

# **Request for Proposals for the SELECTION OF A FIRM/INSTITUTE/NGO to carry out the Mid-Term Evaluation of DRC Health Signature Programme in selected Health Zones**

**Submission deadline: 31 March 2016**

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# 1 Introduction

## 1.1 Overview of Save the Children

Save the Children is a global charity comprised of 30 international member organisations operating in over 120 countries. Save the Children UK (SCUK) is one of the 30 member organisations.

**We save children's lives. We fight for their rights. We help them fulfil their potential.**

### Our vision

Our vision is a world in which every child attains the right to survival, protection, development and participation.

### Our mission

Our mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

### Our values

- **Accountability**  
We take personal responsibility for using our resources efficiently, achieving measurable results, and being accountable to supporters, partners and, most of all, children.
- **Ambition**  
We are demanding of ourselves and our colleagues, set high goals and are committed to improving the quality of everything we do for children.
- **Collaboration**  
We respect and value each other, thrive on our diversity, and work with partners to leverage our global strength in making a difference for children.
- **Creativity**  
We are open to new ideas, embrace change, and take disciplined risks to develop sustainable solutions for and with children.
- **Integrity**  
We aspire to live to the highest standards of personal honesty and behaviour; we never compromise our reputation and always act in the best interests of children.

Save the Children UK (SCUK) is one of the 30 member organisations. We currently employ 1,100 staff, the majority of whom are located in our Farringdon head office, and we have 5 regional offices in the UK. There are a number of staff who are located overseas, as well as our Emergency Response Personnel who work overseas on regular basis.

We are committed to ensuring our resources are used as efficiently as possible, in order that we can focus them on achieving maximum impact for children.

## 1.2 Save the Children in DRC

Save the Children has worked in the Democratic Republic of Congo (DRC) since 1994 and has a history of delivering high quality, high impact integrated interventions. Save the Children DRC is currently managing a programme portfolio of over 45MUSD, meeting children and their families' health, protection and education needs in both development and emergency environments. We are already closely engaged with the health authorities and communities through our ongoing health and nutrition work in Nord Kivu and Kasai Oriental provinces.

Deaths among children under five from preventable diseases are the third highest in the world in DRC, ranking only behind India and Nigeria. Indeed, under-five and neonatal mortality rates stood at 104 and 28 per thousand respectively according to the 2013/14 DHS survey. This corresponds to 465 000 deaths of children before their 5th birthday annually. (Source: Acceleration Framework for the achievements of MDG 4 and 5).

To create real change for children we are delivering a continuum of care intervention that places children at the centre and acts as a model for replication throughout DRC. The Signature Programme is engaged in service delivery, improving availability and access to critical commodities, and services, and promoting effective health practices. In addition, we are working to improve policy, quality and effective coverage as these are the enabling factors required to ensure success and replication.

To achieve this, the Signature Programme works with the Government of DRC and partners to develop an integrated family focussed continuum of care approach through an equity focus and contextual programming that applies the provision of 3Es:

- **Essential services:** We will help people access the health services they need – services they are not accessing currently because they live too far from, or can't afford to visit, health facilities. This includes training and equipping health workers from health centres, referral hospitals and CHWs to provide quality of preventive and curative child health services.
- **Essential commodities:** We will work with the government and the private sector to find solutions to ease long-standing issues in the medicine supply chain and ensure that 32 health facilities and eight hospitals are equipped with the resources, drugs and equipment they need to meet the needs of the children and communities they serve
- **Essential family and community practices:** Working with our trained CHWs we will raise awareness in communities of behaviours which have the potential to save lives. We will work to increase the demand for quality healthcare. Messages will focus on the importance of demanding children's rights to healthcare and of holding providers accountable. They will increase community members' knowledge of a wide range of health issues such as the importance of children's immunisation and basic hygienic practices. We will promote the uptake of vaccines, while working with the government and the private sector to resolve issues in their supply.

This 3E approach will create an integrated package of low cost, high impact and comprehensive community health care, delivered according to Save the Children's Theory of Change, that will lead to strengthen the health system at all levels.

## 2 specification of requirements

The Signature Programme has been implementing activities in two health zones (Mongafula I and Cilundu) since 2014, and will gradually expand to cover a total of eight health zones by 2020. After nearly two years of implementation, an assessment of the progress achieved to date and the emerging effects of the programme on MNCH in target areas is required. Moreover, as the programme's design and scope have changed since the 2013 baseline was conducted; the latter is only partly relevant, implying the need to undertake a new baseline study in the six health zones not yet supported.

