

REQUEST FOR PROPOSALS

Baseline Evaluation for Improving SRH and GBV Outcomes for Women of Reproductive Age with Disability Inclusion

Document Release Date	:10th September2020
Last Date for Receipt of proposals	:23rd September 2020
Time	:11.00Hrs
Tender Number	:PRF 7266
Submission Method	: Email to tenders@redcross.or.ke
Tender Opening Venue and Time	: Via Zoom as per tender instruction at 1200 HRS

DATE OF ISSUE: SEPTEMBER 2020

No offer, payment, consideration, or benefit of any kind which could be regarded as an illegal or corrupt practice shall be made – neither directly nor indirectly – as an inducement, or reward in relation to tendering award of the contract or execution of the contract. Any such practice will be grounds for the immediate cancellation of this contract and for such additional action civil and/or criminal as may be appropriate. At the discretion of the Kenya Red Cross Society a further consequence of any such practice can be the definite exclusion from any tendering for projects funded by the Kenya Red Cross Society”.

Please report any malpractices on tender process to complaints@redcross.or.ke

1. Summary

- 1.1. **Purpose:** The primary purpose of the baseline study is to describe the current status of SRH and GBV indicators for Women of Reproductive Age and Persons with disabilities in the targeted communities in Tana River and Kilifi Counties. The baseline will provide benchmark statistics against the programme indicators, against which programme progress, performance and impact will be gauged.
- 1.2. **Partners:** Finnish Red Cross and Kenya Red Cross Society
- 1.3. **Duration:** 30 days
- 1.4. **Estimated Dates:** 15th October to 14th November 2020
- 1.5. **Geographical Location:** Kilifi and Tana River Counties
- 1.6. **Target Population:** People with Disabilities (PWDs), Women of Reproductive Age (WRA) Community members, stakeholders (County Government Representative & Partners) and Project staff and volunteers.
- 1.7. **Deliverables:** Inception report and tools, first and second drafts and final report plus all data sets.
- 1.8. **Methodology:** Quantitative and qualitative methods
- 1.9. **Assessment Management Team:** KRCS M&E and Program representatives and Finnish Red Cross representative

2. Background Information

The capacity of government agencies to intervene on sexual reproductive health (SRH) and gender-based violence (GBV) is generally limited. Implementation of SRH and GBV related legal and policy guidelines are yet to be realized due to constrained institutional frameworks for implementation, limited human and resource capacities, particularly at the county level. There is a partial focus on SRH and GBV interventions in National and County disaster response plan and budget. Inadequate capacity, available facilities and tools for data collection on Gender Based Violence and Sexual Reproductive Health exacerbate this.

Kenya Red Cross with funding from Finnish Red Cross is implementing a 1 year and 6 months (**1st June 2020 – 31st December 2021**) on Improving SRH and GBV Outcomes for Women of Reproductive Age with Disability Inclusion in Kilifi and Tana River Counties. The target Sub-Counties are (Kilifi North and Kilifi South sub counties in Kilifi county), and (Tana North sub county in Tana River County). They were pre-selected based on poor indicator on SRH and GBV as shown by the end term evaluation of an integrated community resilience building project implemented jointly by the two partners in the two counties. This project will be benefiting an estimated 42,000 women of reproductive age (WRA) in both Tana River and Kilifi Counties including 2,000 persons with disability by 2021.

This will be achieved through increased demand and access for SRH and GBV including Female Genital Mutilation (FGM) prevention services, enhanced quality of SRH and GBV services at both community and health facility level, enhanced behavioral practices amongst providers and users, including volunteers, for improved health outcomes. Community awareness towards demand for SRH and GBV services will be supported. Curricula will be designed, and training delivered for frontline community health volunteers, health workers and traditional birth attendants. Male involvement in SRH, GBV and FGM prevention will be promoted to address gender and cultural barriers to access to services. Increased advocacy and linkages for uptake of inclusive SRH and family planning services. The project will also seek to contribute to improved county health systems for sustained delivery of quality SRH, maternal and child health and GBV services and increased advocacy on government commitment to gender, disability sensitive policies

Project Objectives

The goal of the project is to Contribute to improved Sexual and Reproductive Health (SRH) and Gender Based Violence (GBV) outcomes for women of reproductive age and a healthier community in both Tana River and Kilifi Counties.

