

TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACT



1. Title of the Consultancy

Market assessment for hand hygiene and menstrual hygiene management (MHM) products and services

2. Purpose of this consultancy

UNICEF Indonesia is seeking a qualified institutional contractor to design and carry out a market assessment on two product and service segments: Hand hygiene and MHM. The study will analyse the value chain for hand hygiene and MHM at national and sub-national level, in both urban and rural contexts; with a special focus on select provinces. The study will help in defining the size and potential of the market; mapping out available businesses, products and services; identify market gaps, identify customer motivations, design/product preferences and behaviours related to costs and investment; and provide the detailed data and insights needed to identify opportunities and capabilities required to develop the supply chain and related demand generation opportunities for scaling up hand hygiene and MHM in Indonesia.

3. Background and Context

Handwashing with soap (HWWS) is a key development priority for the Government of Indonesia (GOI) and part of GOI's commitment to the 2030 Sustainable Development Goals agenda. HWWS forms the second pillar of the GOI's National Sanitation and Hygiene Programme (STBM – Sanitasi Total Berbasis Masyarakat) and the School Health Program (UKS) strategy and intervention. The COVID-19 pandemic highlighted the stark reality of poor access to hand hygiene facilities all across Indonesia, not only in homes but also in key settings such as schools and madrasahs, workplaces, healthcare facilities as well as crowded public spaces such as marketplaces and public transportation. At present, one in four people or 64 million Indonesians do not have access to basic handwashing facilities. A recent analysis of WASH in schools data shows that 84% of schools or 44 million children in the country do not have access to a combination of basic water, sanitation and hygiene facilities. Similarly, the presence of HWWS facilities at critical points of care in primary healthcare facilities is found to be almost negligible. Additionally, the latest data from the national hygiene monitoring system show that only 50% of public places have functional HWWS stations. The COVID-19 response activities provided the much-needed impetus to develop both the demand and supply side of hand hygiene for strengthening WASH development programmes as well as for emergency preparedness and responses in the future.

To achieve hand hygiene for all, we need individual behaviours to change on a massive scale, but we also need to improve access to the products and services that enable new behaviours by making handwashing easy, convenient, and desirable. This includes access to water supply and physical infrastructure, innovative and affordable handwashing solutions to fit different contexts, and supplies like soap and alcohol-based hand-rub that are both available, affordable, and desirable. Product innovations & business solutions can be a 'game changer' to rapidly scale up hand hygiene using a market based approach. Through the WASH Innovations Hub, UNICEF Indonesia is seeking to partner with others to speed up the R&D process for promising innovative solutions and country-level collaboration for product field testing. Doing so calls for mobilizing private sector platforms and partnerships with businesses to mobilize business to develop and rapidly upscale market ready hand hygiene innovations and unlocking distribution supply chains.

Women and girls in Indonesia face significant challenges to manage their menstrual hygiene needs safely and adequately, thereby impacting their health, education, and psychosocial outcomes. In rural areas, women and adolescent girls face barriers to access accurate information about MHM. Availability of menstrual materials in local markets is equally challenging and often not affordable for a large proportion of rural populations.

To move the hand hygiene and MHM interventions in Indonesia forward, UNICEF is seeking to carry out a market assessment for hand hygiene and MHM products and services. The assessment will inform the Government and UNICEF's future engagement with businesses to develop and rapidly scale up existing or market-ready hand hygiene and MHM innovations. New products and business models will be tested with support from government and other partners such as businesses and/or NGO partners. Therefore, this market assessment is expected to focus on producing actionable recommendations.

4. Objectives of the assignment

The overall objective of the study is to analyse the strengths, issues, constraints and potential risks within the current value chain, as well as its potential opportunities and capabilities, particularly in reaching low-income consumers as well as the involvement of women, men, adolescents, people with disabilities and other vulnerable groups in the value chain – both to benefit from the positive health impacts of handwashing, and to benefit from income generating activities throughout the value chain.

The specific objectives of the study include:

1. Profile the current situation of the market for hand hygiene and MHM products and services including:

- Available hand hygiene and MHM products and services in the selected geographic areas as below.
- Existing hand hygiene and MHM innovations in the market which can be piloted through collaborative partnerships
- The cost breakdown of hand hygiene and MHM products and services along the value chain (i.e. component costs, taxes and duties, labour costs, costs to consumers – as well as any subsidized costs)
- Gaps and opportunities in price/feature/benefits ranges to develop new products to meet the needs of specific segments (for hand hygiene the focus will span across multiple key settings as listed below in Section 5).

