



American Red Cross Haiti Delegation  
22, rue Metellus  
Petion Ville  
Port au Prince, Haiti

September 16, 2011

To whom it may concern,

Subject: **Request for Proposal**

1. The American Red Cross, Haiti Delegation hereby solicit your proposal for the provision of an ***Project Evaluation, Post-Earthquake Health Promotion (PEHP) project***; as per the attached Terms of Reference (TOR) that includes the scope of work.
2. The Request for Proposal (RFP) consists of this letter of transmittal and the following enclosures: Enclosure 1: Specifications/TOR
3. Please note that this document is an RFP and not an invitation to bid. You should also note that the terms set forth in this RFP, the TOR (Enclosure 1) will form a part of any contract should the American Red Cross (ARC) accept your proposal.
4. It is anticipated that any contract or contracts entered into as a result of this RFP will be for a period of 6 weeks (approx. 30 working days), **beginning October 17, 2011.**
5. This RFP does not commit the ARC to award a contract or to pay any costs incurred in the preparation or submission of proposals, or costs incurred in making necessary studies for the preparation thereof, or to procure or contract for services or supplies. The ARC reserves the right to reject any or all proposals received in response to this RFP and to negotiate with any of the proposers or other firms in any manner deemed to be in the best interest of the ARC. It also reserves the right to negotiate and award separate or multiple contracts for the elements covered by this RFP in any combination it may deem appropriate, in its sole discretion; modify or exclude any consideration, information or requirement contained in this RFP, and to add new considerations, information or requirements at any stage of the procurement process, including during negotiations with proposers.
6. Proposers must provide all requisite information and clearly and concisely respond to all points set out in this RFP. Any proposal which does not fully and comprehensively address this RFP will be rejected. However, unnecessarily elaborate brochures and other presentations beyond that sufficient to present a complete and effective proposal are not encouraged.

7. The normal terms of payment of the ARC are within 30 days of satisfactory delivery of goods or services and documents in apparent good order. Proposers must therefore clearly specify in their Proposal the payment terms being offered if different from these.
8. The agency/person is expected to submit a combined technical and financial proposal (maximum 5 pages) in English submitted no later than **17:00 pm EST, Oct 3, 2011**.
9. Any proposals received after the stated opening time and date will be rejected.
10. Proposals must be sent to: [arc.evaluation@gmail.com](mailto:arc.evaluation@gmail.com). Please use the following in the subject line of your email: **"Consultant – PEHP Evaluation"**.
11. All elements of the proposal should be contained in one single file, in either Word or pdf format. Please name the file using the following convention: ***Last name\_PEHP evaluation proposal (or Firm name\_PEHP evaluation proposal)***.
12. The proposal should follow the outline below:

**Introduction:** Brief introduction about the agency/person. The number, date, location, client, type of evaluation and brief description should be clearly stated for all prior evaluations conducted by the agency/person. Please highlight the following:

- Community-based health promotion project evaluations
- Evaluations in post-disaster/emergency settings
- Evaluations in Haiti
- Quantitative data collection and analysis techniques used
- Participatory evaluation techniques used

**Proposed methodologies and Work plan:** The proposal should clearly mention the proposed methodologies and activities to achieve the objective of the study, and list the timeline and time required for each. A template for expected activities can be found in the attached TOR.

**Quality control mechanisms:** Provide a section detailing the mechanisms that would be used to ensure quality at each step of the evaluation.

**Detailed Budget:** This section should provide the estimated budget, which should clearly state all costs.

**References:** Provide two or three references from your previous clients.

**Annex:** Detailed CVs of the professional(s) who will work on the evaluation must be submitted as annex. If more than one consultant 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.

13. Proposals will be reviewed and evaluated by the ARC in accordance with the provisions of the ARC's Procurement Policy as well as the considerations, information and requirements contained in this RFP. The evaluation procedure will consist of a formal, substantive and financial assessment of the proposals received. Price is an important factor; however, it is not the only consideration in evaluating responses to an RFP.
14. Your proposal shall remain valid and open for acceptance for a period of at least sixty (60) days from the closing date of **October 3, 2011**, indicated above for receipts of proposals. Please indicate in your proposal that it will remain valid for this period.
15. Following submission of the proposals and final evaluation, the ARC will have the right to retain unsuccessful proposals. It is the proposer's responsibility to identify any information of a confidential or proprietary nature contained in its proposal, so that it may be handled accordingly.