The specific objectives are to:

1. Outcome 1: Enhanced quality of services in SRH and GBV interventions at community level
2. Outcome 2: Increased demand and utilization of Sexual and Reproductive Health and Gender Based Violence prevention and response services in Tana River and Kilifi Counties
3. Outcome 3: Enhanced capacity of Kenya Red Cross Society and Ministry of Health to effectively implement the project.

The findings and the baseline data, contained in the Baseline Study Report, will provide a starting point for the program and the basis by which performance, progress, achievement and impact will be measured during and after the project life. As well, the findings will enable the project team to review the project plans to ensure that they have realistic and evidence-based targets, strategies and timeframes in lieu of the objectives and indicators. The Baseline Study seeks to arrive at findings that are as disaggregated as much as possible to ensure the smallest units are understood to ensure sharp focus on SRH and GBV against Women of Reproductive and Persons with disabilities in humanitarian situations.

The programme will be implemented in close coordination with the Ministry of Health (MoH) and Ministry of special programmes (MoSP), Ministry of Gender (MoG), Ministry of Education (MoE), Ministry of Interior & Coordination (MiC), Department of Children Services at National and County level and with the involvement of the communities at the Sub-County level as the programme objectives are in line with County Annual Operational Plans and County Integrated Development Plans, thus making the MoH, MoG, MoE, MiC and MoSP strategic stakeholders in the programme. In addition, the programme shall be implemented through the Community Health Strategy. The MoH and MoG hosts coordination meetings with other stakeholders in their respective Counties, a forum in which the KRCS is represented.

At the community level, the programme will be implemented by community health volunteers (CHVs) supervised by the Community Health Assistants (CHAs) with links to the health facilities structures. The programme staff will work closely and coordinate with the volunteers, community health assistants (CHAs) and the relevant MoH staff.

3. Assessment Purpose & Scope

3.1 Purpose: State the broad and specific objectives

Purpose: The primary purpose of the baseline study is to describe the current status of SRH and GBV indicators for Women of Reproductive Age and Persons with disabilities in the targeted communities in Tana River and Kilifi Counties. The baseline will provide benchmark statistics against the programme indicators, against which programme progress, performance and impact will be gauged.

The specific objectives of the baseline assessment apart from the criteria in section 4 will be to:

1. Determine the baseline indicators from the project log frame.
2. Understand knowledge, attitudes and practices in the community through a community-based assessment

3. Complete a participatory mapping exercise of reference networks and service providers in the community around SRH and GBV prevention
4. Examine the psychological, sociological and environmental issues surrounding SRH (including FGM) and GBV prevention to form part of a barrier analysis to behaviour change
5. Examine accessibility of and provide a barrier analysis for access to and use of SRH and GBV services by WRA with and without disability
6. Examine the protection, prevention and response to GBV for persons with disabilities in emergency and developmental context, by the healthcare workers and the targeted beneficiaries

4. Key questions

- What are the baseline values for indicators as per the project plan?
- Who are the reference networks for women of reproductive age (people that influence their decision making and behaviours around SRH and GBV including FGM)?
- What service providers do women of reproductive age including women with disabilities in the community currently prefer to seek care from for SRH and GBV prevention services?
- What are the knowledge, attitudes and perceptions of the community (women of reproductive age, men, people with disabilities, religious and community leaders) related to SRH and GBV?
- What are the anticipated changes as a result of the project? Whether positive or negative and including key behavioural changes.
- How can gender and inclusion issues be integrated better into the project cycle?
- What measures should be put in place to ensure sustainability of the project (consider institutional, environmental, financial, socio cultural)
- How would the community wish to be involved in the project?
- What are the preferred communication and complaints mechanisms?
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5. Survey Methodology

