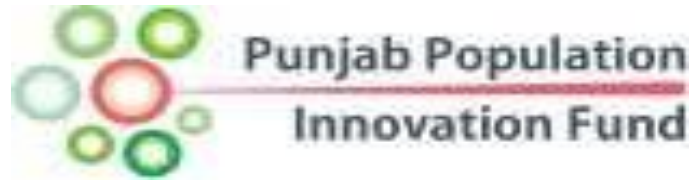


PUNJAB POPULATION INNOVATION FUND

CONSULTANCY SERVICES

“EXPRESSION OF INTEREST (EOI) FOR ENDLINE STUDY FOR SCALE UP OF PPIF FIRST PROGRAM CYCLE “LINKING UNDERSERVED COMMUNITIES TO FAMILY PLANNING SERVICES THROUGH COMMUNITY RESOURCE PERSONS AND PRIVATE SECTOR ENGAGEMENT” IN TEN DISTRICTS OF PUNJAB-NOOR CALL



Submission Date for Sealed Proposals: 18th November, 2024 (11:00 AM)

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REQUEST FOR EXPRESSIONS OF INTEREST FOR ENDLINE STUDY (CONSULTING SERVICES – FIRMS SELECTION)

Assignment Title: Endline study of Scale up of PPIF first program cycle “Linking Underserved Communities to Family Planning Services through community resource persons and private sector engagement” in ten districts of Punjab-Noor Call

Background

level public health system i.e. Lady Health Worker Programme in Punjab is yet uncovered in 40% of the province. The outreach of public health service delivery is limited especially in remote areas whereas the private sector is yet not optimized to fulfil the unmet need of 17.8% in Punjab. It is reported that less than one third of the private facilities providing a wide range of family planning services in both rural and urban areas. For the first time, Contraceptive Prevalence Rate (CPR) of Pakistan's most populous province Punjab has lowered in the last five years from 39% in 2014 to 34.4% in 2017-18. Within the method mix of contraceptive services, only 3.2% accounts for Long Acting Reversible Contraception (LARC) leading to stagnant and unsustainable family planning programming in the province. According to the landscape study by Population Council 2016, the main reasons found for low levels of contraceptive uptake are accessibility of quality family planning services, fear of sincere effects, provider bias along with cultural barriers such as husband's unwillingness to use contraception for themselves and their partners. During this program cycle, 77,097 Married Women of Reproductive Age were reached with family planning information and services generating 17,142 additional family planning users during 18 months. The Contraceptive Prevalence Rate (CPR) increased by 19% in Muzaffargarh from 27.8% (mCPR 23.4%) to 46.8% (mCPR 35.5%). In Rawalpindi, the CPR increased by 9% from 51.9% (mCPR 44.4%) to 60.8% (mCPR 52.2%). The increase in long acting method uptake was 17% and 12% in Muzaffargarh and Rawalpindi respectively. The private providers witnessed increased client flow and reported their satisfaction in being part of the project. Technical assistance was regularly provided that significantly improved the quality of services provided.

Projected demand for ten years (male and female separately, if possible).

Universal access to safe and quality family planning and reproductive health services to the most remote and far flung areas of the Province by 2025

Raise contraceptive prevalence rate to 60 percent by 2030

Strive expeditiously to attain replacement level fertility of 2.1 births by 2030

Capacity of projects being implemented both in the public & private sector.

FP services are delivered in Pakistan through both the public and the private sectors, with the private sector including commercial entities as well as social marketing organizations (SMOs) and nongovernmental organizations (NGOs). Availability of family planning products and services in Punjab is currently far from universal. Findings of the Population Council's recent landscape study (2016) indicate that there are not enough health facilities to begin with, especially in the public sector. Of those available, large proportions, especially in the private sector, are not providing any family planning services in both rural and urban areas. While public health facilities show better facility preparedness, private facilities offer more respectful treatment, which clients seem to value more. Most consumers prefer the private sector where quality is perceived to be better, but since costs of health care are mainly borne out of pocket, poorer consumers find themselves without much choice. However, for the most part, the private

