



Date: 12, 03, 2019

REQUEST FOR QUOTATION RFQ N° UNFPA/MMR/RFQ/19/005

Dear Sir/Madam,

UNFPA hereby solicits a quotation for the following service:

“Independent Endline/Baseline assessment”

UNFPA requires the provision of independent endline and baseline assessment to evaluate and establish an end-line for WGF (Women and Girls First Programme) Phase I and a baseline for WGF (Women and Girls First Programme) Phase II in relation to key programme indicators. The study will allow assessment of the progress made under WGF Phase I towards key goals. The study will also provide a reference point for the development of strategies and targets for WGF Phase II (**please find complete ToR in section II**).

This Request for Quotation is open to all legally-constituted companies that can provide the requested services and have legal capacity to perform endline and baseline assessment in the country.

I. About UNFPA

UNFPA, the United Nations Population Fund (UNFPA), is an international development agency that works to deliver a world where every pregnancy is wanted, every child birth is safe and every young person’s potential is fulfilled.

UNFPA is the lead UN agency that expands the possibilities for women and young people to lead healthy sexual and reproductive lives. To read more about UNFPA, please go to: [UNFPA about us](#)



II. Terms of Reference

UNFPA Myanmar

Women and Girls First Programme

Terms of Reference for Endline/Baseline Assessment

Assignment	Independent Endline/Baseline assessment
Location	Myanmar
Duration	5 Months
Payment	Payment to be made according to deliverables specified in the ToRs
Start date	1 January 2020
End date	30 May 2020
Reporting to	UNFPA for contract management Reference Group: including Deputy Representative, WGF Programme Specialist and Gender Equality/GBV Specialist, M&E officer

Background

Myanmar is going through ambitious political, social, economic and administrative reform processes which calls for action to raise hopes for better health, participation and peace in the nation. With a long history of isolation, socio-economic/political exclusion/inequality, inter-communal tensions, armed conflict, and vulnerability to natural disasters, Myanmar has unique needs. Gender inequality is pervasive across the country evident through the high levels of GBV, high unmet family planning needs, high maternal mortality low levels of women's participation in public life and low levels of access to security and justice services. This is evident, for example, through the 2014 population and housing census which revealed that only 50.5 % of women are in the workforce, compared to 85.2% of men. Myanmar is ranked 159 out of 193 countries by Inter Parliamentary Union in terms of women's representation, Myanmar is the second lowest country in Southeast Asia. Only 12,8% of the currently elected MPs in the national parliament are women.

The Demographic and Health Survey (DHS) 2015-2016 also highlighted the high degree of acceptance of intimate partner violence (IPV) throughout Myanmar which is also reflected in UNFPA programme data, with women's acceptance of this as a cultural norm highest in Sagaing (67.8 per cent), and Mandalay (69.9 per cent) Regions. Men believing it is justified to beat their wife in specific situations is highest in Rakhine (68.8 per cent) followed by Mandalay (61.9 per cent). This critical survey also documents the link between poor sexual and reproductive health and rights (SRHR) outcomes, GBV and women's inequality, noting that women who have less decision-making power in the home are more likely to accept GBV and have less access to SRHR services. Such findings

align with the serious impacts of GBV on survivors' immediate sexual, physical, and psychological health outlined in the *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (IASC 2015).

These linkages between GBV and SRHR are supported by findings of the qualitative study undertaken by the the Ministry of Social Welfare, Relief and Resettlement (MoSWRR) in partnership with the Gender Equality Network (GEN) on gender-related cultural norms and practices which highlights the prevalence of discriminatory cultural stereotyping and various forms of violence against women, including domestic violence, and the underlying causes. Key among these causes are the subordinate status of women; cultural stereotyping that reinforces violence; stigmatization of survivors including in law enforcement and justice systems; and weak and differentiated legal systems. There is a greater use of traditional justice mechanisms that are often known to prescribe marriage between the rapist and survivor or material compensation from the perpetrator to the survivor and/or her family. There is a general distrust of the formal justice system that is perceived to be costly, corrupt and requires influence to obtain positive results. All of these factors inhibit the reporting of GBV. The report also reveals the high degree of stigmatization around menstruation and the widespread feelings of shame around female's sexual and reproductive functions, which not only impinge on positive health seeking behaviour but also serve to justify women's position of inferiority in society.