The consulting firm/individual to propose most suitable study design, sampling methods, sample size, data collection and analysis approaches that is suitable for this project during the baseline. This should be clearly outlined in the bidding document/proposal and if qualified to oral stage to have further discussion with the evaluation management team. The consulting firm can also propose targeted respondents to interview or data sources that can answer the log frame indicators and provide comparable statistics (meaningful comparison between baseline and end line) to document any changes.

The evaluation will use the following literature and any other for reference and to inform the evaluation process further:

- Project proposal and log frame
- Existing project documents by the time of data collection.
- End line evaluation report of the Integrated Community Resilience Building Project 2016-2019
- Documents, policies and frameworks by partners, county and national government

The project indicators of focus are highlighted below: -

Outcome 1: Enhanced quality of services in SRH and GBV interventions at community level	1a. Percentage of SRH and SGBV clients that report to be satisfied with the services.
	1b. Percentage of services provided that are delivered as per the set MNH and SRH guidelines
Output 1.1: Frontline community health volunteers and health workers fully understand Sexual and Reproductive Health and Gender Based Violence including FGM as recommended for each of them.	1.1a. Percentage of targeted frontline health workers who correctly describe at least three key benefits of IFAS, 4ANC and SBA
	1.1b. Percentage of targeted frontline health volunteers who correctly describe at least three key benefits of IFAS, 4ANC and SBA
Output 1.2: Health Systems strengthened in the counties to support high quality SRH and GBV services	1.2a. Number of referrals made
	1.2b. Number of referrals completed
	1.2c. Percentage of CHUs targeted that report completely and timely
	1.2d. Percentage of data consistency in the facilities.
Outcome 2: Increased demand and utilization of Sexual and Reproductive Health and Gender Based Violence services including FGM in Tana River & Kilifi counties	2a. Number of individuals using SGBV social services
	2b. Number of cases of SGBV reported to health services
	2c. Percentage of pregnant women attending all 4 ANC clinics
Output 2.1: Increased knowledge on SGBV, MNCHN and FGM among community members	2.1a. Percentage of community members who correctly describe SGBV, MNCHN and FGM, and their effects and have the correct attitude about them.
Output 2.2: Increased access to SGBV, MNCHN and FGM support services	2.2a. Percent of health units with at least one service provider trained to care for and refer SGBV survivors
	2.2b. Percentage of targeted population within the recommended distance to a health facility with least one service provider trained to care for and refer SGBV survivors
	2.2c. Number of stock out days of SGBV and MNCHN commodities in the targeted health facilities
Outcome 3: Enhanced capacity of the organization to effectively implement the project.	3a. Percentage of outcomes achieved on time and as per the set budget
	3b. Percentage of outputs achieved on time and as per the set budget
	3c. Percentage of activities conducted on time an as per set budget
	3d. Percentage of expenditures that are eligible
	3e. Percentage of programme data that is +-10% in consistency
Output 3.1: Improve coordination between KRCS, partners and stakeholders, especially the County Governments	3.1a. Percentage of mapped stakeholders and partners in the area of implementation and in MNH and GBV engaged in the programme
Output 3.2: Improved monitoring and evaluation	3.2a. Percentage of completed reports shared on time

6. Quality & Ethical Standards

The consultant shall take all reasonable steps to ensure that the study is designed and conducted to respect and protect the rights and welfare of the people and communities involved and to ensure that the assessment is technically accurate and reliable, is conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the assessment team shall be required to adhere to the assessment standards and applicable practices as recommended by International Federation of Red Cross and Red Crescent Societies.

