United States Government.

DHAPP–UPDF PARTNERSHIP

FOR RESILIENT MILITARY HEALTH SYSTEMS FOR READINESS

TERMS OF REFERENCE

CONSULTANCY TO CONDUCT AN INTEGRATED COMPREHENSIVE BASELINE ASSESSMENT OF THE MILITARY HEALTH SYSTEMS IN THE DHAPP-UPDF PARTNERSHIP

Assessment coverage: All 69 UPDF-supported health facilities, including 31 ART-accredited facilities

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1.0 BACKGROUND

The Joint Clinical Research Centre (JCRC), in partnership with the Uganda People's Defence Forces (UPDF), will implement the DoW HIV/AIDS Prevention Program (DHAPP) Partnership for Resilient Military Health Systems from October 2026 to September 2030. The program aims to strengthen integrated HIV prevention, testing, treatment and care services, TB/HIV services, laboratory and diagnostic systems, surveillance, digital health, workforce capacity, quality improvement, supply chain systems, infrastructure, and long-term sustainability of UPDF-owned health systems across Uganda.

The project will support 69 UPDF health facilities, including 31 ART-accredited facilities, serving military personnel, their dependents, and surrounding civilian communities. The program seeks to achieve and sustain HIV epidemic control, strengthen TB prevention and treatment services, improve diagnostic capacity, expand digital health systems, and enhance military health system readiness.

Although UPDF has achieved notable progress in HIV service delivery including high ART coverage, viral suppression and established service delivery platforms, significant challenges remain. These include workforce shortages, variable facility readiness, limited epidemiological capacity, constrained domestic financing, infrastructure gaps, unequal service quality, weaknesses in digital systems, laboratory capacity constraints, and challenges in maintaining continuity of care among mobile and deployed military populations.

The 2025 Military Sustainability Index (MilSID) and DHAPP program reviews identified several priority areas requiring strengthening including human resources for health, resource mobilization, epidemiological data systems,laboratory systems, data use, supply chain management, and institutional capacity for sustainable ownership.

A central feature of the DHAPP-UPDF Partnership is the progressive transition of program leadership and technical functions from JCRC to UPDF. The project anticipates progressive achievement of defined transition milestones leading toward at least 90% UPDF-led implementation by the end of the award period. Establishing a robust baseline is therefore essential to determine not only technical performance and service readiness but also institutional readiness for transition and sustainability.

2.0 PURPOSE OF THE BASELINE ASSESSMENT

The purpose of the baseline assessment is to establish a comprehensive, evidence-based baseline of the status, performance, capacity, readiness and sustainability of the UPDF health system at the commencement of the DHAPP-UPDF Partnership for Resilient Military Health Systems. The assessment will provide the reference point against which program performance, SOW milestones, DHAPP/PEPFAR MER indicators, transition milestones and sustainability outcomes will be measured throughout the four-year program period.

The baseline will establish baseline values and performance trends for applicable project and DHAPP/PEPFAR MER indicators; assess the current status of implementation of SOW activities and milestones; assess the functionality, capacity and readiness of UPDF health facilities and systems; identify institutional, service-delivery, workforce, infrastructure, laboratory, digital health, supply chain, community and management gaps; and assess the extent to which existing systems are positioned for progressive transition to UPDF ownership.

The assessment will also identify key determinants, bottlenecks, risks and enabling factors influencing program performance and sustainability and will generate practical recommendations to inform annual

work planning, target setting, resource allocation, quality improvement, capacity strengthening, transition planning and adaptive management during implementation.

3.0 BROAD OBJECTIVES OF THE CONSULTANCY

The consultancy shall be procured and managed as ONE integrated consultancy assignment. The Lead Consultant/Team Leader will have overall responsibility for the technical integrity, coordination, quality assurance, synthesis and delivery of one integrated baseline assessment. To ensure adequate technical depth, the Lead Consultant shall identify and propose highly competent specialists to lead each of the three broad objectives below.

