THIS REQUEST FOR PROPOSAL (RFP) IS THE EXCLUSIVE, CONFIDENTIAL, PROPRIETARY PROPERTY OF FAMILY HEALTH INTERNATIONAL, INC. (FHI 360). IT MAY NOT BE COPIED, TRANSMITTED, OR DISCLOSED BY ANY MEANS WITHOUT THE EXPRESS WRITTEN CONSENT OF FHI 360. BY ACCEPTING A COPY HEREOF, RECIPIENT AGREES TO (I) BE BOUND BY THE TERMS AND CONDITIONS CONTAINED HEREIN (INCLUDING BUT NOT LIMITED TO THE CONFIDENTIALITY PROVISONS), (II) USE THE RFP (AND ANY RELATED DOCUMENTS) SOLELY FOR EVALUATION PURPOSES AND FOR RESPONDING TO THIS RFP, AND (III) RETURN OR DESTROY THE RFP (AND ANY RELATED DOCUMENTS) UPON FHI 360’s REQUEST OR UPON YOUR DECISION NOT TO RESPOND TO THIS RFP.

**Issue Date:** December 31, 2014

**RFP Number:** 101145.001.001.007- RFP-01

**Closing Date:** January 23, 2015

**RFP Title:** Kenya Endline Study

Ladies/Gentlemen:

Family Health International, Inc. (FHI 360), a U.S. Agency for International Development (USAID) recipient, is soliciting proposals from qualified implementation organizations for **Kenya Endline Study** ffully described in the Terms of Reference section of this Request for Proposals (RFP). This service is being procured for the USAID **WASHplus Project.** This activity is managed by FHI 360.In issuing this RFP, FHI 360/WASHplus is not acting as an agent or on behalf of USAID, and USAID is not a party to any contract resulting from this RFP.

Please submit one electronic version of your duly completed and signed proposal via email to Kia Matthews ([kmatthews@fhi360.org](mailto:syagoda@fhi360.org)), Dr. Orlando Hernandez ([ohernandez@fhi360.org](mailto:ohernandez@fhi360.org)) and Mr. José R. Molina ([jmolina@fhi360.org](mailto:jmolina@fhi360.org)). If your organization decides to submit a proposal, it must be received no later than 05:00 pm, Eastern Daylight Time in the U.S. on January 23, 2015**.** All submissions should be in the English language. All proposals submitted must be valid for a period of at least sixty (60) calendar days from the closing date indicated above.

Evaluation and ranking of proposals will be done in accordance with the scoring guidelines listed in this RFP under the section Evaluation of Proposals. It is intended that a fixed-price purchase order will be awarded to the responsible offeror whose proposal represents the best value to FHI 360/WASHplus, according to the selection criteria listed below. FHI 360 will issue payments according to the payment schedule included in this documents based on submission and FHI 360 acceptance of deliverables. Once the contract is awarded, the vendor must return a signed copy of the same to FHI 360/WASHplus within twenty-four (24) hours.

Issuance of this RFP does not constitute an award commitment on the part of FHI 360/ WASHplus Project nor does it commit FHI 360/WASHplus Project to pay for the costs incurred in the preparation or submission of a proposal. FHI360 will not assume any costs incurred for the preparation of proposals submitted in response to this RFP. Furthermore, FHI 360/WASHplus Project reserves the right to reject any or all proposals received and to negotiate separately with an offeror, if such action is considered to be in the best interest of FHI 360/WASHplus Project’s client organization, the United States Agency for International Development.

Please read the instructions carefully before submitting your proposal. Any discrepancy in following the instructions or contract provisions may disqualify your proposal without recourse or appeal for reconsideration at any stage.

Any questions or requests for clarification need to be submitted in writing to Kia Matthews ([kmatthews@fhi360.org](mailto:kmatthews@fhi360.org)), Dr. Orlando Hernandez ([ohernandez@fhi360.org](mailto:ohernandez@fhi360.org)) and Mr. José R. Molina ([jmolina@fhi360.org](mailto:jmolina@fhi360.org)) by 05:00 pm Eastern Daylight Time on January 14, 2015. Any additional information given to a prospective offeror will be considered an amendment of the solicitation and will be provided to all other prospective offerors no later than January 19, 2015.

Respectfully,

Sandra Callier

WASHplus Director

**Terms of Reference for Request for Proposals (RFP)**

***Title:***WASHplus Kenya Endline Survey

***Geographic Focus:*** Kenya

***RFP#:***101145.001.001.007-RFP-01

***Issued on:***December 31, 2014

***Proposal Deadline:***January 23, 2015

***Submission Format:***Email

**Purpose**

Conduct a household endline study in rural areas of the Nyanza Province in Kenya to measure the WASHplus Project outcomes related to access to sanitation facilities and performance of hygiene practices promoted among the three target groups (children under 5, adults over 65 and chronically ill individuals that are bed-ridden) directly or indirectly reached through intervention activities supported by the project.

**Background**

More than 5.4 million Kenyans, both in rural and peri-urban areas, defecate in the open (JMP 2014).[[1]](#footnote-1) This practice increases the risk of diarrhea, which is among the top five killer diseases in the country. To address the problem, Kenya adopted the community-led total sanitation (CLTS) approach to mobilize rural communities to improve their sanitation and hygiene practices.[[2]](#footnote-2) CLTS is a participatory communication approach for mobilizing communities to completely eliminate open defecation (OD). Communities are facilitated – through a triggering process described by (Kar and Chambers, 2008)[[3]](#footnote-3) - to conduct their own appraisal and analysis of open defecation and take their own actions to become open defecation free (ODF). [[4]](#footnote-4)

Furthermore, a growing body of evidence indicates that preventable diseases such as diarrhea have a profoundly negative impact on quality of life and effectiveness of antiretroviral treatments for people living with HIV and AIDS (PLHIV). People and households affected by HIV and AIDS have a substantially greater need for WASH services—more water, safe water, easy access to water and sanitation, and proper hygiene.[[5]](#footnote-5)

USAID/Kenya recognized that diarrhea prevention begins at home with improved water, sanitation and hygiene practices including safe feces disposal, water treatment, and effective hand washing at critical times, as does the prevention of HIV transmission through menstrual hygiene management. As part of this effort, USAID funded the WASHplus project to address hygiene and sanitation shortcomings in a country still recording HIV infection rates of 5.6 percent.[[6]](#footnote-6)

**WASHplus Project Overview**

From 2010 - 2014, the USAID’s WASHplus project, implemented by FHI 360 and partners, helped communities and households in Kenya make the connection between healthy hygiene habits and improved sanitation and positive outcomes.

The WASHplus program in Kenya was a national mechanism. It did not directly implement field activities but provided technical assistance to government and NGOs to integrate improved WASH practices into HIV policies, guidance, and interventions in Kenya through the government community strategy. WASHplus built the capacity of Kenya’s public health system in WASH-HIV integration at all levels from sub-county public health officers to community

health workers (CHWs) by engaging with partners on the ground to conduct training. More than 600 public health officials and NGO workers at the sub-county level were trained as trainers (TOTs). Other USAID-supported programs have integrated WASH into their home-based care programs. Such programs have worked with trainers trained by WASHplus to sensitize peer educators and CHWs on the small doable actions approach to improve WASH practices among PLHIV and their caregivers.

Trained community health extension workers, passed on WASH knowledge and skills to approximately 3,000 volunteer CHWs. These frontline health workers put their skills into practice negotiating directly with households to make small doable improvements. A CHW visits a family with an assessment card in hand to gather information on hand washing, water treatment, feces disposal, and menstrual hygiene management practices of the family. In consultation with the family members he/she then negotiates improvements in practices that fall short of the ideal, for example helping the family build a tippy tap (hand washing station made of local materials) or suggesting modifications to improve a latrine.

