

Request for Proposal (RFP)

Subject: **Hiring of Firm to Conduct Baseline Survey under RSPN's EU funded project titled "Enhancing CSOs' contributions to local governance and improved access of women to Sexual Reproductive Health Services and Rights in Districts Qambar Shahdadkot and Larkana in Sindh Province of Pakistan"**

Date of Issue: **23-01-2026**

Reference # **RSPN/RFP/SRHR/2026/001**

The Rural Support Programmes Network (RSPN) invites sealed proposals from the consulting firms to conduct a Baseline Survey under RSPN's EU funded Project titled "Enhancing CSOs' contributions to local governance and improved access of women to Sexual Reproductive Health Services and Rights in Districts Qambar Shahdadkot and Larkana in Sindh Province of Pakistan" as per the Terms and Conditions detailed in this RFP and Terms of Reference (ToRs) attached as Annex-I.

Terms and Conditions:

1. Submission of Proposals:

- a. The firm must strictly adhere to all the requirements of this RFP. No changes, substitutions, or other alterations to the rules and provisions stipulated in this RFP may be made or assumed unless it is instructed or approved in writing by RSPN in the form of supplemental Information to the RFP.
- b. Any Proposal submitted will be regarded as an offer by the firm and does not constitute or imply the acceptance of any Proposal. RSPN is under no obligation to award a contract to any applicant as a result of this RFP.
- c. **Submission of Proposal:** Eligible applicants shall submit their Technical and Financial proposals in separate sealed envelopes, to be delivered to:

Procurement Department
Rural Support Programmes Network (RSPN)
3rd Floor, IRM Complex, Plot # 7,
Sunrise Avenue (off Park Road)
Near COMSATS University
Islamabad, Pakistan.
Tel: (92-51) 8491270-99

Not later than 1500hrs (PST) on 6th February 2026

and be clearly marked as "**Proposal to Conduct Baseline Survey under EU-SRHR Project**"

- d. **A soft copy of all documents included in the Technical Proposal shall be provided in the form of a USB along with the hard copies in the sealed envelope(s). Incomplete or late applications/proposals will not be entertained.**
- e. The name and mailing address of the applicant shall be clearly marked on the left-hand side of the envelope.

- f. The firm must respond to all questions and provide complete information as advised in this RFP. Any lapse to provide essential information may result in disqualification of the applicant.
- g. **Language of Proposal:** The Proposal and all documents/correspondence relating to the Proposal shall be submitted in the English language.
- h. **Currencies:** All prices shall be quoted in PKR (Pak Rupees) only.

2. Eligibility Criteria:

- a. The firm meeting all the requirements detailed in this RFP is eligible to apply. The core personnel of the firm shall have the expertise and technical experience of working on assignments of similar nature and / or related services mentioned in the Terms of Reference - ToRs (Annex-I).
- b. The applicant should have valid National Tax Number (NTN).

3. Documents to be submitted:

The full application/proposal should include:

- a. **Technical Proposal:** The Technical Proposal should demonstrate the applicant's response to the Terms of Reference – ToRs (Annex-I) by identifying the specific components proposed, how the requirements shall be addressed, as specified, point by point; providing a detailed description of the essential performance characteristics proposed; and demonstrating how the proposed methodology meets or exceeds the specifications, while ensuring appropriateness of the approach to the local conditions and the rest of the project operating environment. This methodology must be laid out in an implementation timetable that is within the duration of the contract.
- b. CVs of the implementation team with team composition and task assignments.
- c. **Financial Proposal:** The Financial Proposal shall list all major cost components associated with the services, and a detailed breakdown of such costs. All outputs and activities described in the Technical Proposal must be priced separately. Any output and activities described in the Technical Proposal but not priced in the Financial Proposal, shall be assumed to be included in the prices of other activities or items, as well as in the final total price. The Financial Proposal shall be **inclusive of taxes and all other associated costs (i.e. travel, boarding/lodging, contingency costs).**
- d. National Tax Number (NTN) certificate.
- e. Profile of the firm with details regarding management structure of the organisation, organisational capability/resources, and experience of organization/firm, the list of projects/contracts (both completed and on-going) which are related or similar in nature to the requirements of the RFP.
- f. Evidence of at least two (02) similar assignments carried out during last five (05) years.
- g. Detailed Week-wise Work Plan.