The Maternal Mortality Rate (MMR) in Myanmar is the second highest in South East Asia, of 282 deaths per 100,000 live births as compared to the regional average at 140 per 100,000 live births. Within Myanmar, rural areas experience significantly higher MMR than their urban counterparts, at 310 and 192 respectively. This is particularly concerning in light of the fact that for every 100 persons in Myanmar, 70 people live in rural areas. The states/regions with the highest MMR are Chin (356.7), Magway (343.6), Ayeyawady (353.7), Rakhine (314.3) and Bago (315.6). Analysis of causes of maternal death revealed that postpartum haemorrhage, hypertension of pregnancy, and consequences of unsafe abortion are the top causes. The Ministry of Health and Sports (MoHS), with support from WHO, conducted the Maternal Death Review in 2013 which showed that delay in decision making to seek health services is the commonest, constitutes 46.6 % of the three delays that leads to maternal mortality. Furthermore, complications arising from unsafe abortions account for nearly 10 per cent of all maternal deaths, making it the third largest cause of maternal death.

Young people are the most vulnerable and maternal death as a consequence of unsafe abortion occurs primarily among girls between 15 to 19 years of age. Access to accurate information about SRHR is greatly limited for adolescents, particularly for girls due to cultural taboos, which inhibits their ability to make informed choices. Lack of access to accurate information on SRHR and a failure to address gender norms that deter girls from exercising control over their bodies, means young people are more likely to engage in unsafe and harmful practices including risky sexual activities and are therefore at risk of contracting STIs, including HIV/AIDS. This is of particular concern given that across all states and regions, young people (aged 10-24) constitute the largest proportion of society, accounting for nearly 28 per cent of the total population of Myanmar (14.1 million). The country has the potential to reap a double dividend by capitalising on the opportunity presented by the engagement of young people in Myanmar and particularly girls.



Programme description

The Women and Girl’s First Programme (WGF) is an innovative programme that aims to empower women and girls to achieve their rights through integrated Sexual and Reproductive Health Rights (SRHR), Mental Health and Psychosocial Support (MHPSS) and Gender Based Violence (GBV) service delivery and through the development of community resilience as well as relevant policy framework.

The first phase of UNFPA Myanmar’s WGF Programme has addressed the empowerment of the most vulnerable women and girls through pioneering integrated sexual and reproductive health and rights (SRHR) and gender-based violence (GBV) response and prevention services. Working across the humanitarian, development and peace-building nexus in selected ethnic conflict-affected states of Myanmar, the programme was launched in December 2015 and has been implemented at central policy and field levels in collaboration with a range of government, United Nations and NGO implementing partners (IPs).

The design of the second phase of WGF is based on experiences and lessons learned by the WGF community of partners and documented in the independent mid-term evaluation conducted in 2017. WGF Phase 2 will continue to strengthen health and social protection systems, expand access to an integrated package of SRHR and GBV services with a greater focus on mental health and psychosocial support (MHPSS). Activities engaging individuals including specific interventions for girls, young people and men will aim to improve coping strategies, promote positive social norms and non-violent behavior at home and in the community, while civil society organizations and platforms for women and youth will be supported to promote participation and decision-making.

The Results Framework of the WGF programme (Phase I) is as follows:

WGF Phase I 2016 -2019
<p>Outcome 1</p> <p>Policies responsive to the needs of women and girls regarding sexual reproductive health and rights, the right to safety from violence and safety in emergencies, are adopted and implemented , in line with international norms and standards and informed by the voices of women and girls</p>
<p>Output 1.1</p> <p>Strengthened capacity of national and sub-national authorities (in Kachin, Northern Shan State & Rakhine) to plan, implement and monitor the NSPAW (2013-2022) and policy documents developed relating to WHR including SRHRs, VAW and Women in Emergencies/SCR1325</p>
<p>Output 1.2</p> <p>Enhanced community endorsement of SRHR and WHR and gender equality in UNFPA supported project areas</p>

<p>Outcome 2 Increased access of women and girls to comprehensive, rights-based package of SRH and GBV services in Kachin, Northern Shan and Rakhine States</p>
<p>Output 2.1 Increased referrals of GBV survivors to information, services and justice in Rakhine, Kachin and Northern Shan States</p>
<p>Output 2.2 Strengthened empowerment of women and girls in UNFPA supported target areas through increased awareness of women's human rights and community-based services responsive to women's needs and rights</p>