sector has worked independently, with donor-supported NGOs and SMOs trying out innovative models, such as social franchising, voucher schemes, social marketing, and community-based distribution systems, to increase contraceptive use. Successful models are yet to be scaled up. The federal government as well as provincial governments of Sindh, Khyber Pakhtunkhwa (KP) and Punjab have recently enacted laws and created special cells to help provide a regulatory framework for executing PPPs in various sectors. In the public sector, health and population services are a provincial responsibility. In each province, the two main departments responsible are the Population Welfare Department (PWD) and the Department of Health (DoH). PWD provides FP services and commodities via static facilities known as Family Welfare Centres (FWCs) as well as through Family Welfare Workers (FWWWs) and Mobile Service Units (MSUs). It occasionally collaborates with the private sector to train staff and accredit service delivery outlets. The DoH has a larger network of static facilities (about 11,000) ranging from Basic Health Units (BHUs) providing primary healthcare services to District Headquarters Hospitals (DHQs) and other tertiary care facilities. In the private sector, a wide range of cadres of providers are active, serving either independently or in affiliation with commercial concerns, SMOs, or NGOs.

Supply-demand gap. Only 34.2% of MWRA are currently practicing FP in Pakistan. The proportion of those using reliable modern methods is even smaller-25%-while the rest use traditional methods which have higher risks of failure. Meanwhile, 9.5% of women have unmet need for spacing births while another 7.8% report unmet need to limit births. Among these 6 million MWRA with unmet need, 2.1 million have never used contraceptives before but 3.9 million are past users. The rate of discontinuation of contraceptive use remains very high at 30.2%. The two key reasons cited in the PDHS 2017-18 for discontinuation, after desire to become pregnant, include side effects/health concern and method failure-both suggest that couples are not receiving adequate support in continuing use of reliable methods. Quality of service provision- in terms, for example, of respectful and client-friendly attitudes among providers, adequate counseling and information provision, maintenance of hygiene practices, availability of contraceptive choice, etc. is a major gap. Women with unmet need and those using traditional methods represent a large potential market for modern contraceptives. Earlier qualitative research reveals that each segment of potential users of FP faces unique barriers, with implications for programming (Population Council 2016). For never users with unmet need, the primary reasons for non-use are (1) lack of information, especially among men; (2) low access to health services, especially in rural communities that are not served by LHWs; and (3) fear of side effects of modern contraceptives. Among past users with unmet need, the most entrenched barrier is (1) past experience of debilitating side effects, coupled with (2) experience of low-quality, unsupportive health services, and (3) potential high costs of managing side effects. Among users of traditional methods, (1) fear of side effects is a main barrier to modern contraceptive use, along with (2) lack of method-specific information. These barriers relate primarily to issues of access to and quality of FP services. Addressing the barriers to eradicate unmet need for FP could raise Pakistan's CPR to 51.5%.

Designed capacity & output of the proposed project To scale up PPIF's first program cycle of linking underserved communities to family planning services through community resource persons and private sector engagement

The main features of the model were:

Identification of LHW uncovered areas by Department of Health

Identification and training of Noor workers (community educators) for doorstep FP services integrated with BIB

Mapping/Registration of Married Women of Reproductive Age

Developed outreach plan including household visits, neighborhood meetings and sensitization sessions

Identification, selection and Training of private health service providers

Conduct family planning days in communities and at private clinics

Develop referral mechanism with public health providers

Printing of IEC material and data recording
Improve access to family planning services offered to MWRAs.
Increase quality of family planning services with the provision of FP commodities.

Evaluation Research

The proposed research assignment would include sampling, data collection through structured interviews to be conducted project beneficiaries in districts of Punjab. Cluster randomization will be used to conduct the evaluation. Clusters, selected during the baseline survey in subject districts will be used for endline study. Service providers surveys will be conducted during the end line phases. Quantitative and qualitative data analysis and report development will be included as major components of the assignment.

Keeping in view the above, PPIF invites eligible consulting firms (“Consultants”) to indicate their interest in providing the Services to implement the evaluation research in districts of Pakistan. This research will cover end line evaluations in the intervention districts of Punjab province.

Interested Consultant Firms should provide information demonstrating that they have the required qualifications and relevant experience to perform the Services.