4. Clarifications: For any clarifications or inquiries related to this RFP, the applicant shall contact us through email at procurement@rspn.org.pk. Such queries must be received prior to 1500hrs on 3rd February 2026. Any material questions that are received will be responded to in writing via email.

5. Validity Period: The proposal shall remain valid for a period of 90 days from the deadline for submission of the Proposal. A Proposal valid for a shorter period shall be immediately rejected by RSPN and rendered non-responsive. In exceptional circumstances, prior to the expiration of the proposal validity period, RSPN may request the applicant to extend the period of validity of their Proposal. The request and the responses shall be made in writing and shall be considered integral to the Proposal.

6. Withdrawal, Substitution, and Modification of Proposals:

- i) The applicants are expected to have sole responsibility for taking steps to carefully examine in detail the full consistency of their Proposals to the requirements of the RFP, keeping in mind that material deficiencies in providing the information requested by RSPN, or lack of clarity in the description of services to be provided, may result in the rejection of the Proposal. The applicant shall assume the responsibility regarding erroneous interpretations or conclusions made by the applicant in the course of understanding the RFP out of the set of information furnished by RSPN.
- ii) An applicant may withdraw, substitute or modify its Proposal after it has been submitted by cancelling or editing its bid in the system before the deadline for submission of the proposal.

7. Evaluation Criteria:

RSPN shall review and evaluate the Technical and Financial Proposals on the basis of their responsiveness to the terms detailed in this RFP.

Criteria for the evaluation of proposal(s) are given below:

Description	% age score
Technical Proposal: Technical Proposal will be evaluated based on the evaluation grid attached as Annex-I (a) Note: The tenderer must obtain at least 50% of the maximum score for each award criterion and at least 70% of the overall score to qualify.	70%
Financial Proposal:	30%

- 8. Confidentiality:** Information relating to the examination and evaluation of Proposals, and the recommendation of contract award, shall not be disclosed to the applicant(s) or any other persons not officially concerned with such process, even after publication of the contract award.
- 9. Award of Contract:** RSPN reserves the right to accept or reject any Proposal, to render any or all of the Proposals as non-responsive, and to reject all Proposals at any time prior to the award of the contract, without incurring any liability, or obligation to inform the affected applicant of the grounds for RSPN's action.

10. Contract signature: The successful applicant shall sign and date the Contract and return it to RSPN within five (05) days from the date of receipt of the Contract. Failure of the successful applicant to comply with the requirement of RFP shall constitute sufficient grounds for the annulment of the award, and RSPN may award the Contract to another applicant, or call for new Proposals.

Terms of Reference (ToRs)

to conduct Baseline Survey under RSPN Project titled “Enhancing CSOs' contributions to local governance and improved access of women to Sexual Reproductive Health Services and Rights in Districts Qambar Shahdadkot and Larkana in Sindh Province of Pakistan”

The Rural Support Programmes Network (RSPN) is requesting proposals for a baseline study to be conducted in Larkana and Qamber Shahdadkot, Sindh for an EU-funded project. The objective of this assignment is to produce a baseline study to assess access to and utilisation of family planning and sexual and reproductive health services in the programme districts. The project commenced on January 1, 2026 and will conclude in December 2028.

1. Background:

The proposed project directly contributes to the objectives and priority themes of the EU call for proposals by strengthening women-led civil society organisations as drivers of gender equality, good governance, and improved access to Sexual and Reproductive Health and Family Planning (SRH/FP) services in underserved rural areas of Sindh. Implemented by RSPN in partnership with Sindh Rural Support Organisation (SRSO), the project builds on previous EU investments under the SUCCESS Programme by working with 40 established women-led Civil Society Organisations (CSOs)/Local Support Organisations (LSOs)¹ in Qambar Shahdadkot and Larkana districts. These LSOs will be strengthened as accountable local actors capable of engaging with government authorities, particularly the Department of Health and Population Welfare Department, to improve the delivery of SRH/FP services.

At the community level, the project responds to critical service delivery gaps in rural Sindh, where approximately 40% of the population remains underserved by Lady Health Workers (LHWs) and access to SRH/FP information and services is limited. The project will empower LSOs to create demand for SRH services through rights-based awareness, community mobilisation, and engagement of men, boys, married women of reproductive age (MWRAs) and adolescent girls. Through sub-grants, LSOs will design and implement local initiatives to promote family planning, delay early marriage and first pregnancies, improve antenatal care uptake, support menstrual hygiene management, and raise awareness on sexually transmitted infections, including HIV. LSOs will also be capacitated to generate and coordinate referrals to government facilities and outreach camps, improving the utilisation of existing public-sector services. By promoting coalition-building, social accountability, and community ownership, the programme ensures that LSOs can influence governance and empower women and girls to autonomously make decisions regarding their sexual and reproductive health.