The Results Framework for phase II of the programme has been revised based upon consultations with implementing partners, donors, government counterparts and other key stakeholders, taking into account the lessons learnt of Phase I and the recommendations of the mid-term evaluation. The revised Results Framework is as follows:

Results Statement
<p>Impact Women, girls and young people who are the furthest behind in conflict affected states realise their sexual and reproductive health and rights and fulfil their potential through improved gender equality and prevention of gender-based violence</p>
<p>Outcome 1 Systems are responsive to the needs of women, girls and young people regarding sexual reproductive health and rights, the right to safety from violence and safety in emergencies, are adopted and implemented, in line with the National SRHR Policy (2019), NSPAW (2013-2022) and UNSCRs on WPS and CRSV</p>
<p>Output 1.1 Policies responsive to the needs of women, girls and young people regarding SRHR, MHPSS, the right to safety from violence and safety in emergencies are adopted</p>
<p>Output 1.2 Strengthened capacity of national and sub national authorities to plan, implement and monitor SRHR, MHPSS and GBV policies</p>
<p>Outcome 2 Improved access to a quality, comprehensive, rights-based package of integrated SRHR, GBV and MHPSS services</p>
<p>Output 2.1 Increased availability of integrated quality SRHR, GBV and MHPSS services delivered by governmental and non-governmental service providers (through WGCs, Shelters, Static and Mobile health teams)</p>

Output 2.2 Increased demand for SRHR, GBV and MHPSS information and services through awareness raising and empowerment of women, girls and young people
Outcome 3 Enhanced community resilience and social cohesion towards realisation and localisation of SRHR, GBV and MHPSS outcomes
Output 3.1 Positive coping strategies, social norms and non-violent behavior reinforced through individual, family and community level engagement
Output 3.2 Improved capacity of civil society organisations and communities to advocate and participate in decision-making processes to prevent GBV and improve access to SRHR/GBV/MPHSS services

Programme Partnerships

UNFPA invests in strong partnerships with a broad range of actors, including Government, international NGOs, national and local partners as well as actors working in the peacebuilding field. UNFPA works with national and local organizations and networks to build their capacities to address SRHR and GBV issues and hold the Government accountable for their delivery. Understanding this as vital to ensuring positive change in the long-term, this programme prioritizes investment in the technical capacity of local partners in SRHR, gender and GBV along with support for organizational development.

UNFPA prioritizes partnering with local and national organizations and investing in capacity building and mentoring of local partners to ensure sustainable impact and supports the conditions for long-term positive change through national ownership. Currently, UNFPA is working with 15 implementing partners, including international national and local organizations such as: Myanmar Medical Association (MMA); Marie Stopes International, Myanmar (MSI); Metta Development Foundation; Association of François-Xavier (AFXB); International Rescue Committee (IRC); Danish Refugee Council (DRC); Trocaire; Community Partners International (CPI); Health Poverty Action (HPA); CARE; Kachin Women’s Association; Karen Department Health and Welfare and Northern Shan State Women’s Organisation Network, to reach out to the most vulnerable in both government and non-government controlled areas. UNFPA works jointly with UN agencies through technical and inter-agency partnerships. In addition, under the WGF programme, the United Nations Development Programme (UNDP), UN WOMEN, International Organisation for Migration (IOM) and United Nations Office on Drugs and Crime (UNODC) are (implementing) partners of UNFPA.

UNFPA provides technical assistance beyond these direct financial partnerships at both the national and state and regional level to ensure the building of sustainable capacity and awareness across the mandated areas of GBV and SRHR. This is also achieved through our role as leading the coordination of GBV, MHPSS and SRHR activities in the states or regions of operation, including in conflict-affected areas and South-Eastern Myanmar.

UNFPA currently has (field) offices in Nay Pyi Taw, Rakhine State (Sittwe and Maungdaw), Kachin State (Myitkyina), Northern Shan State (Lashio) and Kayin State (Hpa’an).