- **Utility:** Assessments must be useful and used.
- **Feasibility:** Assessments must be realistic, diplomatic, and managed in a sensible, cost effective manner.
- **Ethics & Legality:** Assessments must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the assessment.
- **Impartiality & Independence;** Assessments should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.
- **Transparency:** assessment activities should reflect an attitude of openness and transparency.
- **Accuracy:** Assessments should be technically accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
- **Participation:** Stakeholders should be consulted and meaningfully involved in the assessment process when feasible and appropriate.
- **Collaboration:** Collaboration between key operating partners in the assessment process improves the legitimacy and utility of the assessment.

It is also expected that the assessment will respect the seven Fundamental Principles of the Red Cross and Red Crescent: 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) voluntary service, 6) unity, and 7) universality.

7. Qualifications and Experience for Consultants

The lead consultant must possess the following qualifications:

1. A master's degree in public health/social science/gender studies speciality or related field. Experience in the field of disability will be an added advantage.
2. Proven experience in participatory and results based M&E.
3. Must have led in at least five participatory assessments. Experience of conducting baselines, monitoring and assessment work in the target or similar communities (preferred)
4. High level of professionalism and an ability to work independently and in high-pressure situations under tight deadlines.
5. Strong interpersonal and communication skills
6. The team must have a statistician able to analyse quantitative and qualitative data as well as key technical team members in to handle specific components of the project evaluation
7. Firm/bidder must have experience in using mobile phone technology for data collection, monitoring and reporting

8. The lead consultant must have strong analytical skills and ability to clearly synthesize and present findings, draw practical conclusions, make recommendations and to prepare well-written reports in a timely manner.
9. Availability for the period indicated.

8. Management of the Baseline assessment

Duration: 15th October to 14th November 2020

Deliverables:

1. Inception report detailing the evaluation design, sampling methodology & sample frame, evaluation tools, agreed budget and work plan.
2. Copies of original and cleaned data sets with codebook. The raw data, the database which has been cleaned (both qualitative and quantitative, including original field notes for in-depth interviews and focus group discussions, as well as recorded audio material), should be submitted together with the report. A simple inventory of material handed over will be part of the record. KRCS will have sole ownership of all final data and any findings shall only be shared or reproduced with the permission of KRCS.
3. Draft baseline report that will culminate in the final report with the following elements:
 - a) Table of contents
 - b) Clear executive summary with among others major findings of the Baseline and summary of conclusions and recommendations.
 - c) The objectives of the end line, methodology and any challenges encountered in the field.
 - d) A presentation of the results and discussion of the same (including analysis)
 - e) Conclusions
 - f) Recommendations with clear guidelines of how they can be implemented.
 - g) Report annexes.
4. A power point presentation highlighting key results and discussion from the baseline survey will be presented at a feedback meeting to be held after completing the draft report.
5. Final Baseline Survey Reports - submit 4 bound hard copy and one electronic copy of the report by the agreed timeline.
6. A power point presentation highlighting key results, findings and recommendations to be disseminated to the key stakeholders after approval of the final end line report.

Evaluation Management Team: The evaluation management team shall consist of KRCS MEA&L Unit representatives, KRCS Protection Gender and Inclusion Program Manager and Finnish Red Cross Representative. They shall ensure that the deliverables agreed upon and approved in the inception report are achieved on time. KRCS MEA&L representative will be the chair of the team.

Role of KRCS (project and M&E team)

- Lead the recruitment and evaluation process
- Coordinate the assessment implementation process through the KRCS Program and M&E units
- Review of assessment products including the log frame, tools and reports
- KRCS will organize logistics for the assessment team
- Avail data collectors within agreed criteria
- Avail all necessary documents for desk review
- KRCS will be the link between the community and the consultant
- Will be the custodian of all data generated from the assessment
- Organize dissemination forums as necessary

Role of Finnish Red Cross

- Participate in the TOR development and recruitment process

- Review and give feedback on all baseline products
- Fund the activity budget
- Final approval of the report

9. Application Requirements

Application materials shall include:

- A written response to this TOR in terms of a proposal detailing the technical understanding of the task, proposed methodologies of the evaluation, expected activities and deliverables, proposed work plans with schedule, and financial bids. **See Annex 1**
- Detailed **CVs of all professional (s)** who will work on the evaluation. If there is more than one contractor on the proposed evaluation team, please attach a table describing the level of effort (in number of days) of each team member in each of the evaluation activities. **See Annex 3**
- Professional references: please **provide at least three references** from your previous clients and full contact details of the referees (working and active email & phone number).