From January 2010 to June 2014 WASHplus worked with the Kenyan government to generate demand for sanitation, improve WASH practices among vulnerable household with vulnerable sub-populations including children under five, the elderly, and PLHIV. In collaboration with communities, WASHplus encouraged households to identify small doable actions to improve health and prevent diarrhea. The project supported the Ministry of Health (MOH) and its partners to integrate improved water, sanitation, and hygiene (WASH) practices into HIV policies and activities. WASHplus worked within existing structures under the Ministry of Health, including the National AIDS and STI Control Program, the Community Health Services and other USG bilateral partners – such as the APHIAplus projects and Centers for Disease Control and Prevention partners, to enable HIV and WASH partners/stakeholders to integrate WASH practices into existing training and program implementation.

Integrating hygiene improvement activities can help mitigate the impact of diarrhea on PLHIV and their families, thereby prolonging and improving the quality of life for PLHIV and

protecting family members and caregivers from contracting diarrhea. The negative impact of low access to necessary quantities of water, to water of reasonable quality, and to basic sanitation and hygiene are magnified for HIV-infected, immuno-compromised individuals. Further, HIV-infected individuals require more water. The added burden affects not only the HIV infected, but the entire family, increasing risk of diarrheal disease and lost productivity and impacting quality of life. Therefore, PLHIV and households affected by HIV and AIDS have a substantially greater need for WASH services: more water, safe water, easy access to water and sanitation, and proper hygiene.

The WASH-HIV Integration approach identified feasible actions that users can take to move closer to ideal practices in washing hands properly and at critical times; treating drinking water and storing it safely; constructing and using latrines, latrine supports, or developing alternative sanitation options for people who are too weak to use a latrine; and managing menstrual hygiene to prevent HIV transmission. Negotiating with people to improve WASH practices incrementally encouraged them to take actions that improve health—actions that are possible for households that may not yet be the ideal practice. Based on these identified and field tested small doable actions, WASHplus and interested stakeholders developed a training curriculum and job aids for community workers, trained trainers, and supported implementing organizations in WASH integration.

**Specific Tasks to be Implemented**

1. **Obtain local ethical approval for study protocol**

The selected offeror will receive a draft protocol approved by FHI360’s scientific and ethical affairs committees for the household endline study and will be in charge of ensuring that it follows Kenyan requirements for ethical approval. The selected offeror will submit the protocol to the Kenya Medical Research Institute (KEMRI), the local entity responsible for ethical clearance, and will serve as an intermediary between this institution and WASHplus to ensure that the protocol gets approved.

All protocol revisions required by KEMRI will be made by WASHplus in coordination with the selected oferror. This offeror will identify the local principal investigator. The name of this investigator will be added to the draft protocol already written. This principal investigator will also be added to the protocol submitted internally within FHI 360.

The principal investigator needs to be a social/behavioral science research with 10 years of experience as a researcher, knowledgeable of research protocol development, field research implementation, quality control and supervision. He/she should have completed an internationally acceptable ethical training to implement and direct research with human subjects which at the time of the implementation of the research should be valid.

1. **Sample selection**

The selected offeror will be responsible for applying the sampling procedure established in the draft protocol. The study will be conducted in rural areas in the Nyanza province and will take place in the community units where the baseline was conducted.

The following sampling procedures are discussed in the protocol in question:

Study respondents will be the primary caregivers of vulnerable household members in rural areas of Nyanza in South Western Kenya. Vulnerable household members include children under five, chronically ill individuals who are bedridden and in need of home based care, and the elderly.

Households will be sampled from community units. These are communities that were also pre-selected for the baseline survey. For sampling purposes, CU’s were divided into segments for the baseline. These are segments with similar number of households thus similar in terms of population. Large villages over 1000 households may have more than one segment. For the purpose of this research, each segment will be considered to be a cluster. As part of the endline, clusters will be randomly selected using a simple random selection approach.

Clusters selected will be visited to construct maps, if they are not already available, and all existing households in a given cluster will appear on these maps. All clusters chosen will be visited. If there is no census map for a given segment, the field research team will draw the segment map. One enumerator will typically prepare a map per segment. Houses identified on the maps will be numbered and using a random numbers table, 15 houses per segment will be chosen. Per the calculation presented below, we need only 10 houses per cluster. However, five additional houses will be selected per cluster in case some of the houses visited do not meet eligibility criteria or refuse to participate in the study. For the purposes of the endline, this is a cross-sectional study and we are not revisiting exactly the same households visited during the baseline.

To be eligible to participate in the survey, the head of the household or the spouse will indicate if the family has a member which meets the selection criteria: a child under five, an elderly person 65 years or more, or a family member who is chronically ill (i.e., with long term disease that may not be cured) and bed ridden. The household will be recruited for the study if it has any family members that meet any of those criteria. The study participant interviewed will be the person that is responsible for caring for the vulnerable family member(s) that live(s) in the household chosen.

The sample size requires 670 cases in each of the control and intervention groups, implying visiting 10 households in 67 clusters. The clusters are segments in community units. This calculation implied that with a total of two study groups (one intervention and one control area in rural Kenya) this study would have a total sample size of 1,340 study participants plus an additional 5% oversampling cushion in case study participants needed to be dropped from the analysis due to quality control reasons. This calculation was done using CSurvey (see Annex 1) and is based on the following assumptions:

* Difference in population with access to (any) sanitation facility in the control (82%) and intervention areas (95%);
* Estimation error + 5%;
* 95% confidence internal for the difference

Design effect = 2

These calculations refers to the endline measurement only. The baseline collected information on a sample of similar size using the same assumptions and rationale. As a result, there will be 670 participants in each study group of the design when data are analyzed for a total of 1,340 baseline and 1,340 endline participants equally distributed in the experimental and control groups.

1. **Recruit and train enumerators**

The selected offeror will recruit and train between enumerators and field supervisors to conduct the survey. Given that there are 1,340 household interviews to be collected, the offeror will be expected to propose how the research team will be organized and how many enumerators, field coordinators/ supervisor(s) need to be hired and trained for data collection purposes.

Recruited enumerators may come from the targeted areas to reduce data collection costs (transportation and perDiem), if quality control measures to be adopted make this possible. The offeror should search for a balance between quality control and cost.

Enumerators should have at least a high school level education and at least two previous assignments as enumerators in a household survey. Field supervisors should have university level education and have worked as field supervisors in at least three previous similar assignments.

Recruited enumerators and field supervisors will be trained over a 2-3 day period in the use of a data collection instrument.

1. **Adapt and pretest survey instrument**

WASH plus will provide the selected offeror with a pre-coded survey instrument which the offeror will be expected to translate to any commonly spoken local language and adapt to the Kenyan context. The baseline questionnaire translated to local languages will be provided as a reference because the endline questionnaire is a shorter version of that used in the baseline.

The instrument to be used is a survey addressing WASH issues containing socio-demographic variables as well as objective measures for many of the hardware/ infrastructure indicators requiring observations and/or spot checks.

The enumerator training will be used as an opportunity to pretest the endline questionnaire in its current form and make, if needed, necessary adjustments. Modifications to the instrument must be approved by WASHplus before the tool is used in actual data collection.

A preliminary version of the survey questionnaire may be found in Annex 2.

The questionnaire deals with three major topics: water, sanitation and hygiene.

Regarding water, the focus is on:

* Water sources, cost, service reliability;
* Time spent fetching water when applicable; and
* Household treatment and storage of drinking water.

Regarding sanitation, the focus is on:

* Facilities used by families;
* Cost and reliability of services, if applicable;
* Facility sharing, if any;
* Practices for the disposal of child feces;
* Facility cleanliness and maintenance, and
* Reasons for not having sanitation facilities, if applicable.

