Request for Proposal (RFP)

PF No. and Title: NG-3037 – Call for proposal for the implementation of post event coverage survey for vitamin A Supplementation campaigns through a Professional Services Contract.

RFP Issue Date: 7th September 2026

Submission of Questions Due Date: 11th September 2026

Proposal Submission Deadline: 16th **September 2026**

Contracting Entity: Helen Keller International (Helen Keller Intl)

Place of Performance: **Nigeria (Adamawa, Bauchi, Benue, Borno, Ebonyi, Gombe, Nasarawa, and Taraba)** in 5 strata

Stratum 1: Adamawa, Nasarawa and Taraba
Stratum 2: Benue and Ebonyi
Stratum 3: Bauchi
Stratum 4: Borno
Stratum 5: Gombe

Lot 1: Stratum 1, and 3
Lot 2: Stratum 2, 4 and 5

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Bidders are encouraged to read this RFP and all attachments in its entirety paying specific attention to the instructions and requirements. Issuance of this RFP does not in any way obligate Helen Keller International to award a contract, nor does it commit Helen Keller International to pay for costs incurred in the preparation and submission of a proposal. All recipients of this RFP shall treat all information and details included herein as private and confidential.

SECTION 1: Introduction, Eligibility of Bidders, and Definitions

Introduction

Helen Keller International (Helen Keller Intl) is a nonprofit organization dedicated to saving and improving the sight and lives of the world's vulnerable by combating the causes and consequences of blindness, poor health, and malnutrition.

Helen Keller International invites all eligible bidders to submit proposals to support Helen Keller International in its efforts to implement a post-event coverage survey (PECS) in **December 2026**, to assess the quality of implementation and measure coverage of the **second round** of the vitamin A supplementation campaign for children aged 6 to 59 months.

The purpose of this Request for Proposals (RFP) is to select a vendor that will provide the best value to Helen Keller Intl, when both technical and cost factors are combined.

Eligibility of Bidders

This RFP is open to non-governmental organizations and private companies' entities that are deemed capable of implementing the scope of work, with a solid record of integrity and business ethics, and that meet the eligibility requirements stated in this Section.

Bidders that submit proposals in response to this RFP must meet the following requirements:

1) Be a non-government entity (for-profit and non-profit companies, non-governmental organizations (NGOs), etc.) that are legally registered under the laws of the country where it is operating
2) Have demonstrated capacity and expertise to successfully implement the Scope of Work
3) Have completed the required disclosures and information/documentation requests incorporated in this RFP
4) Be willing to comply with relevant donor rules and regulations and Helen Keller Intl requirements.

Note: Helen Keller Intl will not award a contract to any firm that is debarred, suspended, or proposed for debarment by the U.S. Government, or who proposes to do business with firms or firms' principals who are debarred, suspended, or proposed for debarment, in the performance of the requirement of this activity.

Two (2) or more entities may form a joint venture or consortium and submit a single proposal to provide the services described in this Request for Proposals (RFP). The proposal should clearly identify one member as the **Lead Organization**, which shall submit the proposal on behalf of all consortium members. If the proposal is selected, the contract shall be entered into exclusively with the Lead Organization, which shall act as the sole contractual counterpart of Helen Keller International and the exclusive point of contact for all communications, negotiations, notices, and all matters relating to the administration and performance of the contract. The Lead Organization must maintain a legally registered office or a permanent operational presence in the country where the assignment will be implemented and shall hold all valid registrations, permits, authorizations, and any other approvals or legal and administrative documents required under the applicable national laws and regulations. Notwithstanding the execution of the contract by the Lead Organization, all consortium members, including the Lead Organization, shall remain jointly and severally liable for the full and timely performance of all contractual obligations.

Helen Keller International will not cover any costs associated with the deployment of international consultants to the country where the assignment will be implemented. All expenses related to international travel, including airfare, visas, travel insurance, accommodation, daily subsistence allowances (DSA), and any other costs associated with the consultants' travel and stay, shall be the sole responsibility of the bidder. Helen Keller International will not reimburse or compensate any such expenses at any stage during the execution of the contract.

Proposals submitted by independent individual consultants are not eligible under this RFP. Only legally constituted national or international entities with recognized legal status are eligible to apply. Applicants must provide documentary evidence of their legal existence, such as certificates of registration, articles of incorporation or association, or other official legal documents issued by the competent authorities in the country of registration. Any proposal that fails to meet these eligibility requirements will be considered nonresponsive and excluded from the evaluation process.

SECTION 2: Scope of Work

Helen Keller Intl will evaluate all eligible proposals received in response to this RFP in accordance with the evaluation criteria described in this document.

This RFP contains the following Annexes:

- Annex A: Conflict of Interest Disclosure
- Annex B: Format of CV to be used for Key Personnel (one document per person)
- Annex C: Financial Offer template (separate Excel spreadsheets)

Helen Keller Intl supports the supplementation with high dose of Vitamin A of up to 40 million children every year in 14 countries of sub-Saharan Africa. When delivered twice a year to at least 80% of children aged 6 to 59 months in countries with high under-five mortality and high rates of vitamin A deficiency, Vitamin A supplementation (VAS) can reduce child mortality by up to 24%[1].

VAS is delivered to children twice a year through multiple delivery mechanisms. Some countries are organizing mass distribution campaigns in which teams of distributors visit every household to administer vitamin A to children. Others have integrated VAS into their facility-based delivery systems alongside routine immunization or growth monitoring. A third group of countries is using a hybrid system that combines campaigns and facility-based delivery.

Since **2001 in Nigeria,** Helen Keller International has been providing technical and financial support to the Ministry of Health to support the implementation of vitamin A supplementation (VAS) through campaign and/or routine approaches:

The campaign strategy is organized twice a year in **Adamawa, Bauchi, Borno, Gombe, Nasarawa, and Taraba** States. It includes mass awareness-raising activities and door-to-door administration by mobile teams. These campaigns can be combined with other interventions such as deworming, azithromycin administration, pediatric praziquantel administration or nutritional assessment.

The routine strategy, implemented in selected LGAs of **Benue** and **Ebonyi** states, is based on the continuous provision of vitamin A supplementation within health facilities, as well as during advanced strategies and catch-up activities targeting areas with low coverage.

We are seeking a consultancy agency to assist Helen Keller teams in the country to conduct one round of these surveys in June 2026 to validate vitamin A supplementation for the first round of the campaign in 2026.

To assess the quality of vitamin A supplementation activities and the number of children reached by **campaign and/or routine strategies (coverage)**, Helen Keller Intl conducts cross-sectional household surveys using the methodology developed by the WHO to measure the coverage of vitamin A supplementation campaigns, including deworming and screening for malnutrition and other related interventions.

To this end, Helen Keller International is seeking a consulting firm to conduct, in collaboration with the Helen Keller International team in **Nigeria** and the technical committee to be set up by Helen Keller to monitor the survey, a post-campaign coverage survey of vitamin A supplementation (VAS), scheduled for **December 2026** on the second round of the campaign of 2026 in accordance with the national calendar.

Survey description

The post-event coverage survey (PECS) will be conducted in regions supported by Helen Keller International within a maximum of four (4) weeks following the campaign or the end of the semester for routine vitamin A supplementation activities of the second round of 2026, to limit recall bias.

The PECS survey aims to assess the quality and performance of recently implemented VAS campaigns, estimate the actual coverage achieved, and document the factors that influenced this coverage, in accordance with the recommendations of the World Health Organization (WHO).

The PECS survey will cover several complementary areas, including:

- Estimating vitamin A supplementation (VAS) coverage among children aged 6 to 59 months at the household level.
- Assessing the quality of the campaign at different levels of the implementation system according to the six pillars of health system strengthening based on the six pillars of health system strengthening for VAS activities, namely:

[1] **Imdad A. et al., The Lancet (2010)**
Vitamin A supplementation for preventing morbidity and mortality in children from six months to five years of age

- governance and leadership,
- human resources for health,
- service delivery,
- health information systems,
- health financing,
- access to vitamin A and inputs through an analysis of the performance of the VAS input supply chain.

- Exploration of the practices, perceptions, and experiences of health workers, community health workers, and beneficiaries to identify bottlenecks, good practices, and levers for improvement for future campaigns.

1. Components of the survey

The study comprises several components:

1. Household coverage survey – a quantitative survey in accordance with WHO guidelines, using stratified sampling.
2. Survey of health workers in health facilities – interviews with health facility staff on Vitamin A provision and the conditions for its implementation.

3. Survey of community health workers (CHWs) – interviews with a sample of CHWs on community mobilization and the implementation of VAS at the community level.