## **Terms of Reference for External Consultant/Firm**

Project Evaluation, Post-Earthquake Health Promotion (PEHP) project, Haiti

18 September 2011

### **1. Description of project to be evaluated**

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#### **1.1. Background and objectives of project**

The earthquake that hit Haiti on January 12, 2010 killed an estimated 217,300 people and displaced more than 2.1 million people. Of those that were displaced, more than 1.5 million people were displaced to more than 1555 camps/informal settlements (source: UNOCHA, August 2011).

The crowded camp conditions, along with lack of basic health and water and sanitation infrastructure left the camp residents vulnerable to a variety of health risks, particularly disease outbreaks.

The camp conditions, were exacerbated by the fact that the health status of the Haitian population was poor prior to the earthquake. Before the earthquake, 47% of the population did not have access to basic health care and more than half had no access to drinking water. There was no municipal sewage system or water system in the country. The life expectancy was low at just 59 for males and 63 for females, and more than half of the population lived below the extreme poverty line of US\$1 a day.

As part of its disaster response efforts, the American Red Cross (ARC) began an emergency health promotion project, (known as the Post-Earthquake Health Promotion Project, or PEHP) to address health concerns specifically related to living in IDP camps. The goal of the project is to reduce and/or mitigate the incidence of disease and gender based violence (GBV) through managing immediate health risks while increasing community capacity and resilience in the aftermath of disasters. The project provides health promotion in 3 key areas: malaria, diarrheal illness (including cholera), and HIV/STIs. The estimated target population is 190,000 camp residents living in 100 camps. The period of implementation is from May 2010-Nov. 2011.

While the project was designed before the cholera outbreak in Oct. 2010, the project played a key role in responding to the initial and subsequent cholera outbreak. Immediately following the initial outbreak, an additional 100 hygiene promoters were recruited to work in the camps along with the 100 initial PEHP promoters. Additional supervisory staff were hired to oversee the work of these additional promoters. All were trained in cholera specific hygiene promotion, prevention and treatment messaging. In addition, cholera related commodities, including soap, aquatabs, ORS and jerry cans were obtained and a package of these items were distributed tent to tent during the hygiene promotion. As the first wave of the epidemic came under control, the new promoters were cross-trained in all pre-cholera PEHP interventions.

An evaluation is necessary to determine the relevance, effectiveness, and coverage of the project, as well as the the intended and unintended changes that occurred as a result of the interventions given the evolving humanitarian context throughout the project period.

### **1.2. Scope and reach of project**

The project has reached nearly 200,000 beneficiaries in over 100 camps in 6 communes (Port au Prince, Delmas, Petion Ville, Croix des Bouquets, Carrefour and Tabarre) in the Port-au-Prince metropolitan area.

### **1.3. Project/program management**

The project is implemented by the American Red Cross (ARC) in collaboration with the Haitian Red Cross (HRC).

### **1.4. Previous evaluation activities (baseline or endline surveys, midterm reviews, other)**

No other evaluation activities to date. The PEHP program responded to emergency health needs first in response to the earthquake in Jan. 2010 and then in response to the cholera epidemic that began in late October 2010. Plans for a baseline were never realized given the emergency response nature of the project.

## **2. Evaluation overview**

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### **2.1. Purpose of evaluation**

The purpose is to assess the success/failure of the PEHP project and to inform future programming in similar post-disaster urban settings.

### **2.2. Type of evaluation**

This will be a project evaluation.

### **2.3. Main audience of evaluation**

The main audience for the report will be the ARC staff in Haiti and in NHQ.

### **2.4. Expected dates and duration of evaluation**

The evaluation is expected to start on Oct 17, 2011 and to last approximately 30 working days.

### **2.5. Coverage**

The evaluation will cover all geographic areas in which the PEHP project was implemented.

### **2.6. Objectives of the evaluation**

1. Describe and assess results – intended and unintended, positive and negative ;
2. Assess the major factors which influence results either positively or negatively;
3. Draw lessons learned;
4. Receive recommendations on how to do a better job in meeting the objectives of the program; and
5. Consider to what extent the objectives are still relevant.