Rationale

A robust monitoring system has been put in place for the WGF programme. The monitoring system is composed of (1) a quarterly data collection from implementing partners on progress and (2) field monitoring by UNFPA programme staff. In the quarterly data collection implementing partners report data on key indicators. Implementing partners also report data on the number of persons receiving each type of GBV and SRHR service disaggregated by age, sex and location. UNFPA Myanmar staff conduct routine field monitoring visits using a set of tools that were developed by the country office. A manual on the M&E of WGF was written to support both implementing partners and UNFPA staff.

An independent mid-term evaluation was conducted between May and October 2018 to inform planning and the design of the next phase of the programme. The focus was on evaluating how programme activities have been delivered and the scope for replication and scale up. The evaluation had two objectives:

1. To assess programme design as applied in practice, including with regard to:
 - the WGF theory of change
 - the integration of SRHR and GBV
 - working across the humanitarian, development and peace-building nexus
 - organisational set-up (“business model”)
 - the WGF monitoring and reporting system
2. To establish identify facilitating and hindering factors of relevance to future programming.

Having put in place a monitoring system for routine performance management and having conducted a mid-term evaluation focused on programme design UNFPA is now conducting an end-point evaluation of the outcomes and impact of Phase I the programme. As the end of WGF Phase I will coincide with the beginning of WGF Phase II, and as the programme objectives, geographical areas of intervention and strategies remain largely the same this study will also serve as a baseline for WGF Phase II.

Due to the changing situation in the states in which the programme is operating a classic before and after study is not envisioned. The approach to the study will be adaptive. The objective is to try to establish as much as possible what the outcomes and impacts of the programme have been in each location. This will involve data collection based on local area samples. While probability based sampling would be the preferred method, given the high cost of small area samples, there can be some flexibility in this.

WGF operates at the nexus of humanitarian response and development. Access to sites in certain programme locations is restricted, and changes depending on the context and ongoing conflict. The service provider will suggest an approach to conduct the study in these areas, with support from implementing partners, taking into account the limited timeframe and human resources available. The service provider will be expected to work with UNFPA Field Offices and selected implementing partners to develop the sample for the study and to organize data collection.

Purpose

The purpose of the evaluation is to establish an end-line for WGF Phase I and a baseline for WGF Phase II in relation to key programme indicators. The study will allow assessment of the progress made under WGF Phase I towards key goals. The study will also provide a reference point for the development of strategies and targets for WGF Phase II.

Objectives

The objectives of the evaluation are to assess what impacts and outcomes the programme has in intervention sites.

The indicators for the study should include but not be limited to:

- % of men/women who believe wife beating is justified for at least one specific reason;
- % of men/women demonstrating positive attitudes towards ending GBV
- % of women and girls who experience greater decision-making power about their safety and health and reproductive choices;
- % of unmet need for contraceptive modern methods (among all women);
- Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing
- % of women and girls in targeted conflict affected locations expressing trust in local protection/health mechanism;
- % of women and girls who are willing to seek or provide support if they or someone they know experience or is at risk of violence;
- # of people accessing SRHR, GBV and MHPSS services;
- %/# of people participated in awareness-raising sessions;
- % participants who feel topics of awareness-raising sessions are relevant for the communities;
- % of women, men, boys and girls engaged in community engagement activities who demonstrate improved knowledge on SRHR and GBV-related issues and positive coping strategies

Suggested qualitative indicators include:

- awareness of services being provided
- barriers to access the services
- satisfaction on the service provision (e.g time, location, confidentiality, communication)
- positive changes in the community (e.g. safety, participation, behavior change)

Scope

The evaluation will focus on establishing what the impact and outcomes of WGF Phase I have been and on what the situation is on key indicators at the outset of WGF Phase II. The evaluation will take place between January 2019 and May 2020.

The study will cover a minimum of one townships in Kayin and northern Shan States and two townships in Kachin and Rakhine states. The UNFPA Country Office will identify townships for the study in collaboration with the service provider based upon accessibility, availability of partners, timeframe and human resources. Townships will be selected to be representative of the programme overall.

There are key products that will be made available to provide context and background to this evaluation.

- *Mid-term evaluation*
- *Ecological Analysis (annual analysis of programme data);*
- *Routine data analysis (quarterly analysis of programme data).*

Ethical considerations and Evaluation Standards

The evaluation approach should adhere to international best practice standards in evaluation, through OECD [DAC Quality Standards for Development Evaluation](#), UNICEF guidelines on the ethical participation of children, and evaluation principles of donor partners if applicable.

