

REQUEST FOR PROPOSALS

Cholera and Maternal, Neonatal and Child Health (MNCH) Project in Marsabit and Mombasa Counties

Document Release Date:	23rd December 2020
Last Date for Receipt of proposals:	13th January 2021
Time:	11.00Hrs
Tender Number:	PRF07596
Submission Method:	tenders@redcross.or.ke
Tender Opening Venue and Time:	KENYA RED CROSS SOCIETY HEADQUARTERS BOARDROOM TIME: 1200 HRS

1. Summary of the evaluation

- 1.1. **Purpose:** To find out the exact extent to which the conditions identified by the baseline study have changed/been influenced through the implementation of the Cholera and Maternal, Neonatal and Child Health (MNCH) Project in Marsabit and Mombasa Counties about the program objectives, indicators, and targets. It will provide a detailed reference to compare project achievements against the situation/baseline at the start of the intervention. At the minimum, it must answer all project indicators. As well, it will provide lessons learnt and recommendations for on-going and future interventions.
- 1.2. **Partners:** Kenya Red Cross Society (KRCS), Norwegian Red Cross, County Government of Mombasa and County Government of Marsabit
- 1.3. **Duration: 30 days**
- 1.4. **Estimated Dates:** 18th January 2021 to 26th February 2021
- 1.5. **Geographical Location:** Jomvu Sub-county in Mombasa County and Laisamis and Moyale Sub Counties of Marsabit County.
- 1.6. **Target Population:** Community members, CHVs, RCVs, and County health officials
- 1.7. **Deliverables:** Inception report and tools shared at the initiation of the assignment, presentation of preliminary findings, a draft report for review, and a final version of the report plus all data sets in soft copy. (See detailed timelines under section 8)
- 1.8. **Methodology:** This will include document review, Key Informant Interviews (KIIs) with key partner stakeholders; interviews with community members, Focus Group Discussions (FGDs) and observations, household surveys.
- 1.9. **Evaluation Management Team:** KRCS MEA&L and program representatives, and Norwegian representative

2. Background Information

Kenya has been experiencing sporadic outbreaks of cholera for decades, with outbreaks reported on an annual basis. Large cyclical epidemics have occurred every five to seven years. This has been occasioned by increased urbanization and increased refugees thus population explosion in urban areas without the concurrent expansion of the water supply and waste disposal system including sewerage;

Kenya Red Cross with funding from the Norwegian Red Cross is implementing a 3-year project (4th April 2018-31st December 2020) on cholera prevention, preparedness and response, and Maternal Neonatal and Child Health (MNCH). The target areas are (Jomvu in Mombasa county), and (Laisamis and Moyale in Marsabit county). They were pre-selected based on recurring cholera outbreaks, lack of support from other partners, vulnerabilities, as well as government requests, and ability to access the areas.

This project targets to reach a total of 326021 direct beneficiaries (138,277 people in Mombasa county, 187,744 people in Marsabit county) vulnerable people including pregnant, lactating mothers (12,063), Under-fives (41,405), and People with Disabilities (1,891)

The baseline study of the project was undertaken in addition, the 2020 work plan was reviewed to integrate COVID-19 related interventions this has however not affected the project activities.

3. Objectives

Outcome 1: Increased access to safe water at the household level with improved hygiene and sanitation practices.

Output 1.1: Increased access to safe water for use at the household level and improved sanitation facilities

Output 1.2: Increased awareness and knowledge of hygiene practices and Household water treatment options

Outcome. 2: Increased adoption of Health seeking behaviour and access to essential primary health care services with a key focus on vulnerable groups (Pregnant and Lactating mothers and Under-fives)

Output. 2.1: Improved awareness and knowledge on maternal-child health and nutrition services and primary prevention of childhood illnesses

Output. 2.2: Enhanced uptake and utilization of maternal-child health and nutrition services at the community level

Outcome 3: Enhanced preparedness and response capacity at the county level, Community level, and KRCS institutional level for a response to outbreaks and related emergencies

Output.3.1: Improved preparedness capacity at County level, Community level, and KRCS institutional level.

Output.3.2: Improved capacity at County government level, Community level, and KRCS institutional level for initial response activities.