Pakistan continues to face low uptake of family planning and poor sexual and reproductive health outcomes, contributing to high fertility (3.2 births per woman), unintended pregnancies, and preventable maternal and child health risks. Despite over 90% awareness of contraception, the national contraceptive prevalence rate (CPR) remains around 34%, with modern method use below 20% and unmet need at 17–18%. These gaps are closely linked to inadequate maternal care, early marriage, adolescent pregnancies, and poor nutrition outcomes.

In Sindh, the situation is more pronounced. According to PDHS 2017–18, the provincial CPR is approximately 31%, with modern method use at 24–25% and unmet need at 17–18%. Only about half of women complete four or more ANC

¹ RSPN, through the RSPs, has an outreach in 152 districts, working with over 8.68 million poor households (56 million people) that have been organized into three-tiered community institutions through a well-defined, tried and tested social mobilization process. At the neighborhood level, rural households are organized into Community Organizations (COs) consisting of members from 10-15 households. At the second tier, the COs are federated at the village level into Village Organizations (VOs), through their leaders. The third tier is a federation of VOs at the union council level (lowest tier of government administrative structure) to form Local Support Organizations (LSOs). Under the scope of this project, LSOs are referred to as Civil Society Organizations (CSOs).

visits, limiting early detection of complications and nutrition counselling. Around 8% of girls aged 15–19 are already mothers or pregnant, increasing obstetric risks and school dropout. Sindh also records some of the country's highest malnutrition levels, with elevated stunting and anemia among women, particularly in rural districts such as Qamber Shahdadkot and Larkana. Integrated investments in family planning, ANC continuity, and adolescent health are critical to improving nutrition and human capital outcomes in these high-burden districts.

2. Objective/Purpose

The purpose of this assignment is to conduct a baseline study to evaluate access to and utilisation of family planning and sexual and reproductive health (SRH) services in the programme districts. The study will cover antenatal care (ANC) attendance, children's immunisation rates, the prevalence of early marriages (under 18 in Sindh), and the incidence of adolescent pregnancies, with particular attention to the needs of women, girls, and adolescents.

This baseline will be established against the project's defined outcome and output indicators to monitor progress and assess the impact of interventions over time, in accordance with the project's results framework. An endline study is also planned at the completion of the project period to measure overall results.

2.1. Specific Objectives

The specific objectives of the baseline include:

- Assess the understanding of project LSOs regarding the importance of SRHR
- Assess the knowledge and capacity of women-led Local Support Organisations (LSOs) to engage with local authorities on sexual and reproductive health and family planning (SRHR/FP).
- Assess the proportion of women and girls who report being able to make autonomous decisions regarding their sexual and reproductive health (disaggregated by age group, disability status, and district).
- Calculate the modern contraceptive prevalence rate (mCPR) among women of reproductive age (disaggregated by district).
- Record the prevalence of adolescent pregnancy among girls aged 15–19 years (disaggregated by age group, disability status, and district).
- Record the proportion of pregnant women who report receiving at least eight antenatal care (ANC) visits during their most recent pregnancy (disaggregated by age group, disability status, and district).
- Record the proportion of births attended by skilled health personnel or occurring in health facilities (disaggregated by age group, parity, disability status, and district).
- Assess and record menstrual hygiene management practices, including the proportion of adolescent girls and women of reproductive age using sanitary pads (disaggregated by age group, disability status, and district).
- Assess the knowledge regarding HIV prevention measures among men and women of reproductive age (disaggregated by sex, age group, and disability status).

3. Scope of the Baseline Study

The Baseline will take place in two (02) project districts of Sindh, namely Qamber Shahdadkot and Larkana, covering a total population of 840,000 (140,000 households) i.e. 420,000 population (70,000 households) in each district. The project stakeholders include Community Institutions such as Local Support Organisations, Population Welfare Department and the Health Department. The baseline will focus on ensuring a balanced representation of men, women, and adolescents. The project will engage 40 LSOs (20 from each district). Names of the LSOs/UCs will be provided to the firm/consultant from which the sample will be extracted and agreed upon with RSPN. The target groups to be covered under baseline will include husbands, adolescent/young boys and girls, Married Women of Reproductive Age (MWRAs) and Pregnant and Lactating Women (PLWs). Engaging these diverse groups will help to capture a comprehensive understanding of community dynamics, reproductive health needs, service access and government responsiveness to community demand for SRH services. The findings of the baseline study will serve as

evidence to guide target setting, implementation strategies, and stakeholder engagement at both community and district levels. The baseline will provide a benchmark to measure project performance and achievements and any change has been brought about by the interventions.

