



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 **Baseline survey, Cholera Response Project, Haiti** 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 10 weeks (approx. 55 working days), **beginning October 5, 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 technical and financial proposal (maximum 10 pages) in English submitted no later than **17:00 EST on September 28, 2011.**



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

9. Any proposals received after the stated opening time and date will be rejected.
10. Proposals must be sent to: arc.evaluation@gmail.com. Please use the following in the subject line of your email: **“Baseline survey, Cholera Response Project, Haiti “**.
11. The proposal should follow the structure presented in **section 12** of ToR.
12. 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.
13. Your proposal shall remain valid and open for acceptance for a period of at least sixty (60) days from the closing date of **September 28, 2011**, indicated above for receipts of proposals. Please indicate in your proposal that it will remain valid for this period.
14. 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
Baseline survey, Cholera Response Project, Haiti
14 September 2011

1. Background

1.1. Background and objectives of project

ARC and the Haitian Red Cross (HRC) have collaborated on community health programming since 2004 with the Together We Can youth HIV/AIDS prevention program implemented in 9 branches throughout the country. In 2006, ARC and HRC began a community-based first aid malaria prevention project, known as *Vwazen Kore Vwazen* (neighbors helping neighbors), in northeast Haiti. Following the devastating earthquake that killed more than 220,000 in January 2010, ARC expanded its health programming in internally displaced persons (IDP) camps in Port-au-Prince. Teams of health promoters were trained to give health and hygiene promotion and to distribute lifesaving commodities such as insecticide treated mosquito nets.

In late October 2010, the first cholera outbreak in Haiti in at least a century was confirmed. This was followed by a rapid increase in cholera and cholera-associated hospitalizations and deaths. As of the end of August 2011, MSPP reported over 439,000 cases of cholera nationwide, of which 233,427 (53.1%) patients had been hospitalized, and 6266 (2.3%) had died.¹

After receiving news that cholera was confirmed in Haiti, ARC's teams of health promoters in camps were doubled in size and immediately trained and mobilized to address the cholera epidemic by giving hygiene promotion tent to tent and by distributing soap, aquatabs and ORS.

In addition, ARC and HRC built on their current and past partnerships and experience to scale up hygiene promotion and to set up ORS posts/distribution points and to expand water and sanitation infrastructure in rural areas outside of Port-au-Prince (where many gaps in prevention and treatment services still exist) as part of the Cholera Response Project. The project, which runs from January 2011 to June 2012, aims to reduce both the incidence of cholera, as well as the morbidity and mortality due to cholera, in the project area (23 communes in 3 departments, as well as 50 IDP camps in Port-au-Prince). This will be achieved through improved cholera prevention and treatment practices, particularly improved hygiene practices, and increased community access to life saving health information, commodities and services.

The objectives of the program are as follows:

1. To reduce the risk of cholera by improving hygiene practices at the household level and provision of commodities essential for cholera prevention
2. To reduce the risk of cholera by increasing access to ORS at the community level and to provide referrals to Level 2 (CTU) and Level 3 (CTC) cholera treatment facilities.

¹MINISTERE DE LA SANTE PUBLIQUE ET DE LA POPULATION (MSPP), Report of cholera cases, August 29, 2011.

Implementation Strategy: In order to mitigate the vulnerability of target communities to the spread of cholera, the project implementation strategies include: (1) strengthening cholera prevention in target communities through intensive door to door hygiene promotion, and commodity distribution; (2) improving the availability of ORS at the community level through active case finding and the establishment of ORS posts/distribution points at the community level. (3) increasing latrine coverage and access to water.

Main expected outputs/results:

- 124,988 households reached with hygiene promotion conducted by Haitian Red Cross volunteers (HRCVs)
- 124,988 households reached with soap, aquatabs and ORS as appropriate
- 540 Haitian Red Cross Volunteers (HRCVs) conducting hygiene promotion (house to house and in for groups)
- 250 ORS posts/distribution points established
- 600 HRCVs trained to administer ORS at ORS posts/distribution points
- Active case finding and referral of all suspected cases in the project area
- 300 latrines and 30 water pumps constructed in the NorthEast and North departments.