Broad Objective	Technical focus	Lead technical role
Objective 1: Program Assessment	Program performance for HIV/TB, laboratory and, workforce, CHWs, medicines and supply chain, Integrated service delivery readiness, Infection Prevention and Control (IPC), PMTCT/MNCH, training needs, TB services delivery , data management and sustainability readiness.	Program Assessment Lead
Objective 2: Infrastructure Assessment	Physical infrastructure, biomedical equipment, laboratory infrastructure, medicine stores, waste holding facilities, utilities, electrical load and capacity, TB isolation units, energy resilience,. , the Rear Public Health Laboratories infrastructure andthe central sample repository requirements will be assessed.	Infrastructure Assessment Lead
Objective3: ICT Assessment and Enterprise Architecture Design	Assessment of UPDF's existing Health system ICT infrastructure and digital systems, and completion of the Enterprise Architecture design for a secure Enterprise Data Warehouse and interoperability platform, including current-state and target-state architecture, data, application, technology, interoperability, security and governance requirements.	ICT Assessment Lead

The three objectives are distinct for purposes of technical leadership and assessment organization, but they shall not be implemented as separate consultancies. All three workstreams shall use a common assessment framework, common facility coverage, coordinated fieldwork, harmonized data management and quality assurance processes, and a single reporting and synthesis structure. The final product shall be ONE comprehensive baseline assessment report containing the findings, conclusions and recommendations under the three broad objectives, together with the integrated baseline matrix.

4.0 SCOPE OF THE INTEGRATED ASSESSMENT

The baseline assessment will cover all program components and systems relevant to implementation of the DHAPP-UPDF Partnership and will be structured around the intervention areas and expected results defined in the SOW and Technical Narrative. The assessment will examine both current performance of

services and systems and the institutional capacity and readiness required to achieve program results and progressively transition supported functions to UPDF ownership.

For each relevant intervention area, the assessment will establish the current baseline status, identify performance gaps and determinants, document existing capacities and systems, and identify priority actions required during implementation. Where applicable, the assessment will establish quantitative baseline values for relevant indicators and a qualitative or categorical baseline status for SOW milestones and system-strengthening activities.

The assessment shall ensure that findings are traceable to the DHAPP-UPDF SOW, applicable PEPFAR MER indicators, project results framework and other relevant program requirements.

Coverage	Requirement
Geographic/facility coverage	All 69 supported UPDF health facilities.
Core approach	Census facility assessment across all 69 facilities, with specialized modules for applicable services/sites. Deeper assessment of the 31 ART-accredited facilities, diagnostic treatment units (DTUs), priority laboratories, ECHO sites and infrastructure/energy sites as applicable.
Data period	Most recent 12 complete months before baseline, with longer trend review where useful.
Integrated output	One comprehensive baseline assessment report with three distinct objectives/workstreams and one consolidated baseline matrix.

5.0 DETAILED SCOPE UNDER THE THREE BROAD OBJECTIVES

5.1 Objective 1: Program Assessment

The Program Assessment will establish the baseline status, performance, capacity, readiness and sustainability of the program and service-delivery components of the DHAPP-UPDF Partnership. It will be led by the Program Assessment Lead under the overall direction of the Lead Consultant.

5.1.1 Specific objectives

- Establish baseline values, recent performance trends and data quality for all applicable DHAPP/PEPFAR MER and project performance indicators.
- Assess HIV prevention, testing, treatment, retention, viral load, advanced HIV disease, opportunistic/co-infections, TB/HIV and related service-delivery capacity. This includes related integrated service-delivery capacity.
- Assess laboratory and diagnostic systems, specimen referral and tracking, quality management, accreditation, and HIV, TB and other opportunistic/co-infection laboratory capacity.
- Assess PMTCT/MNCH service delivery capacity, equipment status and gaps at the 31 ART-accredited facilities.
- Assess/Validate existing community health workers (CHWs) for availability and competency specific roles.

