TITLE:	**Baseline/Needs assessment, resource mapping and context analysis of Obstetric Fistula (Identification of Fistula & Persons with Disabilities (Adult & Children)/VSLA) in FCT with desk review of context in other target states (katsina, Kebbi, Zamfara and Sokoto)**
PROJECT:	**Comprehensive and Inclusive Women's Health Project in Nigeria (CIWHIN+)**
ORGANIZATION:	**SUSTAINABLE FAMILY HEALTHCARE FOUNDATION**
SUBMISSION DETAILS:	The following documents will be submitted via email as oneattachment: a. Technical Proposal (Details in No. 4.0 of ToR below) b. Cost Proposal (Details in No. 5.0 of ToR below) c. Tax Identification Number d. Certificate of Incorporation with the Corporate Affairs Commission (if submitting as an organization) e. Two reference letters from similar contractsexecuted. All documents should be sent in Microsoft Word or PDF formats to: procurement@sfhf.ng or in a sealed envelope to SFHF Abuja office House 5, A close Minfa 1 Garden Estate, Lokogoma, FCT Abuja.

TERMS OF REFERENCE

1. BACKGROUND INFORMATION

Obstetric fistula is a complication that arises from obstructed or prolonged labor, which creates a hole or opening in the birth canal. Prolonged obstructed labor that does not receive prompt medical care stops the blood supply to the tissues of the vagina, bladder, and/or rectum. Unrelieved obstructed labor can compress a woman's bladder, urethra, rectum, and vaginal wall between the foetal head and maternal pubis leading to necrosis of the compressed tissues. Necrosis then causes uncontrolled leakage of urine from the bladder through the vagina (vesico-vaginal fistula) and leakage of stool from the rectum (NDHS 2018). Studies have shown that most fistula occur in countries in sub-Saharan Africa or South Asia with poorly resourced health systems.

The World Health Organization (WHO) estimates that between 50, 000 to 100, 000 women worldwide develop obstetric fistula each year. In the "National strategic framework for the elimination of obstetric fistula in Nigeria (2019-2023)", the Federal Ministry of Health stated that Nigeria accounts for 40% of the worldwide fistula prevalence with approximately 150,000 to 200,000 cases and 12,000 new cases yearly in Nigeria, which makes a disproportionate 7.5% of this global burden. According to the 2008 Nigeria Demographic and Health Survey (NDHS), the prevalence history of leaking urine among women aged 15-49 years, which was approximated to represent the prevalence of fistula, is 0.4%. Although, the majority of Obstetric Fistula can be surgically closed, and continence regained, about 10% of Vesico-Vaginal Fistula (VVF) remain incontinent in spite of the closure of the fistula because of involvement of the urinary sphincter (Ozge Tuncalp et al; 2014).

The causes of obstetric fistula are not far-fetched, ranging from poverty, early child marriage, inadequate infrastructure at government owned and mission facilities, low literacy levels, socio-cultural and religious sentiments, and low political will to drive the health agenda across states in Nigeria. Moreover, survivors of fistula have limited access to economic empowerment opportunities, they are poor and are more susceptible to abuse, harassment and discrimination due to reliance majorly on their spouses, family and or care givers for support. More so, they have limited access to quality and affordable health care services, as there is inadequate equipment, unskilled and or inadequate health care workers to improve health outcomes of those affected by fistula. In some communities, women and girls with fistula cases are ostracized and kept at the mercy of others due to socio-cultural undertones associated with the scourge of fistula.

Worst hit by the incidence of fistula are the clusters of women and girls with disabilities who have poorer health outcomes due to stigmatization, discrimination, inaccessible and non-inclusive health facilities that promote their sexual and reproductive health rights. The WHO estimates that persons with disabilities are three times more likely to be denied health care. Thus, the urgency for funding and intersectoral collaboration to bridge the gaps. Moreover, considering that the country still grapples with the effect of the COVID-19 pandemic on healthcare delivery, which has seen a 10% decline in sexual and reproductive health (SRH) services; it is more important than ever to ensure that persons with disabilities are included and integrated into the Sexual Reproductive Health (SRH) service delivery in Nigeria.

