



UNICEF Thailand, Bangkok

TERMS OF REFERENCE FOR CONTRACTORS

Requesting Section: HIV/AIDS Section

1. Nature of Consultancy: UNICEF Thailand Country Office is seeking a qualified institution to conduct a *Review of Alternative Care in Thailand: Policy to Practice* with special focus on Children Affected by HIV/AIDS (CABA).

2. Purpose of Assignment: The purpose of the assignment is to capture more accurate and detailed information regarding children in various forms of alternative care in Thailand, as well as the legal, policy, management/oversight environment surrounding them in order to plan and program more strategically in the area of alternative care, and simultaneously contribute to the global evidence base for international recommendations on alternative care.

The review will cover the following types of alternative care for children (under the age of 18):

1. Residential care (e.g. orphanages) – registered and unregistered
2. Foster care
3. Kinship care (i.e. children cared for by extended family members)

While the scope of the review will focus on all children in alternative care settings, special focus will be placed on children affected by HIV/AIDS in these settings. Providers of care to be covered through the review will include Government and private sector providers of residential care (e.g. orphanages) as well as foster care.

Information from this review will be shared with national stakeholders in Thailand as well as international colleagues associated with the global study on alternative care. Findings and recommendations will feed into improved programme and policy environments in the area of alternative care, and contribute to defining workplans for future work in this area in Thailand.

Background: Thailand is a signatory of the United Nations Convention on the Rights of the Child (CRC). This Convention strongly emphasises states' responsibilities towards children who have been deprived of their family environment (Article 20). Orphaned and separated children are among those at particular risk of having their rights denied as they constitute a group who has been deprived of the protection and care of parents who are normally their most immediate duty-bearers¹. This group of children is especially susceptible to specific human rights abuses such as abuse and neglect, discrimination, exploitation and trafficking. Because of these risks, states have a particular obligation to ensure their protection and care.

Thailand has established a broad framework of laws and regulations to protect children. However, the significant body of legislation is not currently matched by the organizational infrastructure and accompanying human capacity to ensure full implementation of the law and monitoring of its

¹ "Duty bearers" is a term used to describe those people and organizations who have particular roles and responsibilities in upholding the rights of other people – in this case children

enforcement. This extends to regulations, policies, and standard operating procedures already enacted to protect children in alternative care, but which have to date not been effectively applied.

Family structures are recognized to be strong in Thailand, and care provided within family structures is widely considered to be of better than reasonable quality. Nevertheless, it remains true that there are upwards of 17,000 children in residential care in Thailand, of which more than half are in residential facilities which have received limited to no official oversight as they are operated and managed by international and national non-governmental organizations.

Children affected by HIV/AIDS (CABA) are among those children who may be either orphaned or separated from their parents either directly as a result of death of the parents, or indirectly as a result of poverty of the parents due to reduced capacity to work or HIV-related expenditures. Parents have often felt compelled to seek other forms of care for their children due to the difficult situations in which they find themselves. Cases of stigma and discrimination have also pushed some families to seek alternative care options for their children outside of their normal areas of residence.

Most children affected by HIV/AIDS living in residential care are thought to reside in non-governmental residential facilities. Beyond residential care, many additional orphaned or marginalized children are living in other types of settings with varying degrees of oversight and regulation. This includes foster care and kinship-based care through non-formal arrangements.

Strengthening of systems surrounding alternative care is a priority for the Ministry of Human Security and Development. Leadership for this area falls under the Department of Social Development and Welfare. The Ministry has already begun work in this area, such as establishing standards of care for governmental residential facilities, development of the foster care system, and the continued efforts at improving the domestic and international adoption system to guarantee the safeguarding and wellbeing of children in need of out-of-home care. The Government has also put into place a program to provide minimal financial support to those relatives who are not parents who agree to take care of children. A system to better monitor quality of care provided in kinship settings by government officials is still in need of development.

In 2011, Thailand entered into agreement with the Global Fund for AIDS, Tuberculosis, and Malaria, to improve care and support for children and affected by HIV/AIDS and other marginalized and vulnerable children living in provinces of high HIV prevalence. A key component slated for strengthening is that of Social Protection. The Ministry of Social Development and Human Security (MSDHS) is the lead player for Thailand with respect to GFATM implementation in the area of social protection.