4. Data Quality Audit (DQA) – review of routine data in health facility (registers, DHIS2 reports) and observation of recording practices to assess data reliability. (Routine)

5. Qualitative component – semi-structured interviews (KIIs) with managers at different levels and focus group discussions (FGDs) with beneficiaries (mothers and fathers) to explore perceptions, barriers, and suggestions regarding VAS
6. Documentary component – review of programmatic documents and routine data (where applicable, if the country implements the routine strategy): review of documents available at the national, regional, and district levels implementing VAS through routine delivery (activity reports, implementation plans, coverage data, monitoring tools, supervision reports, previous evaluations, meeting minutes, etc.) in order to document implementation modalities, program performance, good practices, challenges encountered, and lessons learned.

Each component of the study is subject to specific methodologies and tools, as described in the following sections, and must be implemented by the consulting firm recruited in a coordinated and integrated manner.

In this context, this section specifies the methodological requirements for conducting the post-event coverage survey (PECS). Consultants are invited to propose a rigorous technical and operational approach to ensure the harmonized implementation of all components to achieve the survey's objectives.

2. Methodology and sampling

The proposed approach should cover all quantitative and qualitative aspects of the survey, including the sampling plan, the methods for selecting clusters and households, and the methods for collecting data from households, health workers, community health workers, and officials at various levels. It should be strictly aligned with the World Health Organization (WHO) recommendations for PECS surveys (2018 version) and ensure the quality, representativeness, and comparability of the results.

2.1 Quantitative component

- **Household survey**

The household survey aims to estimate the coverage of vitamin A supplementation (VAS) among children aged 6 to 59 months in the intervention areas, identify the reasons for non-coverage, and assess parents' or caregivers' satisfaction with the campaign.

It will also document the coverage of other health and nutrition interventions implemented during the campaign, as well as households' knowledge and practices, to inform the analysis of results and guide improvement actions. Where appropriate, the survey may include additional modules covering other relevant health and nutrition services.

Sample: The sample will comply with WHO recommendations for VAS coverage surveys, in collaboration with the National Institute of Statistics, and will be defined according to the following parameters:

– Number of strata: **5**

– Number of clusters per stratum: **102** clusters, selected based on Probability Proportional to Population Size (PPTP)

– Number of households per cluster: **1,632** eligible households

Note: *The sample size parameters presented above are provisional. The final sample size will be refined following the estimation of the Intraclass Correlation Coefficient (ICC) using data from the most recent PECS survey. Based on the current assumptions, the final sample is expected to require* ***between 88 and 115 clusters per stratum****, depending on the estimated ICC value.*

Survey stages: The household survey will be conducted in two complementary stages:

(i) The exhaustive enumeration of households in the 102 clusters per stratum selected by the competent national statistics institution according to a sampling plan proportional to the population size, the consulting structure according to a sampling plan proportional to size (PPT), in collaboration with the consulting structure, the institution. This stage will identify eligible households and establish a comprehensive and reliable sampling frame for the random selection of households to be surveyed.

(ii) The actual household survey, conducted on a random sample of 1,632 eligible households (households with at least one child aged 6 months at the time of the vitamin A supplementation campaign) per cluster, selected from the sampling frame derived from the census, in order to collect the information needed to analyze vitamin A supplementation (VAS) coverage and evaluate the quality and performance of the campaign.

Survey of health workers

The survey of health workers aims to document the implementation of vitamin A supplementation (VAS) at the health facility level by analyzing the organization of service delivery, the strategies put in place to reach the population, the training and supervision of workers, data recording and reporting practices, input management, and the perceptions and recommendations of health workers, in order to identify the strengths, constraints, and levers for improving the performance of VAS campaigns and routine services.

This survey is intended for a health worker selected at random from among those involved in the implementation of the vitamin A supplementation (VAS) campaign. The health worker will be selected from the health facility attached to the PECS survey cluster, to ensure consistency across the different levels of analysis. If a targeted worker is unavailable, another worker with equivalent functions will be selected as a replacement.

Survey of community health workers (CHWs)/community distributors (CDs)

The survey of community health workers/community distributors (CHWs/CDs) aims to document the implementation of vitamin A supplementation (VAS) at the community level by analyzing social mobilization strategies, the identification and monitoring of children aged 6 to 59 months, the organization of distribution at the community level, data recording and transmission practices, input management, and the perceptions and recommendations of CHWs/CDs. This survey will identify the strengths, constraints, and levers for improving the performance of VAS campaigns and routine activities at the community level.

This survey is intended for a community health worker or community distributor selected at random from among the CHWs/CHDs involved in the implementation of the IMCI campaign. The CHW/CD will be selected from within the community area of responsibility attached to the cluster sampled in the PECS survey, to ensure consistency between the different levels of analysis in the survey.

Consultants will be required to propose a consistent and relevant methodological and operational approach covering enumeration, household surveys, health facilities, and community health workers, including digital cluster delineation, digital data collection, and robust quality control mechanisms.

The proposed approach must guarantee the completeness, reliability, and traceability of data at all levels of collection. As a guideline, it is desirable that the organization of teams include at least two enumerators and one supervisor per cluster for the quantitative component and deploy one team for the qualitative component, with a maximum of two (2) days of data collection per cluster, covering all activities (enumeration, household survey, survey of health workers and community health workers).

The evaluation of routine VAC activities as a mode of service delivery involves a systematic review of data: verification of the health records of a sample of children, VAS registers at each health facility, and comparison with the aggregated data reported via DHIS2

An evaluation grid aligned with the WHO DQR tool, covering in particular:

- *the completeness of records and reports (e.g., at least 95% of required fields are filled in, with no missing forms, including a high percentage of correctly completed health records and duly completed register lines);*
- *Internal consistency of data (e.g., correspondence between the number of doses administered reported and the number recorded in the registers, consistency between successive reports, absence of inconsistencies such as a number of beneficiaries greater than the estimated target population);*
- *Promptness of data report transmission (at least 90% of monthly/half-yearly reports sent within the set deadlines);*
- *Data accuracy (maximum tolerated deviation of ±10% between register data and figures in consolidated reports).*
- *Consistency between service delivery data and inputs: in conjunction with the logistics audit, the QA officer will verify whether the number of vitamin A capsules administered as reported corresponds to the stock movements (consumption) recorded in the logistics documents, to detect any inconsistencies between service delivery data and input management. (New: addition of cross-checking of inputs and service delivery data)*

Direct observations of practices: *for example, observing a health worker during a consultation to see how they record the administration of vitamin A in the child's notebook and in the register, or how data is verified and validated at the end of the day or month within the health facility. An observation checklist will be used in these cases to assess adherence to standard procedures (traceability, controls, etc.).*

Short interviews with health workers and data managers in each health facility, as well as with a few ASCs*, gather their perceptions of data quality, identify the difficulties they encounter in entering or transmitting information, and understand how the data may or may not be used to improve the VAS campaign.*

2.2 Qualitative component

Interviews with implementing partners

Interviews with implementing partners—including Helen Keller International, the National Nutrition Program, UNICEF, and others—aim to gather structured information on their roles in the planning, coordination, and implementation of vitamin A supplementation (VAS) activities.

These interviews will analyze inter-institutional collaboration and coordination mechanisms, technical and financial support, supply chain management, information systems and performance monitoring, and lessons learned from the campaign, to identify good practices, challenges encountered, and levers for improvement for future campaigns.

Data will be collected through semi-structured interviews with resource persons designated by each partner who are directly involved in the implementation and monitoring of VAS activities, in accordance with PECS standards and Helen Keller International requirements.

- **Interviews with health officials at the district, regional, and national levels**

Interviews with health officials at the district, regional, and national levels will aim to collect structured data on the implementation of the vitamin A supplementation (VAS) campaign, as well as on screening, deworming, and any other interventions implemented and requiring evaluation, according to the technical committee. They will document the planning and coordination of activities, supply chain management, human resources organization, health information systems, and supervision and monitoring mechanisms to assess the overall performance of the campaign and identify key bottlenecks and levers for improvement.

At each level (health facility, district, regional, and national), a single respondent will be selected from among those directly involved in implementing and monitoring SVA activities. Data will be collected through semi-structured interviews, conducted using a standardized questionnaire, in accordance with PECS standards and Helen Keller International requirements.

- **Focus group discussions with parents (mothers and fathers) of children aged 6 to 59 months**

Focus group discussions (FGDs) with mothers and fathers of children aged 6 to 59 months aim to explore in depth parents' perceptions, knowledge, attitudes, and practices regarding vitamin A supplementation (VAS). They will provide a better understanding of the factors influencing children's participation or non-participation in the campaign, including access to services, level of information, acceptability of supplementation, beneficiary satisfaction, constraints encountered, and satisfaction with the organization and the delivery of services.