It is also imperative to intensify efforts and sustain investments to facilitate clearing the backlog of obstetric fistula cases in Nigeria, which according to statistics available by the Federal Ministry of Health, is currently estimated at over 40% of the global estimate of obstetric fistula which is put at about 2 million, and to enhance service provision and inclusivity of preventive services like family planning. Therefore, the CIWHIN+ project is

aimed at improving access to reproductive health services for women and girls including sexual reproductive health education; Reproductive, Maternal, Newborn and Child Health system strengthening to ensure sustainable access to obstetric fistula treatment; and community engagements to prevent and reduce the impact of obstetric fistula on survivors, their families and the society.

Additionally, in furtherance to all the information on quality sexual reproductive health services for women and girls including persons with disabilities, the survey will also cover significant number of persons with disability within the community. Also, the project would be looking at the economic empowerment and livelihood in the target communities through the Village Savings and Loan Association (VSLA).

1.2 Project Description

The first phase of the Comprehensive and Inclusive Women's Health Project in Nigeria (CIWHIN) was implemented for 3 years (January 2020-December 2022) in Nigeria with funding from Australian Government's Department of Foreign Affairs and Trade, CBM Australia, CBM New Zealand and CBM UK, and implemented by the Sustainable Family Healthcare foundation (SFHF). The project focused on promoting rights and access to Sexual and Reproductive Health services for Women and Girls including Persons with Disabilities in Nigeria, through community sensitization, demand creation and health system strengthening for Maternal and Newborn Health and Fistula care.

The evaluation report of the first phase of the project gave rise to the need to scale up the project to sustain the gains achieved and to engender ownership and sustainability, hence, the CIWHIN + project. The new phase has a project period of four years and commenced in April 2023.

The CIWHIN+ Project builds on the existing structures for fistula care and treatment in Katsina State and the FCT, including routine activities in Kebbi, Zamfara and Sokoto states to improve accessto quality and inclusive maternal and newborn health, and psychosocial services using designated health facilities. The new phase is integrating primarily components of community driven advocacy efforts as a sustainable approach to engendering government ownership, economic empowerment options for survivors of fistula, male involvement and inclusion advisory for improved systems to promote inclusive practices across targeted health facilities and at SFHF. Additionally, the project CIWHIN+ is adopting approaches that will influence government policy and promote health governance at all levels for ownership and sustainability of services.

General Objective

Contribute to improved quality of life for women and girls of reproductive age including women and girls with disabilities.

Specific Objectives

Improved economic integration, rights and access of women and girls of reproductive age including Women and Girls with Disabilities to affordable, quality, and sustainable sexual and reproductive health services in target states.

The project has 4 key result areas towards achieving the overall objective of the project which includes:

- Women and girls have increased understanding on sexual and reproductive health and rights leading to improved health-seeking behavior.

- Local health facilities have improved capacity in delivery of maternal and child health services including prevention and treatment of fistula.
- Improved community integration of women and girls and their families including Women and Girls with Disabilities through engagement in economic activities.
- SFHF has improved organizational capacity to deliver effective and quality women's health project.

There is a strong element of knowledge management that is built into the project to measure impact and generate learning from implementation of the project for SFHF stakeholders, including CBM Global. Additionally, the project seeks to address poverty by providing access to livelihoods for all (men, women, girls and boys with /without disabilities) through business skills training, access to micro-credit and savings groups towards promoting financial inclusion and independence for women and men. The project adopts a systems strengthening approach and will work closely with the National Obstetric Fistula Centre, Katsina, other states in the North West and local government line ministries, departments and agencies, as well as community-based structures, including organizations of persons with disabilities in the target area council (AMAC) to deliver quality services that are inclusive of women and girls with disabilities and reduce the burden of fistula in the project sites.

1.1 Rationale for the Baseline Survey

High prevalence of obstetric fistula in developing countries including Nigeria is an indicator of the failure of health systems to deliver accessible, timely and appropriate intrapartum care for all women especially those in the rural areas. Incidence and prevalence measurements of obstetric fistula are needed to sustain interest in research on fistula and funding for sustainable methods for prevention and treatment. Knowing the absolute numbers of women requiring treatment is also essential for effective health-care planning and fistula programming.

Implementing Village Savings and Loan Associations (VSLAs) in grassroots communities where obstetric fistula issues are prevalent, and where women and girls with disabilities are clustered represent a critical intersection of socioeconomic empowerment and healthcare access. VSLAs can provide a pathway to financial stability and self-reliance, enabling women with obstetric fistula to access medical treatment, support their families, and regain their dignity. By pooling their resources, VSLA members can access loans and savings that may be used for income-generating activities, healthcare expenses, and education for themselves and their children.