The scope of work includes developing the survey methodology, data collection, data analysis and submission of the final report.

4. Approach and Methodology

Mixed Method Approach

RSPN suggests adopting a mixed method approach comprising both primary data collection and secondary data / desk review of existing reports and data. An indicative approach and methodology for the baseline survey is given as following:

4.1. Secondary Data/Literature Review

Comparable and available secondary data should be collected and reviewed. The consulting firm will review available government data, surveys such as MICS, PDHS etc. and relevant data from similar programmes implemented by other NGOs in the target districts and province. The use of credible data sources will be ensured by the consulting firm, and the references should be cited in the final report.

4.2. Primary Data

The consultant firm will collect primary data from households, LSOs/CSOs, key government and local stakeholders. The household survey will focus on the catchment area of the sample LSOs/CSO from both districts (list of all LSOs to be provided by RSPN). An indicative sampling framework is provided. The consultant/firm should propose a statistically robust sampling technique and sample to cover the sub-groups: the sample element is an eligible household comprising of MWRA/PLW and adolescent girl/boy (15–19 years).

4.2.1. Sampling Framework for Household Survey

To calculate initial Sample size for finite population - RSPN is using the formula:

Sample size formula: $n = N \cdot X / (X + N - 1)$,

Where,

$$X = Z_{\alpha/2}^2 \cdot p \cdot (1-p) / (E)^2$$

$Z_{\alpha/2}$ is the critical value of the Normal distribution at $\alpha/2$ (for a confidence level of 95%, α is 0.05, and the critical value is 1.96).

E is the margin of error.

p is the sample proportion.

N is the population size.

Universe /Population 70,000 in each district. RSPN is proposing 95% confidence level and a margin of error of 5%. Using the formula:

$$X = ((1.96)^2 \cdot 0.5(1-0.5)) / (0.05)^2$$

$$X = (3.8416 \cdot 0.25) / 0.0025$$

$$X = 0.9604 / 0.0025$$

$$X = 384.16$$

Using the X , we put it in sample size formula to determine the required sample size:

$$n = (70,000 \times 384.16) / (384.16 + 70,000 - 1)$$

$n \approx 26,891,200 / 70,383.16$

$n \approx 382.06$

RSPN requires a sample size of approximately 382 respondents from each district (overall, 764) to achieve the desired level of confidence with a margin of error of 5%.

Since this is a longitudinal survey (baseline and endline), consultant/firm should add 10% non-response rate and 20% of lost to follow up among the eligible HH. The final sample size for the baseline, as per RSPN sampling, will be 1,000 eligible HH, 500 HH in each district. This will ensure a balanced representation of men, women, and adolescents.

4.3. Data Collection Tools / Survey Instrument development

The data collection / survey instruments will be developed by the consulting firm. The data collection tools will be reviewed by RSPN and will be jointly finalised. Data collection should be done preferably using digital platforms such Kobo Toolkit, ODK platform (software) etc. and both raw and compiled data to be shared with RSPN. The consulting firm must decide whether digital application or paper-based data collection methodology is to be used. A strong justification for paper-based data collection needs to be provided. The consulting firm should ensure that the data collection sample should be representative of all genders, ethnicities, religions and PWDs. The baseline data collection would comprise:

4.3.1. Household Survey

A household survey will be conducted in the target communities/Union Councils (UCs). The consulting firm will design the survey questionnaire and develop the overall methodology, sampling framework, and survey tools, in close consultation with RSPN. Additionally, the firm will establish a robust quality assurance mechanism to ensure the accuracy and reliability of the data collection process.

4.3.2. Focus Group Discussion (FGDs)

Focus group discussions will be carried out with Local Support Organisations. As target LSOs are 40, RSPN suggests 30% sample i.e., 12 LSOs comprising 06 LSOs from each district. These FGDs will focus on gauging the knowledge of LSOs' members on SRHR and intent to include SRHR as key agenda in their overall development agenda. Moreover, these FGDs will also help to understand how the LSOs are engaging with local authorities for extension of sexual and reproductive health and family planning (SRHR/FP) for underserved areas and social accountability of the local authorities for their responsibilities for SRHR. The consulting firm will design and conduct the FGDs with sampled LSO and devise mechanisms to ensure the quality of qualitative data collection process.

