



Building Resilient Communities for Sustainable Development

REQUEST FOR PROPOSAL

Reference No: RACIDA/USAIDBHA-2024/GR00169-001

Consultancy for Baseline Evaluation of RACIDA's IRR Project

**Rural Agency for Community Development and Assistance (RACIDA) in Partnership
with USAID's Bureau for Humanitarian Assistance (BHA)**

Document Release Date: August 02,2024

Deadline for Submission of Bids: August 18, 2024

Time: 5:00 PM EAT

Submission Method: Email

Disclaimer: RACIDA reserves the right to determine the structure of the process, number of short-listed participants, the right to withdraw from the proposal process, the right to change this timetable at any time without notice and reserves the right to withdraw this tender at any time, without prior notice and without liability to compensate and/or reimburse any party

Synopsis of the Request for Proposal (Individual Consultant / Registered firm)

Solicitation Reference No.	RACIDA/USAIDBHA-2024/GR00169-001
Title of Solicitation	Consultancy for Baseline Evaluation of RACIDA's IRR Project
Issuing Office & Address	Rural Agency for Community Development Assistance Website: www.racida.org
Point of contact for clarifications, questions and ammendments	RACIDA General Procurement, Procurement@racida.org
Email Address for submission of Proposals/ Quotes	RACIDA General Procurement, Procurement@racida.org
Solicitation Issue Date	August 02, 2024
Initial Deadline for Submission of Proposals	August 18,2024 5:00 PM East African Time
Anticipated Award Type	Consultancy Agreement
Submission and Evaluation Criteria	<p>Bidder must provide the below listed information:</p> <p>Mandatory Eligibility Requirement</p> <ul style="list-style-type: none"> • Must be an Individual Consultant/ Registered Consultancy Firm • Must submit CV of Key Personnel • Must submit a certificate of Incorporation/ Business Registration • Must submit a certificate of Tax Compliance • Must Submit Business KRA PIN • The firm shall not be sanctioned or blacklisted by any government or institution <p>Technical Evaluation Criteria</p> <ol style="list-style-type: none"> i. Consultant Academic and Professional Qualification-20% ii. Consultant's Prior Work Experience- 35% iii. Methodology/Approach- 35% iv. Language and analytical skills -10% <p>NB. The minimum technical score shall be 75%. Only the best candidate shall be engaged for financial negotiations.</p>

1. Background and Rationale

RACIDA in partnership with USAID's BHA is implementing an integrated humanitarian response that leverages interventions in the sectors of WASH, Nutrition, Agriculture and Food Assistance to respond to persisting humanitarian needs arising from the 2021-23 drought and floods in late 2023 in Mandera County. The project, entitled "Integrated Recovery Response to Drought and Flood in Mandera County, Kenya (IRR)" is built upon both an independent assessment conducted by RACIDA in Mandera County in 2023 as well as RACIDA's close collaboration with stakeholders in government (including the Mandera County Steering Group, the Mandera County Department of Nutrition, local community leaders, and the like.

IRR is designed to support communities experiencing high rates of food insecurity and malnutrition, poor access to water quality for household and livestock, as well as poor livestock health outcomes.

The project seeks to alleviate the impact of humanitarian disasters by increasing access to nutrition services in hard-to-reach areas in Mandera County (including improving the coverage of integrated management of acute malnutrition (IMAM) services), improving household Infant and Young Child Feeding Practices (IYCF), enabling improved household nutrition and hygiene practices, reducing the burden of livestock diseases, and improving access to emergency treated and protected water supply for human and livestock consumption.

To ensure that the project is well implemented, targeted, and measured, RACIDA has issued this Terms of Reference (ToR) to solicit proposals for a Baseline of the IRR project.

2. Baseline Survey Objectives

- I. Establish baseline information on the project logical framework indicators against which the progress of the project in achieving its outcomes and impact can be measured and monitored.
- II. To document community perception of their participation and engagement in the project.
- III. Produce a Baseline Report that will be used to evaluate the impact of the project and to guide project implementation.

