Request for Proposal (RFP) for Baseline Assessment for Immunization Demand Generation in Nasarawa and Oyo States, Nigeria

[EAN/RFP/070926/32]

Evidence Action is an organization working to scale proven interventions to improve the lives of the poor in Africa and Asia. There is a gap between what research shows is effective in development and what happens in practice. Evidence Action scales proven development interventions and crafts resilient business models for long-run success.

For more information about Evidence Action, you can access it online at www.evidenceaction.org

Required Submission Documents

Interested vendors are requested to submit their “Technical Proposal” and “Financial Proposal" for the listed service.

Qualifying Conditions

The main criteria for admission to the tender are as follows. Please attach copies of these documents with your RFQ submission.

1. Certificate of Registration with CAC
2. Valid Tax ID
3. VAT Certificate
4. Company Profile
5. Valid Tax Clearance Certificate
6. List of three (3) referees with verifiable evidence of past projects completed for each

Eligibility of Applicants

Applicants cannot apply if they:

- Are not registered companies/businesses.
- Are bankrupt or in the process of going bankrupt.
- Have not fulfilled obligations related to payment of taxes and other statutory charges and fees.
- Have been found guilty of serious misinterpretation in supplying information.
- Are in situations of conflict of interest. A conflict of interest MUST be disclosed to Evidence Action, and vendors should only participate if approval is granted. A conflict of interest is created by any family or commercial relationship between the supplier and any member of the Evidence Action Tender Committee.
- Have seriously defaulted and declared as such in the implementation of similar contractual obligations in the past
- Are on any list of sanctioned parties issued by the United States government.

Terms

1. Interested firms are requested to submit their proposal not later than **Sunday 20/09/2026** by close of business via email to procurement.nigeria@evidenceaction.org.
2. The successful bidder will be expected to offer the requested services to Evidence Action Development Initiative from the contract start date (to be advised by the client).
3. All inquiries on this request for proposal should be done not later than **Monday, 14th September, 2026,** via email to procurement.nigeria@evidenceaction.org

This is an invitation to offer and does not commit Evidence Action to accepting any of the proposals received or awarding the contract to any of the bidders, including but not limited to the lowest bidder.

Do note that statutory deductions of 5% will be deducted and paid as withholding tax to the government. Also note that Evidence Action operates a self-VAT system, hence are zero-rated for VAT charges.

Evidence Action strongly promotes free and fair competition in all its procurement in a transparent manner.

Terms of Reference

1. About Evidence Action

Evidence Action is a 501(c)3 not-for-profit registered in Washington D.C. with a mission to scale evidence-based and cost-effective programs to reduce the burden of poverty. We drive new program development by selecting high-potential interventions with massive opportunities for evidence-based, cost-effective impact. Evidence Action was registered in Nigeria as Evidence Action Development Initiative in February 2016. In April 2023, Evidence Action was registered in Nigeria with the Corporate Affairs Commission as a non-governmental organization under Evidence Action Development Initiative Limited by Guarantee (LTD GTE). Since our partnership began in 2016, our deworming program in Nigeria has operated across five states, treating more than six million school-age children annually for soil-transmitted helminthiasis and schistosomiasis. In comparison, our broader health initiatives include supporting government pilots and scaling up Multiple Micronutrient Supplementation (MMS) in three states and providing national-level technical assistance for Small Quantity Lipid-Based Nutrient Supplements (SQ-LNS) across nine high-burden states.

2. Program Background

Immunization Demand Generation

Nigeria has the highest number of zero-dose and under-vaccinated children in the world. While demand-generation interventions — reminders, community outreach, incentives — have demonstrated that demand-

side barriers are addressable, most existing models are tested in small scale trial settings and often not designed for multi-state scale. The Immunization Demand Generation (IDG) pilot is designed to test a lower-cost, potentially more scalable combination of demand-side interventions across two Nigerian states.