The Signature Programme is committed to commissioning a methodologically robust and independent study to fulfil a dual purpose:

1. **Provide a mid-term evaluation of the Signature Programme in the 4 health zones (16 health areas)** which have been supported since 2013 in terms of access to quality health services and knowledge, attitudes and behaviours pertaining to newborn and child health in these intervention areas.

2. **Establish a baseline across all indicators for the health areas where the programme is expected to expand in 2016.**

Please refer to Annex 1 for the full scope of the evaluation.

## 3 Instructions for bidding

- 2.1 This request for proposal is structured in 1 lot.
- 2.2 Bidders are requested to respond to sections 4 and 5 then return this document with the relevant sections completed via email (no hard copies required) to [tenders@savethechildren.org.uk](mailto:tenders@savethechildren.org.uk) and [v.bianchi@savethechildren.org.uk](mailto:v.bianchi@savethechildren.org.uk). If any information or supporting documentation is not easily inserted into this document, bidders are welcome to return separate documentation, **clearly indicating which section it corresponds to.**

**Deadline for submission:** 31 March 2016

**Response period:** 2 weeks

- 2.3 This Request for Proposal does not constitute an offer and Save the Children UK (SCUK) does not bind itself to accept any proposal. SCUK reserves the right to accept a proposal in part, rather than in full.

### Tendering Timelines

Activity	Date
Deadline for submissions	31 March 2016
Award of contract	15 April 2016
Contract start date	25 April 2016

## 4 Bidder's response – service delivery

The proposal should include the following sections:

- Detailed methodology
- Team composition, profile and capacities
- Statement of experience
- Work-plan and delivery timeframes
- Insurance
- Child Safeguarding

### Detailed methodology

Outline the detailed methodology for undertaking :

- the mid-term evaluation of the Signature Programme in the 4 health zones (16 health areas) which have been supported since 2013 in terms of access to quality health services and knowledge, attitudes and behaviours pertaining to newborn and child health in these intervention areas.
- The baseline across all indicators for the health areas where the programme is expected to expand in 2016

The methodology will be expected to use an appropriate combination of primary and secondary data, and an adequate mix of quantitative and qualitative research methods.

In particular the following research methods are expected to be considered by the evaluation team (separate or combined):

- Comprehensive desk review
- Secondary data analysis
- A statistically robust Household Survey
- Qualitative research methods (incl. key informant interviews and focus group discussions with beneficiaries and stakeholders)
- An assessment of health facilities and health workers
- Value for Money assessment

The methodology will be expected to demonstrate adherence to the OECD-DAC criteria: Relevance, Effectiveness, Efficiency, Impact, and Sustainability.

Ethical considerations regarding data collection, including confidentiality, Do No Harm approaches and promotion of voluntary participation must be clearly highlighted in the methodology. Planning should take into consideration Ethical Checking Requirements in country.

### **Team composition, profile and capacities**

Bidders should provide the detailed CV of each staff member responsible for carrying out the work, including the data collection and fieldwork in DRC.

CVs should include staff members' educational background, degrees and diplomas, professional experience, research work, publications and linguistic skills. The evaluation team must demonstrate the qualifications set out in section VII of Annex 1 to be considered eligible for the assignment.

In case of proposals submitted as partnerships or sub-contracts, proposals should clearly indicate the lead institution that will serve as the contracted entity.

### **Statement of experience**

Bidders should provide a detailed description of their relevant experience in the line of work, including similar or relevant projects undertaken in the past and their geographical coverage. Include samples and references of work and outcomes including any data related to cost effectiveness and efficiency and quality assurance mechanisms. Please provide contact details of 3 key references.

### **Work-plan and delivery timeframes**

Bidders should provide a detailed schedule of all activities, tasks, deliverables, and progress reports required for this project. This must be in line with the list of tasks and deliverables set out in section VI and VIII of Annex 1.

## Insurance

Bidders should set out what insurances and levels of cover they hold.

## Child Safeguarding

Due to the nature of the services to be provided by the consultant, SCUK requires appropriate safeguarding checks to be in place.

If the consultant resides outside of the United Kingdom, or is UK based but has a residential history outside the United Kingdom in the last 6 years where they have been residing for 6 months or longer, then International Police Checks (IPC) are required,

If the consultant is UK based and has not resided outside of the United Kingdom for 6 months or longer in the last 6 years, then we require an enhanced Disclose and Barring Service (DBS) check.