A logframe is presented in Annex 2

1.2. Scope and reach of project/program

The project will serve all households living in the following 23 communes, as well as in **50 IDP camps**:

North department (8 communes)	North East department (13 communes)	West department (2 communes)	Port-au-Prince
Bahon	Capotille	Arcahaie	50 IDP camps
Dondon	Caracol	Cabaret	
Grande Rivière du Nord	Carice		
La Victoire	Ferrier		
Milot	Fort-Liberté		
Pignon	Mombin Crochu		
Ranquitte	Mont-Organisé		
Saint Raphaël	Ouanaminthe		
	Perches		
	Sainte Suzanne		
	Terrier Rouge		
	Trou du Nord		
	Vallières		

The details of communes and section commune are presented in Annex 1.

1.3. Project/program stakeholders

The American Red Cross (ARC) and the Haitian Red Cross (HRC) are jointly collaborating on the cholera Response Project. The ARC will oversee and support project implementation and HRC (largely through its wide volunteer base) will carry out proposed interventions.

1.4. Previous surveys and/or other secondary source data

DINEPA and the WASH Cluster-DINEPA conduct regular surveys on “WASH Performance in Temporary Sites”, including latrine coverage and functional status, areas with open defecation and WASH coverage by partners. The CDC, and several NGOs, have conducted KAP cholera surveys in their project areas.

2. Scope of work

The consultant/firm will be responsible for the following aspects of the survey:

1. Questionnaire
 - Pre-testing questionnaire(s)
 - Printing of questionnaires
2. Data collection
 - Development of training guide for data collectors
 - Recruitment of data collectors
 - Training of data collectors
 - Design and oversight of listing operations (if necessary)
 - Methodology for selecting respondents at the final stage
 - Conduct and oversight of data collection
3. Data entry
 - Development of data entry software and data entry protocols (to include double entry)
 - Development of quality control measures
4. Data analysis
 - Data cleaning and analysis, making sure complex sample design taken into account
 - Calculation and use of sampling weights (as needed)
 - Use of appropriate variance estimation technique given sample design
5. Human resources
 - Recruitment of field work staff (data collectors, supervisors, data entry)
6. Equipment and logistics
 - Securing of office and computer equipment for survey management and data entry
 - Arranging for transportation and equipment related to household listing and household survey interviews.

The consultant/firm will not be responsible for the following:

1. Sampling
 - Sample size calculation
 - Sample design (domains, subclasses, stratification, clustering, number of stages)
 - Allocation and selection of units across stages
2. Questionnaire development
 - Development & translation of questionnaire

3. Survey overview

3.1. Survey objective(s)

To collect data to serve as a baseline against which to measure change in key variables.

3.2. Survey type

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | DESCRIPTIVE (ONE-OFF, NEEDS ASSESSMENT, ETC.) |
| <input checked="" type="checkbox"/> | COMPARATIVE – BASELINE |
| <input type="checkbox"/> | COMPARATIVE – ENDLINE |

3.3. Geographic scope

The geographic scope of the survey will be the same as that of the project, with one exception: the 50 IDP camps will not be included in the scope of this survey.

3.4. Target population

The target population is composed of all female adults between the ages of 18-60 years old living in the project areas. We do not have an accurate estimate of the number of persons in this population.

3.5. Sampling frame(s) & coverage

The sampling frame for the selection of section communales and localities is a list of all localities (*localités*) in the project areas. There are no population estimates available at the locality level. Area sampling will be used, in which localities will be sampled and listing operations conducted. Households will then be selected from the lists generated from the listing operations. The sampling unit will be the household. One eligible adult woman in each household will be randomly selected for an interview.