Through the 15-month pilot, we will reach an estimated 54,000 children across 10 Local Government Areas in two states in Nigeria, through a combination of three interventions:

- **Digital Reminders** customized to each enrolled child-caregiver pair in advance of vaccine doses scheduled at the 6-week, 10-week, 14-week, and 9-month mark.
- **Community Ambassadors** identified by caregivers as best positioned to disseminate information, and those identified as trusted information sources, seeded with vaccine-relevant messaging.
- **Targeted non-cash incentives and integrated services**, either a transport cost-offset targeted to communities with low-baseline vaccination levels, high zero-dose concentration, and located in hard-to-reach settings, or a malnutrition-prevention intervention (SQ-LNS) targeted to communities with high under-five mortality.

3. Purpose of the RFP

Evidence Action invites qualified research firms to submit proposals to serve as the data collection partner for the Immunization Demand Generation baseline assessment in Nigeria.

The selected firm will be responsible for operationalizing Evidence Action's pre-approved research design, sampling framework, and survey instruments through high-quality field implementation. This includes enumerator recruitment and training, field logistics, respondent sampling and recruitment, data collection, supervision, data quality assurance, and secure data transmission.

The scope of this engagement is **limited to the baseline assessment only** at this time. Evidence Action will retain full ownership of the evaluation design, analytical framework, and final reporting.

4. The Requests for Proposal Timeline

Your optional intention to bid is due by:	9 Sept, 2026
Your questions on the RFP are due by:	9 Sept, 2026
Questions will be answered by Evidence Action on or before	14 Sept, 2026
Your RFP response is due via email by 5 pm WAT on:	20th Sept, 2026
Final selection is scheduled for the week of:	5 Oct, 2026

Questions and answers will be shared with all vendors that submitted an intention to bid

5. Overview of the Baseline Assessment

The baseline assessment which involves a household survey and health facility survey will be conducted in 10 LGAs across two states in Nigeria: Nasarawa State in the North Central region and Oyo State in the Southwest region. LGAs and wards are selected based on childhood immunization coverage and the national SQ-LNS allocation plan by the Nigerian government. Health facilities and their related catchment areas are selected based on childhood immunization coverage, antenatal clinic attendance, facility volume, accessibility, and security. In total across the states, we will sample from the catchment of 200 facilities. This is subject to slight modifications related in part to programmatic considerations, logistics, or evolving security concerns. Selected health facilities will be shared by the EA team prior to training.

The objective of the baseline assessment is to generate empirical evidence to support priority learning objectives defined in Evidence Action's MEL framework:

1. The baseline will establish pre-intervention conditions for child immunization status and relevant vaccination knowledge, attitudes and beliefs among caregivers
2. The baseline will provide a snapshot of prevalence of zero-dose and under-vaccination status.
3. The baseline will establish pre-intervention conditions for health facilities, including readiness to implement
4. The baseline will create the analytical foundation for a future quasi-experimental evaluation design (difference-in-differences), enabling assessment of program impact.

Household Survey Sampling

Census survey

- A census survey will be conducted to identify eligible households (households with one or more children aged 12 to 24 months) in sample wards in order to sample them for the baseline household survey.
- A detailed mapping exercise of all health facility catchments in the sample will be conducted to estimate the number of households within the boundaries and help in tracking households during the census.

A three-stage cluster sampling design will be employed for the household survey:

- **Stage 1 - State selection:** Two states selected, based on low immunization coverage and projected SQ-LNS implementation status.
- **Stage 2 - LGA Selection:** 10 LGAs will be selected (5 per state) based on low immunization coverage, SQ-LNS implementation status, and low to medium security status.
- **Stage 3 - Health facility selection:** In total, 200 health facilities will be selected based on low immunization coverage, high facility volume, antenatal attendance, urbanicity, logistics, and security considerations.

- **Stage 4 - Household selection**: In each health facility catchment, 15 households will be randomly selected and surveyed.

Based on the approach above, the target is 3000 caregivers surveyed at baseline.

Household Survey

Trained data collectors will visit selected households, collect informed consent, and administer a structured questionnaire.