- Assess infection prevention and control (IPC), biosafety and healthcare waste management systems and practices across all 69 facilities and identify the priority facilities for infrastructure improvement.
- Assess medicines management and supply chain systems and practices, including medicine stores at the 31 UPDF health facilities.
- Assess all 31 UPDF TB diagnostic and treatment units and identify the priority needs and prioritization requirements.
- Assess the functionality, utilization and readiness of Project ECHO, virtual communities of practice and telemedicine platforms, including connectivity, equipment, user capacity, technical support and opportunities for strengthening and expansion.
- Identify bottlenecks, risks, enabling factors and priority Year 1 actions.

5.1.2 Additional program modules and required outputs

- The assessment shall explicitly examine HIV testing services, quality assurance, index testing and linkage to care; PrEP demand, eligibility, delivery and continuation, including lenacapavir where implemented; post-exposure prophylaxis;
- Advanced HIV disease screening and management, ART regimen optimization as per MOH guidelines, NCD/HIV integration including cervical cancer screening; Viral load monitoring, psychosocial support services, Differentiated Services delivery models (DSDM), MMD, Pediatric HIV services.
- TB services; screening in all entry points, IPC for TB, use of WHO recommended molecular diagnostics, linkage to treatment services, monitoring, Treatment outcomes, MDR diagnosis and management.
- Human Resource capacity and service gaps, training in HIV, TB, MNCH, and Integrated Health services delivery. Include a training needs assessment
- It shall also assess laboratory specimen referral and transport systems, including routes, pickup frequency, turnaround time, chain of custody and network gaps including the nearest hub to the facility;
- MNCH/PMTCT and EID services: ANC, HIV screening, Retesting for mothers in ANC, L&D, Maternal ARV Uptake, EID coverage, POC EID, Maternity ward capacity, maternal and perinatal death surveillance and response processes; maternal and newborn referral readiness; and Immunization including child health days, where applicable.
- The consultant shall develop evidence-based candidate lists for 31 HIV/TB hotspot sites, 20 IPC mentorship sites, 22 existing and 16 proposed Project ECHO sites, priority ART clinic remodeling sites, TB high-dependency services and workforce placements. Each list shall document the eligibility and scoring criteria, supporting evidence, ranking, proposed implementation phase and required JCRC and UPDF validation.
- The consultant shall validate CHW availability, deployment and competency by reconciling the outgoing partner and UPDF registers. The validation shall identify duplicate records, confirm CHWs serving UPDF-supported facilities and populations, and flag cases requiring a stipend-eligibility determination by JCRC and UPDF in accordance with applicable policy.

5.2 Objective 2: Infrastructure Assessment

The Infrastructure Assessment will establish the baseline status and readiness of physical infrastructure, biomedical equipment, utilities, energy systems and other facility infrastructure improvements required to support quality health services and planned DHAPP investments. It will be led by the Infrastructure Assessment Lead under the overall direction of the Lead Consultant.

5.2.1 Specific objectives

- Assess the condition, functionality, adequacy and maintenance arrangements for biomedical and relevant health facility equipment.
- Assess laboratory and diagnostic infrastructure and equipment requirements relevant for optimal service delivery to inform remodeling and/or equipping.
- Assess medicine stores infrastructure and storage conditions at the 31 facilities covered by the medicine-store assessment and prioritize facilities for remodeling and/or equipping.
- Assess IPC/health care waste infrastructure and identify priority sites for remodeling waste holding areas.
- Assess patient Isolation infrastructure for TB and identify priority areas for infrastructure improvement.
- Conduct facility electrical load assessments at all 69 facilities and identify the 20 facilities to be prioritized for solar systems based on the agreed criteria.
- Assess infrastructure and equipment requirements for maternity/PMTCT services at the 31 ART-accredited facilities and identify priority maternity units for remodeling and/or equipping.
- Assess infrastructure requirements for the Rear Public Health Laboratories (RPHL) and UPDF central sample repository and receive input for architectural recommendations, equipment specifications and implementation planning.
- Provide practical infrastructure recommendations and prioritization criteria that can inform planning and resource allocation.