Process and Methodology

Preparation and Inception

- Preliminary communication to clarify terms of reference between service provider and advisory team (including identifying field sites for data collection and a time frame).
- Literature review/desk research
- Delivery of an inception report detailing the service providers understanding of the work, the proposed approach to the evaluation, including sampling technique, data collection tools (with translation into national languages), how the service provider will deal with ethical considerations, recruitment, travel schedules and timeframes for product delivery.

Preliminary work in-country

- For data collection in areas where access is difficult, the service provider will build the capacity of partners so they can provide support to the data collection by the service provider;

Data collection

- Organise field visits in collaboration with UNFPA Field Offices and partners;
- Oversee data collection;

Final report prepared

- The service provider will submit a draft report and incorporate comments from UNFPA reviewers;
- The service provider will support validation of the evaluation findings with key partners;
- The service provider will submit a complete, copy-edited and cleanly formatted report as a Word document.

Advisory Committee Role

Composition

- *The Advisory Committee will consist of the Deputy Representative, GBV Specialist, Programme Specialist WGF Programme, Programme Associate and M&E Officer.*

Responsibilities

- The responsibilities of the Advisory Committee are to support the evaluation process in general. As the evaluation team travels to regions, Advisory Committee members will facilitate consultations, document collection and will provide advice and contextual information for the service provider.

Indicative time frames for the evaluation

<i>Engagement of assessment team</i>	January 2020
<i>Preparation and inception</i>	January 2020
<i>Preliminary work in country</i>	February 2020

<i>Data collection</i>	February 2020
<i>Draft findings produced</i>	March 2020
<i>UNFPA review period</i>	March 2020
<i>Validation session key partners</i>	April 2020
<i>Final report</i>	May 2020

Travel Costs

UNFPA will pay:

- If applicable Daily Subsistence Allowance – including terminal allowances – in line with UN standard rates for each location where work is undertaken, and
- Economy class travel costs based on the most economical and direct route.

Skills and experience required

It is anticipated that the evaluation will be undertaken by a team of consultants or an organisation with research and development experience. The evaluation team will include national and international specialists. Experience of working in Myanmar and understanding of the context is considered an advantage. The team should have experience of data collection in both development and humanitarian contexts. It is expected the team will have expertise on doing research and collecting data and information on sexual and reproductive health rights, gender and gender based violence, MHPSS, in the human-rights based approach, and an understanding of socio-cultural determinants of development.

Qualifications

The consultant team/organisation must offer the following demonstrated experience, knowledge and competencies,:

- Significant knowledge and experience of evaluation concepts and approaches
- Good knowledge of the UN system, national programmes, principles of aid effectiveness, and awareness of the role of UN civil society partners at regional and national levels
- Excellent consultation and involvement skills
- Sound understanding of the Human Rights Based Approach to development
- Considerable experience working on humanitarian and development issues in complex settings
- Experience in data collection in both development and humanitarian contexts
- Solid understanding of gender-based violence and sexual and reproductive health issues in Myanmar
- Strong quantitative and qualitative data collection and analysis skills
- Language skills in English, and Burmese, language skills in additional local languages preferred.
- Excellent analytical and communication skills
- Excellent writing and reporting skills

Applications

Applicants need to submit the following documents:

- a. Letter of Confirmation of Interest and brief description of why the applicants consider his/her team as the most suitable for the assignment;



- b. Personal CV or P11 of all the team members, indicating all past experience from similar projects, as well as the contact details (email and telephone number) of the Candidate and at least three (3) professional references;
- c. Brief description of suggested methodologies for the evaluation;
- d. Financial Proposal that indicates the all-inclusive fixed total contract price, supported by a breakdown of costs.

Applications must be submitted to: bids.myanmar@unfpa.org



III. Questions

Questions or requests for further clarifications should be submitted in writing to the contact person below:

Name of contact person at UNFPA:	Toe Naing
Tel N ^o :	095-1-546309
Fax N ^o :	
Email address of contact person:	naing@unfpa.org

The deadline for submission of questions is 13 December 2019, 12 noon (Myanmar Standard Time). Questions will be answered in writing and shared will parties as soon as possible after this deadline.