2.1.1. Project Indicators

The Specific Project Indicators, which the consultant will be expected to contribute towards knowledge of are detailed below:

Sector Name:	1. Agriculture and Food Security
Objective:	Improved livestock health for increased milk production and intake at household level
Sub-sector Name:	1.1. Livestock
Indicator 1:	Number of people benefiting from livestock activities
Indicator 2:	Number of animals benefiting from livestock activities
Indicator 3:	Average Number of animals owned per individual
Indicator 4:	Number of individuals (beneficiaries) trained in livestock
Sector Name:	2. Water, Sanitation and Hygiene
Objective:	Improving access to safe potable water and hygiene promotion services for drought-affected communities and health facilities in Mandera County.
Sub-sector Name:	2.1 Water supply
Indicator 1:	Number of individuals directly utilizing improved water services provided with BHA funding
Indicator 2:	Populations in the targeted geographic areas have access to 15 liters of safe water per person per day
Indicator 3:	Average liters/person/day collected from all sources for drinking, cooking, and hygiene
Indicator 4:	Percent of households targeted by WASH activity that are collecting all water for drinking, cooking, and hygiene from improved water sources
Indicator 5:	Percent of water user committees created and/or trained by the program that are active at least three (3) months after training
Indicator 6:	Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination
Sub-sector Name:	2.2 Hygiene Promotion
Indicator 1:	Number of individuals receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)
Indicator 2:	Percentage of households targeted by the hygiene promotion activity who store their water safely in clean containers
Indicator 3:	Percent of people targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands

Indicator 4:	Percent of populations in the targeted geographic areas reached with emergency hygiene awareness programs
Sub-sector:	2.4 WASH Non-food items
Indicator 1:	Total number of people receiving WASH NFIs assistance through all modalities (without double-counting)
Indicator 2:	Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e., kits), vouchers, or cash
Indicator 3:	Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e., kits), vouchers, or cash
Indicator 4:	Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e., kits), vouchers, or cash
Sector Name:	3. Nutrition
Objective:	Reduce the prevalence of malnourishment in Children 0 – 59 months and improve maternal, infant, and young child feeding practices.
Sub-sector Name:	3.1. Maternal Infant and Young Child Nutrition in Emergencies (MIYCN-E)
Indicator 1:	Percent of infants 0-5 months of age who are fed exclusively with breast milk
Indicator 2:	Percent of children 6-23 months of age who receive foods from 4 or more food groups.
Indicator 3:	Number of people receiving behavior change interventions to improve infant and young child feeding practices.
Indicator 4:	Number of people receiving micronutrient supplement (Vitamin A & Iron Folate)
Sub-sector Name:	3.2. Management of Acute Malnutrition
Indicator 1:	Number of health care staff trained in the prevention and management of acute malnutrition
Indicator 2:	Number of supported sites managing acute malnutrition
Indicator 3:	Number and percent of Individuals admitted, rates of recovery, default, death, relapse, and average length of stay for people admitted to Management of Acute Malnutrition sites
Indicator 4:	Number of people screened for malnutrition by community outreach workers
Indicator 5:	Percent of Severe Acute Malnutrition (SAM) cases reached in the target geographic areas.
Indicator 6:	Percent of Moderate Acute Malnutrition (MAM) cases reached in the target geographic areas.
Sector Name:	Food Assistance
Sub-sector 1.1:	Unconditional Food Assistance

Objective:	To cover the consumption gap of vulnerable households in IPC 4+ in Mandera County.
Indicator 1:	Total USD value of cash transferred to beneficiaries
Indicator 2:	Number of individuals (beneficiaries) participating in BHA food security activities
Indicator 3:	Percent of households where women/men reported participating in decisions on the use of food assistance
Indicator 4:	Percent of food assistance decision-making entity members who are women
Indicator 5:	Percent of households with poor, borderline, and acceptable food consumption scores (FCS)
Indicator 6:	Mean and median Reduced Coping Strategies Index (rCSI)
Indicator 7:	Percent of households with moderate and severe household hunger scale (HHS) scores
Indicator 8:	Percent of IPC4 cases reached in the targeted geographic areas