Survey Components:

1. Standardized GPS location of each household surveyed
2. Household characteristics
3. Respondent socio-demographics
4. Behavioural and social drivers of vaccination

1. Thoughts and feelings
2. Social processes
3. Motivation/intentions
4. Practical issues
5. Immunization knowledge, attitudes, behaviours

1. Vaccine confidence
2. Perceptions of health workers
3. Gender-related barriers to immunization

6. Child immunization status

1. Recall of vaccination
2. Input vaccination card information
3. Reported vaccination refusal or delay

7. Nutritional and feeding habits for child
8. Awareness and use of SQ-LNS nutrition program

9. Pre-implementation caregiver acceptability of IDG intervention:

Health Facility Survey Sampling

Prior to implementation, a selection of 50 implementing health facilities will be invited to complete a structured questionnaire. This may be administered in-person.

Health Facility Survey

Trained data collectors will visit selected health facilities, collect informed consent, and administer a structured questionnaire.

Survey components:

1. Facility profile and immunization service delivery
2. Records and data systems
3. Default tracking and follow up
4. Demand-side barriers
5. SQ-LNS distribution
6. Organizational readiness
7. Supply chain and stockouts (observation vs stock cards)
8. Workforce characteristics
9. Registrar availability/ completeness (immunization, SQ-LNS)
10. Behavioural and social drivers

1. Thoughts and feelings
2. Social processes
3. Motivation/intentions
4. Practical issues

In addition, social network data could be collected from a small subset (~100 surveys) of individuals identified as community ambassadors.

6. Description of Service Requested

Evidence Action seeks an Independent Monitoring/Research firm with demonstrated capacity to implement large-scale household and facility surveys in Nigeria with particular emphasis on geographical familiarity of the survey areas as well as technical expertise with childhood immunization data collection.

Here are the key skills required:

Technical Skills:

Skill	**Why it matters**
Age verification	Calculating age in months from birth dates, using local event calendars for recall
Verifying child immunization status	Reading and accurately documenting child immunization status if vaccine card is available, or guiding caregiver through recall exercise if it is not

Caregiver Interaction:

- Explaining procedures to caregivers in local languages
- Obtaining informed consent

Data Collection & Quality:

- Recording survey responses accurately (avoiding leading respondent or answering for them)
- Double-entry or repeat measurements for quality control
- Using mobile data collection tools (SurveyCTO)
- Identifying outliers or implausible values in real-time

- Identifying recruitment challenges in real-time and generating suggestions to address

Supervision & Coordination:

- Pretesting and standardizing data collection before fieldwork (inter- and intra-observer reliability)
- Daily data review and feedback to enumerators
- Managing logistics — equipment, team schedules, household tracking

The firm will work under the technical leadership of Evidence Action and will be required to implement all field activities in strict adherence to Evidence Action's approved protocols.

The selected firm will be expected to:

1. Recruit, engage and mobilize qualified field teams.
2. Provide technical support to the design of field implementation.
3. Manage the training and deployment of trained enumerators for field data collection
4. Manage all logistics (Including procurements where needed on behalf of Evidence Action)
5. Ensure high-quality data collection, in compliance with ethical and regulatory requirements, are submitted to evidence Action's database as prescribed in the quality control protocol
6. Review and provide feedback on survey questionnaires, and other field implementation tools
7. While Evidence Action will provide the sampling plan, survey instruments, and quality standards and conduct a training of trainers, the firm will be responsible for operational execution and day-to-day field management.

7. Scope of Work

Survey Instruments and Adaptation

Evidence Action will provide household and facility survey instruments based on IDG modules and SQ-LNS program indicators. The selected firm will be responsible for piloting of all instruments to ensure cultural appropriateness and operational feasibility.

Data will be collected electronically using SurveyCTO. Evidence Action will be responsible for the digitization and management of data collection tools while the data collection partner will be responsible for ensuring tools are fit for field use, and all data collected are submitted in a timely and ethical manner to Evidence Action's server.