Please also note that the people whose names appear in the team composition template **MUST** be the ones to undertake the assessment. As such, they **MUST** be the ones to appear in person if the proposal moves to the interview stage.

Failure to adhere to any of these requirements will lead to automatic disqualification or breach of contract if the work has begun.

Kenya Red Cross Society reserves the right to cancel the contract if, convinced that the consultant is in breach of the terms and conditions including those approved in the inception report.

10. Submission of proposal

The Technical Proposal **MUST** be prepared in conformance to the outline provided in **Annex 1** while the financial proposal shall conform to the template provided in **Annex 2**. Team composition should conform **to Annex 3**. *Bidders should provide softcopy technical and financial proposal in **two separate documents** clearly marked "Technical Proposal" and "Financial Proposal". The subject of your email should "Tender No. **PRF 7266** "Call for Consultancy for Baseline Evaluation for Improving SRH and GBV Outcomes for Women of Reproductive Age with Disability Inclusion"*

The Proposal should be addressed as below and emailed to tenders@redcross.or.ke by the 23rd September 2020 at 11:00 AM.

**Chairperson
Tender Committee
Kenya Red Cross Society
P.O Box 40712 - 00100
Nairobi, Kenya**

Tenders will be opened immediately thereafter in the presence of the candidates or their representatives who choose to attend our **online tender opening meeting** on the same day at noon. Interested bidders to confirm participation on mail tenders@redcross.or.ke and thereafter we will share the **Zoom link for the meeting**.

ANNEX 1: TECHNICAL PROPOSAL FOMART

- 1) **Introduction:** description of the firm, the firm's qualifications and statutory compliance (1 page)
- 2) **Back ground:** Understanding of the project, context and requirements for services, Key questions (2 pages)
- 3) **Proposed methodology** - Indicate methods to be used for each indicator and highlight any areas where indicators may need adjustment. The targeted respondents should be indicated for each indicator. Proposed detailed questions should be indicated. Detailed sampling procedure needs to be indicated. (5 pages)
- 4) **Firms experience** in undertaking assignments of similar nature and experience from the geographical area for other major clients (Table with: Name of organization, name of assignment, duration of assignment (Dates), reference person contacts-2 pages
- 5) **Proposed team** composition (As per annex 3)-1 page
- 6) **Work plan** (Gantt chart of activity and week of implementation)-1 page

ANNEX 2: BUDGET TEMPLATE

The consultant shall only quote for the items below as KRCS will manage all other related costs (Logistics and payment of enumerators)

Item	Unit	# Units of	Unit Cost	Total Cost (Ksh.)
Consultancy Fee (for the whole assessment period)	Per day			
Office expenses (Printing, photocopy, binding, communication costs etc.)	lump sum			
Grand Total				

ANNEX 3: PROPOSED TEAM COMPOSITION TEMPLATE

Name of Team Member	Highest Level of Qualification	General Years of Experience related to the task at hand	Roles under this assignment

ANNEX 4: TENDER ASSESSMENT CRITERIA

A three stage assessment procedure will be used to evaluate all proposals from bidders. The total number of points which each bidder may obtain for its proposal is:

- Technical Proposal 60 marks
- Oral presentation 30 marks
- Financial Proposal 10 marks

1. Mandatory Requirements

The proposal shall be evaluated on the basis of its adherence to the following compulsory requirements, this applies to both local and international firms or individuals.