2. Map existing actors and stakeholders involved in the hand hygiene and MHM market, including but not limited to the international and local private sector (including SMEs and individual private entrepreneurs), public sector, community-based organizations and development partners (e.g. consumers, government agencies, and bulk material suppliers) describing:

- Relationship between actors
- Market role played by actors (e.g. research and development, material supply (both raw materials and end products), finance (formal or informal), producer, marketer/promoter, regulator, etc.) and their capacity to fulfil that role
- Actors' level of involvement or investment in the market
- Overall investments in the hand hygiene and MHM market including opportunities for involving women, men, and other vulnerable groups in the value chain who can benefit from income generating activities throughout the value chain

3. Identify and investigate policies (government and non-government) that support or restrict the development and growth of a hand hygiene and MHM market

4. Identify consumer preferences, consumer needs (of specific groups e.g. children, people with disabilities, women and adolescent girls for MHM), willingness to pay, perceived benefits and drawbacks of currently available options, a price range of new products to be developed and possible service/business models and support services, which have potential to be scaled up at household level and institutions (for hand hygiene and MHM) and in public places (for hand hygiene).

5. Develop a tool that can regularly track the cost of common hand-hygiene supplies/commodities

5. Target market segments

A. Geographical areas to be covered in the market assessment

- Provinces : Jakarta (including Tangerang), East Nusa Tenggara and Papua
- Urban, peri-urban/peri-rural and rural settings in each province to be covered (Specific locations will be decided jointly during the orientation meeting)

B. Key settings to be covered in the market assessment

For Hand hygiene and MHM:

- Households
- Schools and Madrasahs (pre-primary, elementary, junior, and senior high school)
- Health care facilities

For only hand hygiene:

- Workplaces (Government and private companies)
- Markets/ Community gathering places
- Transportation hubs (including public transportation)
- Religious institutions

C. Products and services to be assessed:

- Handwashing facilities/stations and related supplies (Please refer to the [UNICEF document Handwashing Stations and Supplies for the COVID-19 Response](#) or the IDS publication [Handwashing Compendium for Low Resource Settings: A Living Document](#)) including locally available products and services.
- Soaps
- Hand-sanitizers or hand rub
- Menstrual hygiene management materials such as disposable pads, re-usable cloth pads, tampons, menstrual cloth, and other MHM products (Please refer to [Guide to Menstrual Hygiene Materials](#))

- Service/business models (including community-based groups) that are focused on the ongoing provision and maintenance of hand hygiene and MHM products and supplies to sustain services.

6. Scope of the Study

The selected firm will perform the following tasks:

1. Conduct a desk review by collecting and synthesizing any previous studies if available in order to sharpen or deepen areas of enquiry. Review formative research studies if available to understand the demand side.
2. Conduct in-depth interview (face to face or online meetings based on COVID-19 situation) with relevant ministries and local government to investigate the existing policy and regulation on hand hygiene
3. With the support of the UNICEF and (government/partner), conduct an introductory field visit to selected locations to gain field-based understanding of the context of the research.
4. Prepare an inception report and oral presentation. The inception report will include a sound research protocol (including research objectives, questions, design, data collection tools and sampling strategy) and specify the analytical framework to guide the study and sampling strategy.
5. Draft research instruments and revise these according to feedback provided by UNICEF.
6. Pre-test the instruments on a small sample of the target market actors to ensure that the participants understand the questions etc. Share pre-test findings with project team and document findings.
7. Conduct field visits including in-depth interviews and FGDs to gather insights from targeted consumers/suppliers/key stakeholders across all market segments and key settings mentioned above
8. Develop a simple tool to track the cost of hand hygiene supplies. This tool should use an open software and be user-friendly and accessible to all relevant stakeholders
9. Analyse qualitative data and present findings and recommendations to UNICEF and relevant partners and stakeholders.
10. Share the draft report for feedback from the Government, UNICEF, and relevant stakeholders
11. Draft final report (possibly two separate reports – for hand hygiene and MHM) based on UNICEF and partner feedback and inputs , meeting international quality standards to enable global dissemination of the study.

