



## REQUEST FOR PROPOSALS

**CONTINUITY IN CRISIS – ENSURING CONTINUITY OF NCD CARE  
FOR CRISIS-AFFECTED POPULATIONS IN KALOBYEI REFUGEE  
CAMP, KILIFI, TANA RIVER AND NAIROBI COUNTIES**

**Document Release Date : 20<sup>th</sup> April, 2022**

**Last Date for Receipt of proposals : 4<sup>th</sup> May, 2022**

**Time : 11.00Hrs**

**Tender Number : PRF09213**

**Submission Method Email to : [tenders@redcross.or.ke](mailto:tenders@redcross.or.ke)**

**Tender Opening Venue and Time: Microsoft Teams at 1200 HRS**

## 1. Summary

- 1.1. **Purpose:** The primary purpose of the baseline study is to describe the current status of Non communicable diseases in the refugee populations of Kalobeyei camp, Informal Settlements in Nairobi and communities affected by floods in Kilifi and Tana River Counties. The baseline will provide benchmark statistics for the programme indicators, against which programme progress, performance and impact will be gauged.
- 1.2. **Partners:** Danish Red Cross and Kenya Red Cross Society
- 1.3. **Duration:** 30 days
- 1.4. **Estimated Dates:** 11<sup>th</sup> May to 4<sup>th</sup> June 2022
- 1.5. **Geographical Location:** Kalobeyei Refugee Camp, Nairobi, Kilifi and Tana River Counties
- 1.6. **Target Population:** Refugee, migrants, urban refugees, community members, including people living with NCDs and youth and stakeholders within targeted locations, project staff.
- 1.7. **Deliverables:** Proposal detailing the methodology, data collection tools, data sets, draft report, presentations, final report and review of the project logframe
- 1.8. **Methodology:** This will include document and literature review, Key Informant Interviews (KIIs) with key partners and stakeholders; interviews with community members, Focus Group Discussions (FGDs) and observations, surveys.
- 1.9. **Baseline Study Management Team:** KRCS M&E and program representatives, and Danish Red Cross representative

## 2. Background Information

NCDs represent the fastest growing disease burden in the Africa Region adding to the existing high burden of communicable diseases such as malaria, HIV/AIDS and tuberculosis. More than any other region, the health sector in Africa is particularly unprepared and under-resourced to address NCDs. The COVID-19 pandemic has dealt an additional heavy blow to key health services in Africa, putting to a halt essential health service for both communicable and non-communicable diseases, which may take years to re-establish.

Kenyan Red Cross Society (KRCS) and the Danish Red Cross (DRC) have partnered to implement this proposed “*Continuity in Crisis*”-project, which aims to improve and ensure continuous access to NCD care for crisis-affected populations in Kalobeyei camp in Turkana, Nairobi, Kilifi and Tana River Counties.

The targeted population to be reached by the project is over 43,244 in Kalobeyei, 448,000 (including 134,000 youth) in Nairobi and 56,000 people in Tana River and Kilifi Counties being the number of people displaced annually due to flooding. Direct beneficiaries of the Project will be mixed migrants (Informal settlements and IDPs), refugees (urban refugees and Kalobeyei settlement) and community members, including people living with NCDs and youth (in and out of school). Other direct beneficiaries that will be reached by the project include KRCS staff, external stakeholders.

The project is divided into two outcomes, which combined will support the achievement of the overall objective. The first outcome builds on and consolidate existing efforts of KRCS to improve access to NCD prevention, care and support for people affected by displacement and disaster, thereby reaching more vulnerable people in crisis in Kenya with NCD care. The second outcome supports the further integration and capacity of Red Cross Red Crescent National Societies in East Africa and beyond to integrate NCD prevention and care in humanitarian operations including in health and, migration-programs and in disaster response thereby reaching more vulnerable people in crisis with NCD care.

**Project Goal/Impact:** Improved and continuous access to NCD care for crisis-affected populations in East Africa through engagement of RCRC partners.

**Immediate Objective/Outcome:** Access to NCD prevention, care and support to people affected by displacement and disaster in Kenya has been improved.

**Output 1.1:** Vulnerable communities including migrant populations and youth in urban informal settlements in Nairobi have increased awareness, selfcare skills and access to NCD care services.

**Output 1.2:** The continuum of care of NCD prevention and care services for refugee population in Kalobeyi camp has been strengthened.