3.6. Mode of data collection

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | PERSONAL INTERVIEWS WITH PAPER QUESTIONNAIRES |
| <input type="checkbox"/> | PERSONAL INTERVIEWS WITH PDAS OR OTHER COMPUTER-ASSISTED COLLECTION |
| <input type="checkbox"/> | OTHER (PLEASE SPECIFY): |

3.7. Main audience of survey

The survey report will be shared internally in Haiti (Health delegates, Q&L Unit, Sr. Management) and in NHQ (HAP, Program Integration, Sr. Management).

3.8. Expected dates and duration of consultancy

The consultancy will last a maximum of 55 days, and is scheduled to begin on October 6, 2011 and end on December 10, 2011. See “Work plan” below for more details.

4. Analysis overview

4.1. Planned analysis of survey data

- DESCRIPTIVE (MEANS, CONFIDENCE INTERVALS, ETC.)
 ANALYTICAL (HYPOTHESIS TESTING, REGRESSION ANALYSIS, ETC.)

4.2. Unit(s) of analysis

- INDIVIDUAL
 HOUSEHOLD

4.3. Domains and subclasses

Descriptive statistics will be calculated at both the population level and the department (strata) level .

4.4. GIS and mapping

GIS coordinates will be collected at each locality. A map of all selected localities will be created and annexed to the final report.

5. Sample design

5.1. Sampling methodology

- | PROBABILITY | NON-PROBABILITY |
|---|--|
| <input type="checkbox"/> SIMPLE RANDOM SAMPLE (SRS) | <input type="checkbox"/> QUOTA |
| <input type="checkbox"/> SYSTEMATIC | <input type="checkbox"/> JUDGMENT |
| <input checked="" type="checkbox"/> STRATIFIED | <input type="checkbox"/> CONVENIENCE |
| <input checked="" type="checkbox"/> CLUSTERED | <input type="checkbox"/> SNOWBALL |
| <input checked="" type="checkbox"/> MULTISTAGE | <input type="checkbox"/> RESPONDENT-DRIVEN |
| <input type="checkbox"/> OTHER: | <input type="checkbox"/> OTHER: |

5.2. Required precision

The required precision

5.3. Indicator(s) to be used as basis for sample size calculations

No specific indicator was chosen as a basis for sample size calculation. A proportion was assumed, and baseline and endline values were chosen to give a maximum sample size.

5.4. Values of key sample size calculation variables

KEY INDICATOR	None chosen
SIGNIFICANCE LEVEL	95%
POWER	80%
ESTIMATED BASELINE VALUE OF KEY INDICATOR	45%
EXPECTED FUTURE VALUE OF KEY INDICATOR AT ENDLINE	55%
ONE OR TWO-TAILED TEST?	One

5.5. Sample size

An unadjusted sample size was estimated at 306 Households. A design effect of 2 was applied, as well as a nonresponse adjustment of 18%. The adjusted sample size was 722 households (306 x 2 x 1.18). The effective sample size was 614 households. The finite population correction as not applied. The sample size was calculated to control for precision at the population level, not at the department level.

5.6. Stratification

The population is stratified by department (North, North East, West).

5.7. Allocation and selection

There will be four sampling stages:

1. Section communale
2. Locality
3. Household
4. Eligible female adult

Allocation and selection was/will be done in the following way:

Stage:	1	2	3	4
Allocation:	Proportional by number of localities	Proportional by number of localities	Proportional number by of households	Same as for stage 3, since expected min 1 eligible adult per HH
Selection:	Systematic	Systematic	Systematic	Kish table/Last Birthday method
Unit:	Section communale	Localite	Household	Eligible female adult
Department	Total Sample	Total Sample	Total Sample	Total Sample
North	31 13	1,247 31	n/a TBD	n/a TBD
North Est	37 9	822 20	n/a TBD	n/a TBD
West	7 3	345 9	n/a TBD	n/a TBD
TOTALS	75 25	2,414 60	n/a 722	n/a 722

5.8. Listing operations

Listing operations of all households will be carried out by the consultant/firm in each locality. These lists will serve as the sampling frame for selecting respondents. A listing operation will include the preparation of a map of the locality, which will depict all important structures (schools, churches, etc.) as well as information on desired variables for each household (number of persons in household, sex, age, geographic information, etc.). Adequate care needs to be taken that no household in the locality is left out. Only residents will be listed; non-residents present in the households at the time of listing will not be considered for the survey and not be listed. A house listing template will be provided by the ARC.