Questions on hygiene practices focus on:

* Handwashing conditions and supplies;
* Drinking water treatment and storage.

Questions on water, sanitation and hygiene are preceded by a series of demographic questions which include family characteristics, living conditions, land ownership, education, employment and possession of goods that will help determine socio-economic status and level of wealth of participants.

1. **Programming questionnaire on tablets or phones**

Preferably, the offeror should use tablets, phones or PDAs for data collection and will be required to program the devices to be used for data collection. WASHplus assumes that this procedure will considerably reduce costs, cut down on time, and ensure fewer errors. The skip pattern should be clearly programmed as well. The proposal should include details that will allow WASHplus to judge the controls that will be used to ensure that no errors occur during data collection and how the data will be downloaded and/or transferred to avoid data losses. A description of the procedure should also allow FHI360 to understand how data confidentiality will be guaranteed. FHI 360/WASHplus will not bear the cost of purchasing devices needed for data collection.

Offerors may also use paper and pencil instruments. In case that they do, the cost of reproducing questionnaires should be included in the budget.

1. **Organize and manage data collection**

The offeror will prepare a draft data collection plan which will be approved by FHI 360/WASHplus prior to implementation. The plan will describe the routing, enumerator allocation and timeline for data collection. It will also include a description of the role of the supervisors and how data collection quality will be guaranteed.

If needed, the offeror will hire and coordinate all the transportation required to do the data collection. The offeror will obtain rental and medical insurance that may be needed. The insurance will cover liability and medical expenses in case of an accident. FHI 360 will not be

responsible for any vehicle repair or any medical expenses resulting from accidents that may occur at the time of data collection.

1. **Data entry**

Offerors using devices for data collection will explain the controls to guarantee that all fields are filled in properly prior to uploading databases on servers. Offerors will also explain how data will be transferred and the controls that will be put in place to check for inconsistencies in data collection, transfer and/or aggregation.

If paper and pencil instruments are used, offerors using such procedures will prepare data entry screens and hire data entry services or staff. For this purpose the offeror will use their own equipment. The data entry process proposed will cover measures that will be adopted to ensure data entry quality.

1. **Data management**

Offerors will present a data management plan as part of their offer.

1. **Fully labeled SPSS file**

The offeror will be expected to provide a fully labeled SPSS file, including a syntax file used to study database inconsistencies and ways in which they were corrected.

**Estimated Period of Performance**

Work is anticipated to be initiated by mid-February 2015 and take 12 weeks to complete from the date of award.

**Deliverables**

* Update translation of questionnaire given the modifications (deletions and additions) since the baseline
* Pretested instrument
* Data Collection Plan
* Labeled Data File
* Draft Report describing data collection process
* Final Report describing data collection process

## Payment Schedule

## Updated translation 10%

Pretested instrument 15%

Approved data collection plan 20%

Labeled data file 30%

Draft report explaining data collection process 15%

Final report 10%

Total 100%

**Contract Mechanism & Terms of Payment**

FHI 360 anticipates issuing a fixed price purchase order. Fixed payment(s) will be issued based on submission and approval of deliverables or measurable performance milestones as identified above. Once a purchase order is issued, it will include a fixed price payment schedule with deliverables specified in the Scope of Work.

**Technical Proposal Outline**

Institutional competence to carry the work, including examples of similar work conducted in the past. In this regard, relevant experience may be presented using the outline presented below.

|  |  |
| --- | --- |
| Title of work performed: | Country and Place : |
|  | Estimated value of contract: |
| Client’s Name | Description of work: |
| Client’s Contact Information: | Names and positions of assigned personnel: |
| Duration of work: | Name of Chief of Party or equivalent : |
| Description of relevant work: | |

* Understanding of the problem
* Approach to train enumerators and pretest facility assessment
* Principles guiding organization of data collection
* Quality control measures
* Data entry

A CV and Biodata form must be included in the proposal for the principal investigator, the data analyst/statistician and field supervisors.

An example of a recent research report must be submitted. This report should be for a comparable research activity.

Offerors are requested as well to submit the following two documents:

1. Certificate of compliance with the payment of income taxes
2. Certificate delivered by competent authority certifying that the company has not

Declared itself bankrupt in the three months prior to the date of submission of a bid.

## Cost Proposal

The attached budget template (see Annex 1) should be used. Lines may be added if needed.

**Submission Requirements**

All interested vendors must provide the following as part of their proposals:

1. **Cover letter** signed by the authorized official of the offeror
2. **Technical Approach** (5 pages maximum), indicating the following:
3. Comprehension of mandate
4. Description of proposed methodology to execute each Task Area.
5. Detailed Implementation Plan to achieve the activities outlined in the RFP
6. **Statement of Qualifications and experience the organization** (3 pages maximum): Brief, general overview of organization. Description of successful completion of previous assignments, preferably for USAID or similar bi-lateral donors. If the offeror has a website or can reference examples of their work available on the internet, please indicate the URL.
7. **Statement of Qualifications and experience the key staff** (2 pages maximum): identify no more than two (2) key staff and the percentage of the time they will spend on this activity. Include education, experience, and any other pertinent information for each. CVs should be included in the Appendices.
8. **Cost Proposal:** Offerors will provide a fixed priced budget in Excel format with sufficient detail to allow evaluation of elements of costs proposed (see Annex 1 – Budget Template). The budget should be accompanied with budget notes, and supporting documentation that clearly describes how the budgeted amounts are calculated. The budget notes serve as justification for each cost included in the budget; should be presented in such a way as to be easily referenced from the budget; and should provide sufficient information so that FHI 360 may review a proposed budget for reasonableness. All costs must be in accordance with the offeror’s standard practices and policies.

Budgets must be sufficiently detailed to demonstrate reasonableness. Offerors including budget information determined to be unreasonable, incomplete, unnecessary for the completion of the proposed deliverables, or based on a methodology that is not adequately supported may be deemed unacceptable.

Budgets should be submitted in the local currency if the offeror is based in Kenya (along with a column for the USD equivalent) and/or USD if based outside of Kenya.

1. **Appendices**
   1. Tax identification number (EIN or SSN for sole proprietors)
   2. DUNS number <http://fedgov.dnb.com/webform>
   3. Resumes (CVs) for key staff such as the principal investigator
   4. Business/performance references, including contact information (maximum of three)
   5. Writing sample: report or key deliverable from a previous assignment
   6. Signed FHI 360 biodata forms for key staff such as the principal investigator (refer to Annex 4)
   7. Budget template (see Annex 1)

**Criteria for Evaluations**

The proposals will be evaluated on the basis of the following criteria and point ranges out of a total possible 100 points:

1. Technical Approach (clearly demonstrating an understanding of the work to be performed and articulating a clear approach to executing the work) (30 points max)
2. Qualifications and experience of the firm (30 points max)
3. Qualifications and experience of the staff to be assigned (10 points max)
4. Cost (30 points max)

**RFP Response Information**

Responses to this RFP should be submitted via email to Ms. Kia Matthews ([kmatthews@fhi360.org](mailto:kmatthews@fhi360.org)), Dr. Orlando Hernandez ([ohernandez@fhi360.org](mailto:ohernandez@fhi360.org)) and Mr. José R. Molina ([jmolina@fhi360.org](mailto:jmolina@fhi360.org)), by 05:00 pm Eastern Daylight Time on January 23, 2015. Proposals received after this date and time will not be accepted and will be considered non-responsive.

**Any questions or requests for clarification need to be submitted in writing to the email addresses identified above by 05:00 pm Eastern Daylight Time on January 14, 2015**. Inquiries and answers will be shared with all applicants in receipt of the RFP and on FHI 360’s solicitations website (<http://www.fhi360.org/partner-us/solicitations-goods-services>) by January 19, 2015. No telephone inquiries will be answered.