7. Key Assessment areas

This section lists indicative research areas for this market assessment. This list will be finalized once the selected firm commences work – any additional areas of inquiry should be proposed by the contractor in the course of the work.

| Assessment areas | Key research areas/questions |
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| 1. Consumer Insights: <ol style="list-style-type: none"> For consumers in the target market, what is a 'good' handwashing facility/ MHM product, what features, and functions should it have (and not have) and why, and how much should it cost? What would consumers and their families gain personally from having and using a good handwashing facility/MHM product, compared to what they have and do now? How can the process of learning about, purchasing and installing a handwashing facility/ accessing a MHM product be made easier, quicker, and more reliable? | <ul style="list-style-type: none"> • Household income, purchase priorities and general purchase behaviours and spending patterns on hand hygiene and MHM • Institutional purchase priorities, behaviours, decision making factors and spending in schools, health care facilities, workplaces, public places on hand hygiene • Current handwashing and MHM practices of targeted consumers in all key settings including households, schools (students/teachers), Health care facilities (staff/patients), • Knowledge of and preferences for different handwashing facility/ MHM product designs, features, and materials by targeted consumers in all settings as above. • Willingness to purchase and pay for different types of handwashing facilities by households (for hand hygiene and MHM) and institutions (for hand hygiene) • Knowledge of locally available handwashing designs/ MHM products, cost to build, businesses who sell • Intention, motivation triggers, challenges for handwashing/MHM practices and ownership of a handwashing facility. MHM practices include usage, cleaning, washing and drying (for re-usable materials) and disposal practices |

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| | <ul style="list-style-type: none"> • Factors influencing or acting as a barrier to decision-making and purchase of hand hygiene and MHM products and services. • Construction and installation processes and costs (including transport) for handwashing facilities and services • Access to and interest in financing options such as microfinance or instalment payment; and • Cleaning, maintenance – particularly in non-household settings - including practices, preferences, intentions and options for dealing with the ongoing provision of soap/ hand rubs. |
| 2. Mapping out enabling environment and hand hygiene/MHM products and services (insights from government and suppliers) | <ul style="list-style-type: none"> • Policies and Regulations: What government policies / regulations benefit or hamper business (registrations, inspections, subsidies, taxes, duties, incentives, etc.)? Is exempting VAT an option to advocate to government? • Market size, information, access : Prices, trends, buyers, suppliers, sales volume, income, expenses, profit, means of communication, speed of response, sales promotion, bulk purchase discounts, competition, distribution/network, information asymmetries? • Technology and Innovations : Product range, technology options, documentations of successes and failures and reasons • Products and services (Below areas of enquiry would need to be adapted for hand hygiene and MHM products separately): <ul style="list-style-type: none"> - What are the kinds of products and services available and costs? What are the benefits and drawbacks of the different options for different actors along the value chain? Where are current weaknesses in the value chain that impede sustainability, drive prices and/or are vulnerable to shocks? - What are the origins of the materials and comparative costs? What is their quality and availability? - What repairs and maintenance work are required and who does it? Is such a business profitable? - What business models are currently employed ? What are the business constraints to expansion? What support services are accessible/desired? How do they access finance? - What marketing/sales strategies do they employ/see? How do the businesses communicate with customers and how do businesses capture consumer feedback? What are the capacity needs? • How do actors along the value chain access market information and insights, including about market opportunities, business models, financing opportunities, etc.? • Who are the customers and users at different types of settings (e.g. household, school, health facility, etc.)? Are available products and services suitable for the very young, very old, people living with a disability and people of all genders including adolescents considered? What are perceived user preferences in each of the targeted market segments? What are suppliers' preferences? • What is the willingness to pay for a hand hygiene/MHM product or service by different customers? Who makes decisions in the household? |
| 3. Product and Service Delivery actors and roles | <p>Actor mapping : enterprises, entrepreneurs, importers, manufacturers, wholesalers, retailers, community groups, financial service providers, sales agents, marketers, end users (consumers) of hand hygiene and MHM products and services and other market actors (including informal), plus any other relevant government and non-government stakeholders in the value chain of hand hygiene and MHM products and services.</p> <p>Mapping out roles and the relationship between the different actors:</p> <ul style="list-style-type: none"> • <i>Market Enabling Activities</i> |