Additionally, developing a database of persons with disabilities, disaggregated by types of disability, their age and gender is critical to ensuring that the intervention recognises and includes persons with disabilities. Data on the incidence of fistula and persons with disabilities in Nigeria is sub-optimally poor. Comprehensive data on persons with disabilities will support evidence-based advocacy to decision makers at all levels on ensuring disability inclusion in programmes and processes, hence, the need for baseline survey on the prevalence, incidence of obstetric fistula and persons with disabilities in Nigeria. The result of the baseline survey will support project implementation plans, finalization of the MEAL plan and evaluation of the project.

1.2 Study Objectives

The proposed assessment seeks to establish baseline estimates of prevalence and incidence of obstetric

fistula among women of reproductive age including women and girls with disabilities in the FCT. The baseline study also, seeks to assess the gaps within the healthcare system and socio-cultural factors that militate against access of women and girls with fistula, including women and girls with disabilities toexisting maternal health, sexual and reproductive health, and mental health services in the FCT with desk review of context in other target states. The specific objectives of the assignment are:

a. To assess the prevalence of fistula cases in target locations
b. To identify the proportion of target population with knowledge of obstetric fistula
c. To identify the proportion of the target population with history of urine and or fecal incontinence that is due togenital fistula.
d. To identify the proportion of women including those with disabilities with history of fistula among the target population
e. To identify the most common barriers to accessing essential and emergency obstetric care including C-sectionamong women of reproductive age group, including women with disabilities.
f. To identify the barriers to accessing fistula treatment for women and girls with fistula
g. To identify the common psychological and social consequences of fistula in identified clients.
h. To establish the proportion of women and girls with disabilities actively involved in promotion of sexual andreproductive health services in their communities.
i. To establish the extent of inclusion of the rights and needs of women, girls and boys with disabilities into state and localgovernment sexual and reproductive health plans and programs.
j. To examine the economic situation of women and girls, especially women and girls with fistula and those with disabilities in the target locations.
k. To identify feasible livelihoods opportunities for women and girls, and women and girls with disabilities in the target locations.

2.0 SCOPE OF WORK

The focus, scope and depth of the study should be in line with the project's outline and shouldrecognize the political, economic, and cultural context of the target area councils in FCT to be covered by the project.The study will assess the level of readiness of the health systems and community-based structures in the project intervention wards in FCT and other target states to deliver and support quality obstetric fistula services, including behavioral patterns that influence access to existing prevention, treatment and rehabilitation services that are inclusive for women and girls with obstetric fistula. The scope of work will also target men, women, girls and boys including men, women, girls and boys with disabilities and also provide an analysis of the situation in terms of access to quality health services (maternal and child health, sexual and reproductive health, fistula, and mental health) economic empowerment and livelihood through Village Savings and Loan Associations (VSLA) within the area councils in focus. This will entail service availability and accessibility mapping in the project locations.

A few different types of baseline information are ideally required to develop and monitor the proposed interventions for obstetric fistula prevention and treatment in the project locations. The information required will include available data on the prevalence of obstetric fistula among women, including women with disabilities (levels/numbers), underlying factors that directly contribute to the prevalence of obstetric fistula, and can lead to the identification of potential solutions (determinants of obstetric fistula, and interventions

for prevention and treatment of obstetric fistula).

Additionally, the study would explore information with which actions to address obstetric fistula will be developed, carried out, and assessed. Of particular importance, the study would aim at generating data to inform advocacy for increased investments for obstetric fistula, and increased investment for Persons with Disabilities funded programs in Nigeria. The study will also, encompass community resource mapping that will identify stakeholders and resources/services available in the project locations that will strengthen referrals and linkages for improved health and wellbeing of women and girls with fistula, including women, girls and boys with disabilities.

Relevance

The consultant will:

a. assess the relevance of the proposed interventions in increasing access of women and girls living with fistula, including women and girls with disabilities to quality maternal and child health, sexual and reproductive health, obstetric fistula, and mental health services, and how they can improve the living conditions of the target beneficiaries in the FCT and other target states.
b. identify the core problem of the target population in health-seeking (maternal and child health, sexual and reproductive health, obstetric fistula, mental health) and underlying factors contributing to the health-seeking behavior of the target population.
c. determine the relevance of the proposed interventions in enhancing resilience of the target group in championing stigma reduction and promoting access to quality maternal and child health and sexual and reproductive health services in the FCT and other target states.
d. Examine barriers to inclusion that women and girls with disabilities experience in the communities in the FCT and other target locations as it pertains to access to maternal and child health and reproductive healthservices in the project intervention states.
e. Determine the relevance of the proposed interventions in enhancing resilience of the target group in championing the reduction of poverty and promoting access to empowerment of Persons with disabilities through VSLA.