The group discussions will be organized separately with mothers and fathers to encourage free expression and consider differences in roles and perceptions within households. They will be conducted using semi-structured interview guides, in accordance with the ethical and methodological standards of PECS surveys and the requirements of Helen Keller International.

A total of four (4) group discussions will be conducted per region/province in the clusters selected for the survey, distributed as follows:

Two (2) FGDs with mothers of children aged 6 to 59 months.

Two (2) FGDs with fathers of children aged 6 to 59 months.

For each target group (mothers and fathers), one (1) FGD will be organized in an urban setting and one (1) in a rural setting to account for differences in context, access to services, and perceptions related to place of residence.

The consulting firm is invited to propose a rigorous qualitative approach, detailing the data collection methodology, survey tools, sampling and participant selection methods, and data analysis and triangulation methods, to ensure the credibility, analytical depth, and operational usefulness of the results.

3. Data Quality Audit (DQA)

To ensure the quality, reliability, and credibility of the Post-Event Coverage Survey (PECS) results, a structured data quality control and assurance system will be implemented throughout the data collection and analysis process. This section describes the minimum requirements and guiding principles for quality control that consultants must incorporate and follow in their technical proposal, in accordance with PECS standards and Helen Keller International requirements.

During the census, the consulting firm is invited to propose and implement a methodological and operational approach appropriate for data collection, including, but not limited to, mechanisms to ensure the completeness, reliability, and quality of the data collected:

- A suitable methodological and technical approach for using the GPS coordinates of clusters and/or shapefiles for the delimitation and mapping of clusters. The proposed approach

should enable the development of accurate, usable maps, facilitating their comparison with official maps issued by the relevant national statistical institution. The consulting firm is encouraged to propose innovative technical solutions aimed at enhancing the accuracy, reliability, and traceability of cluster delimitation

- A data quality assurance and control system adapted to the context of the survey. As a guide, this system may include verification and re-survey mechanisms covering approximately 10% of the households counted, along with any additional or innovative approaches deemed relevant. The quality assurance system must be aligned with PECS standards and Helen Keller International requirements, and it must be clearly described in the consultant's technical proposal.
- An approach to monitoring the household enumeration by clusters, allowing the number of households enumerated to be compared with the estimates of the competent national statistical institution. The proposed approach should identify any discrepancies (underestimates or overestimates), improve the quality of enumerators' and supervisors' work, and contribute to proper cluster delimitation and a comprehensive household count.
- An approach that, at the end of the enumeration, allows to produce maps by enumeration area (EA) illustrating the spatial distribution of the households counted, for validation by the Helen Keller International coordination team before the start of the household survey. The proposed approach should ensure the consistency, completeness, and quality of the enumeration, with a progressive validation approach based on the projection and analysis of the GPS coordinates of the households counted as the survey progresses, in order to enable continuous verification of the spatial coverage of the clusters, to identify early on any areas with insufficient coverage or anomalies in the count, and to validate the completeness of the count before the final selection of households to be surveyed.

During the household survey, the consulting firm is invited to propose and implement an innovative, appropriate approach to enhance quality, reliability, and real-time monitoring of the collected data. As such, the proposed approach may include, but is not limited to:

- The implementation of quality control mechanisms, including re-interviews with approximately 10% of the households surveyed (as a guideline) using a shortened questionnaire, to compare the data collected by the interviewers with that collected by the supervisors.
- The quality control system should include mechanisms for verifying interviews, including the systematic recording and listening to of at least two (2) interviews per interviewer and per cluster, i.e., a minimum of four (4) audio recordings per cluster, to assess the quality of household data collection and compliance with methodological procedures.
- Daily monitoring of data quality indicators, with regular sharing of results with the Helen Keller International team and the survey steering committee during debriefing sessions.
- Establishment of a daily monitoring dashboard covering the main targets of the survey (counting, household survey, district levels, health workers, and community health workers), enabling operational management of data collection.
- Production of daily collection reports, including discrepancies observed during quality control activities and corrective measures implemented.
- Proposing an analytical approach compatible with the tools used by Helen Keller International, particularly for monitoring data collection, quality control, data cleansing, weighting, and analysis, with all analytical scripts or programs made available.

A specific system for monitoring and ensuring the quality of data collected from health workers, community health workers, and through semi-structured interviews and focus group discussions (FGDs).

For information purposes, this system may include close supervision of interviewers, verification of the completeness and consistency of questionnaires, targeted back-checks with a sample of respondents, listening to and reviewing audio recordings (where applicable), and systematic review of notes and transcripts for qualitative components.

The proposed approach should ensure the accuracy of the information collected, the traceability of the data, compliance with the interview guidelines, and the analytical quality of the qualitative data,

through rigorous coding mechanisms, triangulation of sources, and internal validation of results, in accordance with PECS standards and Helen Keller International requirements.

Consultants must describe in detail their technical and methodological approach, as well as any innovative solutions proposed to improve the efficiency, traceability, and overall quality of data collection and analysis.

Scope of the Consultant's Responsibilities

The consultancy firm will be responsible for preparing, implementing, analysing and reporting on the post-campaign coverage survey of vitamin A supplementation (VAS), including quantitative and qualitative components, according to the following phases:

1. **Preparation phase** : The consulting firm will be responsible for the **complete methodological design of the PECS survey**, including the development of the protocol, the definition of the sampling plan and the development of the data collection and training tools necessary for the implementation of the study.

- **Development of the protocol and tools**: Drafting and finalisation of the study protocol covering all components (households, health workers, community health workers, data quality control, qualitative component). Development of quantitative questionnaires and corresponding qualitative interview guides in French (with translation into the local language if necessary). Have these documents validated by Helen Keller Intl, then submit the protocol and tools to the ethics committee, and, where applicable, to the national commission responsible for issuing statistical clearance, for approval prior to fieldwork.

- **Sampling and survey design:** Work closely with the National Institute of Statistics to randomly select enumeration areas (clusters) in the stratum(s) (stratified PPTP sampling). Prepare detailed maps of the clusters using GPS coordinates and/or Shapefiles provided by the National Institute of Statistics to guide field teams and ensure accurate delineation of each cluster. Provide a forecast file of the expected number of households per cluster (based on available census data) and compare these forecasts with the number of households actually counted by the enumerators, in order to identify any under- or overestimates and remedy them promptly.

2. **Training phase:** The consulting firm will be responsible for training and deploying the field teams needed to carry out the survey, including enumerators, supervisors, quality controllers and, where applicable, drivers.

- **Training of data collection teams:** It will organise and conduct comprehensive training for all collection staff, covering in particular:

    - The objectives of the study and the approved protocol;
    - Mastery of questionnaires and interview guides (quantitative and qualitative);
    - Interview and field observation techniques;
    - Use of mobile devices and the SurveyCTO platform;
    - Ethical principles of research, including informed consent, confidentiality and data protection;
    - Data supervision and quality control procedures.

- **A pilot survey** will be conducted on a small sample to test the entire operational system (counting, collection, transmission, supervision and reporting). The results of this pilot phase will be used to adjust the tools, procedures and, if necessary, the methodology before the official start of data collection.

The consultancy structure will also be responsible for all training activities for surveyors and supervisors, which must be organised in person. The Helen Keller International team may participate in certain key activities, including training and supervision sessions.

3. **Data collection and supervision phase**

- **Data collection logistics:** Plan and supervise data collection in the field. This includes preparing itineraries and schedules to effectively cover the 102 clusters per stratum and health facilities, providing appropriate transportation (vehicles, motorcycles or other means, depending on the accessibility of the areas), managing per diems and field expenses, and supplying equipment and supplies (copies of guides, external batteries, first aid kits, etc.). Provide and configure smartphones and tablets for each team, with all SurveyCTO forms up to date, and provide backup units in case of failure. Ensure that the data collected is properly backed up (daily synchronisation of devices with the server).

- **Real-time supervision and quality control:** Set up a robust supervision system. This involves the regular presence in the field of the lead consultant or their coordinators to supervise the teams and resolve immediate problems. Ensure the effective implementation of the planned quality control measures: recount at least 10% of households in each cluster (listing check), revisit at least 10% of households surveyed (household questionnaire check), listen to a sample of interview recordings ((2 audio recordings per interviewer in the cluster), i.e. 4 audio recordings per cluster, carry out back-checks with at least 10% of the health workers and community health workers interviewed, and provide for a secondary verification. Document all anomalies or discrepancies observed in a logbook, along with the corrective actions implemented in response. In addition, set up a daily monitoring dashboard of key collection indicators for each survey component, accessible to the steering committee for real-time monitoring.