Key areas for which the Ministry of Social Development and Human Security is responsible for over the next few years (with support from Global Fund and other partners) include:

1. *Develop and support implementation of a national strategy on alternative care.* A national policy on alternative care for children, in particular CABA, is needed at national level to inform programming at national, provincial, and district levels.
2. *Strengthen skills for effective promotion and management of kinship and foster care systems.* Mechanisms will be developed for improved administration and management of kinship and foster care, by 1) strengthening capacity of Department of Social

Development and Welfare (DSDW) in SDHS to function as a central agency for the provision of family based care with the responsibilities to promote, support, monitor, supervise, accredit and manage the provision of family-based care; 2) Establishing provincial and local mechanisms in all provinces; 3) Develop an in-service training package for government officials and NGO staff who provide and manage family based care; 4) Develop monitoring and evaluation systems to ensure that care by kinship and foster families are up to nationally approved standards; and 5) reviewing current laws and regulations regarding kinship care and foster care to ensure they are in line with international standards and helping support the improvement of the kinship and foster care system.

Simultaneously, the Child Protection and HIV/AIDS Sections at UNICEF Headquarters, New York, have initiated a global study on children living with HIV in residential care. The study is “aimed at improving knowledge, documenting evidence and providing recommendations around specific challenges facing HIV-positive and affected children in residential care.” One goal of the global study is to learn through national experience in 4 countries where residential care facilities have already been set up. Thailand is one of the countries participating in the Global Study. Based on the country case studies, specific recommendations will be provided on what measures for children living with or affected by HIV should be considered when planning for care placements and during care, while at the same time avoiding discrimination due to the child's HIV status; based on the principles of the Alternative Care Guidelines.

To take advantage of this interest by the Ministry of Social Development and Human Security in strengthening its alternative care, coupled with interest by UNICEF colleagues at global level in reviewing current alternative care policies and practices and implementing improvements, UNICEF Thailand's HIV/AIDS and Child Protection Sections have agreed to financially and technically support a national review on alternative care, with a specific sub-focus on children affected by HIV in alternative care settings.

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3. **Work Assignments:** The selected institution will meet the objectives of the review which are as follows:
1. Understand extent of all children in alternative care settings, including those in public and private settings, in registered or unregistered facilities, including those affected by HIV, through development of disaggregated data estimates.
 2. Conduct an analysis of the drivers behind children being placed in alternative care settings, and whether these are different for children affected by HIV/AIDS.
 3. Conduct an analysis of the situation of children in extended family care situations (kinship) and in out-of-home care including residential facilities,² and fostering³. Highlight some of the critical factors for success in placing children in family-based settings.

² The terms “residential” and “institutional” care are used interchangeably for this review

³ Fostering is defined as care provided by a family that is not related to the child. However, in Thailand, some organizations use the term to include placement and support of the child within the extended family. In this document, the latter is referred to as kinship care.

4. Review of what is needed to reintegrate children in residential care back into families – whether there are particular challenges for children living with HIV - and how this links to social protection (e.g. if the cause is poverty, how can families who are taking children back be linked to potential cash transfer programmes)?
5. Review challenges facing children with special needs (including HIV) who are living in alternative care, and measures being implemented to address those needs.
6. Review and document the legal and policy framework and associated implementation related to different types of alternative care services. This will also include a review of the ability of the responsible agency under the laws to fulfill its mandate on alternative care arrangement for children both in terms of setting up and maintaining standards of care for children in different types of care and identifying all residential facilities- registered and unregistered, and subsequently monitor and oversee them. Existence of, and application of policy / standards related to the following areas will receive particular attention:
 - a. Steps to prevent separation
 - b. Preference for placement of children in family-based care
 - c. The use of institutionalization as a temporary measure, especially for young children
 - d. Involvement of children, especially adolescents, in decisions about their placement
 - e. Levels of adherence by different types of providers and in different alternative care settings to national health, education, protection, nutrition, and safety standards.
7. Mechanisms in place to prevent and address cases of exploitation, neglect, and abuse.
8. Assess the capacity of Government officials, service providers and local organizations / associations to promote the wellbeing of children in need of alternative care and the capacity to support and monitor that care.
9. Identify good practice and make recommendations for the improvement of procedures and practice in family reunification (where applicable), transfer to kinship, foster care settings or other long-term care arrangements; and mechanisms to monitor and follow up with children in care settings not directly managed by government authorities.
10. Review the need for building (or strengthening) an M&E system or database that could facilitate the Ministry of Social Development and Human Security better monitor the placement and quality of care of all children in alternative care (public and private).