### **3. Evaluation criteria and questions**

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#### **Relevance:**

1. Was this program the most appropriate way to achieve intended outcomes, particularly increased access to health information and commodities? Were there other, more appropriate ways in which similar outcomes could have been achieved?
2. How did program design compare to programs implemented by other emergency health actors or other Red Cross societies working in emergency health amongst the IDP populations in camps after the January 2010 earthquake?
3. Did the intervention (particularly health promotion, commodity distribution and micro mitigation activities) correspond to the the needs/priorities of camp residents?
4. Did the community perceive the health messages to be relevant/useful?
5. Did health promoters perceive the project strategy and interventions to be relevant/useful? Did health promoters perceive their training to be relevant/useful?
6. How should the program be modified to address current health needs in the current recovery and reconstruction context (for both camp and neighborhood populations)?

#### **Effectiveness:**

7. Were activities implemented as planned? What were the main factors that contributed to whether activities resulted in intended outputs and outcomes?
8. Were quality standards defined, and did activities achieve high levels of quality in implementation?

#### **Coverage:**

9. How did actual coverage compare to expectations and to need?
10. Were there any glaring inequities between program beneficiaries (camp residents) and other members of the surrounding community who were not included in the program (non camp residents)? Would a different definition of intended beneficiaries have had different results?

#### **Results / Outcomes**

11. Did the program achieve its intended outcomes? Has there been any behavior change related to project outcomes? Has there been an increase in use by the camp population of health commodities distributed by the project? Were there any important unintended outcomes, either positive or negative?
12. What were the main reasons that determined whether behavior change was or was not achieved, and whether there were positive or negative unintended outcomes? Which were under ARC control and which not?

#### **Coherence / connectedness:**

13. How well did the project/program adapt its design and objectives to the prevailing humanitarian context for the target population and in the target sector? In particular, how well did the project adapt to the cholera epidemic?

#### **4. Evaluation Design and Methodology**

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##### **4.1. Budget**

A detailed budget will be provided by all bidders as part of the application.

##### **4.2. Logistics and Administrative Support**

The consultant is to cover all administrative and logistic costs, including human resources, lodging and transportation.

##### **4.3. Reporting relationship**

The consultant will report to the Senior Health Delegate, the designated evaluation manager.

##### **4.4. Discussion of inception report**

An inception report, covering a proposed methodology and work plan, will be submitted by the the hired consultant before any activities begin. The report will be discussed with the ARC evaluation manager and modified if necessary.

##### **4.5. Possible approaches**

The sources of information and types of analysis could include, but would not necessarily be limited to, the following:

- a. Desk review of key documents
- b. Literature search and review of material on the environment in which the project operates
- c. Interviews with key project/program staff
- d. Interviews with representatives of the project/program stakeholders
- e. Focus group discussions with stakeholders
- f. Other participatory approaches, such as “most significant change”
- g. Case studies, which usually require site visits to judge the outcomes and impacts
- h. Physical inspection of some products or facilities and/or measurement of environmental factors affecting results
- i. Attendance at beneficiary meetings, workshops, and training activities.
- j. Review of evaluations and annual reports of other programs in the same sector and with the same/similar target population

##### **4.6. International Standards & presentation of evidence**

Standard evaluation and survey methodologies and good practices utilized in the international humanitarian community should be applied. Such resources should include but are not limited to those promulgated by the Active Learning Network for Accountability and Performance and the Organization for Economic Co-operation and Development.

In particular, all findings and conclusions should be based on evidence which is presented in the evaluation report. For sample surveys, detailed information on the sample design (including

departures from equal probability of selection method and how dealt with), the respondent selection methodology, nonresponse rates, and design effects and intra-class correlation (roh) for all variables should be presented in the report. For case studies, the criteria and processes for selecting those cases should be presented.

#### 4.7. Ethical Guidelines

It is expected that the evaluation will adhere to ethical guidelines as outlined in the American Evaluation Association’s Guiding Principles for Evaluators. A summary of these guidelines is provided below, and a more detailed description can be found at [www.eval.org/Publications/GuidingPrinciplesPrintable.asp](http://www.eval.org/Publications/GuidingPrinciplesPrintable.asp).