4.3.3. Key Informant Interviews (KIs)

KI will be carried out with the key officials of PWD and Health department at district level, Heads of LHW Programme, Immunization and Deputy Commissioner /Assistant Commissioners of relevant districts. From each district, consulting firm will conduct 5 KIs with key informants from government departments. These KIs will focus on gathering information from stakeholders on how they engage local communities throughout the planning, implementation, and monitoring of SRH projects, as well as how they ensure accountability to communities for SRH outcomes. The consulting firm will develop the guidelines questionnaire for conducting KIs with said officials and mechanisms to ensure the quality of qualitative data collection process.

5. Consultant/Firm's Requirements:

The consulting firm should have expertise in carrying out baseline surveys particularly focusing on health and family planning, and experience of participatory research methods and tools. They should have competency in managing,

organising, and interpreting quantitative and qualitative data and information.

General professional experience of the Consultant/Firm:

- a. At least five years of experience in conducting assessments and evaluations; Experience leading project evaluations and assessments is essential.
- b. Demonstrated experience in programmes related to FP/SRHR, Health, Nutrition and Immunisation.
- c. Organisational development and capacity building experience.
- d. Having sufficient IT equipment / infrastructure to manage the baseline survey.

Required qualifications and skills of the team:

The consulting firm should have minimum the following multidisciplinary team:

Team Leader

- Postgraduate degree in Public Health, Development Studies, Social Sciences, Economics, Statistics, Demography, or a related discipline.
- Minimum of 10 years of professional experience in leading baseline studies, evaluations, or large-scale research assignments for development programmes.
- Proven experience in overall leadership and management of baseline studies, including study design, methodology development, tool finalisation, field oversight, data quality assurance, analysis, and reporting.
- Strong knowledge of gender issues
- Strong stakeholder coordination skills, including engagement with government departments, CSOs, and community representatives.

Health/SRHR expert

- Postgraduate degree in Public Health, Reproductive Health, Medicine, Nursing, Population Sciences, or any other relevant health-related discipline.
- Minimum of 5 years of professional experience in Sexual and Reproductive Health and Family Planning (SRH/FP) programmes, including research, assessments, or baseline studies.
- Demonstrated experience in designing and reviewing SRH/FP indicators, tools, and methodologies, including mCPR, unmet need, ANC, and maternal health indicators.

The Consultant/Firm may propose additional team members as per the survey design. The Consultant/firm should also provide information regarding data collection team and logistical arrangements.

Note: As the majority of respondents will be women, it is suggested that enumerators be women.

6. Responsibilities of the Consultant/Firm

Following would be the responsibilities of the Consultant/Firm

- i. Inception meeting with RSPN team
- ii. Development & submission of Inception Report
- iii. Develop and translate survey questionnaire into local language (if needed)
- iv. Develop and test the survey ODK / Kobo (software) and arrange tablet computers for data collection or develop paper-based questionnaire for data collection, keeping in view the ground level situation.
- v. Develop training material/manuals for enumerators and organise relevant training.
- vi. Prepare clean dataset with proper labelling/coding in SPSS/STATA/appropriate software and submit to RSPN within 5 days of the completion of the data collection phase.
- vii. Develop and share report outline - table of content and output tables prior to the data analysis and share with RSPN for approval.

viii. Periodic meetings with RSPN to share field progress. Minutes of such meetings may be made part of the final report as annexure.

Key Deliverables for the Consultant/Firm

The following deliverables are expected from the consulting firm:

6.1. Inception Report:

Inception Report of maximum 15 pages to be produced within 15 days after the signing of the contract by consulting firm. The inception report outline will be finalised in the preliminary meetings. The inception report shall provide details on approach, methodology & planning of the assignment, roles and responsibilities of staff, specification of the survey application (software), availability of tablets/computers, hiring and training of the data collection team, analysis and field workplan with dates and responsibilities, risk and mitigation strategy, and an outline of Baseline survey report. The inception report should include a strategy to ensure staff retention and availability throughout the duration of the project. The firm should not proceed with its work unless the Contracting Authority sends comments on the inception report.