5.2.2 Infrastructure prioritization

The infrastructure workstream shall develop ranked, evidence-based shortlists and concept requirements for four TB isolation-unit sites; 16 medicine-store sites assessed against the applicable National Drug Authority checklist; five incinerator and waste-management sites; ART clinic remodeling priorities; and TB high-dependency unit sites. These recommendations shall inform site selection and shall not constitute authorization for construction or procurement.

For the Rear Public Health Laboratories in Mbuya and Bombo and UPDF central sample repository, the consultant shall deliver an infrastructure assessment and provide architectural recommendations, preliminary layout and design concepts, equipment specifications, capacity and utility requirements, implementation phases, indicative bill of quantities and cost assumptions and a practical implementation plan. All outputs shall be subject to specialist design approval and applicable procurement requirements and shall support milestone 2.6.10.2.17.

The consultant shall provide a ranked list of 20 proposed solar sites based on electrical-load, service-criticality and resilience criteria and shall obtain documented validation and sign-off from UPDF Joint Staff Health Services (JSHS) before the list is considered approved.

5.3 Objective 3: ICT Assessment and Enterprise Architecture Design

The ICT Assessment and Enterprise Architecture Design will assess UPDF's existing Health ICT infrastructure and digital systems across all 69 UPDF health facilities and relevant higher-level health structures and complete the Enterprise Architecture design required to inform the establishment of a secure Enterprise Data Warehouse (EDW) and interoperability platform. The work shall establish the current-state architecture and define the target-state architecture, including business, data/information, application, technology, interoperability and security architecture; governance arrangements; standards and integration requirements; and a phased implementation roadmap. It will be led by the ICT Assessment Lead under the overall direction of the Lead Consultant.

5.3.1 Specific objectives

- Assess ICT infrastructure, hardware, connectivity, network availability, power backup and other enabling infrastructure across all 69 UPDF facilities.
- Assess the availability, functionality and use of electronic medical records and related systems, including eAFYA, e-register, Clinic Master and UgandaEMR where applicable.
- Assess access to and utilization of DHIS2, electronic registers, laboratory information systems, reporting dashboards, and other approved digital platforms.
- Assess data flow, data quality, reporting, interoperability and information exchange across digital platforms.
- Assess digital health governance, ICT management, user support, maintenance, equipment lifecycle and system sustainability.
- Assess cybersecurity, data protection, access control, backup, disaster recovery and information security arrangements.
- Assess digital health workforce capacity and user support requirements.
- Identify system duplication, fragmentation, gaps and opportunities for interoperability and integration. Assess machine-learning (ML) readiness, identify priority and feasible ML use cases, and define architectural, data-governance, cybersecurity and operational requirements for secure deployment of ML models within the UPDF health ecosystem.
- Document the current-state enterprise architecture, including systems, applications, infrastructure, data sources, data flows, interfaces, hosting arrangements, dependencies and interoperability gaps.
- Complete the target-state Enterprise Architecture design for the UPDF health system to guide establishment of a secure Enterprise Data Warehouse and interoperability platform, including architecture diagrams, data and integration requirements, interoperability standards, cybersecurity and data-protection controls, governance arrangements and a prioritized phased implementation roadmap.
- Define the conceptual and logical architecture for the secure Enterprise Data Warehouse, including priority data domains, source systems, ingestion/integration patterns, metadata, master/reference data, analytics and reporting requirements, and appropriate data-access layers.
- Define the interoperability architecture and standards required for secure exchange between priority UPDF digital health systems and approved external/national platforms, including interface

patterns, APIs/integration services, identity and access management, auditability and data governance requirements.

5.3.2 Digital prioritization and enterprise data warehouse sizing

The consultancy shall:

- Prepare a source-system inventory and estimate current data volumes, anticipated growth, concurrent users and expected workloads.
- Define availability requirements and propose appropriate storage, computing and network-sizing options.
- Specify cybersecurity, backup and disaster-recovery requirements.
- Document the assumptions and technical basis for the enterprise data warehouse server specifications and phased procurement plan.
- Develop ranked site lists for e-AFYA, eRegisters and internet connectivity. Each list shall clearly show the prioritization rationale, readiness requirements, dependencies, implementation phase, cost assumptions and responsible institutional validators.
- Deliver a reviewable target-state enterprise architecture package and implementation roadmap.