Geographic Location:

- **District Rawalpindi (Unit 1)** (RURAL & PERI-URBAN AREAS OF EASTERN PART OF RAWALPINDI CITY, TEHSIL KOTLI SATTIAN, TEHSIL MURREE, TEHSIL KALLAR SYEDAN & TEHSIL KAHUTA)
- **District Rawalpindi (Unit 2)** (RURAL & PERI-URBAN AREAS OF WESTERN PART OF RAWALPINDI CITY, TEHSIL GOJR KHAN& TEHSIL TAXILA)
- **District Lahore (Unit 3)** (RURAL & PERI-URBAN AREAS OF WAGHA TOWN & AZIZ BHATTI TOWN)
- **District Lahore (Unit 4)** (RURAL & PERI-URBAN AREAS OF RAVI TOWN, DATA GUNJ BAKSH TOWN, SHALAMAR TOWN, AND SAMANABAD TOWN)
- **District Lahore (Unit 5)** (RURAL & PERI-URBAN AREAS OF IQBAL TOWN AND NISHTAR TOWN)
- **District Sheikhpura and Nankana (Unit 6)**
- **District Chiniot, Toba Tek Singh & Sargodha (Unit 7)**
- **District Faisalabad (Unit 8)**
- **District Gujranwala (Unit 9)**
- **District Kasur (Unit 10).**

Estimated Cost

The estimated cost for project in the 10 specified districts is PKR 46.887 Million (Inclusive of all taxes & Costs).

1- Conditions for Eligibility

Prequalification application requires the following attachments to be uploaded alongside your application form.

- i. Must be registered for having legal status.(copy)
- ii. Must be an active taxpayer in country of origin (Tax returns for the previous year 2023 required)

- iii. Should have financial audit carried out by an ICAP registered firm for the last year or the firm should be itself an ICAP registered auditing firm. (audit report 2023)
- iv. NTN/FTN Registration and PRA registration
- v. Affidavit on stamp paper mentioning below three points:
 - a. Must not have been suspended or blacklisted by any Government, semi-Government, autonomous or any financial institution of Pakistan.
 - b. That neither the organization nor any of its employee or officer are engaged in any activity that amounts to breach of security or any activity inconsistent with Pakistan's national interests, or contrary to Government Policy.
 - c. Under AML/CFT that the organization/any of its vendor/sub-contractor is not involved in any money laundering, terrorist financing, weapon smuggling, anti-state activities or has or maintains links with proscribed individuals or organizations. (Original affidavit on stamp paper required)

Failure to comply with mandatory criteria will result to disqualification

Other Criteria:

Firm consultants shall be evaluated on the basis of following criteria:

| Evaluation Criteria | | | |
|---|---|-------------------------|---------------------|
| Criteria | Benchmarks | Allocated Points | No. of pages |
| 1. Overall & Relevant Experience | The firm must have at least 08 years of overall experience of designing and conducting the baseline/end line HH surveys, situational analysis, and needs assessment studies regarding family planning, community financial incentives/voucher schemes, integrated poverty alleviation and community development programming. Moreover, Firm must have strong track record in qualitative and quantitative research especially in low performing districts/areas of Punjab. Strong understanding of the context and situation regarding family planning, health systems, poverty, social and financial incentives to promote FP/health practices; related issues and dynamics, especially in the Punjab province. Strong understanding of the context and situation of family planning related knowledge, attitude and practices in the communities and policy agenda of poverty alleviation and social protection net. Understanding/knowledge of rural economy, local context, and multi sectorial development | 15 | 05 |
| | Above 8 years 01 mark for each year (maximum 15 marks) | | |
| 2. Relevant Assignments | Already conducted similar assignments (family Planning and Reproductive Health) that can be verified through references from previous clients and final outputs. | 20 | 03 |
| | 1-2 completed projects.....08 marks 3-5 completed projects.....12 marks 6-7 completed projects.....15 marks | | |