**Terms and Conditions**

Offerors are responsible for review of the terms and conditions described below and in the award template attached.

**Withdrawals of Proposals**

Vendors may withdraw proposals by written notice via email received at any time before award. Proposals may be withdrawn in person by a vendor or his/her authorized representative, if the representative’s identity is made known and the representative signs a receipt for the proposal before award.

**Right to Select/Reject**

FHI 360 reserves the right to select and negotiate with those firms it determines, in its sole discretion, to be qualified for competitive proposals and to terminate negotiations without incurring any liability. FHI 360 also reserves the right to reject any or all proposals received without explanation.

**Disclaimer**

This RFP represents only a definition of requirements. It is merely an invitation for submission of proposals and does not legally obligate FHI 360 to accept any of the submitted proposals in whole or in part, nor is FHI 360 obligated to select the lowest priced proposal. FHI 360 reserves the right to negotiate with any or all firms, both with respect to price, cost and/or scope of services. FHI 360 has no contractual obligations with any firm based upon issuance of this RFP. It is not an offer to contract. Only the execution of a written purchase order shall obligate FHI 360 in accordance with the terms and conditions

**False Statements in Offer**

Offerors must provide full, accurate, and complete information as required by this solicitation and its attachments.

**Conflict of Interest**

Offerers must provide disclosure of any past, present or future relationships with any parties associated with the issuance, review or management of this solicitation and anticipated award. Failure to provide full and open disclosure may result in FHI 360 having to re-evaluate selection of a potential offerer.

**Request for Proposal Firm Guarantee**

All information submitted in connection with this RFP will be valid for three (3) months from the RFP due date. This includes, but is not limited to, cost, pricing, terms and conditions, service levels, and all other information. If your organization is awarded the contract, all information in the RFP and negotiation process is contractually binding.

**Disclaimer and Reserved Rights**

1. FHI 360 will not compensate offerors for preparation of their response to this RFP.
2. Issuing this RFP is not a guarantee that FHI 360 will award a purchase order.
3. FHI 360 reserves the right to issue a purchase order based on the initial evaluation of offers without discussion.
4. FHI 360 may choose to award only part of the activities in the solicitation or issue multiple awards based on solicitation activities.
5. FHI 360 may request from short-listed offerors a second or third round of either oral presentation or written response to a more specific or detailed scope of work that is based on a general scope of work in the original RFP.
6. FHI 360 reserves the right to waive any deviations by the offerors from the requirements of this solicitation that in FHI 360’s opinion are considered not to be material defects requiring rejection or disqualification, or where such a waiver will promote increased competition.
7. To disqualify any offer based on offerer failure to follow solicitation instructions.
8. Extend the time for submission of all RFP responses after notification to all offerors;
9. Terminate or modify the RFP process at any time and re-issue the RFP to whomever FHI 360 deems appropriate;

**Annexes**

Annex 1 – Budget Template

Annex 2 – Questionnaire

Annex 3 – Purchase Order Terms and Conditions

Annex 4 – FHI 360 Biographical Data Form

**– END OF RFP –**

**Annex 1**

**Budget Template**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Name** | | | | | |
| **Proposal to FHI 360** | | | | | |
|  | | | | | |  |  |  |
| **Detailed Budget** | | | | | |
|  | | | | | |  |  |  |
| **WASHplus – Kenya Endline** | | | | | |  |  |  |
|  | | | | | |  |  |  |
|  | | | | | |
|  | | | | | |  |  |  |
|  | **Costs** |  |  | **Total Costs** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Cost Element** | **Rate/Hour** | **Units** | **Total** | **Units** | **Total** |  |  |  |
| **I. Salaries and Wages (Subject to Benefits)** | **Unloaded\*** |  |  |  |  |  |  |  |
| Staff 1 - Name and Title | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Staff 2 - Name and Title | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Staff 3 - Name and Title | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Staff 4 - Name and Title | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Staff 5 - Name and Title | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Staff 6 - Name and Title | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Staff 7 - Name and Title | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Staff 8 - Name and Title | 0 | 0 | 0 | 0 | 0 |  |  |  |
| ***Total Estimated Salaries/Wages*** |  | 0 | 0 | 0 | 0 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **II. Benefits** | **Percent** | **Based On** | **Total** |  | **Total** |  |  |  |
| Fringe Benefits Rate | **%** |  | **0** |  | **0** |  |  |  |
| ***Total Fringe Benefits*** |  |  | 0 |  | 0 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **III. Consultants/Stipends (Staff without Benefits)** | **Rate/Hour** | **Units** | **Total** | **Units** | **Total** |  |  |  |
| Consultant 1 (name) | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Consultant 2 (name) | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Assistant 1 (name) | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Assistant 2 (name) | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Other…(name) | 0 | 0 | 0 | 0 | 0 |  |  |  |
| ***Total Consultant/Stipends*** |  | 0 | 0 | 0 | 0 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **IV. Travel and Transportation** | **Rate** | **Units** | **Total** | **Units** | **Total** |  |  |  |
| Airfare/Trip (# trips X # people = # units) From - To | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Per Diem/Day (# days X # people = # units) Location | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Local Transportation/Day (# days X # people = # units) | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Airport Transfers/Trip (# trips X # people = # units) | 0 | 0 | 0 | 0 | 0 |  |  |  |
| ***Total Travel and Transportation*** |  |  | 0 |  | 0 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **VI. Other Direct Costs** | **Rate** | **Units** | **Total** | **Units** | **Total** |  |  |  |
| Rent/Month | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Supplies/Unit (specify unit) | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Other/Unit (specify item and unit) | 0 | 0 | 0 | 0 | 0 |  |  |  |
| ***Total Other Direct Costs*** |  |  | 0 |  | 0 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **VII. TOTAL DIRECT COSTS (I. - VI.)** |  |  | 0 |  | 0 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **VIII. Indirect Costs (Overhead and/or G&A)[[7]](#footnote-7)** | **Percent** | **Based On** | **Total** |  | **Total** |  |  |  |
| Indirect Cost Rate (specify) | **%** |  | **0** |  | **0** |  |  |  |
| Other Indirect Rate (specify) | **%** |  | **0** |  | **0** |  |  |  |
| ***Total Estimated Indirect Costs*** |  |  | 0 |  | 0 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **IX. TOTAL PROJECT COSTS (VII. - VIII.)** |  |  | **0** |  | **0** |  |  |  |
|  |  |  |  |  |  |  |  |  |
| \* **Unloaded**: Section I rates should **not** include compensation for fringe benefits - fringe benefits should be detailed by percentage in Section II. For example, if John Doe earns $50 per hour of which 10% ($5) is fringe benefits and $45 is an hourly rate, then Section I should list only $45 for John Doe's rate/hour. Line II should detail 10% in fringe benefits and calculate total fringe against total labor. | | | | | |  |  |  |
|  | | | | | |  |  |  |
|  |  |  |