5.9. Selection of respondents in final stage

One eligible female adult will be chosen from all eligible female adults in the household. A “Kish table” or last birthday method will be used to randomly select the respondent. The total number of eligible adults in each household will be recorded.

6. Survey questionnaire

6.1. Questionnaire development

A questionnaire has already been drafted. The consultant/firm will be able to comment on the draft before it is finalized.

6.2. Translation

The questionnaire will be translated into Haitian Creole. Translation costs will be covered by the ARC.

6.3. Pre-testing and finalization

The questionnaire will be pre-tested. This pre-testing will include field testing with project beneficiaries.

7. Operations

7.1. Human resources for field work

The consultant/firm will provide 20 listers/mappers/data collectors and 5 supervisors.

For listing operations:

Each listing team is expected to be made up of one mapper and one lister, and it is expected that house listing of a given locality will take 1 day. The listing teams will be provided two days training (include half day of field trial). Ten teams of two persons per team will be able to conduct listing operations in all 60 localities in 6 days.

For interviews:

Each of the five interview teams will be made up of 4 data collectors and 1 supervisor. The supervisor will assure quality control in data collection and entry, must be fluent in Haitian Creole and will spot check or observe at least 25% of the interviews and check/edit 100% of the questionnaires before leaving the locality.

Data collectors will work in sub-teams of two, such that two data collectors will be present during each interview.

It is estimated that data collection will take 13 days: 10 days for primary data collection and 3 days for nonresponse follow-up. This calculation was based on the following assumptions:

5	Teams
4	data collectors/team
6	interviews per two collectors per day
12	interviews per team per day
60	interviews total per day
614	total interviews to do (given expected nonresponse)
10	total days
3	days for nonresponse follow-up

7.2. Transportation

One vehicle must be provided to each team for field work (listing and interviews), for a minimum total of 5 vehicles.

7.3. Training

The consultant/firm will train staff in listing operations, in interviewing respondents with the survey questionnaire and in supervising the interview teams. The training for listing will last 2 days, and the training for interviewing and for supervisors will last 4 days total. All trainings will include field visits.

7.4. Data entry

The consultant/firm will be responsible for designing a system to input and manage data, as well as data entry and cleaning protocols.

7.5. Quality control

The consultant/firm will need to put in place processes to control for quality at each stage of the survey.

7.6. Case codes & Nonresponse

The consultant/firm will assign final disposition codes to all survey cases, using the definitions for “In-Person Household Surveys” and the codes found on page 44 of “Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys, revised 2011” from the American Association for Public Opinion research (AAPOR). Response rates will be calculated using the AAPOR “Response Rate 1” definition (page 44).

8. Work plan, deliverables and dissemination

8.1. Work plan

Below is the expected work plan:

Activities	Days	Start Date	End Date
1. Last date for submission of detailed proposal (ARC)	15	14-Sep	28-Sep
2. Selection of winning bidder and contract awarded (ARC)	7	29-Sep	5-Oct
3. Data collection tools finalized (ARC)	<i>Parallel</i>		
4. Preparatory work by consultant/firm for field work	5	6-Oct	10-Oct
5. Analysis plan developed	<i>Parallel</i>		10-Oct
6. Data entry system developed, tested and finalized	<i>Parallel</i>		23-Oct
7. Training for listing team (mapper, lister)	2	11-Oct	12-Oct
8. Listing operations	6	13-Oct	19-Oct
9. Training of data collectors and supervisors	4	20-Oct	23-Oct
10. Data collection	13	24-Oct	5-Nov
11. Data entry and cleaning	7	6-Nov	13-Nov
12. Tables of preliminary results	2	14-Nov	15-Nov
13. First draft report	10	16-Nov	25-Nov
14. Feedback on first draft (ARC)	7	26-Nov	2-Dec
15. Second draft report	3	3-Dec	5-Dec
16. Feedback on second draft (ARC)	2	6-Dec	7-Dec
17. Final report	3	8-Dec	10-Dec
TOTAL DAYS:	55 days		

8.2. Deliverables

The following is a list of deliverables and associated deadlines. The final report must be translated into both French and English. Translation of the final report is the responsibility of the consultant.

