHIS, Carte Sanitaire) in Cameroon. These features will enable more accurate, data-driven decision-making and resource planning at HF level.

We welcome proposals from experienced and qualified vendors that demonstrate expertise and experience in this area.

Scope of the Services:

The selected vendor will be responsible for:

- Developing a digital MFL platform functional within eHealth architecture of MINSANTE, based on detailed requirements in these (cahier des charges document '*Annexe 1 Cahier des Charges Master Facility List_01*', Functionality of the MFL document '*Annexe 2 Fonctionnalite MFL (cahier charge) 1*') already defined and shared by Minsante including development on the MOH technology stack
- Integrating geospatial and HF data for planning across national, regional, and district levels
- Building role-based workflows for national and sub-national users, with support for reviewing, approving, and validating HF data
- Providing intuitive, offline user-friendly interfaces
- Participating in design reviews, user testing, and iteration cycles with MINSANTE and all stakeholders
- Delivering all technical documentation, training materials, and system manuals, and providing limited post-deployment support

Key deliverables will include:

- Fully functional Cameroon MFL platform (refer to the cahier des charges document), integrated in the eHealth Architecture, and interoperable with relevant system (like National Health Information System in DHIS2, Carte Sanitaire in Iaso/Superset) developed.
- Role-based configuration and decision-support interfaces finalized.
- Interactive mapping and target-setting dashboards developed.
- User training conducted and orientation materials developed.
- Source code and deployment package made available.
- Three months of post-deployment support provided.

Vendors should refer to the previously shared Functional Requirements for Macro and Micro Planning Features Document for baseline business logic, workflows, and specifications. This document will guide technical development and must be reflected in proposed approaches and timelines.

Delivery Schedule:

Development should begin July 16, 2025 , with major functionality completed within a month of contract signing to enable Minimum Viable Product (MVP) testing during the July–August 2025 period. Final project delivery is expected by August 16th, 2025.

Proposal Submission Requirements:

Interested vendors are invited to submit the following:

- **Technical Proposal**
 - Detailed methodology and technical approach
 - Workplan detailing the timeline for completing key deliverables
 - Alignment with the shared requirements and existing eHealth Architecture infrastructure
- **Staffing Plan**
 - Project team structure
 - CVs or bios of key personnel, highlighting relevant experience and relevance to the project.
- **Financial Proposal**
 - Breakdown of estimated costs by task or workstream
 - Staff rates and anticipated level of effort (LOE)
- **Experience and References**
 - Demonstrated experience in developing MFL, or similar platforms
 - Experience working with Ministries of Health and/or Government of Cameroon especially the DOSTs (Direction de l'Organisation des Soins et de la Technologie Sanitaire)
 - Portfolio of past work and at least two references (one from the DOSTs would be an added advantage)
- **Business and Compliance Documentation**
 - Company registration and tax compliance documentation
 - Disclosure of any conflicts of interest

Evaluation Criteria:

Proposals will be evaluated based on:

- Technical quality and feasibility of the proposed approach and timeline
- Experience with developing MFL, and working with government ehealth systems
- Referral/recommendation from a government department or institution especially from the DOSTs
- Demonstration of flexibility and responsiveness to project needs and stakeholder feedback
- Cost-effectiveness and value for money
- Qualifications and experience of proposed staff
- Completeness and compliance of submitted documents

Clarifications and Questions

Clarification questions may be submitted to the RFP contact email by July 4, 2025. Responses will be shared with interested vendors as required to ensure a fair process.

Applicants who do not receive a response within one month of the closing date should consider their application unsuccessful.

Proposal Submission Instructions:

- **Deadline:** July 11, 2025
- **Sent via email to:** chaicameroonprocurement@clintonhealthaccess.org
- **Email subject line:** RFP Submission — MFL Cameroon Development

By participating in the CHAI Cameroon's Procurement and RFPs, you agree to abide by all organizational policies and Cameroonian laws related to Antibribery & Anticorruption, Anti-Money Laundering, Protection of Children rights and Anti-Trafficking laws, Protection of rights of Women, Special & Vulnerable Groups and Tax Compliance.

CHAI Cameroon reserves the right to reject any application or to cancel any prequalification process at any time and without obligation to provide reasons for its decision.

Scoring Rubric:

Evaluation Criteria	Description	Weight	Score (1–5)	Weighted Score
1. Technical Proposal Quality	Clarity, feasibility, and appropriateness of the approach; alignment with shared requirements and CHT architecture	25%		
2. Experience with MFL and Government Health Systems	Demonstrated past performance working on MFL or similar digital public goods	20%		
3. Referral/recommendation from a government department or institution especially from the DOSTs	Provide proof of work with or recommendation from the Ministry of Public Health, especially the DOSTs, attesting to the vendor's capacity.	10%		
4. Team Qualifications	Relevant experience and expertise of key staff, especially in system design, development, and project implementation in low-resource settings	10%		
5. Cost-Effectiveness	Reasonable pricing for the proposed LOE and deliverables; value for money	15%		
6. Flexibility and Responsiveness	Capacity to adapt to feedback, manage scope changes, and work collaboratively with stakeholders	10%		
7. Compliance and Completeness	Submission includes all required documents (technical, financial, staffing, references, business compliance, etc.)	10%		