Document/ Requirements
Tax compliance certificate
Certificate of incorporation/registration (Only applicable for firms)
PIN certificate
Proceed to next stage (Yes / No)

2. Assessment of the Technical Proposal

The technical proposal shall be evaluated on the basis of its responsiveness to the TOR. Specifically, the following criteria shall apply:

Evaluation Criteria	Maximum Points Possible	Bidders score	Remarks
(1) Introduction: <ul style="list-style-type: none"> • Description of the Firm and the Firm's Qualifications 	5		
(2) Background : Understanding of the project, context and requirements for services	10		
(3) Proposed Methodology: The proposed methodology MUST provide an indication of its effectiveness and added value in the proposed assignment.	20		
(4) Firms Experience in undertaking assignments of similar nature and experience from related geographical area for other major clients <ul style="list-style-type: none"> • Provide a summary and supporting information on overall years of experience, and related technical and geographic coverage experience. 	10		

(5) Proposed Team Composition:	10		
<ul style="list-style-type: none"> • Tabulate the team composition to include the general qualifications, suitability for the specific task to be assigned and overall years of relevant experience to the proposed assignment. • The proposed team composition should balance effectively with the necessary skills and competencies required to undertake the proposed assignment. • Lead Consultant Qualifications – should be as per the TOR • Provide CVs for key Consulting team including Statistician/Data Analyst 			
(6) Work Plan: A Detailed logical, weekly work plan for the assignment MUST be provided.	5		
TOTAL SCORE	60		

The firm, or team of consultants that attains a score of 40 and above out of 60 in the technical evaluation will be invited to proceed to oral presentation.

3. Oral phase assessment

Criteria	Maximum points	Bidder's Score	Remarks
Understanding of the assignment	5		
Clear and scientific methodology	15		
Presentation of previous similar assignment (Consultant will be required to show/present 2 previous completed assignments at the oral stage)	10		
Total Score out of 30	30		

4. Assessment of the Financial Proposal

The Financial Proposal shall be prepared in accordance to **Annex 2**. The maximum number of points for the Financial Proposal shall be **10% (10 points)**. This maximum number of points will be allocated to the lowest Financial Proposal. All other Financial Proposals will receive points in inverse proportion according to the below formula:

Points for the Financial Proposal being evaluated =

$$\frac{(\text{Maximum number of points for the financial proposal}) \times (\text{Lowest price})}{\text{Price of proposal being evaluated}}$$

A total score obtained including both Technical and Financial Proposals is calculated for each proposal. The bid obtaining the overall highest score is the winning bid.

GENERAL INSTRUCTIONS

Please read carefully the method of tender submission and comply accordingly.

1.1.1. KRCS reserves the right to accept or to reject any bid, and to annul the bidding process and reject all bids at any time prior to the award of the contract, without thereby incurring any liability to any Bidder or any obligation to inform the Bidder of the grounds for its action.

1.1.2. Cost of bidding

The Bidder shall bear all costs associated with the preparation and submission of its bid, and the Organization will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the bidding process.

1.1.3. Clarification of Bidding Document

All correspondence related to the contract shall be made in English. Any clarification sought by the bidder in respect of the consultancy shall be addressed at least **five (5) days** before the deadline for submission of bids, in writing to the Administration Coordinator.

The queries and replies thereto shall then be circulated to all other prospective bidders (without divulging the name of the bidder raising the queries) in the form of an addendum, which shall be acknowledged in writing by the prospective bidders.

Enquiries for clarifications should be sent by e-mail to tenders@redcross.or.ke

1.1.4. Amendment of Bidding Document

At any time prior to the deadline for submission of bids, KRCS, for any reason, whether at its own initiative or in response to a clarification requested by a prospective Bidder, may modify the bidding documents by amendment.

All prospective Bidders that have received the bidding documents will be notified of the amendment in writing, and it will be binding on them. It is therefore important that bidders give the correct details in the format given on page 1 at the time of collecting/receiving the bid document.