3. Key Survey Questions

- i. What is the state of water sources targeted through USAID BHA assistance?
- ii. What percent of water points targeted for rehabilitating are clean and protected from contamination?
- iii. What percent of water points in target communities have free residual chlorine (FRC) levels of > 0.2 mg/L?
- iv. What percent of targeted community beneficiaries have access to improved water sources, as per USAID BHA guidelines and definitions?
- v. What are the current hygiene practices embraced by the target community beneficiaries and what are the consequences/impacts of these practices on their health?
- vi. What is the current food security status of the targeted communities (using indicators of food security including household dietary diversity, dietary diversity of children 6 – 23 months, Food Consumption Score, Coping Strategy Index, household purchasing power, and others as deemed relevant by RACIDA and the Consultant).
- vii. What is the current status of malnutrition rates in the targeted communities, among children under five, PLW, and how best can they be addressed by the intervention?
- viii. What are the current IYCF practices that are used by caregivers in the target communities?
- ix. What are the existing factors limiting access to health and nutrition services in the target communities and how best can they be addressed by the intervention?
- x. What is the current status of livestock disease surveillance and vaccination efforts in Mander County and how best can they be improved?
- xi. How have community livelihood assets been affected by ongoing disasters and how can the proposed intervention contribute to the protection of livelihood assets
- xii. How do target community members and stakeholders wish to be engaged in this project?
- xiii. How does the community feel about the relevance of the interventions in each of the proposed sub sectors?
- xiv. What is the appropriateness of cash assistance to address the food insecurity and malnutrition in the targeted communities?
- xv. What are the channels that communities prefer for communication and feedback?

3.1. Baseline Target Groups

The populations of interest for this baseline study are people living within the areas targeted under this project, with special focus on children aged under 5 years, women of reproductive age, livestock owners, youth, IDPs, and people living with disabilities.

4. Methodology

4.1. Methods Overview

Methodology: The consultant is expected to utilize a mixed-methods approach using literature reviews of white and gray literature and secondary data from the ministry of health, quantitative data from the targeted villages, and qualitative data from relevant stakeholders in Mander County. The methods are summarized below:

1. Desk Review of key documents, white literature, gray literature, and secondary data from Mander County Government.
2. Households Surveys

3. Focus Group Discussions
4. Key Informant Interviews

Data Sources: Household surveys, key informant interviews, focus group discussions, observations, program records, nutrition and health data from Mandera County, and other sources as deemed relevant by RACIDA.

Location: The consultant will gather data from the field at household level, community level, and at county level.

4.2. Literature Review

The consultant will be required to conduct a thorough and robust review of existing literature (white and gray) relating to WASH, nutrition, and livestock. Additionally, the consultant will be expected to collect secondary data on malnutrition and health outcomes in Mandera County, with special emphasis on the targeted sub counties. The literature review will be presented as a stand-alone section of the final report and will inform the development and revision of the evaluation methodology.

4.3. Quantitative Data Collection

The core of the assessment will consist of a randomized quantitative survey. The survey will collect data food security, Nutrition (including anthropomorphic measurements of Children < 5 and PLW), WASH (Water Supply, Hygiene Promotion, and WASH NFI), Agriculture and Food Security (Livestock).

All data will be disaggregated by sex, age, and disability. The baseline study will sample community members and other stakeholders from the project locations. The consultant is expected to propose quantitative methodology that is scientific, culturally appropriate, and will leverage both qualitative and quantitative data.

Note: all the analyses must provide the confidence interval and the (N) value.

4.3.1. Household Questionnaire

The consultant will administer a household survey tool, which will include anthropomorphic measurements of malnutrition rates among children under five years of age in the surveyed household. The content and scope of the household survey tools will be determined on the basis of Consultant expertise, RACIDA priorities and knowledge, and Consultant-RACIDA engagement. The tools will be finalized by RACIDA.

4.3.2. Sampling Framework

A sample of respondents, stratified by gender, will be randomly selected in each target area for the quantitative survey. The sample will be statistically representative of the populations living in each target area based on the acceptable statistical sampling techniques. This should be in line with various contextual factors and proposed project site.

4.3.3. Sampling Approach

RACIDA expects the consultant to employ a sampling framework that utilizes a two-stage cluster sampling with probability proportionate to size (PPS) design. RACIDA suggests that the consultant use the latest version of the Emergency Nutrition Assessment (ENA) for Standardized Monitoring of Relief and Transitions (SMART) to determine sample size using village-disaggregated population data available from national and local authorities. The sample size should be disaggregated by village, children < 5, women and men, and any other demographic determined as necessary by RACIDA.

4.3.4. Survey Administration

The survey will be administered using ODK/Kobo Tool Box. A number of checks will be put in place to ensure the quality and accuracy of the data collected. These will include but are not limited to:

- A thorough testing process for the data collection tool in line with standard operating procedures for tool development and testing, involving multiple layers of testing to ensure that the tool functions fully.
- A pilot phase in the field during which the tool is thoroughly checked and tested prior to final use.
- Daily checks of data collected to ensure that it is comprehensive and does not contain any mistakes.
- Daily debriefs with data collection team to ensure that any problems encountered during data collection are identified and resolved.
- Regular spot checks on the field during data collection to ensure data collectors are properly administering survey questionnaire.
- A final, thorough, data cleaning process which will include verification of any potentially inaccurate data and revisits to the field if necessary. A log of data cleaning will be kept by the consultant and shared with RACIDA to ensure that all steps in the process can be replicated. .