Deliverables	Expected deadline
1. Training manual for field staff, in English and in Haitian Creole	10-Oct
2. Protocol for listing operations	10-Oct
3. Protocol for data collection	10-Oct
4. Data analysis plan	10-Oct
5. Data entry system	23-Oct
6. Tables with preliminary survey results	15-Nov
7. First draft report	25-Nov
8. Second draft report	10-Dec
9. Final report	15-Dec
10. All data files in SAS, SPSS or STATA format (raw data sets, modified data sets, log files, code book)	15-Dec
11. Sampling weights used in data analysis	15-Dec

The final report should include detailed information on the following:

1. Sample size calculation
2. Sample design (stratification, clustering, number of units at each stage)
3. Allocation of units across stages
4. Selection of units at each stage
5. Methodology for selecting respondents at the final stage
6. Questionnaire development
7. Trainings of listers/mappers and of data collectors/supervisors
8. Listing operations
9. Quality control measures
10. Data cleaning and analysis (including nonresponse, variance estimation technique used and how complex sample design accounted for)

In addition, the report should annex a list of the following information for each variable:

			Confidence intervals					Number of cases	
Variable	Value (R)	Standard Error (SE)	Value -2SE	Value + 2SE	Relative Standard Error (SE/R)	Design effect (DEFT)	Intra-class correlation (ROH)	Unweighted (N)	Weighted (WN)

9. Reporting and support

9.1. Budget

The consultant/firm should provide a detailed budget in the application.

9.2. Logistics and administrative support

The ARC will not provide logistic and/or administrative support to the consultant/firm.

9.3. Reporting relationships

The consultant/firm will report to **Meghan DiCarlo, Senior Health Delegate**, the survey manager.

9.4. Discussion of inception report

The consultant/firm will submit an inception report. The inception report will be reviewed, modified (if necessary) and approved by the ARC. Final approval must be received before any data collection activities can be started.

9.5. International standards & presentation of evidence

Standard sample 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 survey report.

9.6. 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.

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.

9.7. Future use of data

All collected data will be the sole property of the American Red Cross. The consultant/firm may not use the data for their own research purposes, nor license the data to be used by others, without the written consent of the American Red Cross.

10. Obligations of key participants in survey

10.1. Consultant/firm

1. Inform the survey manager in a timely fashion of progress made and of problems encountered.
2. Implement the activities as expected, and if modifications are necessary, bring to the attention of the survey manager before enacting any changes.

10.2. ARC survey manager

1. Assure that the consultant/firm is provided with the specified documents and answer day-to-day enquiries.
2. Facilitate the work of the consultant/firm with beneficiaries and other local stakeholders.
3. Monitor the daily work of the consultant/firm and flag concerns.

10.3. ARC NHQ Technical Team

1. Provide technical oversight in the review of all deliverables.
2. Provide timely comments on the draft report.

11. Required qualifications of consultant/firm

1. Demonstrated experience and expertise in the design and management of complex household surveys in developing countries
2. Demonstrated experience in training persons in listing operations and in survey interviewing
3. Demonstrated experience in analyzing data from stratified, clustered, multistage surveys with disproportionate selection probabilities (including calculating weights, adjusting analysis for complex design and estimating variance using linearization and/or replication techniques)

4. Minimum 5 years relevant experience in sample survey design, survey implementation and data analysis, preferably in the development/NGO sector in developing countries
5. Experience of survey work with similar purpose, mode and populations strongly preferred
6. Professional work experience in Haiti preferred
7. Fluency in English and French required; fluency in Haitian Creole an advantage