Household surveys will include socio-behavioural data. The IM firm should have experience in collecting this type of data. In addition, the firm should be well-versed in immunization coverage survey methodology. Preference will be given to firms that are based in either Oyo or Nasarawa states. Preference will be given to firms with evidence of collection of social network data.

Furthermore, the IM firm's proposal should include a detailed plan for conducting any pretesting and translation/back-translation to ensure the preparation of data collection instruments appropriate for the local context. The firm will also ensure the calibration of all instruments for standardization, track and flag faulty instruments.

Field Data Collection

The firm will conduct household surveys in 2 selected states (Oyo and Nasarawa) within 200 health facility catchments. A selection of facilities will complete a health facility survey.

SN	Activity	Party (ies) responsible	Output Metric
1	Development of study protocol	Evidence Action	Finalized protocol shared with IM Firm
2	Development of survey questionnaires	Evidence Action	Survey questionnaires finalized and shared

3	Development of field workplan	IM Firm	Workplan approved by EA
4	Review and contextualization of survey questionnaires	Evidence Action & IM Firm	Revised questionnaires completed
5	Selection of sample sites	Evidence Action	Sample sites verified for accessibility and security
6	Recruitment enumerators	IM Firm	Required number of qualified human resources engaged
7	Planning for enumerator training	IM Firm	Share in advance of the event the training materials and field operations SOPs for adequate review
7	Training of enumerators (likely ToT in Abuja, then EA training in respective states)	Evidence Action/IM Firm	Enumerator score pass mark from post test
8	Mobilization and deployment of enumerators	IM Firm	Deployment schedule shared with Evidence Action.
9	Digitization of survey tools	Evidence Action	Digitized tools uploaded to Survey CTO
10	Pilot Testing of survey tools	IM Firm	Pilot conducted
11	Cognitive testing of relevant survey questions	IM Firm	Report of participant ambiguities and how revised and tested

12	Field data collection	IM Firm	100% survey sites visited and data collected
14	Field Supervision	IM Firm/Evidence Action	At least 25% of selected sites visited by end of data collection
15	Routine data check and cleaning during field data collection (First level)	IM Firm	Data flag document and resolved
16	High Frequency Checks and data cleaning (Second Level)	Evidence Action	Cleaned data
17	Data Analysis	Evidence Action	Data Analyzed
18	Field Report (After each milestone completion)	IM Firm	Reports approved by EA
19	Return of survey instruments and Evidence Actions properties	IM Firm	All Properties returned and signed off
20	Final sign off of completed Milestones	Evidence Action	All milestone payments completed

Data Quality Assurance

The firm will develop and implement a comprehensive quality assurance plan, including enumerator certification, enumerator complaints to field data collection protocols, supervisor spot checks, real-time data validation rules, and daily data consistency reviews, daily progress reports (targets vs achieved), field challenges requiring a change in location or strategy.

Quality assurance procedures will include:

1. Comprehensive enumerator training (approx. 4-5 days for household survey training and 1-2 days for facility survey training)
2. Daily data review by field supervisors
3. Regular back-checks and spot-checks (approx 5% of households)
4. Automated data quality reports identifying outliers and inconsistencies
5. Weekly data quality review meetings during data collection

Data Management

The firm will be responsible for preliminary data cleaning and documentation, including sharing daily reports of child immunization status to inform decisions related to ensuring a heterogeneous sample and requisite information to inform the survey weights. Evidence Action will conduct second level data cleaning to flag inconsistencies which the firm must resolve within 24 hours. Evidence Action will have access to clean datasets and metadata in SurveyCTO, and field documentation must be securely transmitted to Evidence Action at agreed milestones. Evidence Action will retain full ownership of all data and analytical outputs.