4.4. Qualitative Data Collection

Qualitative data collection methods will include Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with community members, leaders, RACIDA staff, ministry officials, community health workers, and other relevant partners deemed appropriate. Example FGD participants include members of target communities, including women, youth, men, elders, and the like, and KIIs may include Ministry of Health Officials in Mandera County. The consultant team is expected to propose KII and FGD participants on the basis of their knowledge and on guidance from RACIDA.

Qualitative data collection tools will be determined on the basis of Consultant expertise, RACIDA priorities and knowledge, and Consultant-RACIDA engagement, and the tools will be finalized by RACIDA.

4.4.1. Focus Group Discussions

The FGDs will have the following goals:

- Gather qualitative data to triangulate, explain, and expand upon the quantitative data gathered.
- Explore in more detail the challenges facing community members and the perceived gaps in food security, health, and nutrition, WASH, and Livestock.
- Identify specific barriers faced by different groups, i.e. women (M2MSG, CMSG), youth, people living with disabilities (PLWD), children, IDPs, and the like in each target area in terms of accessing services, participating in the development of the local community, and understanding these barriers can be overcome for these specific groups.
- Explore in details the challenges facing Baby Friendly Community Initiative(BFCI) Implementation (BFCI) especially (M2MSG & CMSG)
- Other goals as determined by RACIDA and the Consultant.

Participants will be selected by data collectors in the field based on selection criteria for each sample group. Each focus group will consist of 8 – 10 participants. To account for the sensitive nature of information which might be discussed during the FGDs, female facilitators will be involved in conducting the female FGDs and male facilitators involved in male FGDs.

All participants must give written consent to participate in the FGD.

4.4.2. Key Informant Interview

KIIs will also be conducted as part of the qualitative data collection. Interviews in each target area will be expected and will be expected to include PLWDs. KII should be conducted using both closed questionnaires and open-ended questionnaires, depending on the Key Informant.

The interviews will have the following goals:

- Understand the current trends for food security, nutrition, WASH, and livestock and in the capacity of the communities to respond to, plan for, and implement mitigation measures in response to these trends.
- Understand the current management, planning, and implementation practices of mitigation mechanisms for food security, nutrition, and health.

5. Survey Quality and Ethical Standards

5.1. Ethical Standards

The consultant shall take all reasonable steps to ensure that the survey is designed and conducted to respect and protect the rights and welfare of the people and communities involved and to ensure that the survey is technically accurate and reliable, is conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the survey team shall be required to adhere to the survey standards and applicable practices as recommended by IFRC.

- **Utility** – Surveys must be realistic, diplomatic, and managed in a sensible, cost-effective manner.
- **Ethics & Legality** - Surveys must be conducted in an ethical and legal manner, with regard for the welfare of those involved in and affected by the survey.
- **Transparency** – Survey activities should reflect an attitude of openness and transparency.
- **Accuracy** – Survey should be technically accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
- **Participation** – Stakeholders should be consulted and meaningfully involved in the survey process when feasible and appropriate.
- **Collaboration** – Collaboration between key operating partners in the survey process improves the legitimacy and utility of the survey.

It is also expected that the survey will respect the seven fundamental principles of the Red Cross Red Crescent: 1) Humanity, 2) Impartiality, 3) Neutrality, 4) Independence, 5) Voluntary Service, 6) Unity, and 7) Universality

5.2. Future Use of the Data

All data collected will be sole property of RACIDA & USAID OFDA. The consultant must not use the data for their own research purposes, nor license the data to be used by others, without the written consent of RACIDA and USAID OFDA.

6. Obligations

6.1. Obligations of the Consultant

- Give leadership to the technical team throughout the assessment
- Inform the Program Manager, M&E Officer in a timely manner of the progress made and any challenges encountered.
- Conduct the consultancy as per agreements in TOR, and contract, and if modifications are necessary, bring to the attention of the Program Manager before making any changes.
- Report on a timely basis as per the ToR and the contract agreement
- Declare any possible conflict of interest before signing the contract.
- Participatory share draft report and discuss the feedback and general findings with RACIDA team.
- Cater for his/her transport to the site or within his/her bid can indicate RACIDA to provide i.e. transport to the communities and exclude costing on the same within the bid.
- Organize for his/her own accommodation and cater for other expenses they may likely to incur during the assignment.