12. Submission of applications

12.1. Application submission details

The agency is expected to submit a detailed proposal for undertaking the study. **The technical and financial proposal is to be submitted separately in the provided formats.**

The submitted proposal should specifically highlight the following –

- Past experience of the agency in conducting population based HH surveys in health/cholera, particularly in the Haiti (include names and addresses of the clients)
- Names, qualifications and experiences of senior and middle level staff who be involved for various aspects of conducting the survey
- Detailed budget
- Plan for monitoring field work
- Plan for maintaining data quality
- Plans to adherence to the timeline
- Separate proposals for technical and finance is to be submitted

A suggestive format for submission of the proposal is outlined as below –

Background: Brief background about the objectives of the study and survey methodology etc.

Filed plan: Provide the number of field team for data collection work as well as number of team for house listing activity.

Activity plan: The proposal should clearly mention details of each and every activity including kind of preparatory work, training, house listing, sampling and data collection work, data entry, data processing and analysis, results and report writing. The time line and person(s) responsible for each activity needs to be clearly mentioned.

Training activities: The person(s) responsible for training program, their background in terms of experiences of the professionals to carry out training activities under this study. The logistics of the training program for investigators needs to be taken care of by the agency and it will be the responsibility of the agency to arrange for OHP, transparencies, markers etc and to conduct the training program in a good environment.

Field Movement plan: The agency should clearly indicate the field movement plan for the lister / mapper and field team including the mode of travel.

Quality control mechanism: Provide a section detailing out the mechanism to ensure data quality by clearly specifying steps for data validation. This section may also include supervisory mechanism for data quality.

Data entry and processing plan: This section should clearly bring out the details about preparation of data entry package, mechanism of data entry, validation checks and data processing activities. This should also include plan for collecting filled in questionnaire from the field and their transportation to the data entry location.

Tabulation and preparation of reports: Provide details about the team carrying out tabulation, report writing and incorporation of feedback. The experiences of the person(s) involved and expertise should clearly be mentioned.

Human resource structure: The human resource structure for key professional along with a matrix clearly indicating the name of the professional together with the amount of time for each of the activities needs to be mentioned. The suggestive matrix is provided below –

Name of person	Level of effort (number of days)					
	Trainings	Listing operations	Field work	Data entry & cleaning	Data analysis	Report writing

Agencies Expertise: This section should highlight past experience of the agency in conducting large surveys, particularly in Haiti. The section should mention names, qualifications and experiences of senior and middle level staffs who would be involved for various aspects of conducting the survey along with the level of efforts they would be devoting to the conduct of this study.

Progress update: This section should clearly indicate the mechanism to communicate with ARC officials on regular update about the filed activities, coverage rate, data entry status etc.

Detailed Budget: This section should provide estimated budget for each activity along with clearly mentioning the rates and how the estimation has been arrived at.

The details of the various line items as suggested below may be provided –

- Honorarium of key personnel
- Travel cost of key professionals
- Training costs
 - i. Lister / Mapper, Supervisors
 - ii. Investigators and data editors
 - iii. Filed practice cost
 - iv. Any other
- Field expenses
 - i. Cost to the field functionaries



**American
Red Cross**

American Red Cross Haiti Delegation

22, rue Metellus

Petion Ville

Port au Prince, Haiti

- ii. Travel cost of field staff
- iii. Any other
 - Data entry Package and data entry cost
 - Data analysis and report writing
 - Any other cost

Please send only two files (One technical proposal and one financial proposal) in either Word or pdf format. Please name the file using the following convention: *Last name_Cholera baseline application* (or *Firm name_Cholera baseline application*).

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

Annex: Detailed CVs of the professional who will work on the evaluation must be submitted as annex.

Application must be received by 17:00 EST on September 28, 2011. Applications received after this deadline will not be accepted. Applications should be sent to the following email address: arc.evaluation@gmail.com.