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| | <ul style="list-style-type: none"> - Creating and enforcing policy – Policies/regulations (covering different ministries for different settings), technology specifications/standards, certifications, subsidies, vouchers, tariffs, taxes - Developing Infrastructure – Development and maintenance of transportation, utilities, information, and communication networks - Socialization – Influencing the knowledge, attitude, social norms and practices of a population with respect to hand hygiene and MHM behaviours. • <i>Market Facilitating Activities</i> <ul style="list-style-type: none"> - Financing – Creating the availability of funds to market actors (i.e. via micro-finance loans, extended payment periods, revolving funds etc.). - Coordinating Stakeholders – Organizing collaboration and/or coordination between market actors. - Capacity Building – Increasing market actors’ abilities to perform core functions, solve problems, define and achieve objectives. - Generating Demand – Targeted marketing programs/campaigns to drive general awareness and interest in hand hygiene products and/or services. - Monitoring and Evaluating – Tracking and measuring performance, including quality control. • <i>Market Engaging Activities</i> <ul style="list-style-type: none"> - Innovating – Researching and developing new or modified hand hygiene and MHM products/services prototypes and business models. - Developing products – Piloting, evaluating and commercializing (including developing market strategies) for hand hygiene and MHM product/service. - Sourcing and aligning suppliers – Identifying and coordinating material suppliers - Coordinating Logistics – Transportation of materials from suppliers to producers, and finally to customers. - Producing – Assembly of materials into hand hygiene/MHM products. - Sales & Marketing – Implementation of the marketing strategy, including collection of orders and payments. - Aftersales services and feedback – Range of after sale services provided to assist customers including installing, training, maintenance. It also includes the collection of customer information, such as satisfaction and product use |
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8. Approach and Methods

The study methodology will be developed by the selected firm at the outset of the work and will be presented in detail in the inception report. The study will likely employ mostly qualitative data collection methodologies, including focus group discussions (FGDs) and in-depth interviews from targeted groups in identified settings for both the product segments. The modalities must be adapted to the realities of the COVID-19 pandemic in Indonesia and responding firms are expected to propose feasible modalities, taking into consideration the need for remote or mobile-based technologies to collect information. The research protocol should include clear research objectives, questions, design, methodology and a well explained participant selection or sampling strategy for the different settings. For MHM, the firm should develop appropriate participatory methodologies to enable women and girls to share information openly, however the cultural context should be taken into consideration ensuring discretion, privacy and dignity of women and girls at all times. The firm is therefore responsible for ensuring that consent of the participants are sought at necessary stages and ethical clearance for the assessment is obtained. Methodologies appropriate for supply/value chain analysis of hand hygiene and MHM products and services should also be applied in the identified geographical areas. Data analysis should include use of appropriate software such as NVivo or others. Results from the methodology employed should exhibit differences in the perspective of market actors, and include quotes taken verbatim from participants. Illustrations, infographics and graphical representation of data should be provided wherever necessary.

Throughout the project, the selected firm will maintain close communication and consultations with UNICEF on a regular basis to discuss process and findings, including those of the pre-tests.

8. Expected tasks, outputs, and timeframe

| Tasks | Outputs | Timeframe |
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| Phase 1 : Inception | | |
| <p>1. Preliminary desk review of relevant literature on hand hygiene policies, programs/initiatives and previous market research in Indonesia</p> <p>2. Meeting with UNICEF and all key stakeholders to agree on the TOR, objectives and scope of the study, get agreement on study design, study locations and methodology</p> | <p>An inception report with oral presentation to client including:</p> <ul style="list-style-type: none"> Key insights from previous market research and consumer/household studies in the country from desk review Research objectives and associated research questions Methods for data collection and justification Analytical framework Sampling strategy Key implementation challenges and risks Additional study design considerations Detailed work plan and timelines Draft ideas for hand hygiene costing tool Annotated Final Report Outline that will take account all the component listed in the TORS | <p>Between 2nd week of June – 2nd week of July (2 weeks)</p> |
| Phase 2 : Detailed mapping and pre-testing of tools | | |
| <p>3. Conduct a detailed desk- based review and key informant interviews with targeted stakeholders to further clarify and sharpen mapping exercise of the enabling environment components, key actors, their roles; products and services</p> <p>4. Refine research protocol (including objectives, design and methodology) in discussion with UNICEF and other key stakeholders</p> <p>5. Pre-test research protocol and tools in the field and finalise based on testing results</p> | <ul style="list-style-type: none"> Synthesis report on document review and pre-testing of tools Final research protocol (in both English and Bahasa) Ethical clearance for the assessment Final data collection and analysis tools (including FGD and in-depth interview guides) – draft and finalized based on pre-testing results (in both English and Bahasa). Draft outline of the hand hygiene tool including the variables for calculating supply costs | <p>Between 2nd week of July – 2nd week of August 2021 (2 weeks)</p> |
| Phase 3 : Data collection and analysis | | |
| <p>6. Conduct consultation meetings with stakeholders and field visits to locations as decided in the inception meeting to collect necessary information through finalized data collection tools.</p> <p>7. Pilot test the tool application to calculate the costs of hand hygiene supplies and commodities</p> | <ul style="list-style-type: none"> Oral presentation with preliminary findings to the UNICEF team for quality assurance purposes, and subsequently to the partners and stakeholders in Bahasa. Short interim report (in English and Bahasa) with the following indicative contents: <ul style="list-style-type: none"> Assessment matrix filled in, with a brief description of the evidence base and key | <p>Between 3rd week of August – 1st week of October 2021 (4 weeks)</p> |