IV. Content of quotations

Quotations should be submitted in a single email whenever possible, depending on file size. Quotations must contain:

- a) Technical proposal, in response to the requirements outlined in the service requirements / TORs.
- b) Price quotation, to be submitted strictly in accordance with the price quotation form.

Both parts of the quotation must be signed by the bidding company's relevant authority and submitted in PDF format.

V. Instructions for submission

Proposals should be prepared based on the guidelines set forth in Section IV above, along with a properly filled out and signed price quotation form, and are to be sent by email to the email, indicated below no later than : 24 December 2019, 12 noon (Myanmar Time).

Name of contact person at UNFPA:	
Email address of contact person:	bids.myanmar@unfpa.org

Please note the following guidelines for electronic submissions:

- The following reference must be included in the email subject line: **RFQ N^o UNFPA/MMR/RFQ/19/005 – Independent Endline/Baseline assessment (WGF)**. Proposals, including both technical and financial proposals, that do not contain the correct email subject line may be overlooked by the procurement officer and therefore not considered.
- The total email size may not exceed **20 MB (including email body, encoded attachments and headers)**. Where the technical details are in large electronic files, it is recommended that these be sent separately before the deadline.
- Any quotation submitted will be regarded as an offer by the bidder and does not constitute or imply the acceptance of any quotation by UNFPA. UNFPA is under no obligation to award a contract to any bidder as a result of this RFQ.

VI. Overview of Evaluation Process

The evaluation will be carried out in a two-step process by an ad-hoc evaluation panel. Technical proposals will be evaluated and scored first, prior to the evaluation and scoring of price quotations



Technical Evaluation

Technical proposals will be evaluated based on their responsiveness to the service requirements /TORs listed in Section II and in accordance with the evaluation criteria below.

Example below: (Delete after properly completing the evaluation criteria)

Criteria	[A] Maximum Points	[B] Points attained by Bidder	[C] Weight (%)	[B] x [C] = [D] Total Points
Technical approach, methodology and level of understanding of the objectives of the project	100		25%	
Work plan/time scales given in the proposal and its adequacy to meet the project objectives	100		15%	
Professional experience of the staff that will be employed to the project proving demonstrated expertise in evaluation and related processes (CVs, etc.)	100		20%	
Specific experience and expertise relevant to the assignment	100		25%	
Profile of the company and relevance to the Project.	100		15%	
<i>Grand Total All Criteria</i>	500		100%	

The following scoring scale will be used to ensure objective evaluation:

Degree to which the Terms of Reference requirements are met based on evidence included in the Bid submitted	Points out of 100
Significantly exceeds the requirements	90 – 100
Exceeds the requirements	80 – 89
Meets the requirements	70 – 79
Partially meets the requirements	1 – 69
Does not meet the requirements or no information provided to assess compliance with the requirements	0

Below highlighted in turquoise you will see the recommended minimum technical score range to be considered as “technically compliant” and for which the price quote shall be opened. Depending on the complexity select the an appropriate minimum score to be included in the RFQ – *please edit/delete as appropriate and remove this text box when completed:*



Financial Evaluation

Price quotes will be evaluated only for bidders whose technical proposals achieve a minimum score of [50-70] points in the technical evaluation.

Price quotes will be evaluated based on their responsiveness to the price quote form. The maximum number of points for the price quote is 100, which will be allocated to the lowest total price provided in [the quotation or based on the specific formula indicated in the TORs – select appropriate and delete the rest]. All other price quotes will receive points in inverse proportion according to the following formula:

$$\text{Financial score} = \frac{\text{Lowest quote (\$)}}{\text{Quote being scored (\$)}} \times 100 \text{ (Maximum score)}$$

Total score

The total score for each proposal will be the weighted sum of the technical score and the financial score. The maximum total score is 100 points.

Below highlighted in turquoise you will see the recommended weighting range of the technical score and financial score. Depending on the complexity and risk select the an appropriate percentage for each; sum not to pass 100% – *please edit/delete as appropriate and remove this text box when completed:*

$$\text{Total score} = [50 - 70\%] \text{ Technical score} + [50 - 30\%] \text{ Financial score}$$

VII. Award Criteria

In case of a satisfactory result from the evaluation process, UNFPA intends to award a Purchase Order together with Professional Service Contract to the Bidder(s) that obtain the highest total score.