**Output 1.3:** Disaster preparedness and response systems with integrated NCD care have been strengthened and decentralized/localized in Kilifi and Tana River Counties and throughout Kenya

**Output 1.4:** Enhanced policy dialogue and engagement for improved prioritization of NCD care for crisis affected populations at local and national level in Kenya.

**Output 1.5:** Monitoring, documentation and learning through KRCS structures and local stakeholder and community engagement.

### 3. Baseline Survey Purpose

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

1. Establish baseline information against the projects log frame indicators at community level which will be used as a threshold for this project to assess outcomes and impact.
2. Examine the response towards the trend of NCDs, by the authorities, the health systems and the targeted beneficiary's vis-a-vee the ideal.
3. To document community perception of their participation and KRCS accountability in the project.
4. Identify the policy and advocacy gaps in NCD programming in crisis
5. Develop criteria and define triggers for crisis modifier.

### 4. Baseline Key questions

#### Survey Objective 1:

- What is the current coverage of the log frame indicators?
- Does the coverage differ across the current targeted affected population?
- Does the coverage differ across gender/population groups?
- Are there additional indicators to assess that will add value to project processes?
- Is there need to review the targets based on the findings?

#### Survey objective 2:

- What is the current status of NCD care, knowledge and awareness in the county/settlements?
- What are the current gaps, capacities for NCD care of the existing health systems (WHO six blocks of health systems)?
- How relevant will the interventions be to county/national government priorities?
- What will be the anticipated changes? Whether positive or negative?
- To what extent should gender equity issues be integrated throughout the project cycle?
- What measures should be put in place to ensure sustainability of the project (consider institutional, environmental, financial, socio cultural)

**Survey objective 3:**

- How would the community wish to be involved in the project?
- How has the community been involved in project design and planning?
- Is the project relevant to the community? What’s the community perception of the project importance to their wellbeing? How should the community be made to understand the project?
- How should community be involved in the project decision making? How should the community be engaged during project implementation?
- How should the community be involved in M&E and learning/documentation in the project?
- What would be preferred means of communicating complaints to between KRCS and the community?

**Survey objective 4:**

- What are the existing policies and frameworks for NCDs in crisis? /What are the existing gaps?
- To what extent is/will the project align to or complement existing County/National government programs, policies and orientation?
- What are the areas of collaboration in bridging the gaps in NCD programming?

**Survey objective 5:**

- What are the potential risks that will lead to triggering the crisis modifier in the project areas?

**5. Methodology**

The bidder to propose most suitable study design, sampling methods, sample size, data collection and analysis approaches that is suitable for this project at baseline. The bidder should give a justification on the sampling frame, propose sample size determination formulae and clearly show the proposed sample size and how it was derived. 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 bidder 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 baseline survey 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.
- Documents, policies and frameworks by partners, county and national government

The table below shows the overall logical framework with all the indicators that may not be necessarily be measured at baseline but meant to give a general view of the project.

**Table 1: Project log frame indicators**

Hierarchy of Objectives		Objectively Verifiable Indicators (OVI)
<b>Goal</b>	<i>Improve access to continuous NCD care for crisis-affected populations in East Africa.</i>	<i>Percentage of NCD patients (Hypertension and Diabetes) who access adequate essential health services</i>
<b>Outcome 1:</b>	Communities living in urban informal settlements (Nairobi, Kenya) have access to NCD care services	
<b>Output 1.1</b>	Increased knowledge on NCDs and Practice of healthy lifestyles in the target population	% of targeted population aware of risk factors and preventive measures for NCDs
		% Population adopting Healthy lifestyles