Annex 1

Department	Commune	Section Communale
North	Bahon	4ème Bois Pin
		5ème Bailly
		6ème Montagne Noire
	Dondon	1ère Brostage
		2ème Bassin Caïman
		3ème Matador
		4ème Laguille
		5ème Haut du Trou
		6ème Montagne Noire
	Grande Rivière du Nord	1ère Grand Gilles
		2ème Solon
		3ème Caracol
		7ème Gambade
		8ème Joli Trou
		9ème Cormiers
	La Victoire	1ère La Victoire
	Milot	1ère La Victoire
		1ère Perches de Bonnet
		2ème Bonnet à l'Evêque
		3ème Genipailler
	Pignon	1ère Savannette
		2ème La Belle Mère
	Ranquitte	1ère Bac à Soude
		2ème Bois de Lance
		2ème La Belle Mère
		3ème Cracaraille
	Saint Raphaël	1ère Bois Neuf
2ème Mathurin		
3ème Bouyaha		
3ème Cracaraille		
4ème San-Yago		
North Est	Capotille	4ème Capotille
		6ème Lamine
	Caracol	1ère Champin
		2ème Claudine
	Carice	1ère Bois Camelle
		2ème Rose Bonite
	Ferrier	3ème Bas Maribahoux
	Fort-Liberté	1ère Dumas
		1ère Loiseau
		2ème Bayaha
2ème Haut Madeleine		

Department	Commune	Section Communale
	Mombin Crochu	1ère Sans Souci
		2ème Bois Laurence
	Mont-Organisé	1ère Savanette
		2ème Bois Poux
	Ouanaminthe	1ère Haut Maribahoux
		2ème Acul des Pins
		3ème Savane Longue
		5ème Gens de Nantes
		7ème Savane au Lait
	Perches	1ère Haut des Perches
		2ème Bas des Perches
	Sainte Suzanne	1ère Foulon
		2ème Bois Blanc
		3ème Cotelette
		4ème Sarazin
		5ème Moka Neuf
		6ème Fond Bleu
	Terrier Rouge	1ère Fond Blanc
		2ème Grand Bassin
		6ème Fond Bleu
	Trou du Nord	1ère Garcin
		2ème Roucou
		3ème Roche Plate
Vallières	1ère Trois Palmistes	
	2ème Grosse Roche	
	3ème Corosse	
West	Archaie	3ème des Vases
		7ème Fonds Baptiste
		8ème Montrouis
	Cabaret	1ère Boucassin
		2ème Boucassin
		4ème Fonds des Blancs
		9ème Source Matelas

Annex 2: Logframe				
Objectives and Intermediate Results	Indicators	Target	Data Source/Verification	Frequency of Data Collection
Objective 1:1. To reduce the risk of cholera by improving hygiene practices at the household level and provision of commodities essential for cholera prevention				
IR 1.1: Improved household level cholera prevention practices (outcome level indicators)	% of women who recognize cholera symptoms	Target: TBD after baseline	Baseline and final surveys	Pre-implementation and at end of project
			Volunteer reports	Bimonthly (volunteer reports)
	% of women who know how cholera is transmitted	Target: TBD after baseline	Baseline and final surveys, volunteer reports	Pre-implementation and at end of project
	% of women who can correctly identify at least 3 ways to protect themselves from cholera	Target: TBD by baseline	Baseline and final surveys	Pre-implementation and at end of project
			Volunteer reports	Bimonthly (volunteer reports)
	% of women who have a latrine and use it	Target: TBD after baseline	Baseline and final surveys	Pre-implementation and at end of project
			Volunteer reports	Bimonthly (volunteer