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| 7. Conduct a stakeholders workshop (including government, development and private sector partners) to share preliminary findings and emerging conclusions | preliminary findings for each area of enquiry . <ul style="list-style-type: none"> ○ Pilot-test results of the hand hygiene costing tool ○ Details of existing innovative products that are ready to be pilot-tested immediately ○ Overall and cross-cutting findings and emerging conclusions. ○ Outline for the final report. | |
| Phase 4: Reporting and Communications | | |
| 8. Based on feedback from the stakeholders, and inputs from all team members (in UNICEF), draft and submit final report – separate report for hand hygiene and MHM should be submitted | <ul style="list-style-type: none"> • Final reports for hand hygiene and MHM (in English and Bahasa) including the following: <ul style="list-style-type: none"> ○ Executive Summary that includes a market map and other key infographics that summarize the main findings in a simple, visual way ○ Background, Research Objectives, Research questions and Methods ○ Possible Limitation to Interpretation of Data ○ Main Results/Findings ○ Recommendations (including recommendations for innovations in products and business models that should be pursued by UNICEF with partners) ○ Conclusions ○ References, Appendices and/or Annexes • Final costing tool • Final PowerPoint presentation which can be used for dissemination purposes including the market assessment findings and recommendations • Soft copy of raw data in Bahasa and English in Excel and/or any relevant format based on agreement | Between 1 st week of October – 2 nd week of November 2021 (4 weeks) |
| Total duration of the study (person months) | | 3 months |
| 9. Official travel This consultancy will involve travel to selected locations for the study within Indonesia. | | |
| 10. Qualification or Specialized Knowledge/Experience Required: The study will be carried out by a company or an institution, involving a team of experienced and skilled professionals with the following qualifications. | | |
| Description | Education | Experience Required |
| All team members | Graduate or Advanced university(Masters or PhD) degree in a relevant discipline of study including but not exclusive to business administration, economics, | <ul style="list-style-type: none"> • The key staff of the assessment team should have at least 7-10 years' work experience, including at least 5 years of field experience in their specific areas of expertise as listed below. The suggested team composition is as follows: <ul style="list-style-type: none"> ○ 1 – Principal investigator/project coordinator/team leader who will be responsible for managing the entire design and implementation |

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| | management, survey analytics or equivalent. | <p>process ensuring timelines and deliverables are met with agreed upon quality standards. Serves as main focal point with client.</p> <ul style="list-style-type: none"> ○ 1 – Head of field services who oversees fieldwork and ensures quality assurance methods (including training of enumerators) are respected. ○ 1 – Private sector specialist with experience in business models (particularly for bottom of the pyramid and rural areas) ○ 1 – Hand hygiene/ hygiene promotion specialist to provide advice to the research team on hand hygiene matters. ○ 1 – Gender and inclusion specialist to provide advice to the research team on MHM matters ○ Additional staffing requirements will be left to the contractor to determine based on the methodology and approach proposed • The team should have very strong skills in conducting FGDs and in-depth interviews; strong qualitative data analysis skills and sufficient experience conducting qualitative research • The ability to work and facilitate data collection in Bahasa language is a requirement and the team should have members fluent in Bahasa to conduct field work and review the translation of relevant documents, • Strong analytical, communication and documentation skills with experience of writing complex reports • Readiness and availability to travel within Indonesia, following all COVID-19 protocols |
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Firm's Qualifications requirements