5.4 Integration of the Three Objectives

Although technical leadership will be organized under three broad objectives, the assessment shall operate as one integrated exercise. Program, infrastructure and ICT findings shall be linked where one domain affects another. For example, service readiness findings shall be interpreted alongside infrastructure and digital readiness; laboratory and surveillance findings shall be linked to laboratory infrastructure and information systems; and transition readiness shall consider the sustainability of infrastructure, ICT systems, workforce and technical functions.

The Lead Consultant shall be responsible for ensuring that the three workstreams use compatible tools, definitions, facility identifiers, data-quality procedures, analytical approaches and reporting formats. The final report shall synthesize cross-cutting findings rather than presenting three unrelated reports. Data collection shall be digitized using secure, approved tools and data-management procedures.

6.0 DELIVERABLES

Deliverable	Minimum requirement
Inception report	Within 5 working days; methodology, integrated assessment matrix, objective-specific modules, sampling, stakeholder map, work plan, QA, data management and report outline.
Draft assessment tools	Integrated facility module plus Program, Infrastructure and ICT specialized modules;
Pilot report and final tools	Pilot findings and revised field-ready instruments.
Field progress updates	Coverage, quality issues, access constraints and corrective actions.
Clean dataset and documentation	Clean quantitative and qualitative datasets, codebook, tools, qualitative framework and analysis syntax/scripts.
Preliminary findings presentation	Baseline values, gaps, variation and prioritization across the three objectives.

Draft comprehensive baseline report	One integrated report presenting findings under the three broad objectives, cross-cutting analysis, transition readiness, gaps, root causes and recommendations.
Final integrated baseline assessment report	One final report incorporating all three objectives and clearly distinguishing quantitative indicator baselines, determinants/bottlenecks and priority recommendations. Power point presentation
ICT Enterprise Architecture design package	Complete current-state and target-state Enterprise Architecture package for the UPDF health system, including architecture principles and requirements; business, data/information, application, technology, interoperability and security architecture; system/data-flow and integration diagrams; conceptual/logical EDW architecture; interoperability platform design; standards and interface requirements; data governance and cybersecurity controls; and a prioritized phased implementation roadmap. Deliverables shall be provided in editable source formats as well as publication-ready formats.
Consolidated baseline matrix	Editable matrix presenting the verified baseline status/value for DHAPP/PEPFAR MER indicator, including objective, intervention area, baseline period, source, verification method, unit assessed, disaggregation, gap, evidence and implications.
Technical annexes	Objective-specific detailed assessment results, including infrastructure/electrical findings, RPHL/central sample repository technical recommendations, detailed ICT/digital health assessment findings, Enterprise Architecture artefacts and other specialized outputs required under the SOW.
Final dissemination package	Final Comprehensive report, Final Power point presentations and any agreed facility profiles or supporting visualizations.

The final report shall be a single integrated baseline assessment report. Separate technical chapters or annexes may be prepared for the three objectives to preserve technical depth, but these shall form part of the same consultancy deliverable and shall not constitute separate consultancy reports.

7.0 CONSULTANT-PROPOSED TEAM AND QUALIFICATIONS

The applicant shall independently propose a suitably qualified multidisciplinary team, its composition, professional qualifications, roles, level of effort and reporting arrangements. The proposal must demonstrate capacity to deliver all three objectives under one accountable Lead Consultant/Team Leader. JCRC will assess the adequacy and comparative merits of the proposed team during technical evaluation; this TOR does not prescribe the number or configuration of supporting specialists. The assessment team shall include designated UPDF technical counterparts to support access, contextual understanding and validation, while the consultant retains responsibility for independent assessment and reporting.