6.2. Obligations of RACIDA

- Make sure the Consultant is provided with the necessary and required resources i.e. the project documents- proposal, reports and any other that the consultant may need.
- Give logistical information and attend to any concerns that may arise during the baseline exercise Facilitate the work of the consultant in accessing beneficiaries and other local stakeholders
- Monitor the daily work of the consultant and bring to the attention of the consultant /RACIDA any concerns that may arise
- Provide technical oversight in the review of all deliverables
- Provide timely comments on the draft report

7. Qualifications and Experience of Consultant

The lead consultant must have a background and experience in Nutrition, Public Health, or related field. The lead consultant must have a degree in public health, nutrition, economics, econometrics, or related field and experience in Emergency Response and Recovery programming, with a broad understanding of WASH, Agriculture, Food Security, and Nutrition.

7.1. Key Selection Criteria

The independent consultant/consultancy firm must demonstrate experience and expertise as follows:

- Master's Degree in Public Health, Nutrition, Health Economics, Public Policy, or another related field.
- Demonstrated experience in conducting high quality baselines or related projects in the past three years (sample reports are required during the bid analysis).
- Extensive hands-on experience in the sectors of Nutrition, Health, Food Security, WASH, Agriculture and Livelihoods .

- Experience working in ASAL areas.
- Experience working in Kenya is preferred.
- Fluency in English is Mandatory.
- Knowledge and experience of emergency response and humanitarian response in East Africa is preferred.
- Strong interpersonal and communication skills.
- Previous experience working with USAID (formerly named OFDA) projects either as a prime recipient, sub grant recipient, or consultant is preferred.
- The consultancy team must have a statistician able to analyse quantitative and qualitative data. It is preferred that this person have both professional and academic background in public health statistics and econometrics.

7.2. Application Evaluation Criteria

Evaluation Criteria	Sub criteria/Description	Score
Consultant Academic and Professional Qualification	Master's Degree in Public Health, Nutrition, Health Economics, Public Policy, or another related field.	20%
Consultant Prior Work Experience	<p>Detailed and specific experience in undertaking similar roles highlighting;</p> <ol style="list-style-type: none"> 1. Proven consultancy experience with baseline assessments for emergency response programming, with sectoral experience in nutrition, wash, food security and livelihoods. 2. Demonstrated experience in conducting high quality baselines for related project in the past three years (sample reports are required during the bid analysis). 3. Extensive hands-on experience in the sectors of Health, Nutrition, and Food Security. 4. Sectoral experience and contextual knowledge of Mandera County, Kenya, as well as demonstrable experience conducting field assessments or working in the Northern Counties of Kenya. 5. Experience of working in a resource poor environment. 6. Experience working in Kenya. 7. Knowledge and experience of emergency response and humanitarian response in East Africa is an asset. 8. The consultancy team must have a statistician able to analysis quantitative and qualitative data. It is preferred that this person have both professional and academic background in public health statistics and econometrics. 9. Experience with Emergency Response and Recovery programming with a broad understanding of Nutrition, Food Security, and Public Health in the context of emergencies. <p><i>Bidder must attach detailed CV</i></p>	35%
Methodology/Approach	<p>Understanding of the terms of reference that includes:</p> <ol style="list-style-type: none"> 1. Outline of methodology and approach of implementing this assignment. 2. Proposed assignment plan that includes clear timelines for the assignment that demonstrates the understanding of the assignment expectation. 3. Firm Experience Sample work done: Citation (web link) of at least of 3 knowledge products developed and disseminated 4. Detailed budget breakdown based on expected daily rates and initial work plan. 	35%

Language and analytical skills	Demonstrated capacity for high-level analysis and report writing, includes: <ul style="list-style-type: none"> • Strong analytical and information presentation skills • Fluency in English is mandatory. • Organizing and facilitating the conduct of capacity building activities. • Mentoring and coaching colleagues at work. • Reviewing, updating and developing strategic plans, fundraising strategies, monitoring and evaluation policies, systems and tools, advocacy strategies, and action plans. • Developing concept notes and project proposals. • Networking and partnership building. • Ability to transfer skills and knowledge through formal or informal training and skills sharing. • Developed analytical skills. • Excellent interpersonal and communication skills, including the ability to communicate and work with a wide range of stakeholders in a participatory, respectful, collaborative manner, and to enhance effective work relationships. • Commitment to team building and a consensus-led approach to work. 	10%
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7.3. Application Requirements