For each of the study objectives listed above, specificities related to children affected by HIV/AIDS will be integrated into the methodology with support from global technical assistance provided by UNICEF.

Major questions to be addressed as part of the review: In general, the review covers the current range of alternative care provided in Thailand, current practices and successes, remaining gaps, and potential solutions to overcome these challenges. The review will provide recommendations/answers to as many of the following issues/questions as is deemed possible by the successful applicant:

- A. Description and extent of problem: What are the estimated numbers of children in alternative care in Thailand? How many of them are in registered or unregistered care settings? What is the estimated distribution of age, gender, nationality, ethnicity, religious background, disability (including HIV) of children in alternative care, stratified by different types of care? What are the major causes behind placement in alternative care? What are the perceptions of different groups to various forms of alternative care (e.g. biological parents of children in alternative care, general public, children in alternative care themselves)? What are the varying self-perceptions of children within alternative care?

Possible data sources: Modeling estimates, data analysis from existing data sources, review of existing studies, focus group discussions, key informant interviews, and/or surveys of government officials, service providers, advocacy groups, and community leaders, and possibly chart review.

- B. Response/coverage/impact: How does coverage of, and access to, alternative care differ across different geographical areas of Thailand? What are the primary referral pathways for children entering alternative care? What types of gatekeeping policies are in place for each type of care and who is responsible for this? Do differences exist between governmental and non-governmental residential facilities? What is the proportion of children cared for in public settings vs. those in private care (e.g. NGO)? What funding or budget support is available for different types of alternative care (public and private)? What social services are provided to children including education, health care (including for HIV/AIDS), and protection in the context of alternative care? How do levels of access differ based upon different demographics? How do levels of access differ by type of alternative care as well as provider of care (e.g. public vs. private)? What data are available regarding mental and physical development of children in alternative care, as well as differences across different forms of care? In the areas of permanency planning, are individual plans developed for each child that are designed to provide a secure and stable solution for the child over the long term? What impact have cash transfers or other grants had on the quality of foster care or kinship care provided? What mechanisms are in place to access social transfers or cash disbursements? What data are currently available regarding the impact of services provided in alternative care on future behavior (e.g. further education, employment, criminal activity) - through direct or proxy measurement?

Possible data sources: Document review, structured key informant interviews including among various providers of services (government, NGOs, CBOs), surveys, and possibly chart review.

- C. Effectiveness of response: What is the capacity of governing authorities to plan, program, and monitor alternative care services provided (including financial, technical, and programmatic) in terms of human resources, professionalism, qualifications/training? How does this differ between public and privately managed facilities? Is there a dedicated structure in charge of monitoring and ensuring compliance of different types of care services with policies, guidelines, standards, and regulations? Is there a national registry of service providers for different types of care? What are the levels and effectiveness of coordination between government and non-governmental providers of care? What monitoring systems are in place to address specific needs/concerns of caregivers in

different forms of care in caring for children? In terms of quality of care, is there a difference in service package among children in different types of alternative care? What additional funding or capacity building is necessary to ensure a more effective response to the needs of children in alternative care and their care providers? Are levels of current support received by care providers (kinship families, foster families, residential facilities) deemed to be sufficient for provision of quality care?

Possible data sources: Document review, structured key informant interviews, review and examination of monitoring tools and systems.

- D. Relevance of response: How relevant are services currently being provided to the self-perceived needs of children in alternative care? Are alternative care policies currently in place relevant to the provision of services?

Possible data sources: Focus group discussions and surveys.

- E. Efficiency: How efficiently have services including social transfers been provided to children in alternative care and their families and caregivers? How much personal time and cash must be invested by foster families and kinship families to properly take care of children? How can service delivery including cash transfers be made more efficient? How efficiently are transitions of children from residential care to other forms of alternative care handled?

Possible data sources: Document review, record review, structured key informant interviews including among various providers of services (government, NGOs, CBOs), and surveys.

- F. Rights-based approaches to programming and gender equality: How adequately are various elements of global guiding principles related to alternative care of children observed (e.g. keeping siblings together, preventing institutionalization before the age of three, ensuring voices of affected children are taken into consideration, maintenance of contact with biological families, etc.)? What mechanisms are in place to ensure a rights'-based approach to programming which includes gender equality and equality of access for all children?