- **Data management:** Extract raw data daily from Helen Keller Intl's SurveyCTO server and import it into Stata for automated quality control. Verify the completeness of field data submissions (each team synchronises its questionnaires correctly), identify any outliers or missing data, and notify the relevant supervisors immediately. Ensure data security and confidentiality throughout the process (storage on secure media, anonymisation of sensitive data in exports provided to analysts).

- **Qualitative survey:** The consultancy will provide close and continuous supervision of qualitative data collection, ensuring strict compliance with methodological and ethical protocols. This supervision will include systematic verification of audio recordings, review of the quality of interview guides and group discussions, and regular checks on the consistency and completeness of the data collected.

4. **Analysis phase**: The consultancy firm will be responsible for cleaning, processing and analysing quantitative data, as well as transcribing, analysing and triangulating qualitative data from focus groups and semi-structured interviews. It will be responsible for conducting a comprehensive analysis of the collected data in accordance with the validated analysis plan. Generate results for each component (coverage statistics, data quality indicators, logistical findings, qualitative trends, etc.) and interpret these results in a cross-referenced manner to answer the study questions. Stata software must be used for the analysis of quantitative data.

5. **Reports:** The following reports are expected from the consulting firm:

    - A report on the training of interviewers and the pilot survey, describing in detail the training process, the number and profile of participants trained, the teaching aids and materials used, and the modules and topics covered. The report should also highlight the key points of the training, aspects that required special attention, difficulties encountered, lessons learned from the pilot survey, methodological and operational adjustments made to tools and procedures, and an assessment of the teams' readiness and operational capacity before the actual start of data collection.

    - Interim reports and follow-up briefings during the collection of quantitative and qualitative data, including regular updates on the progress of data collection by area and by team, the coverage achieved, and the monitoring of key quality indicators. For the quantitative component, these indicators will include non-response rates, completeness and consistency of questionnaires, geolocation and duplicate checks. For the qualitative

component, monitoring will focus on the quality of interviews and group discussions, compliance with interview guidelines, the availability and relevance of the profiles surveyed, and the verification and listening of audio recordings, where applicable.

- A report must be produced at the end of the quantitative and qualitative data collection process. It will summarise the overall progress of the collection, compliance with the protocol and timetable, operational and methodological difficulties encountered in the field (access to sites and respondents, logistical, security or contextual constraints, data quality), the solutions and corrective measures implemented, and an overall assessment of the quality, reliability and compliance of the data collected with the PECS requirements. The report shall also include a summary of the supervision and quality control activities carried out, the performance of the field teams and lessons learned for subsequent phases of the study.

- The final report of the study, which consolidates all quantitative and qualitative results. This report will include a clear executive summary highlighting the main conclusions, along with operational recommendations for decision-makers and partners. It will focus on the improvements needed to strengthen the implementation of the AVS, particularly in terms of logistical performance (availability of inputs) and data quality, to optimise the programme's coverage. This final report must be provided no later than one month after the end of data collection, to inform the preparation of the next AVS catch-up cycle.

- Technical appendices, including cleaned and consolidated databases in Stata (.dta) format covering all components, all analysis scripts (do files) used, data dictionaries (codebooks), and any other relevant documents (e.g., finalised interview guides, checklists used). Transcripts of qualitative interviews will be made available to Helen Keller Intl if required for further consultation.

In carrying out these tasks, the consultant will be required to demonstrate excellent coordination with Helen Keller Intl's technical research group and local district health authorities. Regular status updates will be provided to ensure the survey is conducted in accordance with the protocol and to facilitate local stakeholders' ownership of the results and recommendations.

6. **Feedback phase**: The consultancy will produce the expected deliverables (see delivery section). It will also support the organisation and running of a workshop to present the results to stakeholders.

All data collection tools will be provided by Helen Keller International in French and must be translated into local languages by the consultancy firm. The consultancy firm will work closely with Helen Keller International to review and contextualise the tools, and will be responsible for their finalisation, including ensuring that the content is appropriate to the objectives of the study and complies with validated ethical protocols.

Notes:

All questionnaires will be digitised using the SurveyCTO platform. The selected consultants must have their own SurveyCTO account in order to carry out all the preparatory steps for the actual data collection, including setting up and testing the tools, conducting the pilot survey, and carrying out trial s between the end of the training and the start of the collection. Once the tools have been finalised and validated, they must be sent to Helen Keller International for upload them to the organisation's centralised server, which will be used for both the pilot and main surveys.

During the data collection phase, the consultant will have "External Viewer" access to Helen Keller International's SurveyCTO server. This access will enable daily database downloads and real-time monitoring of their quality. The consultant must demonstrate proficiency in using the server, labelling tools, and data export procedures for analysis using Stata software.

The consultant will be required to designate a technical expert specifically responsible for configuring SurveyCTO forms and monitoring data quality via the server. The consulting firm is expected to have at least two proven combined experiences and joint use of SurveyCTO, mapping software, and Stata for coverage surveys or similar studies.

The consultancy firm will also be responsible for providing data collection equipment, including smartphones or tablets for each field team. This equipment must be suitable for intensive use, function effectively in a variety of field contexts, and have been tested during the pilot survey to ensure the reliability and quality of the data collected.

Throughout the collection process, the consultant will be required to establish a structured system for daily monitoring of data quality using predefined key indicators. This system will include the production, regular updating and sharing of maps for each of the monitoring clusters, enabling the geographical projection of the GPS coordinates of all the selected clusters, as well as a clear and identifiable visualisation of the households counted and surveyed within each cluster. This approach should facilitate the rapid identification of any anomalies, inconsistencies or deviations from the protocol (incomplete coverage, atypical groupings of points, location or counting errors). The results of qualitative, quantitative and cartographic monitoring should be consolidated and communicated daily to the Helen Keller International team to ensure ongoing transparency of the collection process and the rapid implementation of corrective measures if necessary.

Finally, regular debriefing meetings should be organised between the consultant, the Helen Keller International team and the technical committee that will be set up by Helen Keller to monitor the survey in order to review the progress of activities, discuss any difficulties encountered and, where necessary, adjust data collection strategies with the aim of ensuring compliance with data quality, reliability and accuracy requirements.

Activities and deliveries

The table below shows, for each deliverable, two indicative dates corresponding to the two scenarios covered by this standard: the second round of the 2026 campaign and, where applicable for later reuse of the template, the first round of the 2027 campaign. These dates must be adjusted by the country according to the actual national calendar of the campaign or routine.

Lot	Activities	Deliverables:	Estimated number of working days	Deliverable submission date	Date of validation of deliverables
Lot 1: Survey preparation (protocol & tools)	1.1. Finalize and validate the **overall** survey **schedule** with all stakeholders (Helen Keller, the Ministry of Health, other partners, the INS, etc.). 1.2. Draft the complete **protocol**, including: objectives, quantitative/qualitative methodology, sampling plan (PPTP), components (households, AS/CSB, AC, DQA, , qualitative), Quality Assurance Plan (10% revisits, audio recordings, back-checks, acceptance criteria), Data Management Plan (security, anonymization, backups, SurveyCTO "External viewer" access), statistical analysis plan, risk management, field logistics. 1.3. Develop and finalize **quantitative** tools (Word + XLSForm SurveyCTO) with dictionaries/labels. ▪ A household enumeration form ▪ A random household selection form ▪ A household survey form ▪ A quality control form ▪ A data collection form for health workers ▪ A survey form for community health workers (distributors, ASBC, and mobilizers) 1.4. Develop **qualitative** tools (interview guides/FGDs), consent forms, audio procedures, coding grid; translate/back-translate if required;	1.1 Detailed survey implementation schedule 1.2 Complete survey protocol, including objectives, methodology (quantitative and qualitative), tools to be used, and implementation steps. 1.3 Word and xlsform surveycto versions of quantitative data collection tools, including forms for enumeration, random sampling, household surveys, quality control, collection from health workers and community health workers, as well as the supply chain and coordination form. 1.4 Word and Excel versions of qualitative data collection tools, including interview guides at the central/national, regional, district, health facility, and community levels, as well as a focus group guide for mothers and fathers.	**5**	**09 October 2026**	**16 October 2026**