To allow prospective Bidders reasonable time to take any amendments into account in preparing their bids, KRCS may at its sole discretion extend the deadline for the submission of bids based on the nature of the amendments.

1.1.5. Deadline for Submission of Bids

Bids should reach tenders@redcross.or.ke on or before **23rd September 2020** at **11.00 am**. Bids received after the above-specified date and time shall not be considered. Any bid received by KRCS after this deadline will be rejected.

*Bidders should provide a technical and financial proposal in two separate folders clearly Marked “**Technical Proposal**” and “**Financial Proposal**” both of which should then be sent to tenders@redcross.or.ke with the subject reading “**Tender No. PRF 7266 “Call for Consultancy for Baseline Evaluation for Improving SRH and GBV Outcomes for Women of Reproductive Age with Disability Inclusion”**”*

The Proposal should be addressed as indicated above to reach the under signed by 23rd September 2020 at 11.00 a.m. for the tender to be opened at 12.00 noon:

Any bid received by KRCS after this deadline will be rejected.

Tenders will be opened immediately thereafter in the presence of the candidates or their representatives who choose to attend our online tender opening meeting on the same day at noon. Interested bidders to confirm participation on mail tenders@redcross.or.ke and thereafter we will share the Zoom link for the meeting.

1.1.6. Cost Structure and non-escalation

The bidder shall, in their offer (Financial Proposal), detail the proposed costs as per the template provided above.

No price escalation under this contract shall be allowed. KRCS shall not compensate any bidder for costs incurred in the preparation and submission of this RFP, and in any subsequent pre-contract process.

1.1.7. Taxes and Incidental Costs

The prices and rates in the financial offer will be deemed to be inclusive of all taxes and any other incidental costs.

1.1.8. Responsiveness of Proposals

The responsiveness of the proposals to the requirements of this RFP will be determined. A responsive proposal is deemed to contain all documents or information specifically called for in this RFP document. A bid determined not responsive will be rejected by the Organization and may not subsequently be made responsive by the Bidder by correction of the non-conforming item(s).

1.1.9. Currency for Pricing of Tender

All bids in response to this RFP should be expressed in Kenya Shillings. **Expressions in other currencies shall not be permitted.**

1.1.10. Correction of Errors.

Bids determined to be substantially responsive will be checked by KRCS for any arithmetical errors. Errors will be corrected by KRCS as below:

- a. where there is a discrepancy between the amounts in figures and in words, the amount in words will govern, and
- b. where there is a discrepancy between the unit rate and the line total resulting from multiplying the unit rate by the quantity, the unit rate as quoted will govern.

The price amount stated in the Bid will be adjusted by KRCS in accordance with the above procedure for the correction of errors.

1.1.11. Evaluation and Comparison of Bids

Technical proposals will be evaluated prior to the evaluation of the financial bids. Financial bids of firms whose technical proposals are found to be non-qualifying in whatever respect may be returned unopened.

1.1.12. Confidentiality

The Bidder shall treat the existence and contents of this RFP, and all information made available in relation to this RFP, as confidential and shall only use the same for the purpose for which it was provided.

The Bidder shall not publish or disclose the same or any particulars thereof to any third party without the written permission of KRCS, unless it is to Bidder's Contractors for assistance in preparation of this Tender. In any case, the same confidentiality must be entered into between Bidder and his Contractors.

1.1.13. Corrupt or Fraudulent Practices

KRCS requires that tenderers observe the highest standard of ethics during the procurement process and execution of contracts. A tenderer shall sign a declaration that he has not and will not be involved in corrupt or fraudulent practices.

KRCS will reject a proposal for award if it determines that the tenderer recommended for award has engaged in corrupt or fraudulent practices in competing for the contract in question.

Further a tenderer who is found to have indulged in corrupt or fraudulent practices risks being debarred from participating, please report any malpractices to complaints@redcross.or.ke.