Data sources: Focus group discussions, key informant interviews, document review (particularly SOPs), and selected chart review.

- G. Disparity reduction: Numbers and demographics of children who do not have access to alternative care services. Is there any evidence regarding the effectiveness of the current response to the needs of children in alternative care in terms of reducing future disparities in future achievement? How are levels of future disparity reduction differentiated by gender? Are any gains in disparity reduction equitable across genders?

Possible data sources: Document review, structured key informant interviews.

Note: It is recognized by UNICEF that answers to the above questions will come in various qualitative and quantitative forms including opinions from key informants, surveys, and based on prior related studies. While it is expected that the applicant will

base findings on concrete evidence wherever possible, it is understood that this will not be possible for all questions or all settings.

Investigation methodology: The Review will be based on a combination of primary and secondary data sources. The final decision regarding the appropriate combination of the two will be determined and planned as part of the scoping/reviewability mission. The overall review leading to the situation analysis will be based on the following methods:

- a. **Document review:** There is existing literature from the Ministry of Social Development and Human Security as well as some other ministries within the Royal Thai Government. In addition there are a wide range of documents at the global level related to alternative care (such as standards and indicators) and children affected by HIV/AIDs including several reports on alternative care which Thailand also conducted after the Tsunami.
- b. **Scoping/reviewability mission and development of inception report:** Following the initial document review, the selected institution will undertake a scoping mission and reviewability assessment.

The goals of the scoping exercise are to achieve: (1) greater understanding by the selected institution and UNICEF regarding the scope of the review to be undertaken, including appropriate methodology for data collection and analysis; (2) clarity through discussions with key informants and stakeholders that the correct, prioritized questions are being addressed during the course of the review; and (3) agreement between the selected institution and UNICEF regarding deliverables, timetable, and costs associated with the situational analysis.

The **Inception Report** should include the following:

- i. Background and reasons for review
- ii. Description of review objectives (specific tasks and core questions)
- iii. Description of data constraints and opportunities (e.g. what data may be available and what might not, and what reasonable conclusions can be expected to be derived from the data collected).
- iv. Proposed investigation matrix including the proposed approach to the review (e.g. data collection methods, sources, sampling approach, etc.). Data collection tools should be field tested prior to submission of the inception report, and will need to be approved by Ethical Review Committees either of the university or Ministry of Social development and Human Security.
- v. Description of how ethical issues will be addressed
- vi. Organization and management of the review team (team lead and composition including data collectors, reference group, etc.)
- vii. Description of key deliverables
- viii. Work plan and associated timetable
- ix. Detailed budget
- x. Work plan and associated timetable.
- xi. An ethical guideline to which reviewers will adhere.

As part of the process of developing the inception report, it is expected that the selected institution will conduct: (1) an initial brief review of literature, (2) interviews with selected service providers and key informant interviews regarding appropriate scope of review, information needs, prioritized study questions, data collection constraints, etc., (3) site visits to selected areas of interest representing the different forms of alternative care, (4) consultations with study team on proposed approach and required budget for the various activities in the review.

A written summary report including items listed above will be presented to UNICEF for review and comment. Only once the Inception Report has been approved, will the contractor be approved to proceed with subsequent data collection and analysis.

Note: Costs of the scoping exercise should be budgeted into the overall cost of the project, but be presented as a separate line item.

- c. **Primary data collection and secondary data analysis:** Primary data collection and additional secondary data analysis will be carried out following the scoping mission and acceptance of the inception report by UNICEF. Primary data collection will include both qualitative and quantitative information derived through key informant interviews (national, provincial, local, levels, institutional representatives, NGOs, civil society, and children), focus group discussions and through field observation and rapid surveys (if necessary). Information will be collected on extent of the problem, services offered, management and coordination mechanisms, monitoring and oversight, and other areas outlined in the **Major Question Section** as described above. Field-level data collection and any surveys undertaken will entail use of appropriate sampling and statistical methods to ensure validity of data.

*In the course of data collection, an ethical guideline should be developed ensuring that **HIV confidentiality and adherence to human rights principles should be observed.*** No patient identifying information should be collected, recorded, or presented. Informants should be made aware of this before any round of data collection. Appropriate consent forms should be filled out with any informants identifying as HIV-infected or with family members HIV-infected. This will also apply to the cases of other children in the alternative care who are protected by the Child Protection Act.