Lot	Activities	Deliverables:	Estimated number of working days	Deliverable submission date	Date of validation of deliverables
	pre-test the logic of the tools.				
Lot 2: Preparation for collection (sampling, ethics, HR, materials)	2.1. Initiate, with the national statistics agency, the random selection of clusters. The consultant shall initiate, with the INS, the random selection of clusters, in accordance with the PPTP methodology for the coverage survey. This selection must include the clusters from the pilot survey as well as replacement clusters, to ensure the representativeness and continuity of the collection. Digital maps, shapefiles, printable maps by cluster 2.2. Request digital maps and shapefiles of the sampled clusters, the clusters from the pilot survey, and the replacement clusters from the National Institute of Statistics. 2.3. Submit the protocol to the ethics review committee, present it to the committee, incorporate any comments made, and ensure its final validation by the ethics committee	2.1 List of selected clusters (Excel format) provided by the National Statistics Agency, detailing rural and urban areas, selection probability, total population, and number of households in each cluster 2.2 KML file and maps of selected clusters 2.3 Letter of approval from the ethics committee for the survey protocol, accompanied by proof of submission (acknowledgment of receipt or confirmation of filing), the committee's observations report, and the final validated protocol incorporating all recommendations. 2.4 Where applicable, if required by the country's regulations: Letter of approval from the national commission responsible for issuing statistical clearance for the survey protocol,	**10**	**06 Nov 2026**	**13 Nov 2026**

Lot	Activities	Deliverables:	Estimated number of working days	Deliverable submission date	Date of validation of deliverables
	2.4. Recruit teams (interviewers and supervisors) to collect quantitative and qualitative data 2.5. Develop a detailed investigator's manual (qualitative and quantitative), including precise definitions of each variable, instructions for completing the questionnaires, and data collection procedures and techniques, to ensure consistent understanding of the tools and rigorous application of the protocol in the field, in Word format. **2.6.** Develop PowerPoint training tools for quantitative and qualitative data collection	accompanied by proof of submission. 2.5 List of recruited interviewers and supervisors, including their contact details, respective roles, and assignments to quantitative and qualitative survey. 2.6 Word version of the detailed investigator's manual (qualitative and quantitative), including the precise definition of each variable, instructions for completing the questionnaires, and data collection procedures and techniques, in order to ensure a consistent understanding of the tools and rigorous application of the protocol in the field. 2.7 PowerPoint presentations for training interviewers in quantitative data collection. 2.8 PowerPoint presentations for training interviewers in qualitative data collection.			

Lot	Activities	Deliverables:	Estimated number of working days	Deliverable submission date	Date of validation of deliverables
Lot 3: Data collection & quality control (fieldwork)	3.1. Train teams (training report for surveyors and supervisors) in quantitative and qualitative data collection 3.2. During the census, ensure quality control of data collection: • Conduct quality control by supervisors, visiting 10% of the households counted to recount them and compare their data with that of the interviewers. • Set up a system for daily visualization of the geographical coordinates of households, allowing them to be projected onto maps as they are counted, in order to validate the spatial coverage of the census within each cluster before selecting the households to be surveyed and to ensure the completeness and consistency of the census 3.3. During the household survey, ensure the quality control of the data collection: • Conduct quality control by	3.1 Detailed report on the training of investigators and supervisors, including the modules covered, the list of participants, the results of the skills assessment, and observations from the pilot survey and classroom training. 3.2 Interactive dashboard, updated daily, to track key indicators for enumeration, data collection from households, health workers, community health workers, focus groups, and semi-structured interviews, as well as supervisor and interviewer performance. 3.3 Raw data set in Stata and CSV format of: ○ Census ○ Households and children ○ Supply chain and coordination (central/national, regional, and district) ○ Health facility ○ Community health workers ○ Quality control ○ Supervision 3.4 Transcribed qualitative data	**25**	**11 Dec 2026**	**18 Dec 2026**

Lot	Activities	Deliverables:	Estimated number of working days	Deliverable submission date	Date of validation of deliverables
	supervisors by revisiting 10% (i.e., two households surveyed per cluster) of the households surveyed to redo the interview with a shorter form and compare their data with that of the interviewers. • Develop and implement a daily data quality monitoring dashboard, incorporating a set of key indicators relating to household enumeration, household-level data collection, supervision, and surveys conducted with health regions and districts, health worker , and community health workers. This dashboard should enable real-time monitoring of collection performance and quality, rapid identification of anomalies, and support corrective decision-making in coordination with the Helen Keller International team. 3.4. Develop a dashboard to monitor the collection of qualitative data and the transcription of interviews.	sets (interviews, focus groups, etc.) 3.5 The detailed report on quantitative and qualitative data collection includes a report on quality control monitoring of enumeration, data collection from households, regions, and districts, health workers, and community health workers, and team supervision 3.6 Analysis plan for all quantitative and qualitative databases			

Lot	Activities	Deliverables:	Estimated number of working days	Deliverable submission date	Date of validation of deliverables
	3.5. Ensure rigorous, daily monitoring of the quality of data collection covering all aspects of the survey, using a set of clearly defined key indicators, and regularly communicate this information to the Helen Keller International team. This monitoring should include systematic triangulation of data from household surveys, enumeration data, quality control data collected by supervisors, and reference data provided by the relevant national statistical institution, in order to quickly detect inconsistencies, enhance data reliability and , and support real-time corrective decision-making. 3.6. Ensure that teams of supervisors are deployed to support data collection teams and address any challenges encountered. **3.7.** Prepare a daily report on data collection by interviewers and quality control, including differences observed during comparisons and adjustments made to improve quality.				

Lot	Activities	Deliverables:	Estimated number of working days	Deliverable submission date	Date of validation of deliverables
Lot 4 – Analysis & final report	4.1. Quantitative databases cleaned in STATA format in accordance with protocol recommendations and rules 4.2. Weighting of the household database according to recommendations 4.3. Develop STATA codes for data cleansing and analysis 4.4. Qualitative databases transcribed, if applicable 4.5. Perform analysis of all data sets according to the recommended analysis basis 4.6. Prepare the report in accordance with the recommended template.	4.1 Cleaned quantitative databases in STATA format of: o Census o Households and children o Supply chain and coordination (national, regional, and district) o Health workers o ASC/DC o Supervision o Quality control of enumeration and collection at household level 4.2 Transcribed qualitative database 4.3 Dofile (File) stata from: o Data quality control o Cleaning of raw databases o Weighting of the database o Data analysis 4.4 Indicator dashboard: o Source file (Excel or PowerBi) o Related file for viewing results (Excel, Word, PDF) 4.5 Word file documenting all inconsistencies identified during data collection and corrections made in the field and during data cleansing	**15**	**08 Jan 2027**	**15 Jan 2027**

Lot	Activities	Deliverables:	Estimated number of working days	Deliverable submission date	Date of validation of deliverables
		4.6 Analysis plan for all databases with tables to be completed 4.7 Final survey report including the report on the re-visit of a random selection of 10% of households by supervisors (quality control) and the report on the audio audits of the forms 4.8 A summary of the report			

Lot	Activities	Deliverables:	Estimated number of working days	Deliverable submission date	Date of validation of deliverables
Lot 5 – Dissemination	5.1. Prepare a presentation for the dissemination of results to local stakeholders, tailored to their needs. 5.2. Participate in/facilitate the feedback session (workshop/meeting) and consolidate the operational recommendations. 5.3. Finalize the post-feedback versions (report + communication documents).	5.1 PowerPoint presentation of results (coverage, AS/CSB, AC, DQA, recommendations). 5.2 Minutes of the dissemination meeting (key points + recommendations). 5.3 Final report incorporating the recommendations from the dissemination. 5.4 Final executive summary. 5.5 Abstract for publication.	**5**	**22 Jan 2027**	**22 Jan 2027**

Required experience and knowledge

This call for proposals is open to national or international consulting firms with a proven operational presence in the country, either through a representative office, a formal institutional partnership, or a demonstrated operational presence enabling the effective implementation of activities in the field.

Applicants must demonstrate the following qualifications and capabilities:

Institutional presence in the country: have a representative office or a formal operational partnership in the country concerned, ensuring the capacity for rapid and effective intervention in the field.

Good knowledge of the national health system: proven understanding of the organization of the health system, the mechanisms for implementing public health campaigns, and the coordination channels at the community, district, regional, and national levels.

Proven experience in coverage surveys: at least five (2) years of experience or the conduct of at least five (2) coverage surveys in accordance with WHO methodology (PECS 2018), including the successful completion of at least one comparable post-event coverage survey (PECS) in the country concerned or in a similar context.

Mastery of the local context: knowledge of administrative procedures, social norms, and community practices relevant to conducting household surveys, with demonstrated experience in independent coverage monitoring and evaluation surveys.