7.1 Minimum technical leadership and effort requirements

The proposed Team Leader shall demonstrate experience in leading integrated, multi-site health-systems assessments, supervising multidisciplinary technical teams and delivering consolidated, evidence-based reports. The Program Assessment Lead shall demonstrate senior-level expertise in HIV/TB program assessment, PEPFAR/MER monitoring and health-service readiness. The Infrastructure Assessment Lead shall have relevant professional qualifications and experience in healthcare and laboratory infrastructure, utilities and equipment planning. The ICT Assessment Lead shall demonstrate expertise in enterprise architecture, data warehouses, interoperability, cybersecurity and digital health systems. Applicants shall provide CVs, relevant professional credentials, assigned responsibilities, availability and proposed person-days for each team member. The ICT Assessment Lead shall also demonstrate sound knowledge of Uganda Ministry of Health digital health architecture, national health information systems and interoperability standards, and the ability to design secure, authorized interfaces between UPDF private networks and national systems while protecting sensitive military health data.

The consultant shall propose and justify the staffing levels and level of effort for all three workstreams and demonstrate that the proposed team can assess all 69 facilities within the required timeframe while maintaining adequate technical supervision and quality assurance. JCRC shall assess the adequacy of the proposed staffing arrangement rather than prescribe a fixed team size.

8.0 ROLES AND RESPONSIBILITIES

8.1 Lead Consultant / Team Leader

- Provide overall technical, strategic and managerial leadership for the one integrated consultancy.
- Ensure methodological consistency and integration across the three broad objectives.
- Coordinate the three Objective Leads and all supporting specialists.
- Lead stakeholder engagement, quality assurance, interpretation and synthesis of findings.
- Lead preparation and submission of the single integrated baseline assessment report and consolidated baseline matrix.

8.2 Objective Leads

- Lead detailed planning and technical implementation for their assigned objective.
- Develop specialized assessment modules in alignment with the integrated assessment framework.
- Supervise technical data collection and quality assurance for their objective.
- Analyse and interpret objective-specific findings.
- Prepare the relevant technical sections and annexes for integration into the final report.
- Work closely with the other Objective Leads to identify cross-domain findings and recommendations.

8.3 JCRC and UPDF

- Facilitate access to facilities, personnel, programdocumentation and relevant systems.
- Provide technical clarification and participate in consultations and review of outputs.

- Participate in validation of preliminary findings and review of the draft report.
- Support coordination with relevant UPDF structures and stakeholders.

JCRC and UPDF counterparts will not be responsible for the methodological integrity or independent interpretation of the assessment. The consultant will remain responsible for data collection, analysis, interpretation and reporting.

9.0 CONSULTANCY MANAGEMENT AND REPORTING

The consultant shall maintain clear separation between independent assessment functions and program management responsibilities. JCRC will establish an appropriate technical review and coordination mechanism for the assignment. The mechanism will provide consolidated technical guidance and review key deliverables, including the inception report, integrated assessment matrix, data collection tools, preliminary findings, draft report and final baseline assessment report.

The consultant will report contractually to JCRC and will work under the technical oversight of the Director, Monitoring & Evaluation Operations. The consultant will collaborate closely with the Program Director, Technical Director, Director, Transition & Sustainability, relevant technical advisors and specialists, and designated UPDF counterparts.

The three Objective Leads shall not submit separate final consultancy reports. Their technical outputs shall be submitted to and consolidated by the Lead Consultant into the single final baseline assessment report.

9.1 DHAPP technical review and access

DHAPP, including its designated Strategic Information representative, shall be invited to provide consolidated technical comments on the inception report assessment tools and draft integrated report. JCRC shall coordinate review by DHAPP and UPDF and maintain a documented record of comments received, and actions taken.

9.2 Technical Governance and Change Control

The Lead Consultant shall maintain one integrated work plan, issue log, decision log and risk register across the three objectives. Objective Leads shall not independently alter agreed tools, definitions, facility coverage, analytical methods or deliverables. Any material methodological or scope change shall be documented with its rationale and implications and shall require prior written approval from JCRC. This requirement is intended to preserve comparability and prevent fragmentation of the single consultancy.