Following completion of data collection and analysis, the following additional assignments will be undertaken:

- d. **Presentation of initial/preliminary findings to key stakeholders (in Thai):** A meeting of key stakeholders shall be convened by the steering committee (i.e. members of the reference group, implementing partners, senior government officials, amongst others). Included will be a PowerPoint presentation summarizing the study process and initial findings, and an accompanying document of standalone speaking points. Further findings gathered during the meeting shall be integrated into the final report.

- e. **Preparation of draft and final reports** in English. The final report should include:
- Executive Summary;
 - Detailed description of methodology, including an outline of the process of the situation analysis study in the Annexes;
 - Summary of literature review;
 - Analysis of data that address each of the key study questions and which are grouped under the specified headings (e.g. Extent of problem, Coverage/impact, Effectiveness, Relevance, Efficiency, Rights-based Approaches to Programming and Gender Equality, and Disparity Reduction);
 - Conclusions;
 - Recommendations;
 - Annexes: To include among others, the study framework; work schedule; tools; list of places visited; records of interviews and focus group discussions.
- f. **Preparation of synthesis report** (approximately 20 – 30 pages) in English and Thai. The synthesis report should include:
- Executive Summary;
 - Brief description of methodology;
 - Summary of critical points from literature review;
 - Summarized findings related to each of the key study questions and which are grouped under the specified headings (e.g. Extent of problem, Coverage/impact, Effectiveness, Relevance, Efficiency, Rights-based Approaches to Programming and Gender Equality, and Disparity Reduction);
 - Conclusions;
 - Key recommendations.
- g. **Organization of national consultation** and presentation of findings (in Thai): The institution will work with UNICEF and Ministry of Social Development and Human Security to plan and organize a national consultation at which key findings will be presented to stakeholders and discussed. As part of the preparation, a short brief summarizing key findings and recommendation will be developed by the institution. Costs for organizing the consultation will be covered by UNICEF and not be part of the contract for the institution selected to conduct this review.

4. Work Schedule:

- Month 1** Consultations with UNICEF regarding the review, initial document review, discussion with selected stakeholders, and planning for scoping exercise.
- Months 2 - 3** Scoping exercise involving meetings with key informants and development of inception report to be reviewed and approved by UNICEF

- Months 4 - 8** Primary data collection and analysis of primary and secondary data; presentation of initial findings; preparation of draft report and submission to UNICEF and Technical Working Group for review and comment
- Month 9** Revision of draft report and organization of national consultation in collaboration with UNICEF
- Month 10** Submission of finalized products including inception report, final report (English), synthesis report (English and Thai); and copies of PowerPoint presentations used to convey key findings.

5. End Product(s):

1. Inception report (in English)
2. Presentation of initial findings to key stakeholders (in Thai)
3. Final report (in English)
4. Synthesis report with findings (approximately 20-30 pages) (in Thai and English)
5. Organization of National Consultation and Presentation of Findings (in Thai)

- 6. Estimated Duration of Contract:** The review is expected to take approximately 10 months to complete.

- 7. Official Travel Involved:** Travel is expected to approximately 5 provinces in Thailand for purposes of the scoping exercise and subsequent data collection. As such, each of the provinces will likely be visited at least twice, once for the scoping exercise, and once for data collection purposes. For team members not based in Thailand, economy class travel to Thailand for purposes of support to the study is expected. Costs for travel and associated per diem should be calculated into the financial proposal.

8. Payment Schedule:

Date	Expected Outputs	Payment
Month 1	Initial report summarizing any key findings and plan for scoping exercise	10%
Month 3	Inception report	25%*
Month 9	First draft of report	50 %
Month 10	Final report and presentation to stakeholders	15%

* The above is a tentatively proposed payment schedule. Please submit proposed payment scheme if additional funds are required to cover upcoming data collection related costs.

9. Qualifications or Specialized Knowledge/Experience Required:

Interested institutions should meet the following minimum qualifications:

- expertise in qualitative and quantitative methods of evaluation and research, including knowledge of evaluation norms, standards, and approaches (particularly UNEG norms and standards) and which encompass data collection, management, analysis and presentation;
- international and domestic experience / familiarity in the field of alternative care and preferably in conducting assessments and evaluations of this nature;
- understanding of concepts of child protection and social protection;
- knowledge of HIV/AIDS ethical issues and other issues relevant to HIV/AIDS and children;
- firm understanding of the human rights-based approach to programming, including gender and equity considerations;
- proven communication, facilitation, and writing skills; and
- excellent knowledge of English (oral and in writing) as well as fluency in written and spoken Thai for at least some members of the team.