Application materials should include the following:

- A Technical Proposal detailing the consultant’s understanding of the task, proposed methodologies, expected activities and deliverables, proposed workplan, and the composition of the consultancy team to be engaged. The outline of the Technical Proposal is outlined in 7.3.1 and the team composition requirements are outlined in 7.3.2.
- A Financial Proposal detailing the costs that the consultant expects to be required to complete the assignment. The consultant is expected to account for all logistics and travel costs associated with the assignment.
- Detailed CVs of all professional staff who will work on the consultancy team.
- Must submit a certificate of Incorporation/ Business Registration
- Must submit a certificate of Tax Compliance
- Must Submit Business KRA PIN
- At least three professional reference from previous clients and full contact details of the referees.

7.3.1. Technical Proposal Format

- 1) Introduction: description of the firm, the firm’s qualifications and statutory compliance. (1 page)
- 2) Background: Understanding of the project, context and requirements for services, Key questions (2 pages)
- 3) Proposed methodology - Indicate methods to be used for each indicator and highlight any areas where indicators may need adjustment. The targeted respondents should be indicated for each indicator. Proposed detailed questions should be indicated. Detailed sampling procedure needs to be indicated. (5 pages)
- 4) Firms experience in undertaking assignments of similar nature and experience from the geographical area for other major clients (Table with: Name of organization, name of assignment, duration of assignment (Dates)) reference person contacts. (2 pages)
- 5) Proposed team composition (As per 7.3.2). (1 page)

6) Work plan (Gantt chart of activity and week of implementation). (1 page)

7.3.2. Proposed Team Composition Format

- Name of Team Member
- Qualifications
- Years of Experience Related to Consultancy
- # of Days to be Engaged
- Roles(s) under this assignment

7.4. Submission of the Proposal

- Proposals **MUST** be submitted **via email** to RACIDA General Procurement: Procurement@racida.org on or before the deadline indicated on the synopsis of the RFP
- The Technical Proposal **must** conform to the proposed outline provided in 7.3.1. The proposed Team Composition should conform to 7.3.2.
- Bidders' submissions of technical and financial proposal should be submitted via email with the subject line "*Technical and Financial Proposal for Tender No. RACIDA/USAIDBHA-2024/GR00169-001*"
- All bidders **must** use the RFP reference number in the subject line of their email submission.
- Technical proposal and financial proposal shall be submitted as separate attachment.
- Neither technical nor financial proposals should exceed 10MB. The proposal with any subsequent modifications and counterproposals, if applicable, shall become an integral part of any resulting contract.
- Proposal must be written and submitted in English.

7.5. Duration of the Consultancy

The baseline will be conducted over 21 billable days from contract signing to delivery of the final report.

7.6. Deliverables

The following deliverables are expected from the consultant:

Inception report, detailing the baseline survey design, sampling methodology and framework, survey tools, and agreed upon budget and workplan.

Draft baseline report that will contain the following elements:

1. Table of contents
2. Executive Summary
3. Objectives of the Endline, Methodology, and any challenges encountered in the field.
4. A presentation of the findings and the analysis.
5. Conclusions
6. Recommendations with clear guidelines on how they can be implemented.
7. Report Annexes:
 - Copies of original and cleaned data sets (with a codebook for both quantitative and qualitative data), including original field notes for KIIs and FGDs, as well as recorded audio material, if available, should be submitted with the draft report.
 - Hard and Digital Copies of Signed Consent provided by respondents.
 - A power point presentation highlighting key findings from the baseline, presented at a feedback meeting to be held after completing the draft report.

- Final Endline Survey Report – submitted as one digital copy and least 2 bounded, signed hard copies submitted to RACIDA by the agreed submission deadline.

7.7. Corruption or Fraudulent Practices

RACIDA requires that Bidders observe the highest standards of ethics during the procurement process and execution of contracts. A tenderer shall sign a declaration that he has not and will not be involved in corrupt or fraudulent practices.

RACIDA will reject a proposal for award if it determines that the tenderer recommended for the award has engaged in corrupt or fraudulent practices in competing for the contract or completing any contract awarded.

A tenderer who is found to have indulged in corrupt or fraudulent practices risks being debarred from participating.

Please report any malpractices to complaints@racida.org.