Field operational capacity: have a functional network of field staff and a proven ability to recruit, train, and deploy qualified local human resources (independent monitors, enumerators, supervisors) adapted to the sociocultural and linguistic realities of the country.

Technical and analytical skills: excellent command of data collection and analysis tools, including SurveyCTO and Stata, as well as data visualization and mapping tools (such as Power BI or equivalents).

Analytical and writing skills: strong ability to analyse, synthesize, and produce high-quality reports. The final report must be written directly by the bidding consulting firm, without subcontracting the writing.

The number of days proposed is subject to adjustment and is only an initial estimate to guide bidders in their pricing. It represents the number of days for one person.

NB: Bidders must demonstrate their compliance with the following technical requirements:

1. Own SurveyCTO server: The firm must have its own SurveyCTO server for programming, configuration, testing, and piloting of data collection tools. These preparatory activities will not be handled by Helen Keller International. After final validation, the forms must be transferred and deployed to Helen Keller International's centralized SurveyCTO server for official data collection.

2. Access to data during collection: During the collection phase, the consultant will have access to Helen Keller International's SurveyCTO server as an “External Viewer,” allowing them to download databases daily and monitor data quality indicators in real time.

In addition, the contractor must mobilize a team with the minimum skills required below, whose availability must be ensured throughout the duration of the mission:

Project Manager/Mission Leader: Master's degree in a relevant field, with at least 10 years of experience in coordinating quantitative and qualitative surveys, including coverage surveys and monitoring public health campaigns.

Field and Qualitative Manager: Master's degree in public health, sociology, or social sciences, with at least 5 years of experience in supervising data collection, including interviews, focus groups, and qualitative analysis.

Data Manager/Statistician: Relevant university degree (minimum bachelor’s degree), with at least 5 years of experience using SurveyCTO and STATA for quality control and analysis of survey data.

The roles and responsibilities of each member must be clearly defined in the technical proposal.

Anticipated Contracting Period and Award Mechanism

The anticipated period of the resulting award is expected to be 5 months beginning on or about October 2026 until January 2027. Bidders must clearly identify "start-up" support costs for each survey, if any, required to commence services.

Helen Keller Intl intends to award a not to exceed Blanket Purchase Agreement (BPA) to the winning offer. The BPA represents the anticipation of work but does in no way guarantee work until a firm fixed price work order has been issued. Firm fixed price Work orders will be awarded for the survey at the discretion of Helen Keller International. No profit, fees, taxes, or additional costs can be added after the award. This RFP is subject to all the terms and conditions of the resulting contract. Any resultant award will be governed by these terms and conditions.

SECTION 3: Proposal Instructions

The Bidder's proposal will consist of two separate documents:

Part 1 - Technical Offer
Part 2 – Financial Offer

The Technical Offer and the Financial Offer (altogether "proposal") must be submitted separately. The Bidder should not include any cost data in the Technical Offer.

The proposal should be presented and structured, and should explain in detail the Bidder's availability, experience and resources to provide the requested services.

Proposals that are incomplete or do not address these criteria may not be considered in the review process. All proposals can be submitted in French or in English.

Both the Technical Offer and Financial Offer must be submitted with a **Cover Letter** which must include the following information and must be signed and stamped into by an authorized representative of the Bidder organization:

i. Date of Submission of the Proposal
ii. Term of proposal validity (minimum {90} days)
iii. Name of the company/organization
iv. Name and title of authorized representative of organization
v. Type of company/organization
vi. Address
vii. Telephone
viii. E-mail
ix. Taxpayer Identification Number
x. Other required documents that shall be included as attachments to the cover letter:
    a) Copy of registration or incorporation in the public registry, or equivalent document from the government office where the bidder is registered.
    b) Copy of company tax registration, or equivalent document.
    c) Copy of trade license, or equivalent document.
    d) Corporate account details and audited financial statements for the last 2 years

Bidders must also submit a signed Conflict of Interest Declaration Form. This form will be assessed to establish whether the Bidder has any present or potential future conflict of interest according to the definition in Annex A. If the conclusion is reached that any conflict of interest declared by the Bidder could have a negative impact on the Bidder's ability to perform the Service, Helen Keller Intl may decide to reject the submitted proposal. Failure to accurately complete the Conflict-of-Interest Declaration Form may also lead to the rejection of the submitted proposal.

Part 1: TECHNICAL OFFER

The Technical Offer should be in the English or French language, typed in Microsoft Word, single-spaced, with each page numbered consecutively. A maximum number of pages for each component of the Technical Offer is given below.

The Technical Offer should include the following:

1) Bidder past performance record/relevant experience– {2} pages maximum

Information related to Bidder's past performance/prior experience in conducting work in the country/state similar in nature and volume to the services requested (brief description, deliverables, date, client etc.).

Bidders must also provide contacts for at least three (3) professional references for previous work and/or experience under similar SOWs. Contact information should include, at a minimum: name of individual, name of company, brief information on relationships to Bidder, address, email, and phone number. Helen Keller Intl reserves the right to contact all references provided. Contact information for references is not subject to the page limitation for this section.

2) **Technical approach – {7} pages maximum**

The technical approach for both surveys (1 & 2) must describe the proposed approach to achieving the program objectives and must address the following:

a) Information as to whether the Bidder currently has a presence in the country/state, and the nature of this presence.
b) A brief description of the Bidder's understanding of the objectives and scope of work for the professional services.
c) A brief description of the methodology to be used for the implementation of the survey(s) and the Bidder capacities in term of teams, logistics,
d) A description of how the bidder will collect information with Helen Keller global, regional and country teams
e) An overview as to how the Bidder would propose to complete the requested services indicated in this RFP.
    a. How will the Bidder identify the gaps and the needs of the global, regional and country teams in terms of knowledge products, guides and tools
    b. What methodology will be used to develop guides and tools?
    c. How will the products be transformed into online learning solutions and how will the platform be developed?

3) Team Structure requirements – {3} pages maximum, excluding CVs

a) Team structure: Bidders must describe the structure of the team that will deliver against the objectives and scope of work described in this RFP. Team structures must identify the project manager (or Team Leader) and other team members and the roles and responsibilities that each will have over the duration of the professional services.
b) If any members of the proposed team do not currently reside in the Helen Keller country where the survey(s) will take place, the Bidder must state how the personnel would travel to the country to perform such Services, and the estimated travel time.

At a minimum, the Bidder should provide the following information:

c) A current CV for the proposed key personnel in a format provided in Annex C. The CV must not exceed three pages in length and shall be in chronological order starting with the most recent experience and summarizing relevant experience and qualifications.
d) The country of residence for all people proposed for the provision of this Service (meaning the country in which the person or persons resides and from which they would be flying from in order to reach the Place of Performance to undertake the services).
e) If any of the Bidder's personnel do not reside in the country in which they are assigned to perform the required Services, the Bidder must state how these personnel would travel to perform such Services, and the estimated travel time. The Bidder should specify how many trips might be required, and which team members would join these trips.

The Bidder must notify Helen Keller Intl if it intends to replace a key member of the Bidder's team (with an explanation for doing so) prior to the award date and provide Helen Keller Intl with the information required for the approval of a replacement proposal. Any replacement shall be subject to the approval of Helen Keller Intl. This is also valid for any replacement taking place during the contract's duration.

Helen Keller Intl may choose to contact the Bidder prior to making a final decision. Please confirm whether this would be possible, ensuring that full contact details are also included in the resume (email, telephone number).

Part 2: FINANCIAL OFFER

This contract will be issued as a Professional Services Contract with a firm fixed price, with payment made against deliverables against services/products. Helen Keller Intl will only issue payment via electronic payment methods and all bank accounts must be in the name of the company/organization only.

As part of the Financial Offer, Bidders must include a detailed budget, submitted in **Microsoft Excel**, expressed in usd and local currency, with an accompanying budget narrative, submitted in Microsoft Word, describing the basis for the listed cost elements. Supporting information should be provided in sufficient detail to allow a complete analysis and determination of the reasonableness of each cost element.

The Financial Offer template can be found in Annex C and must include the following:

1. Labor Cost: The Bidder must provide information related to team structure, daily rates and Level of Effort (LoE) (measured in days) for the deliverables listed. Please state assumptions made when submitting the cost information including any additional options and stating all conditions.

2. Other Direct Costs: The Bidder should provide a breakdown estimate of other main direct costs which are considered necessary for the completion of the work. Other direct costs will cover transportation costs, visa, and per diem. Any other direct costs shall be agreed prior to with Helen Keller Intl.