1. *Informed Consent*: All participants are expected to provide informed consent following standard and pre-agreed upon consent protocols.
2. *Systematic Inquiry*: Evaluators conduct systematic, data-based inquiries.
3. *Competence*: Evaluators provide competent performance to stakeholders.
4. *Integrity/Honesty*: Evaluators display honesty and integrity in their own behavior, and attempt to ensure the honesty and integrity of the entire evaluation process.
5. *Respect for People*: Evaluators respect the security, dignity and self-worth of respondents, program participants, clients, and other evaluation stakeholders. It is expected that the evaluator will obtain the informed consent of participants to ensure that they can decide in a conscious, deliberate way whether they want to participate.
6. *Responsibilities for General and Public Welfare*: Evaluators articulate and take into account the diversity of general and public interests and values that may be related to the evaluation.

## 5. Work Plan and Schedule

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### 5.1. Expected activities

Activities	Number of days	Expected timeline
1. Desk review (project document, monitoring data, relevant secondary information etc.) and hold discussions with ARC program staff*	5	Oct 17-21, 2011
2. Develop and submit inception report*	2	Oct 23-24, 2011
3. Draft and translate instruments for qualitative data collection (FGD guide, Key informant interview etc.)*	3	Oct 25-28, 2011
4. Lead and oversee qualitative data collection*	10	Oct 31 – Nov 14, 2011
5. Submit draft report to ARC for comments*	5	Nov 15 –22, 2011
6. Receive ARC feedback on draft report (ARC)	7	Nov 23 – Dec 1, 2011

7. Finalize report	5	Dec 2-10, 2011
<b>TOTAL WORK DAYS =</b>	<b>30 days</b>	

\* Activities to be performed in field

## 5.2. Deliverables

Deliverables	Expected deadline
1. Inception report	Oct 24
2. Instruments for qualitative evaluation (FGD guide, Key informant interview etc.)	Oct 28
3. Draft report	Nov 22
4. Finalized report	Dec 10

## 6. Obligations of key participants in the evaluation

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### Obligations of the Consultant

- a. Inform the evaluation manager in a timely fashion of progress made and of any problems encountered.
- b. Implement the activities as expected, and if modifications are necessary, bring to the attention of the Evaluation Manager before enacting any changes.
- c. Report on a timely basis any possible conflicts of interest.

### Obligations of the Evaluation Manager

- a. Answer any day-to-day enquiries from the consultant.
- b. Facilitate the work of the consultant with beneficiaries and other local stakeholders.
- c. Monitor the daily work of the consultant and flag any concerns.

### Obligations of the NHQ Technical Team

- a. Review and approve the proposed methodology.
- b. Provide technical oversight in the review of all deliverables, including the draft report.

## 7. Required qualifications of the evaluator(s)

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1. Worked as external lead evaluator for minimum three project/program evaluations for humanitarian or development agencies in developing countries in the past five years, or extensive demonstrated expertise in evaluation of humanitarian/development projects
2. Technical expertise and/or prior experience in community-based health promotion programs in developing countries, preferably with experience in a post-disaster context
3. Extensive demonstrated experience in quantitative and qualitative data collection and analysis techniques; experience using participatory research methods strongly preferred
4. Demonstrated experience in training research staff and in leading focus groups
5. Professional work experience in Haiti preferred
6. Fluency in English and French is required, fluency in Haitian Creole a distinct advantage.

7. Post graduate degree from a recognized institution relating to monitoring & evaluation, social research or survey methodologies preferred
8. Minimum 5 years relevant M&E experience in the development/NGO sector in developing countries preferred

## **8. Evaluation process**

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### **Selection process and criteria**

Applications will be evaluated within one week of receipt according to a pre-defined scoring system, which includes point allocation for different elements of the proposal as follows:

- Technical quality, including clearly defined plan to accomplish objectives
- Technical and administrative capacity to conduct proposed final evaluation
- Demonstrated experience in-country, capacity for implementation within the established timeframe and dates, and track record in proposed area of work
- Cost effectiveness of proposal
- Experience and qualifications of proposed team

### **Questions from Bidders before deadline for receiving bids**

During the proposal development process, organizations and individuals may contact ARC to clarify procedural or programmatic issues. For the sake of fairness to all competing entities, programmatic questions must be formally submitted via email to ARC before the application deadline. Programmatic questions will be pooled, and a formal written response will be issued by ARC to all organizations competing for the bid.