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

				reports)
% of women who report they washed their hands with soap on at least two critical occasions today or yesterday, one of which is after defecation	Target: TBD after baseline	Baseline and final surveys		Pre-implementation and at end of project
			Volunteer reports	Bimonthly (volunteer reports)
% of households using safe water	Target: TBD after baseline	Baseline and final surveys		
% of women know which water is safe	Target: TBD after baseline	Baseline and final surveys		
% of women who know how to treat unsafe water	Target: TBD by baseline	Volunteer reports		Pre-implementation and at end of project
		Volunteer reports		Bimonthly (volunteer reports)
% of women who know how to use aquatabs	Target: TBD by baseline	Baseline and final surveys		Pre-implementation and at end of project
		Volunteer reports		Bimonthly (volunteer reports)
% women who know how to prepare ORS (using sachets, not homemade SSS)	Target: TBD by baseline	HC records and baseline survey		Pre-implementation and at end of project



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

			Volunteer reports	Bimonthly (volunteer reports)
<i>Output level indicators</i>	# of volunteers trained in hygiene promotion/cholera prevention, by sex	Target: 34 TLs + 340 Vol HPs by 6 months	Field reports	Bimonthly
	# of volunteers conducting hygiene promotion, by sex	Target: 34 TLs + 340 Vol HPs by 6 months	Field reports	Bimonthly
	# of households reached through cholera prevention/hygiene promotion messaging	Target: 120,000	Volunteer Reports	Bimonthly
	# of beneficiaries reached through cholera prevention/hygiene promotion messaging	Target: 600,000	Volunteer Reports	Bimonthly
	# of cholera group education sessions conducted by HRCVs in target communities	Target: 2 per month per volunteer	Field reports	Bimonthly
	# of beneficiaries reached through community education sessions conducted by HRCVs in target communities	Target: TBD following baseline	Field reports	Bimonthly
	# of people reached through cholera prevention/hygiene promotion distributions	Target: 600,000	Volunteer Reports	Bimonthly
	# of households reached through house to house cholera prevention distributions	Target: 120,000	Volunteer Reports	Bimonthly
	# of items distributed: Soap	Target: 4,000,000	Volunteer Reports	Bimonthly
	# of items distributed: Aquatabs	Target: 14million	Volunteer Reports	Bimonthly



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

	# of items distributed: ORS	TBD after baseline and assessment/meetings with HRC	Volunteer Reports	Bimonthly
	Total # beneficiaries reached	Target: 600,000	Volunteer Reports	Bimonthly
Objective 2: To reduce the impact of cholera by increasing access to ORS at the community level and by providing referrals to Level 2 (CTU) and Level 3 (CTC) cholera treatment facilities.				
IR 2.1 Improved access to ORS (<i>outcome level indicators</i>)	% of women who report they would seek treatment immediately if they thought someone in their family had cholera.	Target: TBD by baseline	Baseline and final surveys	Pre-implementation and at end of project
			Volunteer reports	Bimonthly (volunteer reports)
	% of households with symptomatic family member who report seeking treatment immediately for that person	Target: TBD by baseline	Baseline and final surveys	Pre-implementation and at end of project
			Volunteer reports	Bimonthly (volunteer reports)
	% of women who know where to seek treatment for cholera	Target: TBD by baseline	Baseline and final surveys	Pre-implementation and at end of project
			Volunteer reports	Bimonthly (volunteer reports)
	% of households with access to ORP in their community	Target: TBD by baseline	Baseline and final surveys	Pre-implementation and at end of



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

				project
				Bimonthly
<i>Output level indicators</i>	# ORS points set up in communities	Target: 250	Field reports	Bimonthly
	# of volunteers trained in administering ORS, by sex	Target: 500-750 (2-3 persons per ORS point - # depends on location and community assessment)	Field reports	Bimonthly
	# of volunteers administering ORS, by sex	Target: 500-750 (note as above)	Field reports	Bimonthly
	# of beneficiaries who attended ORS posts/distribution points	TBD after baseline	Volunteer Reports	Bimonthly
	# of beneficiaries who received ORS at ORS posts/distribution points	TBD after baseline	Volunteer Reports	Bimonthly
	# ORS provided at ORS distribution points	TBD after baseline (1 packet min. per acutely ill ben.)	Volunteer Reports	Bimonthly
	# of beneficiaries referred to level 2/3 care	TBD after baseline	Volunteer Reports	Bimonthly