Outcome. 4: Enhanced capacity of the organization to effectively implement the project.

Output 4.1: Improved project implementation, monitoring, and evaluation

Output 4.2: Coordination & Networking

Expected outcomes of the project

The followings are the expected deliverables of the project

- Targeted people have access to and improved practices and knowledge related to water, sanitation & hygiene (WASH).
- Communities have improved practices and behaviors for primary health prevention.
- Communities contribute to secondary health prevention: early detection, early referral to treatment (MNCH)
- National Societies and targeted communities are prepared to respond to outbreaks (DRM)

4. Scope of work

End-term evaluations (ETE) aim to assess the performance of the project and capture project achievements, challenges, and draw lessons learnt from the best practices to inform future similar programming. This ETE will also review the recommendations of the project Mid Term Review (MTR) to assess the extent to which they were implemented. As well, it will evaluate the quality of Community Engagement and Accountability (CEA) in the project. Also, it will identify key lessons learned, challenges, recommendations for changes, and sustainability.

Geographically, the ETE will cover Jomvu Sub-county in Mombasa County and Laisamis and Moyale Sub Counties of Marsabit County. It will employ both quantitative and qualitative approaches of data collection including document review and analysis of household data and Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) which provide in depths details on the project appropriateness, relevance, effectiveness, efficiency, and sustainability.

4. Key questions

4.1 Effectiveness:

- To what extent was the project expected results achieved (objectives, outputs and outcomes)? How does that compare to the target and the baseline findings?
- What changes as reported by the community/stakeholders can be attributed to the project (positive, negative, expected and unexpected)
- What changes could have happened because of other projects in the same area?

- Were there key differences in findings between the urban and rural areas as envisaged in the project design?
- Were all the activities carried out? If not, why?
- What are the key cholera and MNCH activities that have been carried out through this project?
- What evidence is there of increased access to safe water at household level and households with improved hygiene and sanitation practices (WASH)?
- What evidence is there of increased adoption of health seeking behavior and access to essential primary healthcare services with a key focus on vulnerable groups (pregnant and lactating women and children under 5 yrs old (MNCH)?
- What evidence is there of a reduction in mortality and morbidity through emergency health risk management and mitigation of health risks (cholera preparedness)?
- Have there been any positive or negative unintended outcomes of the work?

4.2 Efficiency

- Were all activities done within the budget? If there were any significant variances (whether early or late, over or under expenditure), what caused them?
- How did the efficiency affect the effectiveness of the project?
- Was there value for money?

4.3 Sustainability:

- What sustainability measures were put in place –institutional/financial/technical?
- To what extent have socio-cultural factors affected uptake of project interventions? And what measures have been/should be taken to address the same?

4.4 Relevance/Community Engagement and Accountability

- To what extent were the KRCS minimum accountability standards integrated?
- What complaints and feedback mechanism were put in place? What were the common community complaints addressed during the project period?
- Does the community members think that the project respected their culture/religion/daily routines/community calendars etc. and how did that affect the project uptake?
- How satisfied are the community members with the interventions undertaken by the project?

5. Survey Methodology

The End Term evaluation shall employ a mixed method study design. For every indicator, every quantitative piece of data must be qualified by its corresponding qualitative and spatial data. The firm is expected to propose a sample size and the techniques intended to be used that is scientific. Ensure that all indicators have been answered through the tools and questions developed. The bidder can also advise additional proposed approach/methodology that can be used to bring out intended outcome.

6. Survey Quality & Ethical Standards

The consultant shall take all reasonable steps to ensure that the survey 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 transparently and impartially, and contributes to organizational learning and accountability.

It is expected that the survey 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 minimum of Master's degree in Public Health/equivalent and relevant certified training in participatory M&E, Results-Based M&E, and Results-based management.
2. 5 years' proven experience in participatory M&E, Results-Based M&E, and Results-based management.
3. Must have proven experience in conducting participatory baseline/end-line surveys.
4. Must have led in at least five participatory assessments. Experience in conducting end lines, monitoring, and assessment work in the target or similar communities (preferred)
5. High level of professionalism and an ability to work independently and in high-pressure situations under tight deadlines.
6. Strong interpersonal and communication skills
7. The team must have a statistician familiar with statistical data analysis softwares for data management, analysis and visualization. Should be able to program data collection tools in ODK.
8. Have experience in using mobile phone technology for data collection, monitoring, and reporting
9. The lead consultant must have strong analytical skills and the ability to synthesize and present findings, draw practical conclusions, make recommendations, and to prepare well-written reports promptly.
10. Must have excellent report writing skills and a high level of written English.
11. Availability for the period indicated.

