**Conceptual Framework**

**Key areas of inquiry:** The institution is encouraged to use a conceptual framework such as the Social Ecological Model and/or any relevant Health Behaviour Theories, in the conceptualization of the study variables.

|  |  |  |
| --- | --- | --- |
| **Levels in conceptual framework** | **Participant/Respondent Group** | **Areas of Inquiry** |
| Individual beliefs and interaction with the health care providers | Parents/Caregivers  Adolescents | Knowledge and perception: Understanding of EVD, risk perception, self-efficacy.  Social norms: EVD prevention as influenced by peer groups or personal belief.  Information sources: Media sources for EVD, access to communication channels, preferred and trusted media sources and channels. |
| Male respondent | Interpersonal – role of male, social support, inter spousal communication on EVD. |
| Institutional factors | Community health workers  Teachers  ECD caregivers | Knowledge and perception of EVD, understanding of EVD, knowledge of community practices.  Negotiation skills: Communicating effectively with parents/caregivers.  Motivations: Strategies/tools to improve health care provider’s and other service providers’ efficiency and productivity in EVD prevention, preparedness and control in the community. |
| Social/community factors | Community and religious leaders | Knowledge and perception of EVD.  Practices for community mobilization, community engagement and participation in EVD-related interventions. |

***Financial Proposal Format***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Deliverable*** | ***Number of person days*** | ***Delivery date*** | ***Costs*** |
| **1** **Inception repo**rt **including** work plan, methodological approach, instruments to be used, interview and field visit protocols, annotated outline of final report |  |  |  |
| 1. **Desk review (literature, policy and programme review)** - preliminary draft report |  |  |  |
| **3** **Quantitative and qualitative data collection and analysis** - progress and preliminary findings report |  |  |  |
| 1. **Draft technical report** |  |  |  |
| 1. **Final technical report and summary PPT** |  |  |  |
| Operational costs (a detailed addendum budget required) |  |  |  |
| **Total:** |  |  |  |

***Evaluation Criteria***

|  |  |
| --- | --- |
| **TECHNICAL EVALUATION** | |
| **1. OVERALL RESPONSE AND METHODOLOGY** | **Max score** |
| Understanding of the scope, objectives and completeness of response | 10 |
| Quality of the proposed approach and methodology | 20 |
| Quality of proposed implementation plan, i.e. how the institution will undertake and staff each task, and time-schedules, risk assessment | 15 |
| 1. **PROPOSED TEAM AND ORGANISATIONAL CAPACITY** |  |
| Leadership skills: In Team Leader, relevant leadership/management experience, skills and qualifications (Team leader should also hold one of the technical skills. Team Leader role will be scored separately from technical skills, below) | 10 |
| Technical expertise: public health and mixed-method research expertise, and analysis and report writing; relevant experience, skills & qualifications | 15 |
| Organization of the team, roles and responsibilities and presence in Rwanda | 10 |
| **TOTAL MARKS FOR THE TECHNICAL COMPONENT** | **80** |
| **3. FINANCIAL PROPOSAL** – Full points are allocated to the lowest priced proposal that meets the minimum score on the technical proposal. The financial scores of other proposals will be in inverse proportion to the lowest price. | **20** |
| **TOTAL MARKS:** | **100** |