6.2. Pre-Testing the survey instruments.

The Consultant/Firm should pre-test the survey instruments at the field level and share a brief pre-testing report highlighting difficulties encountered and any changes undertaken etc.

6.3. Raw & Clean Data Set

The Consultant/Firm will provide raw as well as complete, properly labelled, and cleaned dataset in SPSS/STATA/appropriate format to the satisfaction of the RSPN team.

6.4. Draft Baseline Report

The consulting firm shall submit a draft report in electronic copy. The report will be written in simple English language and must be comprehensive. Reference will be cited for important facts and figures. RSPN will give their feedback to the firm for the finalisation of the survey report.

6.5. Final Baseline Report:

The consulting firm shall submit a final report in both hard copies and electronic copies along with all survey data (SPSS/STATA and Excel compatible formats), transcripts of the FGDs, KIIs, photographs and ethical approval etc. The final report should incorporate all comments and corrections if any. Completed checklists, questionnaires, case stories, quotes, photos must be submitted to RSPN on agreed reporting structure and length. The structure of report shall include title page, executive summary, introduction/rationale, project background, the methodology adopted (sampling technique, tool development, data analysis, data entry, software use), detail of field activities, analysis, key findings, study limitations & challenges, conclusion, and annexures.

The report submitted by consulting firm shall include gender sensitive facts and figures and ensure gender sensitive approach and methodologies throughout the assignment.

- Draft and Final report must contain conclusions and recommendations based on key findings along-with implications to the programme:
 - How to improve and adapt program strategies and adequately measure progress.
 - Design/formulate new actions where relevant and possible.
 - Ensure adequate monitoring and data tracking.
 - Identify resources where needed;

Note: All reports should include the table of content, initial findings, gender analysis, and process of collecting gender

disaggregated data, any difficulties encountered, or gender issues expected in addition to the work.

7. Responsibilities of RSPN

- i. Provide complete documents related to the project to the Consultant/Firm
- ii. Provide list of selected UCs and LSOs
- iii. Provide feedback for finalising the survey design, methodology, review the draft reports and provide feedback.
- iv. The monitoring team of RSPN will do spot checks during the data collection.
- v. Review and provide feedback on the data analysis and draft report submitted by the Consultant/Firm.
- vi. Approval of deliverables.

8. Responsible Person at RSPN

The reports referred to in the deliverables must be submitted to the Project Manager RSPN. The Project Manager is responsible for approving the reports.

9. Deliverables and Tentative Timelines

The assignment is estimated to be undertaken within three (03) months. The key deliverables along-with tentative timelines are underlined for reference:

Description of activities	Indicative Timelines	Payment Schedule
Signing of contract	10-Feb-2026	20%
Submission and approval of inception report	25-Feb-2026	10%
Submission of properly labelled, and cleaned dataset in SPSS/STATA and Excel	15-March-2026	20%
Submission and approval of draft report by RSPN	25-March-2026	30%
Approval of final report by RSPN	3-April-2026	20%
* Note: The deadlines given here are tentative and may be changed considering the timelines at the time of signing the contract		

10. Application Procedure:

Interested and qualified firms should submit their applications (CVs, and technical and separate budget proposal with survey methodology, work plan. The budget must be inclusive of all taxes. Copies of relevant previous evaluation reports (to be kept confidential) or reference from organization they have done similar work for.

11. Total Budget:

Maximum budget for this assignment is PKR 3,750,000 inclusive of all taxes.

Annex-I (a) - Evaluation Criteria

The following criteria will be used to evaluate each proposal. The applicant must obtain at least 50% of the maximum score for each award criterion and at least 70% of the overall score to qualify for the financial evaluation.

Evaluation Criteria Maximum Score	Maximum Score
i. Relevant experience Consultant/Firm's experience in managing and conducting reproductive health related assessments, survey, and analysis. Supporting documentation to be provided: (List of surveys undertaken with a brief description of data variables; client name; geographical region; time-period)	20
ii. Implementation Strategy Consulting firms understanding of the services requested explaining how they propose to perform their tasks to ensure quality and timely delivery of the objectives and requirements set out under the tendering specifications.	20
iii. Quality of Proposed project team for undertaking the assignment The proposed team education/qualification and work experience having expertise in similar assignments, familiarity with the local language and Inclusion of key women staff	30
Total Marks for Technical Proposal	70
Marks for Financial Proposal	30
Total Marks / Score	100