10.0 ETHICS, CONFIDENTIALITY, DATA PROTECTION AND SECURITY

- Comply with DHAPP, JCRC, UPDF and applicable national requirements for ethics, confidentiality and data protection.
- Comply with UPDF offices and facility access, information handling and security procedures.
- Collect personally identifiable information only where necessary and approved.
- Use appropriate access controls and secure data storage.
- Hand over all agreed datasets, tools and products to JCRC.
- Do not publish or externally disseminate findings.
- Clearly identify any limitations related to security-sensitive information, access restrictions or unavailable records.

- Ownership, access, retention and permitted use of assessment data and findings shall be governed by the applicable JCRC–UPDF agreements and approved data-sharing protocols.
- All consultants shall sign confidentiality agreements before accessing protected information.

11.0 INDICATIVE TIMELINE

Period	Activity
Week 1 (22–28 Nov 2026)	Desk review, consultations, inception report, integrated assessment matrix, consultant-proposed methodology, team deployment plan and detailed work plan.
Week 2-4 (29 Nov–19 Dec 2026)	Develop and pilot integrated and specialist assessment tools; finalize facility access, training and quality assurance arrangements. Parallel multidisciplinary field assessments across all 69 facilities and relevant higher-level structures; ongoing electronic data capture, supervision and specialist technical assessments.
Week 5 (20–26 Dec 2026)	Rolling data cleaning, discrepancy resolution, integrated analysis, facility profiles, infrastructure prioritization and ICT enterprise architecture design.
Weeks 6–7 (27 Dec 2026–9 Jan 2027)	Preliminary findings and validation; submit draft integrated report, consolidated baseline matrix and technical annexes for consolidated JCRC/UPDF review.
Week 8 (10–16 Jan 2027)	Address consolidated review comments; complete final quality checks; submit the final integrated baseline report, editable datasets, enterprise architecture package and dissemination presentation by 8 January 2027.

The detailed work plan may be refined in the Inception report, provided that the agreed contractual milestones and the requirements of the SOW are maintained. Where specialized technical outputs require additional validation, the consultant shall agree the validation schedule with JCRC and UPDF.

11.1 Procurement dependencies and milestone contingency

The dates in Section 11 are indicative planning assumptions, not evidence of a signed contract. JCRC shall confirm procurement, award, ethics clearance and UPDF access before issuing a binding mobilization schedule. The consultant shall submit a feasible detailed schedule at inception, maintaining the agreed duration and required deliverables.

Bidders shall propose a credible parallel deployment, supervision and quality-assurance strategy for covering all 69 facilities. The number of field teams shall be justified on the basis of geographic coverage, travel time, security and access requirements, specialist availability, workload and data-quality requirements.

12.0 TECHNICAL PROPOSAL REQUIREMENTS

- Understanding of the assignment and DHAPP-UPDF context.
- Detailed integrated technical approach and methodology.
- Proposed assessment matrix addressing all applicable intervention areas and SOW commitments.
- Clear organization of the methodology under the three broad objectives and explanation of how the three workstreams will be integrated.
- Sampling strategy for qualitative and specialized modules.
- Detailed work and field deployment plan covering all 69 facilities.
- Data quality and data management plan.
- Implementation feasibility: demonstrate a realistic parallel deployment and supervision plan for all 69 facilities, sufficient specialist level of effort, access contingencies, rolling validation, and delivery of the ICT Enterprise Architecture package within the contractual period.
- Risk and mitigation plan, including security and access considerations.

Criterion	Weight
Understanding and technical approach, including integration of the three objectives	30%
Comparable baseline/evaluation/health systems experience	25%
Qualifications and experience of proposed team, including Objective Leads	25%
Work plan, feasibility and quality assurance	10%
Financial proposal/value for money	10%
Total	100%

ANNEX A: MINIMUM INTEGRATED FACILITY BASELINE PROFILE

Objective 1: Program Assessment

- Facility identification, level and service profile.
- Human resources and competency gaps.
- Priority HIV/TB and applicable service performance.
- Laboratory and diagnostic readiness, including specimen referral and turnaround profile, accreditation status and laboratory quality-management capacity.
- Integrated health service delivery, including HIV, TB, MNCH/PMTCT, opportunistic infections and differentiated service delivery models.
- IPC systems and practices and healthcare-worker safety.
- Supply chain systems and medicine management practices.
- Project ECHO availability, utilization and related challenges.
- Data systems, reporting quality and CQI maturity and data use.
- Training and workforce capacity needs where applicable.
- Priority gaps and recommended Year 1 actions.