| | | | |
|---|---|---------------------|------------|
| | 8 & above projects.....20 marks | | |
| 3. Specific experience | The firm have specific experience with specific experience on Cash grants to improve indicators (Voucher scheme) | 20 | 02 |
| | 1-2 completed projects.....10 marks 3-5 completed projects.....15 marks 8 & above projects20 marks | | |
| 4. Associated Human Resources (the scoring out of 100 will be weightage for the 25 marks) | The firm should have a competent team consisting of qualified personnel and having multi-disciplinary Knowledge. The consultant team shall include a Program Management Expert, Research Specialist (FP, MNCH, Financial, Community research), Financial Expert/Economist, Public Health Specialist, Statistical Data Analyst, along with experts in field research work. Provide key staff details/profiles (Qualification, overall experience, relevant experience, relevant skills) of those people who would be directly associated with the assignment. Firm must provide organogram of the organization. | 25 | 04 |
| 4.1 Technical staff and Experience | | Total Points | 100 |
| a) | Reproductive Health Expert i. 16 years of education, Presence of qualified personnel with appropriate educational backgrounds and certifications in reproductive health-related fields (e.g., medicine, nursing, public health) (10 marks) ii. Minimum 5 years expertise in specific areas such as family planning, maternal health, STI prevention, and adolescent reproductive health. (20 marks) | 30 | |
| b) | Monitoring & Evaluation/ Research Expert i. Education in 16 years of statistics, economics, public/ business administration, epidemiologist M & E organizational policy. (10 marks) ii. Minimum 5 years expertise in various M&E methodologies relevant to reproductive health (reference copy of any previous project) (5 marks) iii. Expertise in conducting evaluations and impact assessments in reproductive health especially IT Based. (reference copy of any previous project) (5 marks) | 20 | |
| c) | Quality Assurance Officer i. Education in 16 years Quality Assurance organizational policy/Procedures (05) ii. Professional qualified and expert in specific areas such as family planning. (10 marks) | 15 | |

| | | | |
|---|---|------------|--|
| d) | Finance & Admin i. Education in 16 years in Finance & Admin. organizational policy (10 marks) ii. Last 3 years financial audit reports (5 marks) | 15 | |
| e) | Data Analyst i. Education in 16 years in computer sciences (5) ii. At least 3 years of experience in data analysis (5) | 10 | |
| g) | Field Supervisor / Data Collectors i. Education in 14 years (5 marks) Current qualified and expert staff in Reproductive Health and Family planning ii. 1 to 3 employees (02 mark) iii. More than 3 employees (05 marks) | 10 | |
| | Total A2 | 100 | |
| 5. Work Volume in Monetary terms | Annual turnover | 20 | |
| As per ICAP registered audited accounts or ICAP registered auditing firm | > 20 M but up to 30 M.....10 > 31 M but up to 40 M.....13 > 41 M but up to 50 M.....15 > 50 M20 | | |

Form A - Organizational Profile

| Required Information | Response |
|---|--|
| Legal Name of Organization | |
| Year of Registration / Establishment of the Organization | |
| Is your organization a Private Sector entity, Not-for-Profit Organization or a University? Put cross in the relevant box | <input type="checkbox"/> Section 42 Company |
| | <input type="checkbox"/> Private Ltd. Company |
| | <input type="checkbox"/> Sole Proprietor |
| | <input type="checkbox"/> Partnership |
| | <input type="checkbox"/> Organization registered under Voluntary Social Welfare Agencies (Registration and Control) Ordinance 1961 |
| | <input type="checkbox"/> Organization registered as Joint Stock Company under the Societies Registration Act 1860 |
| What is the legal status of your organization? Tick the relevant box (one box only). (Attach Copy/Copies of Registration Certificate/s) | <input type="checkbox"/> Organization registered under The Trusts Act (II of 1882) |
| | <input type="checkbox"/> Others (please specify) |
| | |
| Name of Head of Organization | |
| Designation | |
| Email | |
| Phone & mobile numbers | |
| Postal address of Organization | |
| Phone | |
| Email | |
| Website | |
| Name of contact person* | |
| Designation | |
| Phone & mobile numbers | |
| Email | |
| In case of Joint Venture / Partnership or Consortium, please provide additional details as relevant. | |