- The consulting firm should provide company profile which should include the following:
 - The firm should be able to operate or having permit to operate in Indonesia in accordance with prevailing regulations
 - The firm should have at least 7 years of well demonstrated and proven experience in supply chain assessments in hand hygiene or other relevant sector and experience within Indonesia or comparable environments. Possible areas of expertise include value chain analysis, business advisory services, market research, including financial services for households and/or businesses, particularly in the area of market transformation and base-of-the pyramid research.
 - The firm should provide previous work samples that are relevant to this assignment
 - Professional resume of the proposed candidates who will undertake the consultancy work
 - A brief 1-2-page work plan outlining the consultant's interpretation of this TOR, including proposed system for managing quality assurance of the study, risks and mitigation measures

Other Requirements:

- The consulting firm is expected to have, or arrange, all logistical means required to carry out the study. Upon award of the contract, a detailed timeline and reporting schedule will be determined between the consulting firm and UNICEF
- The consultants will work with support of WASH staff from UNICEF Indonesia (Jakarta)

11. Timing/duration of contract:

The entire duration of the contract can be **five months** to complete all the processes from the start of the contract, accounting for three person months of effort required (mid-June to mid-November 2021)

12. Payment Schedule :

The proposed payments will be made in 5 instalments.

| No | Task | Outputs (see table above) | Deadline | Payment |
|----|--|------------------------------|-----------------------------------|---------|
| 1 | Stakeholder meetings and literature review | Inception report | 2 nd week of July 2021 | 10% |

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| 2 | Detailed desk based document review and pre-testing of tools; final research protocol and data collection tools | Review Synthesis report Data collection methodology and tools | 2 nd week of August 2021 | 10% |
| 3 | Key informant interviews, field visits and de-brief workshop | Short interim report with preliminary findings | 2 nd week of October 2021 | 30% |
| 4. | Draft reports for seeking inputs and feedback from relevant stakeholders | Draft reports for hand hygiene and MHM | 31 st October 2021 | 20% |
| 4 | Final reports with feedback incorporated from key stakeholders | Final reports – for hand hygiene and MHM - in English and Bahasa | 15 th November 2021 | 30% |
| | Total budget | | | 100% |

13. Evaluation Criteria:

| CATEGORY | MAX POINT | MIN PASSING POINT |
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| 0. MANDATORY CRITERIA <ul style="list-style-type: none"> Corporate profile, including legal statement document for operation permit in Indonesia (only for institution) | Fail/passes | |
| 1. ORGANIZATIONAL CAPACITY <p>1.1 Institution/company profile indicating major work, with justification on why the institution is well-suited to the assignment.</p> <p>1.2 Detail of relevant experience and list of clients in the last five years, including contact details (name, email address, and phone numbers that can be used as reference)</p> <p>1.3 Financial Statement and Balance Sheet (audited preferably) for the last 3 years.</p> | 15 | |
| 2. QUALITY OF THE TECHNICAL PROPOSAL <p>2.1 Proposed research design including research questions and data collection and analysis methods, with reference to objectives in TOR</p> <p>2.2 Proposed work plan and approach of implementation of the tasks as per the ToR including approximate durations, on-site and off-site meetings/ key milestone and key deliverables</p> <p>2.3 Implementation timeline: identify key tasks and timeline, focal person for each activity/deliverable should be identified.</p> <p>2.4 Anticipated project risks and mitigation measures as well as quality assurance</p> | 30 | |
| 3. KEY PERSONNEL <p>3.1 Names and full CVs of the personnel that will be directly involved in the consultancy.</p> <p>3.2 Adequate and appropriate staff combination in relation to the respective tasks and deliverables (see TOR); and relevant prior experiences of similar scope and complexity.</p> | 25 | |
| TECHNICAL PROPOSAL *The bidder has to meet this minimum passing point for the Technical Evaluation in order to be considered further for the Financial Evaluation | 70 | 49 |
| PRESENTATION | 10 | 7 |
| TOTAL TECHNICAL PROPOSAL | 80 | 56 |
| PRICE/FINANCIAL PROPOSAL Financial proposals should be all-inclusive, including costs for fees, travel, sub-contracts and other necessary expenses. | 20 | |
| TOTAL MARKS | 100 | 70 |