Bidders should state whether they hold a DBS and/or IPC that has been obtained within the last 2 years. If not SCUK will obtain these checks and reserve the right to pass this cost onto the consultant.

# 5 Bidder's response – Cost proposal

## 5.1 Please provide your proposed cost in the table below.

All tenders must contain a financial proposal to be submitted according to the form below.

The maximum budget available for this contract is GBP 230,000. Prices are fixed amounts and not subject to revision during the performance of the contract.

Prices are quoted in GBP. For bidders based in countries where GBP is not the main currency, the evolution of the exchange rate will not be a reason to modify the price of the initial tender. Bidders choose the exchange rate and assume all risks or opportunities relating to the rate fluctuation.

The price per work stage must include all staff costs and expenses (including travel and subsistence expenses)

Prices must be quoted inclusive of all duties, taxes and other charges, including VAT. The amount of VAT may be shown separately.

Work stage	Daily* rate	Proposed number of hours/days	Total cost GBP
Ex. Undertake the in-depth desk review			
<i>(add stages as appropriate)</i>			
<b>TOTAL (GBP)</b>			

\* minimum of 7 hours per day

## 5.2 Other costs:

If there are any further costs or expenses that you propose charging please detail these below together with an explanation.

Cost description	Value	Reason
<b>TOTAL (GBP)</b>		

# 6 SELECTION

Proposals shall be evaluated to determine the best value offered to SCUK against the following criteria:

- the quality of the methodology and the evaluation design
- the team composition, profile and capacity
- the team experience
- the effectiveness of the work-plan and delivery timeframes
- the value for money
- references

Proposals shall be evaluated using the following assessment matrix:

Rating Criteria	
<b>1</b>	<b>Understanding of the TOR (15%)</b>
a	It is clear from the application that the TOR and tasks are clearly understood by the applicant (15)
<b>2</b>	<b>Experience of the Firm in related work (15%)</b>
a	Has done at least three similar consulting work with international NGOs (5)
c	Has the thematic excellence /expertise (10)
<b>3</b>	<b>Professional team composition accounts (15%)</b>
a	Team Leader (10 Points)
b	Composition of the team (number and qualification vis a vis the approach and methodology proposed /the requirement indicated in the TOR) (5)
<b>4</b>	<b>Methodology (30%)</b>
a	Demonstrates Clear Understanding of Tasks and combination of proposed methods is excellent (20)
b	Presents clear logical work plan that shows of how proposed activities of the consultancy will meet the consultancy objectives (5).
c	Proposed tools (5)
<b>5</b>	<b>Time frame-schedule (5%)</b>
a	Can complete task within proposed timeframe /within reasonable time period (5)
<b>Total Technical Evaluation Score (80%)</b>	

<b>6</b>	<b>Financial offer (20%)</b>
	<p>In determining the financial score, the Procuring Entity shall review the congruency of the technical and financial proposals, and make or request adjustments as appropriate.</p> <p>The bidder who offers the lowest financial cost to an acceptable technical proposal is then given a maximum score of 20 points.</p> <p>This is then used as a basis to calculate the score of the other financial proposals. The financial score for each proposal is inversely proportional to its amount, that is, the higher the offer, the lower the financial score:</p> <p>Lowest priced proposal (LPP) = 20 points</p> <p>Each other proposal (OP) = 20 points x LPP / OP</p>
<b>Total Financial Evaluation Score (20%)</b>	

### The Selection Panel

All proposals will be evaluated by a panel with representation from various functions across SC, including, but not limited to, Senior Health and M&E technical advisors in SCUK, GSK Grant Managers and the Signature Programme's Chief of Party.

SC will contact all bidders whether successful or not to advise them of the outcome.

## 7 engagement & payment

As a donor funded body SCUK is committed to ensuring our resources are used as efficiently as possible, in order that we can focus them on achieving maximum impact for children and that our arrangements with third party suppliers represent value for money. We expect this approach to be demonstrated from any contractor it does business with.

The successful bidder will be asked to sign a service agreement (attached as Appendix 2), following completion of a due diligence process, and upon a satisfactory International Police Checks (IPC) / Disclose and Barring Service (DBS) check.

It is SCUK policy to pay for work in arrears using our 30 day payment terms.