UNICEF intends to establish a service contract with one institution for this work assignment. The institution should identify a Lead Consultant who will be affiliated with the institution with which the contract will be established. A Thai National Co-Lead will be required if the Lead is not a Thai national. The Co-Lead is not required to be from the lead institution, however, the lead institution would be responsible for subcontracting and managing the Co-Lead. Additional short-term data collectors, analysts, or other personnel supporting the review can also be added to the team as necessary and arranged by the lead institution. While it is not necessary to identify specific individuals for all of the proposed composition of the team, there should be at minimum a description of the types of expertise and experience (e.g. subject matter expertise, expertise in data collection and analysis, communication expertise, etc.) that will be part of the team if the institution is selected to carry out the review. The Team Leader shall, in addition to the sectorial tasks, be responsible for the operational management and smooth and efficient conduct of work by the members of his/her team.

10. Type of Supervision that will be Provided: Supervision and monitoring will be provided by the HIV Section or a designate in the Child Protection Section. Team members from UNICEF will provide initial orientation regarding expectations, will communicate and review progress at critical junctures including planning for the scoping exercise and receipt of the inception report, prior to data analysis and report writing, and in preparation for the national consultation. The HIV Team will also be available as needed for consultation as required. A Technical Review Team composed of other relevant stakeholders will also provide input into recommended study design and interpretation of results and findings.

11. Consultant's Work Place: The institution selected for the review will use their own place of work. Space will not be made available at UNICEF offices other than for periodic meetings between the institution or firm and UNICEF to discuss planning and progress.

12. Response Requirement:

As part of our evaluation process, the bidder will be requested to submit the following documents together with the proposals:

- Background information on the institution and its qualifications
 - Company registration documents
 - Proposal detailing how the institution will fulfill the TOR, including proposed methodology and approach
 - CV(s) of the proposed individual(s)/team
 - List of previous assignments/projects with relevant or similar nature of services (to be completed in the attached template) including experience working with non-profit organization
 - Price proposal (using the attached template)
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13. Nature of 'Penalty Clause' to be Stipulated in Contract:

UNICEF reserves the right to withhold or adjust payment to the Contractor in the event of unsatisfactory quality, performance or delivery of outputs, as reviewed by the Contract Supervisor, up to a maximum deduction of 10%.

EVALUATION CRITERIA FOR ALTERNATIVE CARE ASSESSMENT IN THAILAND

Item	Criteria	Grading				
		Low 1	2	3	High 4	5
a. Overview of Initiative						
1	Is there a clear understanding of the requirements, objectives, and deliverables associated with this assessment?					
b. Evaluation Team						
2	Is the composition of team well established in order to meet the assessment needs (e.g. subject matter expertise and research methodology skills)?					
3	Has the team leader had similar leadership experience in terms of topics and complexity?					
4	Is there understanding among team members of policy analysis and advocacy?					
5	Does the team include members with both international and domestic experience? Is there evidence of existing knowledge of key partners and/or agencies working nationally in areas related to alternative care and HIV?					
6	Does the team include recognized expertise on child protection, family preservation, alternative care and HIV?					
7	Does the team include sufficient technical knowledge in methods of data collection and analysis relevant to this field of study?					
c. Assessment Methodology						
8	Is the proposed methodology/approach clearly described? Does it address social protection / family preservation, alternative care in general and also HIV?					
9	Are methods to capture data and information on the essential research questions sufficiently described?					
10	Does the proposed methodology sufficiently address primary data collection and analysis?					
11	Does the proposed methodology sufficiently address secondary data collection and analysis?					
12	Are the proposed sources of information complete?					
13	Are the method/tools chosen sound, and relevant in addressing the research questions?					
14	Does the methodology explain how shortage of data will be addressed?					
15	Are mechanisms to ensure a rights-based assessment described?					
d. Work Scheduling						
16	Does the work schedule set out a logical progression of activities through to completion?					

Technical Score: 80
Financial Score: 20
Total: 100

Remarks: To be technical compliant for the opening of financial proposal, the qualified bidder must receive at least 56 scores.