3. Indirect Rates and Fixed Fee: If it is a Bidder's regular practice to budget indirect rates, e.g. overhead, fringe, G&A, administrative, or other rate, Bidders must explain the rates and the rates' base of application in the budget narrative. Helen Keller Intl reserves the right to request additional information to substantiate Bidder's indirect rates. The proposed fixed fee must also be explained in the budget narrative and represented as a separate line item in the budget.

SECTION 4: Evaluation Criteria and Basis for Award

Helen Keller Intl will follow a Best Value Trade-Off selection methodology. Helen Keller Intl may award to an eligible, responsible firm whose proposal is most advantageous to the program, with price and other factors considered proposal, including but not limited to compliance with the requirements of the RFP without material deviation. Bidders may not modify non-responsive offers after the proposal deadline to make them responsive. However, Helen Keller Intl may request a Bidder to clarify its offer if no material deviation exists.

The criteria below will serve as the basis upon which proposals will be evaluated. Selection will be based principally on the technical merits of the proposals, but price and other factors will be considered, and award will be made only if the proposal is determined to be technically acceptable and cost reasonable.

Tender evaluation criteria	**Maximum point totals**
Previous relevant experience	
1. Experience of the service provider (Consultant) *Consider the following criteria for scoring (5 points each):*	**15**
- *Experience of at least 5 cross-sectional surveys, including survey design, data collection and processing, statistical analysis with STATA, structured interviews and report production.*	5
- *Experience in conducting at least two (2) post-campaign coverage surveys (quantitative) and qualitative surveys (CAPI), including in the fields of public health (vaccination) and nutrition.*	5

- *Experience of working with international NGOs, UN agencies or local institutions to carry out surveys*	5
Operational capacity *The proposal clearly demonstrates that the supplier has the operational capacity to :*	**25**
- *Work in the proposed country and have demonstrated capacity and understanding of the national context and ensure coordination with all relevant actors at all levels of the healthcare system.*	**5**
- *Deploy sufficient teams of supervisors for data collection in all regions of the country.* - *Recruit, train and manage large teams of investigators*	**5**
- *Make a proposal that includes a risk assessment, a protection strategy for field teams, and protocols for responding to situations that may impact data collection.*	**5**
- *Collect and analyze data using appropriate tools (tablets, smartphones) and software* - *Experience in using SURVEYCTO for data collection and STATA for data analysis (at least 2 years' experience in using them to conduct surveys).*	**5**
- *Set up a dashboard connected to the data collection process to monitor and record data collection quality indicators.*	**5**
Staff qualifications *Consider the following scoring criteria (5 points each): Bidders must provide a curriculum vitae of all staff members who will be involved in the study.* - *The proposed team includes at least :*	**20**
- *Project manager (chef de mission) with at least a Master's degree and at least 10 years' experience in conducting household surveys.*	**5**
- *Field manager (field coordinator) and or Sociologist with a degree in public health and or sociology with at least 5 years' experience* -	**5**
- *Data Manager (Statistician) with at least a B.A. degree in a relevant field such as economics, statistics, social policy, development studies, health, etc. with at least 5 years' experience using SurveyCTO and STATA* -	**5**
At least one member of the team has a : - *experience in designing dynamic dashboards connected to the data collection process to track and record data collection quality indicators*	*5*
Technical value	**40**
The proposal demonstrates a clear understanding of the coverage survey methodology based on the WHO methodology for mass campaigns Cluster survey (version 2018) with representative sampling	*5*
The proposal demonstrates a clear understanding of the rationale for conducting coverage surveys and the objectives of the survey.	*5*

The proposal describes the work plan detailing all required activities and deliverables with a realistic activity plan and allocation of adequate human time and resources.	*5*
The proposal provides for the training of qualitative and quantitative interviewers a pilot survey is planned between interviewer training and data collection	*5*
The proposal includes the development of qualitative and quantitative data collection tools and their transcription on SurveyCTO	*5*
The fieldwork monitoring and supervision proposal is described in detail and corresponds to the data collection schedule, sample size and number of field teams.	*5*
The proposal includes database cleansing of the qualitative component with STATA and a transcription and analysis of the qualitative component of the survey.	*5*
The proposal meets the requirements of the call for proposals and is well structured and written.	*5*
Total Points	**100**

Upon completion of the evaluation of Technical Offers, Helen Keller Intl will evaluate Financial Offers for budget presentation, details of the budget narrative, and cost effectiveness (reasonable, realistic, match the Technical Offer and meet requirements of RFP). No points are assigned to Financial Offers, but these criteria will be considered in conjunction with the total score of the Technical Offer. This RFP utilizes the tradeoff process and Helen Keller Intl may award a contract to the offeror whose proposal represents the best value to Helen Keller Intl and the program. Helen Keller Intl may award a higher priced offeror if a determination is made that the higher technical evaluation of that offeror merits the additional cost/price.

*Consultants who obtain a minimum average technical score of **70 out of 100** during the technical evaluation of proposals shall be considered technically qualified and eligible to proceed to the next stage of the selection process. Only the financial proposals of these technically qualified consultants will be opened and evaluated. Consultants whose financial proposals are determined to be acceptable following the financial evaluation will be invited to participate in an interview of approximately one (1) hour. The consultant who achieves the highest overall assessment in the interview will be selected for contract award.*

SECTION 6: Proposal Validity, Submission Deadline and Instructions

Proposals should have a 90-day validity period from the proposal submission date, as provided in the Cover Letter.

Proposals must be submitted electronically by the deadline listed on the cover page of this RFP by E-mail to VAS-Procurement@hki.org, indicating in the subject line of the e-mail the company name and the RFP number. ***Also indicate the Lot Number you are applying for as each consultant is only expected to apply for one Lot***

A full proposal submission will include the following documents, all of which must reference the RFP number as stated on the cover page of this document:

- Cover Letter
- Technical Offer
- Financial Offer
- Conflict of Interest Disclosure Form
- Copies of Bidder business registration documents and Tax Identification certificate
- Other pertinent information relevant to the proposal submission
- Previous year audited financial report

QUESTIONS: No verbal questions will be entertained, either in person or via telephone. However, Helen Keller Intl will take written questions about this RFP until the date specified on the cover page

of this document. Any questions related to this RFP should be addressed to VAS-Procurement@hki.org

SECTION 7: Negotiations

Best offer proposals are requested. It is anticipated that an award will be made solely based on the original offers received. However, Helen Keller Intl reserves the right to conduct discussions, negotiations and/or request clarifications prior to awarding a contract. Furthermore, Helen Keller Intl reserves the right to conduct a competitive range and to limit the number of bidders in the competitive range to permit an efficient evaluation environment among the most highly rated proposals. Highest-rated bidders, as determined by the technical evaluation committee, may be asked to submit their best prices or technical responses during a competitive range. At the sole discretion of Helen Keller Intl, bidders may be requested to conduct oral presentations. If deemed an opportunity, Helen Keller Intl reserves the right to make separate awards per component or to make no award at all.

SECTION 8: Terms of the Solicitation

1. Issuance of this RFP does not constitute an award commitment on the part of Helen Keller Intl, nor does it commit Helen Keller Intl to pay for costs incurred in the preparation and submission of a bid.

2. Attached files are an integral part of this RFP.

3. Helen Keller Intl may contact Bidders to confirm contact person, address, bid amount and to confirm that the proposal was submitted for this solicitation.

4. False Statements: Bidders must provide full, accurate and complete information as required by this solicitation and its attachments.

5. Conflict of Interest Disclosure: In Annex A Bidders must provide disclosure of any past, present or future relationships with any parties associated with the issuance, review or management of this solicitation and anticipated award. Failure to provide full and open disclosure may result in Helen Keller Intl having to re-evaluate selection of potential Bidders.

6. Right to Select/Reject: Helen Keller Intl reserves the right to select and negotiate with those firms it determines, in its sole discretion, to be qualified for competitive proposals and to terminate negotiations without incurring any liability. Helen Keller Intl also reserves the right to reject any or all proposals received without explanation.

7. Reserved rights: All RFP responses become the property of Helen Keller Intl and Helen Keller Intl reserves the right in its sole discretion to:
   a. To disqualify any offer based on Bidder's failure to follow solicitation instructions.
   b. To waive any deviations by Bidders from the requirements of this solicitation that in Helen Keller Intl's opinion are considered not to be material defects requiring rejection or disqualification or where such a waiver will promote increased competition.
   c. Extend the time for submission of all RFP responses after notification to all Bidders.
   d. Terminate or modify the RFP process at any time and re-issue the RFP to whomever Helen Keller Intl deems appropriate.
   e. Issue an award based on the initial evaluation of offers without discussion.
   f. Award only part of the activities in the solicitation or issue multiple awards based on solicitation activities.