VIII. Right to Vary Requirements at Time of Award

UNFPA reserves the right at the time of award of contract to increase or decrease by up to 20% the volume of services specified in this RFQ without any change in unit prices or other terms and conditions.

IX. Payment Terms

UNFPA payment terms are net 30 days upon receipt of invoice and delivery/acceptance of the milestone deliverables linked to payment as specified in the contract.

X. Fraud and Corruption

UNFPA is committed to preventing, identifying, and addressing all acts of fraud against UNFPA, as well as against third parties involved in UNFPA activities. UNFPA’s policy regarding fraud and corruption is available here: [Fraud Policy](#). Submission of a proposal implies that the Bidder is aware of this policy.

Suppliers, their subsidiaries, agents, intermediaries and principals must cooperate with the UNFPA Office of Audit and Investigations Services as well as with any other oversight entity authorized by the Executive Director and with the UNFPA Ethics Advisor as and when required. Such cooperation shall include, but not be limited to, the following: access to all employees, representatives agents and assignees of the vendor; as



well as production of all documents requested, including financial records. Failure to fully cooperate with investigations will be considered sufficient grounds to allow UNFPA to repudiate and terminate the Agreement, and to debar and remove the supplier from UNFPA's list of registered suppliers.

A confidential Anti-Fraud Hotline is available to any Bidder to report suspicious fraudulent activities at [UNFPA Investigation Hotline](#).

XI. Zero Tolerance

UNFPA has adopted a zero-tolerance policy on gifts and hospitality. Suppliers are therefore requested not to send gifts or offer hospitality to UNFPA personnel. Further details on this policy are available here: [Zero Tolerance Policy](#).

XII. RFQ Protest

Bidder(s) perceiving that they have been unjustly or unfairly treated in connection with a solicitation, evaluation, or award of a contract may submit a complaint to International Operations Manager, Ms. Lucy Kadewere at kadewere@unfpa.org. Should the supplier be unsatisfied with the reply provided by the UNFPA Head of the Business Unit, the supplier may contact the Chief, Procurement Services Branch at procurement@unfpa.org.

XIII. Disclaimer

Should any of the links in this RFQ document be unavailable or inaccessible for any reason, bidders can contact the Procurement Officer in charge of the procurement to request for them to share a PDF version of such document(s).



PRICE QUOTATION FORM

Name of Bidder:	
Date of the quotation:	Click here to enter a date.
Request for quotation N°:	UNFPA/MMR/RFQ/19/005
Currency of quotation :	USD
Delivery charges based on the following 2010 Incoterm:	Choose an item.
Validity of quotation: <i>(The quotation must be valid for a period of at least 3 months after the submission deadline)</i>	

- Quoted rates must be **exclusive of all taxes**, since UNFPA is exempt from taxes.

Example Price Schedule below: *[Delete after properly completing the Price Schedule, also develop excel version]*

Item	Description	Number & Description of Staff by Level	Hourly Rate	Hours to be Committed	Total
1. Professional Fees					
<i>Total Professional Fees</i>					\$\$
2. Out-of-Pocket expenses					
<i>Total Out of Pocket Expenses</i>					\$\$
<i>Total Contract Price</i> <i>(Professional Fees + Out of Pocket Expenses)</i>					\$\$

Vendor's Comments:

I hereby certify that the company mentioned above, which I am duly authorized to sign for, has reviewed RFQ UNFPA/MMR/RFQ/19/005 including all annexes, amendments to the RFQ document (if applicable) and the responses provided by UNFPA on clarification questions from the prospective service providers. Further, the company accepts the General Conditions of Contract for UNFPA and we will abide by this quotation until it expires.

	Click here to enter a date.	
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United Nations Population Fund
Procurement Services Branch
No. 6, Natmauk Road, Tamwe Township,
Yangon, Myanmar
Email: naing@unfpa.org
Website: www.unfpa.org

Name and title	Date and place
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**ANNEX I:
General Conditions of Contracts:
De Minimis Contracts**

This Request for Quotation is subject to UNFPA's General Conditions of Contract: De Minimis Contracts, which are available in: [English](#), [Spanish](#) and [French](#)