**Annex 2**

**Draft Questionnaire, WASHplus Kenya, December 2014**

|  |  |  |  |
| --- | --- | --- | --- |
| **Identification** | | | |
| **No.** | **Question** | **Coding Categories** | **SKip** |
| 01 | Sex of respondent | Female 1  Male 2 |  |
| 02 | Date of Interview | \_\_\_\_Day \_\_\_\_Month \_\_\_\_ YEAR |  |
| 03 | Code of the Interviewer |  |  |
| 04 | Interviewer Sampling Stratum | Nyanza …….. …………………………….. 2 |  |
| 05 | Name of village/clustery  ***(Write name directly)*** |  |  |
| 06 | Name of District  ***(Write name directly)*** |  |  |
| 07 | Supervisor |  |  |
| 08 | Date questionnaire reviewed | \_\_\_\_Day \_\_\_\_Month \_\_\_Year |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **0100 – 121 Dwelling and Family Characteristics** | | | |  |
| **No.** | **Question** | **Coding Categories** | | | **SKip** |
| 101 | What type of dwelling are you visiting?  ***OBSERVE:*** *(****Observe only.)*** | House located in a separate compound  House located in a communal compound  **Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1  2 | |  |
| 102 | What is the material for the walls of the main living area?  ***OBSERVE: (Observe only.)*** | No walls ………………………  Cane/trunk/bamboo/reed….  Bamboo/wood with mud……  Stone with mud……………..  Uncovered adobe…… ……  Plywood………………… ….  Carton………………… …….  Cement………………… ……  Stone with lime/cement……..  Bricks…………… …………  Cement Blocks…………… ..  **Other Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | 1  2  3  4  5  6  7  8  9  10  11  12 |  |
| 103 | What is the material for the roof of the main living area?  ***OBSERVE: (Observe only.)*** | Grass/Thatch/Makuti……..…..  Rustic mat/Plastic sheets…….  Roof tiles /………… ………….  Wood planks…………………..  Corrugated iron………………..  Tin cans………………………….  Calamine/Cement fiber……….  Cement/concrete ……………..  **Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | 1  2  3  4  5  6  7  8  9 |  |
| 104 | What is the material for the floor of the main living area?  ***OBSERVE: (Observe only.)*** | Earth/sand……………………  Dung…………………………  Wood planks………………  Reed/Bamboo …………….  Polished wood ……………  Vinyl ……………………...  Ceramic tiles ……………..  Cement brick …………….  **Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_** | | 1  2  3  4  5  6  7  8  9 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | | **Question** | **Coding Categories** | | **SKip** | |
| **We would like to talk about different activities in your household. Let’s first start with some of the characteristics of the family** | | | | | | |
| 105 | How many people live permanently in your house? | | ***(Write in the number*.)**   |  | | --- | |  | |  | |  |
| 106 | How many are men? | | ***(Write in the number*.)**   |  | | --- | |  | |  | |  |
| 107 | Is there anybody in this household that is chronically ill receiving home-based care? | | Yes ………………………………….1  No …………………………………..2 |  | | →Skip to 110 |
| 108 | Is this person a man or a woman? | | Man ………………………….…… 1  Woman……………………….….. 2 |  | |  |
| 109 | How old is that person?  ***(Write down the person’s age)*** | |  |  | |  |
| 110 | Are there people over 65 living in the household? | | Yes …………………………….……1  No ………………………………….2 |  | |  |
| 111 | Are there any children 5 years old or less living in the household? | | Yes ……………………… …….…1  No ……………………………….…2 |  | |  |
| 112 | How old are you?  *(****Write directly the age)*** | |  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 113 | Did you ever attend school? | Yes ……………………………  No……………………………. | 1  2 | → Skip to Q115 |
| 114 | What was the last grade of school that you completed?  ***(Write in the number.)*** | |  | | --- | |  | |  |  |
| 115 | Can you read and write? | Yes I can read and write ……  Yes I can read but not write…  No I cannot read and write …  Declined to answer ….. | 1  2  3  4 |  |
| 116 | How many rooms in your house are used for sleeping?  (***Write in number.)*** |  |  |  |
| 117 | How many family members bring income to this family?  ***(Write directly the number reported.)*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 118 | Are you currently employed? | No……………………………..1  Yes…………………………….2 |  | → Skip to Q120 |
| 119 | Do you work in agriculture? | No……………………………..1  Yes…………………………….2 |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 120 | Does your household have  ***(Read choices and circle answer provided)*** | No Yes  Electricity…………… 1 2  Solar panel………… 1 2  Radio………………. 1 2  Television …………… 1 2  Mobile phone ……… 1 2  Landline phone 1 2  Kerosene lamp……… 1 2 |  | |  |
| 121 | Does your household | No Yes  Own the house you live in 1 2  Own crop land 1 2  Own cattle/ 1 2  Own horses, mules or donkeys 1 2  Own sheep/goats 1 2  Own an animal drawn cart 1 2  Grow cash crops 1 2 | |  |  |
| 122 | Does any member of your household own | No Yes  A bicycle? 1 2  A motorcycle or scooter 1 2  A car or truck? 1 2  A horse/mule for human transport only 1 2 | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Drinking Water**  (Questions 201-228) | | | | | |
| **NO.** | **QUESTIONS AND FILTERS** | | **CODING CATEGORIES** | | **SKIP** |
| 201 | What is (currently) the main source of drinking water for your family? Does it look like any of these?  ***(Show pictures)*** | | 01= Piped water  02= Tube well or borehore  03= Dug well (Protected Dug well)  04= Unprotected Dug Well  05= Rainwater  06= Tanker Truck  07=Surface Water  (River/Dam/Lake/Ponds/Stream/Canal/Irrigation Channel)  09= Bottled Water or Water from Sachet  10= Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| 202 | How long does it take to go there, get water, and come back?  ***(Use categories, above and under 30 minutes).*** | | 01= Over 30 minutes  02= 30 minutes or below  03= On premises | |  |
| 203 | Do you use that source all year round? | | 01= Yes 02= No | | If yes skip to 205 |
| 204 | Where else do you get it from during that time? | | 01= Piper water  02= Tube well or borehore  03= Dug well (Protected Dug well)  04= Unprotected Dug Well  05= Rainwater  06= Tanker Truck  07=Surface Water  (River/Dam/Lake/Ponds/Stream/Canal/Irrigation Channel)  09= Bottled Water or Water from Sachet  10= Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| 205 | If there no water source on premises, who usually goes to the source to fetch the water for the household?  ***Probe***. Is this person under 15 years of age? What is that person’s sex?  ***(Circle the code that best describes this person.)*** | | 01= Men 15 years old or older  02= Women 15 years old or older  03= Boys under to 15 years old  04- Girls under to 15 years old | |  |
| 206 | On a typical day, how many trips do family members take to haul water?  ***(Write the number of trips provided.)*** | | |\_\_|\_\_| | |  |
| 207 | How many containers are carried per trip?  ***(Write the amount of containers provided.)*** | | |\_\_|\_\_| | |  |
| 208 | May I see one of those containers? | | 01= Not allowed  02= Allowed | |  |
| 209 | What type of container is it?  ***(Observe and if mobiles phones are used take a picture)*** | | 01= Jerry can  02= Clay pot  03= Bucket  04= Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| 210 | How much water can a typical water hauling container hold?  ***(Estimate it. Write the amount in liters.)*** | | |\_\_|\_\_| | |  |
| 211 | Is water from the same source used for other things besides drinking? | | 01= Yes 02= No | | Skip to 213 |
| 212 | What are the sources of water you use for other purposes than drinking (such as cooking, handwashing, and other household chores)? Anything else?  (MULTIPLE RESPONSES ARE POSSIBLE.) | | 01=Piped Water Into Dwelling  02= Piped Water From A Neighbor  03= Piped Water Into Yard/Plot  04= Public Tap/Standpipe  05= Tube Well Or Borehole  06= Protected Dug Well  07= Unprotected Dug Well  08= Water From Protected Spring  09= Water From Unprotected Spring  10= Rainwater  11= Tanker Truck  12= Cart With Small Tank  13= Surface Water(River/Dam/Lake/ Ponds/ Stream/Canal/Irrigation Channel)  14= Bottled Water  **15= Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |
| 213 | Could you please serve me a cup of drinking water from the source commonly used for satisfy children’s thirst? | | 01= Observed  02= NOT OBSERVED | |  |
| ***Use the time to make some observations about how water is obtained from the container and characteristics of the container.*** | | | | | |
| 214 | | ***OBSERVE***  Was sample collected safely with a ladle (not touching water with hands)? | 01= Yes 02= No | |  |
| 215 | | What container is used for drinking-water?  ***OBSERVE*** | 01= Bucket  02= Jerry can  03= Collapsible bucket  04= Gallon jug  05- bucket with tap  06= Ceramic pot  07= Large drum  08= Other (specify)\_\_\_\_\_ | |  |
| 216 | | Is the container covered/closed?  ***OBSERVE*** | 01= Yes 02= No | |  |
| 217 | | Does it have a tight fitting lid?  ***OBSERVE*** | 01= Yes 02= No | |  |
| 218 | | Does it have a spigot?  ***OBSERVE*** | 01= Yes 02= No | |  |
| 219 | | Is the container out of the reach of animals?  ***OBSERVE*** | 01= Yes 02= No | |  |
|  | | ***Thank you for the water. Let me proceed with the questions.*** | | | |
| 220 | | Did you do anything to make the water safer to drink? | | 01= Yes 02= No | -> q301 |
| 221 | | How did you make this water safer to drink? | | 01= Boiling  02= Liquid chlorine solution  03= Chlorine tablets  05= Coagulant/flocculant  06= Ceramic filter  07= Biosand filter  08= Membrane filter  09= Cloth filter  10= Settling  11= Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 222 | | What motivated you to treat the water to drink? | | 01= Health promotion received (School, health centre, CHW, mass media etc)  02= Standard practice in household to treat water  03= I had water treatment kit this time  04= The source makes it unsafe for drinking without treating it  05= Someone is currently sick in the family so we must use treated water  06= Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
| 223 | | How many hours ago were it treated?  (***WRITE NUMBER OF HOURS*)** | | |\_\_|\_\_| |  |
| 224 | | Did you mix treated water with any other drinking water that had not been treated? | | 01= Yes 02= No |  |
| 225 | | How often do you treat drinking water this way? | | 01= Daily  02= Weekly  03= When there is somebody ill in the house  04= During emergencies  05=Others. Specify \_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | How many days in a row do you keep drinking water that you have treated?  ***(WRITE THE NUMBER OF DAYS DIRECTLY***) | |  |  |
| 226 | | Do you know where to buy chlorine? | | 01= Yes 02= No |  |
| 227 | | What prevents you from treating your drinking water? Anything else?  (Multiple responses are possible). | | 01= Not aware water should be treated  02= Standard practice in household not to treat water  03= I lacked water treatment kit this time  04= The source is safe for drinking without treating it  05= Nobody fell sick so we are just OK using this water  06= Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
| 228 | | How often do the chronically ill family members drink treated water: always, sometimes, never? | | 01= Always  02 =Sometimes  03= Never |  |
| 229 | | How often do the elderly in your family drink treated water: always, sometimes, never? | | 01= Always  02 =Sometimes  03= Never |  |
| 230 | | How often children do less than five years of age drink treated water? Always, sometimes or never? | | 01= Always  02 =Sometimes  03= Never |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hand Washing with Soap**  (Questions 301-318) | | | |