8. Bidders and its proposed personnel shall disclose any factors that could limit the organization's ability to independently perform the services such as relationship with counterpart employees, past employment, etc.

ANNEX A: Conflict of Interest Disclosure

Helen Keller Intl Code of Conduct & Ethics Policy: In accordance with the Helen Keller Intl Code of Conduct and Ethics Policy, Helen Keller Intl requires full and open disclosure when dealing with procurement. As such, Helen Keller Intl employees must avoid any conflict of interest or the appearance of a conflict of interest. Helen Keller Intl employees must at all times provide full disclosure of their actions or relationships with prospective vendors, contractors, or consultants. Helen Keller Intl employees shall not solicit, request, accept, or agree to accept any gift from a vendor or prospective vendor.

Helen Keller Intl reserves the right to reject any or all quotes when considered to be in the best interest of the organization and/or the people it serves. All parties submitting a proposal in response to this Request for Proposal are obligated to disclose the existence of any actual or possible conflict of interest relating to every country included within their proposal in the attached *Conflict of Interest* Declaration Form.

Failure to fully disclose such information could lead Helen Keller Intl to reject the proposal. If a party has no conflict to declare for any of the countries covered in their proposal, they may submit one form, listing all the countries covered.

"**Conflict of Interest**" means a situation in which an Bidder, or an Affiliate (as defined below), or a sub-contractor (if any) of an Bidder, has interests (financial, organizational, personal, reputational or otherwise) that would or may appear to make it difficult for an Bidder to fulfill its obligations to Helen Keller Intl in its role as the vendor in an objective, independent and professional manner, or a situation in which it is reasonable to foresee that such an interest would arise. A Conflict of Interest may arise in the following circumstances, which are not exhaustive:

i. A Bidder has been, or is involved in the design of a proposal or request for funding that has been, or will be submitted to Helen Keller Intl.
ii. an Bidder has been or is involved in the provision of advice to an entity that is a Principal Recipient or a Sub-recipient.
iii. a Bidder has been, or is involved in, or has provided advice in relation to the procurement of goods and/or services by a Principal Recipient and/or a Sub-recipient.
iv. a Bidder has been, or is involved in the provision of auditing services to a Principal Recipient and/or a Sub-recipient; or
v. a Bidder has submitted an expression of interest, tender, bid or otherwise indicated interest in providing services of any nature to a Principal Recipient or a Sub-recipient that remains valid at the time of, and for the duration of the term of this Contract.

"Affiliate" means a business concern, individual or other entity that, directly or indirectly: (i) controls or can control an Bidder; (ii) is controlled by, or can foreseeably be controlled by, an Bidder; or (iii) along with an Bidder, is controlled by, or can foreseeably be controlled by, the same third party.

Bidder Conflict of Interest Declaration Form

Please check one box below, as appropriate:

☐	The Bidder hereby declares that it has read and understood the Conflict-of-Interest rules set forth in the Request for Proposals (RFP) and warrants that no Conflict of Interest exists on the part of the Bidder or an Affiliate of the Bidder, with regard to the services to be performed under the RFP. The Bidder hereby agrees to comply with the Conflict-of-Interest rules set forth in the Request for Proposals (RFP).
☐	The Bidder wishes to disclose a real or potential Conflict of Interest situation(s) and propose mitigating action(s). *Note:* if this box is checked, please describe in an attachment, *in detail*, the situation and present a proposed mitigation plan / arrangement for consideration by Helen Keller Intl.

Bidder:

Signature:	
Printed Name:	
Title:	
Date:	

ANNEX B: Format of CV to Be Used for Key Personnel (One Document Per Person)

Name:	
Title:	
Nationality:	
Home Office Address:	

Professional Qualifications:

Language skills:

Language:	Reading:	Speaking:	Writing:

Relevant work experience, including the duration and responsibilities:

References: ***Name:*** ***Position:*** ***Organization:*** ***E-mail:*** ***Address:*** ***Telephone:*** ***Relationship:***	 ***Name:*** ***Position:*** ***Organization:*** ***E-mail:*** ***Address:*** ***Telephone:*** ***Relationship:***

Certification:
I declare that the information provided in this CV is accurate and hereby authorize Helen Keller Intl to undertake whatever inquiries Helen Keller Intl may consider reasonable and necessary in the course of the assessment process, in relation to the information in this curriculum vita relating to my suitability for the position for which I have been nominated.

Signed:	**Date:**

ANNEX C: Financial Offer Format (This is ONLY an example, modify if necessary
PROPOSED BUDGET SURVEY: (EXCEL TEMPLATE ATTACHED)

Item	Unit	Quantity	Frequency	Unit Price (NGN)	Total Amount (NGN)	Total Amount (NGN)
Deliverable 1: Survey preparation and scoping						
Lead consultant	Days		2		-	-
Associate consultant – statistician/methodologist	Days		2		-	-
Associate consultant – qualitative specialist	Days		2		-	-
Scoping meeting (logistics)	Lump sum		0		-	-
Subtotal deliverable 1					-	-
Deliverable 2: Methodological design and data collection preparation						
Fees						
Lead consultant	Days		5		-	-
Associate consultant – statistician/methodologist	Days		5		-	-
Associate consultant – qualitative specialist	Days		5		-	-
Technical and logistical preparation						
PECS protocol validation and ethical approval	Lump sum		1		-	-
Cluster sampling (ANSTAT) and shapefile acquisition	Lump sum		1		-	-
Printing of cluster maps	Lump sum		1		-	-
Tablet rental and configuration	Unit		14		-	-
Enumerator insurance	Lump sum		1		-	-
Subtotal deliverable 2					-	-
Deliverable 3: Team training and pilot survey						
Training fees						
Lead consultant	Days		5		-	-
Associate consultant – statistician/methodologist	Days		5		-	-
Associate consultant – qualitative specialist	Days		5		-	-
Transport of training participants						
Transport of enumerators (quantitative component)	Pers./day		5		-	-
Transport of supervisors (quantitative component)	Pers./day		5		-	-
Training organization						
Training room rental	Days		5		-	-
Lunches	Pers./day		5		-	-
Coffee breaks	Pers./day		8		-	-
Water in the room	Days		8		-	-
Training materials and supplies	Lump sum		1		-	-
Pilot survey						
Transport of data collectors	Pers./day		1		-	-
Transport of supervisors	Pers./day		1		-	-
Vehicle rental	Veh./day		1		-	-
Subtotal deliverable 3					-	-

Deliverable 4: Field data collection						
Coordination fees						
Lead consultant	Days		12		-	-
Associate consultant – statistician/methodologist	Days		12		-	-
Associate consultant – qualitative specialist	Days		12		-	-
Compensation of data collection teams						
Enumerator	Pers./day		14		-	-
Supervisor	Pers./day		14		-	-
Supervisor accommodation	Pers./day		14		-	-
Enumerator accommodation	Pers./day		14		-	-
Transcriber (audio review)	Pers./day		10		-	-
Field logistics						
Vehicle rental	Veh./day		16		-	-
Motorcycle rental (remote areas)	Motorbike/day	5	5		-	-
Data collection supervision (consultant team)						
Supervision per diem	Pers./day		7		-	-
Supervision vehicle rental	Veh./day		7		-	-
Communication						
Team internet package	Team		1		-	-
Supervisor call package	Pers./day		1		-	-
Controller/back-checker call package	Pers./day		1		-	-
Enumerator call package	Pers./day		1		-	-
Subtotal deliverable 4					**-**	**-**
Deliverable 5: Data processing, analysis, and report production						
Lead consultant	Days		6		-	-
Associate consultant – statistician/methodologist	Days		6		-	-
Associate consultant – qualitative specialist	Days		6		-	-
Data cleaning, weighting, and analysis (Stata)	Lump sum		6		-	-
Subtotal deliverable 5					**-**	**-**
Deliverable 6: Results restitution and dissemination						
Fees						
Lead consultant	Days		1		-	-
Associate consultant – statistician/methodologist	Days		1		-	-
Dissemination workshop						
Room rental	Days		1		-	-
Lunches	Pers./day		1		-	-
Coffee breaks	Pers./day		1		-	-
Water in the room	Days		1		-	-
Reproduction of dissemination materials	Lump sum		1		-	-
Subtotal deliverable 6					**-**	**-**
Other						
					-	-
					-	-

Grand total					-	-

NB: The financial proposal must be prepared separately for each stratum, clearly presenting the costs associated with the implementation of activities within each stratum. In addition, consultants must provide a consolidated overall budget covering all strata, corresponding to the total financial proposal for the assignment.