<b>Output 1.2</b>	Improved uptake of NCD treatment and support for people living with NCDs and mental health disorders	Number of population eligible for treatment accessing care and support Number of target population accessing MHPSS services
<b>Output 1.3</b>	Strengthened capacity for Health System to provide comprehensive care and support for youths and urban refugees	% of fully functional NCD clinics
		% of youths and urban refugees accessing NCD care and support services in NMS NCD clinics
		Number of people screened for NCDs
		Number of NCD cases diagnosed
<b>Outcome 2</b>	Outcome 2: Reduced interruptions in provision of NCD care services along the continuum of care for refugee populations in Kalobyei	1a: Number of counties where NCD has been integrated into the emergency preparedness, response and recovery assessments.
		1b: Number of facilities where NCD is integrated into the MOH/County contingency plans
		1c: Percentage of NCD referrals that are completed
<b>Output 2.1</b>	Increased knowledge on NCDs and adoption of healthy lifestyles in the refugee population in Kalobyei, Kenya	1.1a: Percentage of operational KRCS guidelines and tools that include NCD care in emergencies
		1.1b: Percentage of operational KRCS staff and CHVs that understand the inclusion of NCD care into the emergency response guidelines.
<b>Output 2.2</b>	Strengthened capacity for health system to provide NCD care in Kalobyei settlement (health facility and community level)	1.3a: Number of complete referrals
		1.3b: Percentage of targeted healthcare workers that adequately understand NCD care during emergencies
<b>Output 2.3</b>	Improved uptake of NCD treatment and support for people living with NCDs (HTN and DM) and mental health disorders	Number of population eligible for treatment accessing care and support Number of target population accessing MHPSS services
<b>Output 2.4</b>	Enhanced advocacy for prioritization of NCD care for the refugee population	1.4a: Inclusion of NCD indicators in the CRRF (Comprehensive refugee response framework)
		Number of partners engaged and providing NCD support
<b>Outcome 3:</b>	Optimize preparedness and response for NCD care and support in flooding affected communities and related crisis	1a: Number of sub counties where NCD has been integrated into the emergency preparedness, response and recovery assessments.
		1b: Number of sub county committees formed and where NCD is integrated into the contingency plans
		1c: Percentage of NCD referrals that are completed during disaster
		1d. Number of NCD policy briefs adapted by the Tana River County government
<b>Output 3.1</b>	KRCS capacity to provide immediate NCD care during disasters is enhanced.	2.2a: Percentage of KRCS surge team members who adequately understand NCD care in emergencies
		2.2b: Percentage of KRCS County Branches who have adopted and operationalized WHO NCD emergency kit and have prepositioned stocks.
		2.2c: Percentage of targeted health facilities who adequately provide NCD Care in emergencies

<b>Output 3.2</b>	Cascading the established health and emergency response system's capacity to provide NCDs care during disasters at the sub-county level	2.3a: 12,000 NCD patients referred during a disaster
		2.3b: Percentage of targeted healthcare workers that adequately understand NCD care during emergencies
<b>Output 3.3</b>	Lessons learnt documented and shared with authorities, humanitarian actors and KRCS branches in Kenya with a view to national upscaling	2.4a: Number of lessons learnt documented
		2.4b: Number of partners and stakeholder organizations disseminated on the lessons learnt

## 6. Evaluation Quality & Ethical Standards

The bidder shall take all reasonable steps to ensure that the assessment 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 have a background in Public Health (at a minimum of Master's degree level) with proven experience in NCD, public health in emergency programs and health policies.
- The bidder has done an evaluation in NCD programming or any emergency program (relevant final published report may be required)
- Demonstrable experience in conducting high quality baselines for related projects in the past 3 years (sample reports will be required during the oral stage of bid analysis).
- Experience of conducting field assessments/working in the targeted regions.
- High level of professionalism and an ability to work independently under tight deadlines.
- Strong interpersonal and communication skills

- The team must have a statistician able to analyse quantitative and qualitative data as well as key technical team members (experts) to handle specific key components (MHPSS, DRR, Migration etc) of the project at evaluation stage.
- Firm must have experience in using mobile phone technology for data collection.
- 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.
- Availability for the period indicated.

## 8. Management of the evaluation

**Duration:** The baseline is estimated to begin on 11<sup>th</sup> May 2022 and all deliverables be provided to the KRCS on not later than 4<sup>th</sup> June 2022. These timelines may be reviewed at any time as need be and will be communicated by KRCS.

### 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 & IFRC 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 baseline report with the following elements:
  - a) Table of contents
  - b) A brief and clear executive summary with among others major findings of the baseline and summary of conclusions and recommendations.
  - c) The objectives of the baseline, methodology and any challenges encountered in the field.
  - d) A presentation of the findings and the analysis
  - e) Conclusions
  - f) Recommendations with clear guidelines of how they can be implemented.
  - g) Report annexes (including a Monitoring and Evaluation framework).\*\* Detailed report outline will be provided by the EMT for the winning bidder
4. A power point presentation highlighting key findings from the baseline will be presented at a feedback meeting to be held after completing the draft report.
5. Final Baseline Survey Reports - submit 4 perfect bound hard copy and one electronic copy of the report by the agreed timeline (KRCS will provide the printing and binding specs).
6. Review of the project log frame indicators
7. Criteria and triggers for crisis modifier

### Evaluation Management Team:

The evaluation management team will be composed of the Kenya Red Cross Program team and MEA&L team and DRC representative.