| 301 | Do you have any type of soap in your house? | 01= Yes 02= No |  |
| 302 | For what purpose do you commonly use soap for? | 01= Washing  02= Clothes  03= Washing My Body  04= Washing My Children  05= Washing Child’s Bottoms…  06= Washing My Children’s Hands  07= Washing My Hands After Defecating  08= Washing My Hands After Cleaning A Child  09= Washing My H Ands Before Feeding A Child  10= Washing My Hands Before Preparing Food  11= Washing My Hands Before Eating  12= Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 303 | Do you use the same bar of soap for everything? | 01= Yes 02= No |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 304 | Now, I am going **to read** a list and this time you will tell me how frequently you would **WASH** your hands **using soap** at each one of those occasions. For each one of those circumstances, I will need you to tell me if you engage in that practice: never, sometimes, often or always. OK? Here we go. | | | | | | | | |
|  |  | | | Never | Some  Times | Often | Always | | |
| When washing your face after you get up | | | 1 | 2 | 3 | 4 | | |
| After going to the toilet | | | 1 | 2 | 3 | 4 | | |
| Before eating | | | 1 | 2 | 3 | 4 | | |
| Before cooking | | | 1 | 2 | 3 | 4 | | |
| Before feeding a child | | | 1 | 2 | 3 | 4 | | |
| After work | | | 1 | 2 | 3 | 4 | | |
| After touching an animal | | | 1 | 2 | 3 | 4 | | |
| After cleaning a kid’s bottom | | | 1 | 2 | 3 | 4 | | |
| After cleaning a toilet | | | 1 | 2 | 3 | 4 | | |
| After taking care of a sick person | | | 1 | 2 | 3 | 4 | | |
| 305 | Can you show me where you usually wash your hands and what you use to wash hands?  ***ASK TO SEE AND OBSERVE*** *(Indicate all that are mentioned, if more than one*) | | 01= Inside/near toilet facility  02= Inside/near cooking palce  03= Elsehwere in yard  04= Outside yard  05= No specific palce  06= No permission to see | | | | → Q309 | |
| Great. Thank you. Let me take a couple of notes to remember what you are showing me. | | | | | | | | |
| 306 | **(*OBSERVE)***  What is the hand washing device used? | | 01= Faucet  02= Tippy tap  03= Basin/bucket with plastic kettle  04= Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
| 307 | ***(OBSERVE)***  Was water available at time of interview? | | 01= Yes 02= No | | | |  | |
| 308 | ***OBSERVATION ONLY:***  Is there soap or detergent or other locally used cleansing agent?  This item should be either in place or brought by the interviewee within 2 minutes. If the item is not present within that time, check none, even if provided later. | | 01= None  02= Soap  03= Detergent  04= Ash  05= Mud  06= Sand  07= Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
| **OK. Let me ask some other questions.** | | | | | | | | | |
| 309 | Who in the family makes sure that there is water at this hand washing station? | 01= Wife  02= Daughter  03= Husband  04= Son  05= Somebody else, specify \_\_\_\_\_\_\_\_\_\_ | | | | | |  | |
| 310 | Do you have a handwashing station here or near the area where you cook? | 01= Yes 02= No | | | | | | **🡪316** | |
| 311 | May I see this station? | 01= Yes 02= No | | | | | | **🡪316** | |
| 312 | (***Observe)*** What is the handwashing device used? | 01= Faucet  02= Tippy tap  03= Basin/bucket with plastic kettle  04= Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | |
| 313 | ***(Observe)*** Was water available at the time of the interview? | 01= Yes 02= No | | | | | |  | |
| 314 | ***(Observe)*** Was soap available at the time of the interview? | 01= Yes 02= No | | | | | |  | |
| 315 | How many months ago did you set up this handwashing station?  (***Write the amount of time in months. If respondent does not know, write 99)*** | |\_\_|\_\_| | | | | | |  | |
| **WHEN HOW WASH** | | | | | | | | | |
| 316 | Sometimes people wash their hands before or after doing certain activities. What do you think are the most important occasions to wash your hands?  ***MULTIPLE RESPONSES ARE POSSIBLE. RECORD ALL MENTIONED*** | 01= After any toilet visit  02= After defecation  03= Before eating  04= After cleaning a child/washing diaper  05= After cleaning the latrine  06= After handling any materials for household chores  07= After cleaning a potty  08=Before food preparation  09= Before feeding a child  10= After handling a sick person  11= *After* eating  12= Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  13= Does not know | | | | | |  | |
| 317 | What are the reasons for washing hands with Soap/Ash?  ***RECORD ALL MENTIONED*** | 01= Prevent diarrhea  02= Prevent other diseases  03= Remove germs  04= Prevent dirt getting into mouth  05= Prevent dirt from getting into food  06= Smells good  07= Others (specify) | | | | | |  | |
| 318 | What is the main cause of diarrhea in children?  (**Record multiple answers if provided)** | 01= Does not know  02= No handwashing with soap after fecal contact  03= No handwashing with soap before food handling  04= Drinking contaminated water  05= Eating contaminated food  06= Sucking/putting dirty fingers in your mouth  07= Other reasons. Specify \_\_\_\_\_\_\_\_\_\_ | | | | | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Management of Human Feces**  Questions 402-446 | | | | | | | |
| **NO.** | | **QUESTIONS AND FILTERS** | | **CODING CATEGORIES** | | **SKIP** | |
| 402 | | The last time the youngest child passed a stool, where did he/she defecate? | | 01= Used sanitation facility  02= Used potty  03= Used washable diapers  04= Used disposable diapers  05= Went in house/yard  06= Went outside the premises  07= Went in his/her clothes  08= Don’t know  09= Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 403 | | The last time your youngest child under your care passed stools, where were the feces disposed of? | | 01= Dropped into toilet facility  02= Buried  03= Solid waste/trash  04= In yard  05= Outside premises  06= Public latrine  07= Into sink or tub  08=Thrown into waterway  09= Thrown elsewhere (specify)\_\_\_\_\_\_\_\_ | |  | |
| 404 | | Where do members of your household usually go to defecate?  **(Show pictures to help make a decision).** | | 01- Field, bush, (open defecation)………  02= Flush or pour flush toilet  03= Ventilated Improved Pit Latrine  04= Pit latrine with slab  05= Pit latrine without slab/open pit  06= Composting toilet  07= Hanging toilet/latrine  08= Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **🡪Skip to 407** | |
| 405 | | Do all members of the family use it? | | 01= Yes 02= No | |  | |
| 406 | | Is it acceptable for men and women to use the same latrine? | | 01= Yes 02= No | |  | |
| 407 | | Do you keep a bedpan or potty in the household? | | 01= Yes 02= No | | ->Skip to 409 | |
| 408 | | Who uses the bedpan or potty? | | 01=Chronically ill 02=Elderly in household  03=Children under 5  04=Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 409 | | Who in the family decided to install the toilet/latrine? | | 01=Wife………………………………………….  02=Daughter……………………………………..  Husband……………………………………..  Son………………………………………….  Somebody else, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 410 | | Who installed the latrine? | | Husband …………………………………….  Mason……………………………………….  Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 411 | | Who decided where to locate the latrine? | | Wife………………………………………….  Daughter……………………………………..  Husband……………………………………..  Son………………………………………….  Somebody else, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 412 | | Where is your toilet facility? | | Inside/attached to dwelling  Elsewhere on premises  Outside premises  Public latrine…………………………………. | |  | |
| 413 | | How long have you had that toilet?  ***(Write information in months.)*** | | |  |  |  | | --- | --- | --- | |  |  |  | | |  | |
| 414 | | Do you share this facility with other households? | | NO…………………………………………..  YES…………………………………………. | | **->Skip to 416** | |
| 415 | | How many households share this facility?  ***Write number of households*** | | Number of households | |  | |
| 416 | | What were the top three reasons for building the facility?  **(*Multiple choice, Do not read answers, record all answers - Up to 3 - provided.)*** | | Status/Pride …………………………………  Comfort………………………………………  Convenience………………………………….  Privacy……………………………………….  Avoid sharing with others……………………  Security………………………………………  Disease prevention…………………………..  Shame of environmental contamination …….  Other. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 417 | | Do you add any product to the pit to control the smell or the flies? | | NO……………………………………………  YES…………………………………………. | | →**Skip to Q418** | |
| 418 | | What do you add? | | Ash…………………………………………..  Bleach………………………………………..  Insecticide…………………………………….  Motor oil……………………………………..  Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 419 | | Did you do any recent maintenance work on this toilet since it was constructed? | | NO……………………………………………  YES………………………………………….. | | →Skip to Q420 | |
| 420 | | What did you do? | | Changed an element of the structure above the ground……………………………………… 1  Changed to a new pit………………………..2  Emptied the pit …………………………….3 | |  | |
| 421 | | Was your toilet emptied recently? | | NO……………………………………………  YES………………………………………….. | | →Skip to Q429 | |
| 422 | | If emptied pit, where did you dispose of the contents of the pit? | | Disposed in waterway……………………….  Disposed in field far away from house………  Buried it elsewhere…………………………..  Burned it…………………………………….  Used it for composting………………………  Other. (Specify) ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 423 | | If emptied pit, is that emptied pit still being used? | | NO……………………………………………  YES………………………………………….. | |  | |
| 424 | | Have you closed it permanently or temporarily? | | Permanently…………………………………  Temporarily………………………………… | |  | |
| 42510a | | How long has it been closed for? | | |  |  |  | | --- | --- | --- | |  |  |  |   (Write answer in months) | |  | |
| 426 | | What were the top three reasons for your household for not having/building the toilet facility?  (Multiple choice, Do not read answers, record up to 3 answers provided.) | | Not havinga dequate polt of land/no land to cosntruct the toilet ………………………….  Soil is loose …………………………..…….  Not having adequate construction materials .  No one to construct the toilet (No mason) …  Construction cost is expensive ……………….  Not having knweodge on how to construct latrine  Not being able to get permssion from local authorities to construct the toilet …………….  We have other priorities …………………………  Other. (Specify) ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 427 | | How satisfied are you with the place where your family defecates?  **(*Read answers*)** | | Very unsatisfied………………………………  Somewhat unsatisfied………………………..  No opinion……………………………………  Somewhat satisfied…………………………...  Very satisfied…………………………………  Other. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 428 | | What would you like to do to change your current sanitation situation? | | Build a private latrine………………………. 1  Improve the current private latrine family has. 2  Help build a community latrine………………3  Request government/outside assistance for  Improving situation………………………4  Nothing, satisfied……………………………5  Other.Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6  Do not know…………………………………7 | |  | |
| 429 | | Do you intend to install/change a sanitation facility in the next six months? | | NO……………………………………………  YES………………………………………….. | |  | |