Form B - Experience

| |
|---|
| <p>1. To determine the applicant's suitability for this project, PPIF requires information regarding <i>relevant</i> current or prior assignments conducted by the applicant. Use this form to provide details of your experience. Please note that this section will be scored based on your description of a maximum of <i>baseline/endline / relevant researches</i> (which can be independently verified) and will demonstrate relevant local and international experience similar to the scope of work mentioned in the ToR.</p> <p style="text-align: right;"><i>Replicate the table for all baseline / relevant researches</i></p> |
| Project title |
| Client, name and designation of contact person, office address and telephone number |
| Country and location |
| If any of these reports were prepared under a sub-contractual arrangement, provide names and contact information of references from the contracting entity. |
| Value of the agreement (in PKR or original currency of agreement): |
| Project description |
| Duration of the assignment (months) |
| Start date (month/year) and Completion date (month/year) |
| Size and description of sample (if applicable) |
| Methodology and tools used |
| Total number of staff-months (by your firm) on the assignment: |
| Name of associated consultants (if any) |
| Outcomes of the research / baseline / end line (please elaborate on ways in which this information was assessed, used and/or quoted). |
| Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/Coordinator, Team Leader) |
| Description of actual services provided by your staff within the assignment |

Form C - Implementation Team

PPIF expects that the applicants have adequately qualified and competent personnel available to carry out the tasks required for effective implementation of the given task. Please provide separate plan for each project's baseline.

Note: *The applicants will not be allowed to change the proposed key staff except by the approval of PPIF.*

1. Describe how you will organize and structure the team working on this task.
Provide detailed resource plan linked with the work plan and the number of hours/days allocated to each project team member during the various phases of the project.

2. Indicate relevant qualifications and experience of the project team related to the task requirements defined in the ToR.

3. Provide information regarding individual key project team members who will be responsible for activities needed to be carried out for this assignment. Make sure the CV of the Technical lead of the study is also attached.

| Serial no. | Name of Staff | CNIC No. /Passport No. | Qualifications and Experience | Area of Expertise | Position Assigned | Task Assigned |
|------------|---------------|------------------------|-------------------------------|-------------------|-------------------|---------------|
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Form D: For JVs Only

JV will submit general form A as well as fill out the following form as well.

| | Lead Firm | Partner Firm | Total |
|---|---|--|--------------|
| 2. Relevant Assignments 1-2 completed projects 3-5 completed projects 6-7 completed projects 8 & above projects | i.e (no of projects completed by lead firm) | i.e (no of projects completed by Partner firm) | |
| 4. Specific experience 1-2 completed projects.....10 marks 3-5 completed projects.....15 marks 8 & above projects20 marks | | | |
| 5. Work Volume in Monetary terms As per ICAP registered audited accounts or ICAP registered auditing firm > 50 M but up to 60 M.....10 > 60 M but up to 70 M.....13 > 70 M but up to 80 M.....15 > 80 M20 | | | |

Note:

1. **For JV between local firms/companies, eligibility criteria must be fulfilled by the lead as well as partner firms separately.** However, in case of a JV firm outside Pakistan, then eligibility criteria must be fulfilled by the Lead Firm and the JV (international firm) registration with relevant professional body and exchange commission will be required of their country of origin.

2. For evaluation, lead and JV firms experience, profile, HR and financial will be evaluated collectively. Like if Lead firm has 3 relevant project and other firm has 2 relevant project then score will be provided based upon 5 relevant assignments. Similar practice will be applied for other criteria (General assignment, financial, firm profile etc.)

One of the joint venture partners shall be nominated as being in charge; and this authorization shall be evidenced by submitting a power of attorney signed by legally authorized signatories of all the joint venture partners. A copy of the agreement entered into by the joint venture partners shall be submitted stating the conditions under which it will function, its period of duration not less than for period of contract award, the persons authorized to represent and obligate it and which persons will be directly responsible for due performance of the Contract and can give valid receipts on behalf of the joint venture. No amendments / modifications whatsoever in the joint venture agreement shall be agreed to between the joint venture partners without prior written consent of the Employer.

3. Assignments mentioned under general assignments should not be repeated under

relevant assignments. Similarly, assignments mentioned under relevant assignments shall not be considered for general assignments.