8 Proposed Survey Timeline

Activity	**Timeline**
Contract signing	Week 0 Oct 5
TOT/Instrument adaptation and piloting	Weeks 0-1 Oct 5-9

Enumerators' Training	Weeks 1-2 Oct 12- 23- for both states
Field data collection	Weeks 3-5 Oct 23- Nov 6
Confirmation of completed milestones, return of Evidence Action properties	Week 6 Nov 9

This timeline proposed is based on the current plan to collect data in October with preliminary activities occurring prior to this time. This is, however, dependent on securing IRB approvals before data collection commences. Evidence Action will inform the selected firm about any changes or delays in timelines through written communication (and/or verbal communication where urgent) to plan accordingly. Similarly, the selected firm will notify Evidence Action through written communication (and/or verbal communication where urgent) of any anticipated delays in timelines as soon as they are made aware of them.

9. Ethical and Regulatory Requirements

The selected firm is expected to assist Evidence Action in securing any modifications to ethical approval from two recognized state-level Nigerian Institutional Review Boards (IRB) and obtaining all required state-level and community entry permissions.

All respondents must provide informed consent. The firm must comply with international best practices for research ethics, data confidentiality, and safeguarding.

10. Proposal Submission Requirements

Interested firms should submit:

1. A technical proposal (not more than 5 pages) that includes:
    - Technical profile and past experience especially as it relates to immunization, large household surveys, and socio-behavioural data collection (e.g., citations to publications, reports or grants, and examples of sampling strategies used), which may also include social network analysis experience
    - Technical approach to field implementation including detailed plan for recruitment
    - Understanding of the IDG baseline objectives and detailed plan for data collection and management
    - Fieldwork organization and staffing plan
    - Quality assurance framework
    - Relevant organizational experience in Nigeria
    - CVs of key personnel highlighting key relevant technical expertise (Appendix)
    - Risk mitigation strategy, at least including considerations for risk of security constraints, data loss, enumerator fatigue

2. Proposed work plan (including an estimate of minimum time needed to hire sufficient team of enumerators) and field plan with timelines (not more than 5 pages)

3. A detailed budget and rationale that aligns with the proposed field plan, including suggested milestones of mobilization and inception; training and standardization; and fieldwork completion. You must use the budget template here. The budget should include estimates for:
    - personnel and technical oversight
    - field data collection (costing out census survey, household survey, and facility survey separately)
    - travel and logistics
    - equipment and operational
    - administrative overhead

- project closeout (including preparation of a completed field report and results of supervision)

When conducting a competitive RFP process, an internal RFP review team composed of representatives from the program purchasing the needed goods or services will evaluate all responses and score them based on that standard set of criteria, including:

- Demonstrated experience of overall staff team (based on CV, technical proposal)
- Expertise conducting community-level and household-level data collection (based on CV, technical proposal)
- Experience with immunization programming (based on CV, technical proposal)
- Demonstrated experience in socio-behavioural data collection (based on CV, technical proposal)
- Experience with government approval submissions and processes (based on technical proposal, work plan, field plan)
- Demonstrated ability to recruit, train, contract, and supervise experienced enumeration staff (based on work plan, field plan)
- Demonstrated ability to manage survey data collection in Nigeria (based on work plan, field plan)
- Number of hours proposed are reasonable for the project (based on technical proposal, budget and rationale)
- Cost structure is clearly defined and proportionate to the value offered (based on budget and rationale)
- Preference for IM firm and enumerator teams to be based in Oyo or Nasarawa state or have demonstrated experience in these settings (based on technical proposal, field plan, work plan)

11. Terms and Conditions

Evidence Action reserves the right to negotiate scope, timelines, and budget. All data collected will remain the exclusive property of Evidence Action. The selected firm must comply with Evidence Action's safeguarding, data protection, and procurement policies.

12. Confidentiality and Privacy Agreement

Evidence Action is currently registered with the National Data Protection Agency and bound by the Nigerian Privacy laws. Successful firms must be willing to sign a non-disclosure agreement with Evidence Action, prohibiting sharing or private use of data gathered during and after the activity, except otherwise made public by Evidence Action or the Government of Nigeria.

13. Time Frame

The selected vendor is expected to carry out the listed services for the period stipulated in the scope of work (SoW).

For and on behalf of Evidence Action,



Country Director
Evidence Action Nigeria
www.evidenceaction.org