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| **0430 – 0446 Sanitation Observations and Gender Roles**  **(Only for Families with a Facility on the Premises)** | | | |
| 430 | Can I see the sanitation facility? | 01= Allowed to see it  02= Not allowed | **>Q701** |
| 431 | ***(OBSERVE*)**  Distance of the facility from the house? | 01= Within house  02= 02= In yard  03= 1-20 meters from house.  04= 21+ meters from house |  |
| 432 | Is path clear to the latrine?  ***(OBSERVE*)** | 01= Yes 02= No |  |
| 433 | Is there a rope/ support structure to facilitate holding on to walk on path to the latrine  ***(OBSERVE*)** | 01= Yes 02= No |  |
| 434 | Does it have an entrance wider than normal as to allow two people to go in at the same time? | 01= Yes 02= No |  |
| 435 | Does it have a raised seat? | 01= Yes 02= No |  |
| 436 | Is there a rope or pole to permit squatting? | 01= Yes 02= No |  |
| 437 | Does it have any child friendly features? |  |  |
| 438 | *(****OBSERVE*)**  Does the toilet superstructure have walls? | 01= Yes 02= No |  |
| 439 | ***(OBSERVE)***  Does the toilet have a roof? | 01= Yes 02= No |  |
| 440 | ***(OBSERVE)***  Does toilet allow privacy?  (It has a curtain or door or entrance is L shaped) | 01= Yes 02= No |  |
| 441 | ***Is the squat hole safe for a child to use it?***  ***(OBSERVE)*** | 01= Yes 02= No |  |
| 442 | **(*OBSERVE)***  Is the pit covered? | 01= Yes 02= No |  |
| 443 | **(*OBSERVE)***  Is it being used?  *(OBSERVE IF THERE ARE FECES IN THE PIT, THROW A ROCK AND LISTEN IF IT SEEMS WET, IF THERE IS EVIDENCE OF ANAL CLEANSING, AND/OR IF THE PATH TO THE LATRINE SEEMS TO HAVE BEEN WALKED ON. CHECK ALL THAT APPLY.)* | 01= Detected feces in pit using a flashlight  02= Observed anal cleansing materials in latrine  03= Detectable path to the latrine  04= Slab is wet  05= Slab is grey color  06= Smelly  07= Flies around it |  |
| 444 | **(*OBSERVE)***  Is there a broom nearby? | 01= Yes 02= No |  | |
| 445 | **(*OBSERVE)***  Is there hand washing station inside or near the latrine  *(not more than 10 paces away from the latrine)?* | 01= Yes 02= No | → Q701 | |
| 446 | **(*OBSERVE)***  Is there water at that hand washing station near the latrine? | 01= Yes 02= No | → Q701 | |
| 447 | **(*OBSERVE)***  What container is used for water at the HW station? | 01= Tap  02= Tippy tap  03= Bucket  04= Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| 448 | ***(OBSERVE)***  Is there a cleansing agent at this hand washing station inside/near the latrine?  ***RECORD ALL PRESENT*** | 00= None  01=Soap  03= Detergent  04= Ash  05= Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| 449 | ***ASK:***  Who cleans the latrine? | 01= Wife  02= Daughter  03= Husband  04= Son  05= Somebody else, specify\_\_\_\_\_\_\_\_\_\_ |  | |
| 450 | **ASK**  Who brings the water the hand washing station here? | 01= Wife  02= Daughter  03= Husband  04= Son  05= Somebody else, specify\_\_\_\_\_\_\_\_\_\_ |  | |
| 451 | **ASK:**  Who makes sure there is a cleansing agent available? | 01= No such agent  02= Wife  03= Daughter  04= Husband  05= Son  06= Somebody else, specify\_\_\_\_\_\_\_\_\_\_ |  | |