2- TERMS & CONDITIONS

- a) Firm must not be providing any assistance to any other person/entity in conflict with 'PPIF' to avoid any sort of conflict of interest.
- b) Only short-listed firms fulfilling the eligibility and technical criteria will be considered for Request for Proposal (RFP).
- c) The shortlist firms may be called for bidders meeting and Call for Request for Proposal (RFP) documents will be handed over to submit RFP and Financial Proposals.
- d) All documents received by PPIF from applicants will be treated in strict confidence.
- e) Documents submitted to PPIF will not be returned.
- f) All expenses related to participation in this procurement shall be borne by the applicants.
- g) Documents shall be submitted online on EPADS. **Application submitted via email will not be considered. Hard copy will also be not accepted.**
- h) **Upload all required documents mentioned in eligibility and technical evaluation criteria carefully. Missing of any single document will lead to disqualification from process.**
- i) Proposals received after due date will not be accepted.
- j) PPIF reserves the right to request clarification of proposals from applicants in order to clarify/further understand aspects of technical proposal, if required.
- k) PPIF reserves the right to verify any information provided by the applicants.
- l) The competent authority may reject all bids or proposals at any time prior to the acceptance of a bid or proposal. The procuring agency shall upon request communicate to any bidder, the grounds for its rejection of all bids or proposals, but shall not be required to justify those grounds.
- m) Questions about this EOI document can be made only in writing: a letter or an e-mail and must be asked by or before 14th Nov, 2024. For any other related information please contact the undersigned.

3- SUBMISSION OF PREQUALIFICATION PROPOSAL

Complete proposal containing technical details; all required information and documentary evidences shall be submitted **on EPADS by scanning** before 11:00 AM on **18th November, 2024** and will be opened at 11:30 AM on same day on EPADS. Hard copy of proposals will not be accepted

Kindly fill the following necessary annexures required for the above qualification criteria and attach the supporting documentary evidences as mentioned in each annexure. And also sign the declaration form at the end of document and attach with your other documents.

4- ONE PERSON ONE BID

As per PPRA Rule 36(A)

(1) In any procurement, one person may submit one bid and if one person submits more than one bids, the procuring agency shall reject all such bids.

(2) If a consortium of persons has submitted a bid in any procurement, it shall be construed that each member of the consortium submitted the bid.

The firm(s) who would qualify the above criteria would be considered for next step i.e. Shortlisted firm(s) will be invited to submit the technical and financial proposal for the assignment after issuance of RFP.

It is required that consultants provide professional, objective, and impartial advice and at all times hold the client's interest paramount, without any consideration for future work, and that in providing advice they avoid conflicts with other assignments and their own corporate interests. Consultants shall not be hired for any assignment that would be in conflict with their prior or current obligations to other clients, or that may place them in a position of being unable to carry out the assignment in the best interest of the Borrower.

A Consultant will be selected by adopting "Selection Based on Quality and Cost Based Selection (QCBS)" method in accordance with the procedures set out in PPRA Rules 2014.

Interested firms may obtain further information with regard to preparing the Expression of Interest (EoI) at the address given below or via email address ["imran.ahmed@ppif.org.pk"](mailto:imran.ahmed@ppif.org.pk) during office hours (0900-1700 hours) from Monday through Friday.

Punjab Population Innovation Fund (PPIF)
House # 125, Abu Baker Block, New Garden Town, Lahore Pakistan.
Phone: +92-42-99231190-92
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www.ppif.org.pk
shoaib.manzoor@ppif.org.pk

For electronic bids submission, bidders are requested to register at www.punjab.eprocure.gov.pk. In case of any issue, system support email and phone numbers are provided on PPRA's Website (PPRA Office, 3rd Floor, Al-Falah Building, The Mall Road, Lahore, 042-36284774, 042-36284773, 042-99204572).

Bids submission deadline is **November 18, 2024 before 11:00 AM** and will be opened on same day.

In case of public holiday, bids will be opened on next working day.

Bidders are advised to ensure uploading the Bids on e-PADS Portal, well before the submission deadline, and not wait for the last date and time to upload the bid. Bid submission on E-PADS Portal shall entirely be the responsibility of the bidder. PPIF shall not be held responsible for any issues thereof. For any assistance regarding E-PADS Portal, system support email and phone numbers are provided on PPRA's Website.