Objective 2: Infrastructure Assessment

- Physical infrastructure assessment, including laboratories, medicine stores, maternity/PMTCT areas, TB isolation areas, clinics and waste-holding areas.

- Infrastructure status, gaps, needs and maintenance requirements.
- Biomedical equipment availability, functionality and maintenance.
- Power, electrical load and infrastructure resilience.
- Laboratory infrastructure and central sample repository requirements, where applicable.
- Priority gaps and recommended Year 1 infrastructure actions.

Objective 3: ICT Assessment and Enterprise Architecture Design

- Availability and functionality of EMR and electronic registers, including applicable e-AFYA, UgandaEMR/EMR+ and Clinic Master systems.
  - ICT facilities, equipment and systems availability and utilization, including connectivity and support challenges.
  - Digital health and ICT readiness, data flow, interoperability, information security and enterprise architecture requirements.
  - Priority gaps and recommended Year 1 ICT actions.

ANNEX A.1 Required prioritization and transition-readiness records

Facility annexes shall include the ranked site-selection records for four TB isolation-unit sites, 16 medicine-store sites, five incinerator and waste-management sites, 20 IPC mentorship sites, 20 solar sites, priority ART clinic remodeling sites, TB high-dependency units, 22 existing and 16 proposed Project ECHO sites, e-AFYA, eRegisters and connectivity sites, and 31 HIV/TB hotspot sites.

ANNEX B: FINAL DELIVERABLE ACCEPTANCE CHECKLIST

The checklist below establishes minimum completion criteria for technical acceptance of the final consultancy package. It does not replace a detailed review of the quality of individual findings.

Acceptance area	Minimum criterion	Status/remarks
Single integrated consultancy/report	One coherent assessment and final report covering Program, Infrastructure, and ICT Assessment and Enterprise Architecture Design objectives.	
Facility coverage	All 69 supported facilities assessed, with approved exceptions explicitly documented.	
Specialized assessments	Applicable ART, DTU, laboratory, PMTCT/maternity, medicine-store, IPC and HCW and patient Isolation infrastructure/ energy and ICT modules completed.	
Integrated facility profiles	Facility-level synthesis completed using common identifiers.	
Consolidated baseline matrix	All required fields completed or explicitly marked not applicable with justification.	
Reproducibility	Final Cleaned Datasets, codebook, tools, scripts/syntax and qualitative framework handed over in usable formats.	

Acceptance area	Minimum criterion	Status/remarks
Actionability	Priority gaps and actions linked to responsible structures and transition/sustainability implications.	
Review comments	Consolidated JCRC/UPDF comments incorporated or disposition documented.	
Security/confidentiality	Sensitive information handled and presented in accordance with approved protocols.	
SOW and indicator traceability	All applicable SOW commitments and DHAPP/PEPFAR MER and project indicators mapped to verified baseline evidence, findings and identified gaps.	
Data quality and validation	Data cleaning, source reconciliation, validation, discrepancy resolution, limitations and verification decisions documented.	
ICT enterprise architecture package	Current-state and target-state architecture, conceptual/logical EDW design, interoperability and security requirements, diagrams, governance and phased roadmap delivered in editable and publication-ready formats.	
Feasibility and coverage evidence	Facility visit/assessment register and approved exceptions supplied; specialist coverage, validation evidence and deviations from the approved inception work plan documented.	
Required priority site lists	All specified ranked shortlists, criteria, validation status and signoffs attached.	
Bombo GMH and Mbuya RPHL package	The required infrastructure assessment, functional and architectural recommendations, equipment and utility requirements, preliminary cost assumptions, implementation phases and approval dependencies are provided.	
DHAPP technical review	Consolidated technical comments and the corresponding comment-disposition record are provided, together with the formally approved arrangements for access to de-identified data and technical products.	