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| **701-708 Menstrual Hygiene Management** | | | |
| 701 | Do you clean this person during her menstrual period? | NO 1  YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 | **->Skip Q703** |
| 702 | What supplies did you use to clean her during her last period?  ***(Check all that apply)*** | Soap………………………………………………….1  Water………………………………………………..2  Gloves/Plastic bags……………………………….3  Other. Specify \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 |  |
| 703 | What menstrual hygiene products did she use during her last period? | Rags…………………………………………………1  Pads………………………………………………….2  Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3  Does not know …………………………………………..4 |  |
| 704 | How long did you keep the blood soaked materials?  ***(Write in number of days.)*** |  |  |
| 705 | What did you do with those materials after they were used? | Wash them…………………………………………1  Through them in garbage………………………..2  Burn them …………………………………………3  Burry them………………………………………………4  Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5 | **Skip to 709** |
| 707 | What supplies did you use to wash them?  ***(Check all that apply.)*** | Water………………………………………………1  Soap………………………………………………2  Bleach……………………………………………3  Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 |  |
| 708 | Did you recently change the sheets she used? | NO 1  YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 | **->Skip to 801** |
| 709 | What P What products did you use to get those sheets cleaned? ***(Check those that apply.)*** | Water………………………………………………1  Soap………………………………………………2  Bleach……………………………………………3  Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 |  |
| 710 | How did How do you get the sheets dry? | Left them in bucket/ container…………………..1  Hid them in house………………………………2  Hung out to dry in sun………………………………3  Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 |  |

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| **EXPOSURE** | | | | |
| 801 | In the past month, have you heard or seen any information on hand washing? | NO  YES |  | |
| 802 | What was the source of that information?  ***Anywhere else***?  ***RECORD ALL MENTIONED*** | Through health center  Through village health educator…………………  Through the area chiefs public meeting………  Through children that go to school……………….  Through the radio  Through other channels (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| 803 | In the past month, have you heard or seen any information about treating the water you drink? | NO  YES |  | |
| 804 | Where did you see it or hear it?  ***Anywhere else***?  **RECORD ALL MENTIONED** | Through health center  Through village health educator………………….  Through the area chiefs public meeting………  Through children that go to school …………….  Through the radio  Through other channels (specify) \_\_\_ |  | |
| 805 | In the past month have you heard or seen anything about sanitation? | NO  YES |  | |
| 806 | What was the source of the information?  ***Anywhere else***?  **RECORD ALL MENTIONED** | Through health center  Through village health educator…………………  Through the area chiefs public meeting………  Through children that go to school  Through the radio  Through other channels (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 807 | And in the past year, have you heard or seen anything about sanitation? | NO  YES |  |
| 808 | What was the source of the information?  ***Anywhere else***?  **RECORD ALL MENTIONED** | Through health center  Through village health educator …………………  Through the area chiefs public meeting………  Through children that go to school …………….  Through the radio  Through other channels (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 809 | Did your village participate in any activity to stop open defecation? | NO  YES |  |
| 810 | Have you ever been visited by a village health educator to stop open defecation? | NO  YES |  |
| 811 | Have you ever been visited by s village health educator to improve your toilet? | NO  YES |  |
| 8012 | In the past month, have you received information about diarrhea? | NO  YES |  |
| 813 | What was the source of that information?  *Anywhere else*?  **RECORD ALL MENTIONED** | Through health center  Through village health educator  Through the area chiefs public meeting………  Through children that go to school  Through the radio  Through other channels (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Annex 3**

**Purchase Order Terms and Conditions**

**Attached**

**Annex 4**

**FHI 360 Biographical Data Form**

**Attached**

1. WHO and UNICEF. 2014*. Progress on Drinking Water and Sanitation, 2014 Update*. http://www.wssinfo.org/fileadmin/user\_upload/resources/JMP\_report\_2014\_webEng.pdf [↑](#footnote-ref-1)
2. Ministry of Public Health and Sanitation, Kenya. 2010. *National Strategy for Environmental Sanitation and Hygiene* 2010-2015. http://www.ircwash.org/resources/national-strategy-environmental-sanitation-and-hygiene-2010-%E2%80%93-2015-kenya [↑](#footnote-ref-2)
3. Kar K and Chambers R. *Handbook in Community-Led Total Sanitation*. Plan International and the Institute for Development Studies, University of Sussex. [↑](#footnote-ref-3)
4. Chambers R. 2008. *Going to Scale with Community-Led Total Sanitation: Reflections on Experience, Issues and Way Forward*. Institute of Development Studies, University of Sussex. <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/cltshandbook.pdfhttp://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/media/Chambers_Going%20to%20Scale%20with%20CLTS.pdf>. In this context, triggering refers to a process of developing a collective sense of disgust and shame among community members to address the effects on communities of mass open defecation by community members. [↑](#footnote-ref-4)
5. MNB Momba1, E Madoroba1 and CL Obi. 2000. Apparent impact of enteric pathogens in drinking water and implications for the relentless saga of HIV/AIDS in South Africa. In A. Mendez-Vilas*,* ***Current Research, Technology and Education Topics in Applied Microbiology and Microbial Biotechnology*. Formatex Research Center, Badajoz, Spain.** [↑](#footnote-ref-5)
6. Kimanga DO et al. 2014. Prevalence and incidence of HIV infection, trends, and risk factors among persons aged 15-64 years in Kenya: results from a nationally representative study*.* *J Acquir Immune Defic Syndr*, online edition. DOI: 10.1097/QAI.0000000000000124, 2014 [↑](#footnote-ref-6)
7. If offerors do not have a US government agency approved overhead rate (NICRA), please include applicable costs tied to completions of deliverables and tasks as a direct charge instead of providing indirect costs. [↑](#footnote-ref-7)