### Role of KRCS (Program and MEA&L team)

- Lead the recruitment and evaluation process
- Coordinate the assessment implementation process through the KRCS Program and MEA&L 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
- KRCS will be the custodian of all data generated from the assessment
- Organize dissemination forums as necessary

## 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 using the provided template. **See Annex 1**
- Detailed **CVs of all professional (s)** who will work on the assignment. 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). The reference provided need to be ready to be contacted if need be. The reference letters should be signed off and indicating the details of the assignment done, when it was done and giving an overall assessment of the firms' performance and turnaround time.
- Provide 2 **evaluation reports/profile** undertaken of similar programmes and context
- If you proceed to oral stage, you will share a full report done that is similar to this assignment for technical assessment purposes.

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 oral 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**

*The bidders **MUST** provide a technical and financial proposal in **two separate folders** clearly marked "Technical Proposal + Name of the bidder" and "Financial Proposal + Name of the bidder" **and the email subject be marked** "Tender No. PRF09213 "Ensuring continuity of NCD care for crisis-affected populations in Kalobeyei Refugee Camp, Kilifi, Tana River and Nairobi Counties"*

**The proposals must be sent on mail to [tenders@redcross.or.ke](mailto:tenders@redcross.or.ke) by 4<sup>th</sup> May 2022 at 11:00 AM.**

Tenders will be opened immediately thereafter in the presence of the bidders 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](mailto:tenders@redcross.or.ke) and thereafter we will share the **Teams link for the meeting**.

### ANNEX 1: RESPONSE 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 and any other additional information (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 and final proposed sample size 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). The computation below should exclude VAT.

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

### 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 EVALUATION CRITERIA

A three-stage evaluation 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. 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 Possible	Points	Bidders score	Remarks

<b>(1) Introduction:</b> <ul style="list-style-type: none"> <li>Description of the Firm and the Firm's Qualifications</li> </ul>	5		
<b>(2) Background :</b> Understanding of the project, context and requirements for services	10		
<b>(3) Proposed Methodology:</b> The proposed methodology MUST provide an indication of its effectiveness and added value in the proposed assignment.	20		
<b>(4) Firms Experience in undertaking assignments of similar nature and experience from related geographical area for other major clients.</b> Provide a summary and supporting information on overall years of experience, and related technical and geographic coverage experience	10		
<b>(5) Proposed Team Composition:</b> <ul style="list-style-type: none"> <li>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.</li> <li>The proposed team composition should balance effectively with the necessary skills and competencies required to undertake the proposed assignment.</li> <li><b>Lead Consultant Qualifications</b> – should be as per the TOR</li> <li>Provide CVs for key technical Consulting team including Statistician/Data Analyst (<b>Mandatory</b>)</li> </ul>	10		
<b>(6) Work Plan:</b> A Detailed logical, weekly work plan for the assignment MUST be provided.	5		
<b>TOTAL SCORE</b>	<b>60</b>		

Total scores of the technical bid analysis shall be converted to a denominator of 60. Top three firms will go to the orals stage and top two after the orals will go to the financial evaluation stage

## 2. Oral presentation

Criteria	Score	Remarks
Understanding of the assignment (5 Marks)		
Clear and scientific methodology (15 Marks)		
Presentation of previous similar assignment (Consultant will be required to show/present 2 previous completed assignments at the oral stage) (10 marks)		

### **3. 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:

**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.

## **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. Bidders who might have had any gross misconduct while working for KRCS will not be considered at all.

### **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](mailto: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**

Bidders should provide a technical and financial proposal in two separate folders clearly Marked **“Technical Proposal Name of bidder”** and **“Financial Proposal Name of bidder”** both of which should then be sent to [tenders@redcross.or.ke](mailto:tenders@redcross.or.ke) with the subject reading **Tender No. PRF09213 “Ensuring continuity of NCD care for crisis-affected populations in Kalobeyei Refugee Camp, Kilifi, Tana River and Nairobi Counties”**

The proposals should be addressed as indicated above to reach the under signed by 4<sup>th</sup> May 2022 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](mailto: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).

#### **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.**

#### **1.1.9. 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.

#### **1.1.10. 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.

#### **1.1.11. 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.

#### **1.1.12. 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](mailto:complaints@redcross.or.ke)