8. Management of the assessment

Duration: The End Term Evaluation shall commence on 18th January 2021 and end on 26th February 2021

Deliverables:

1. Inception report detailing the end line Survey design, methodology, sampling methodology & sample frame, survey tools, agreed on the budget, and work plan. This should be delivered by 27th January 2021.
2. Preliminary findings (PowerPoint), draft Evaluation Report and the raw data by 15th February 2021
3. Final End Line Survey Reports by 26th February 2021
4. The final report outline should be as proposed:
 - I. The **executive summary** to be written in a separate paper providing the bare essentials for decision-makers regarding the background, major conclusions about the survey criteria, recommendations, and lessons learned (total 1-2 pages).
 - II. The *main report* (max. 12 pages plus a list of abbreviations) of which a substantial part will be the main conclusions and recommendations. These should be substantiated with more detailed information only to the extent necessary. Detailed findings should be referred to the annexes. Conclusions and recommendations in the main report should have references to the relevant findings in the annexes.
 - III. The **annexes** should provide all information necessary to substantiate major conclusions and recommendations in the main report. The Terms of Reference, the team 's itinerary, list of persons interviewed, and list of documents used should be annexed.
5. 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 & DRC will have sole ownership of all final data and any findings shall only be shared or reproduced with the permission of KRCS.

Evaluation Management Team: The evaluation management team shall consist of KRCS MEA&L Unit Representative, KRCS program representative and Norwegian Red Cross representative. They shall ensure that the deliverables agreed upon and approved in the inception report are achieved on time.

Role of KRCS (project and M&E team)

- Lead the recruitment and survey process
- Coordinate the assessment implementation process through the KRCS M&E unit
- Review of assessment products including tools and reports
- KRCS will organize logistics for the assessment team
- Avail data collectors within agreed criteria
- Avail of 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 Norwegian Red Cross

- Participate in the TOR development and recruitment process
- Review and give feedback on all the reports submitted
- 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**

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 persons if the proposal moves to the interview stage.

- 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).

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. **PRF07596** "Call for Consultancy for Implementation of Cholera and Maternal, Neonatal and Child Health (MNCH) Project on Marsabit and Mombasa Counties"*

The Proposal should be addressed as below to reach the under signed (by mail) **Wednesday, 13th January 2021 at 11:00 AM.**

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

ANNEX 1: TECHNICAL PROPOSAL FORMAT

- 1) **Introduction:** Description of the firm, the firm's qualifications, and statutory compliance (1 page)
- 2) **Background:** 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. A 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 the assignment, duration of the 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
- 7) **Sample relevant reports** (Can list the project report and highlight what is was about if sharing is not permitted)
- 8) **Legal requirements** (Certificate of incorporation, PIN certificate, KRA tax compliance)
- 9) **References** (Attach at least 2 reference letters from other clients other than KRCS)

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	Number of days to be engaged	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. Evaluation 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: <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. 	10		

<ul style="list-style-type: none"> • 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 36 out of 60 and above in the technical evaluation will be invited to proceed to oral presentation.

3. Oral presentation

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. Evaluation 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:

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

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

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.

Part I		Inception report, desk review, development of survey framework and tools, etc.
Part II		Implementation: Training of data collectors, field pre-testing, Data collection
Part III		Data entry, cleaning, analysis, interpretation, report writing & presentation

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 **Wednesday, 13th January 2021 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. PRF07596 “Call for Consultancy for Implementation of Cholera and Maternal, Neonatal and Child Health (MNCH) Project on Marsabit and Mombasa Counties”**”*

The Proposal should be addressed as indicated above to reach the under signed by Wednesday, 13th January 2021 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.

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