Efficiency

The consultant will give recommendations on how the project resources (budget, assets, and staff) can be efficiently used in relation to the planned activities, outputs, and outcome. The consultant will also assess implementation strategies and screening methodologies for obstetric fistula, VSLA and Persons with disabilities in terms of efficiency as it relates to the outlined interventions and the context of the target area council in the FCT and other target states and come up with recommendations that may improve efficiency.

Effectiveness

The consultant will assess whether the designed project interventions are effective in terms of the prevailing context of the target locations and suggest recommendations on mechanisms to better address the core problem of the target population in maternal and newborn health.

Impact

The consultant would ascertain anticipated changes in the target communities as a result of the new project. The consultant will assess the living conditions of women and girls with fistula, including women and girls with

disabilities in the target communities, and provide an analysis of the situationin terms of access to quality health services (maternal and child health, sexual and reproductive health and fistula, and mental health), VSLA and livelihoods. The data will be used as a baseline to monitor and later evaluate the project's effect/impact.

Sustainability

The consultant will assess the sustainability of the project in terms of alignment with the national/local government policies and strategies and of local ownership, continuation, maintenance and replication of the intended project outcomes. These include project management-cohesion, technical replication of technology and financial viability. The consultant will also ascertain the possibility of scaling up the project beyond the project areas to other communities within the project states, as well as to other states. The consultant will investigate and propose practical ways through which the benefits from disability inclusive awareness and practices in the communities will continue in the long term.

Inclusiveness

- Persons with Disability: The study must determine the degree to which women, men, boys and girls with disabilitiescan be empowered and benefit from the project. Women and men with disabilities should be involved in conducting this baseline study to ensure inclusiveness in all project components from the beginning.
- Additionally, the study will analyse barriers that hinder the access of women and girls with disabilities to maternal and child health, sexualand reproductive health and provide recommendations on how to address those barriers.
- Gender: The study will consider gender components of the project and report on them. Data collected should be disaggregated according to gender, age, and disability.
- Safeguarding: The consultant shall assess whether children and adults-at-risk in the target areas are protected from abuse and maltreatment and are prevented from practices harmful to their health and development.

METHODOLOGY

The consultant will develop the study methodologyin collaboration with SFHF and CBM Global. He/she is expected to submit a brief inception report where the methodology for conducting the study will be proposed. The study must meet the principles of being **inclusive, participative** and **interactive**, involving both male and female beneficiaries including persons withdisabilities. As a minimum, the study process should include the following key steps:

- Literature review of existing contextual documents and review of the local context and poverty trends of the target area council in the FCT.
- Initial briefing session with SFHF and CBM Global.
- Application of appropriate data collection tools.

COMMISSIONING RESPONSIBILITY

SFHF is responsible for commissioning the baseline study. SFHF will be responsible for planning and managing the study and checking that quality standards are met, and ensuring the study conclusions and recommendations are communicated effectively. The study team will be identified and approved in

consultation with CBM Global Country Coordinating Office, Nigeria. The consultant will develop an inception report for review and approval by SFHF and CBM Global.

The draft baseline study report will be shared with SFHF and CBM Global for review and feedback. The final baseline study draft will be sent to SFHF and CBM Global for approval and sign-off. The final instalment of the consultant's fees will be disbursed following sign-off by SFHF. SFHF and CBM Global will agree on the dissemination plan of the study findings and define action points and way forward.

More specifically, SFHF will have the following responsibilities:

- Monitor and assess the quality of the baseline study and its process;
- Provide guidance and institutional support to the consultant;
- Provide and/or coordinate logistical support to the consultant;
- Facilitate the consultant's access to key stakeholders and specific information or expertise needed to perform the assessment;
- Ensure that all stakeholders are kept informed;
- Approve the final report (in collaboration with CBM Global); all products related to the baseline study shall be submitted to SFHF at theend of the assignment and upon approval of the final report.

2.2 DUTIES AND RESPONSIBILITIES OF THE CONSULTANT

The baseline study will be conducted by an independent consultant. The consultant will be responsible for the overall process of the baseline study and the production of the study report. These include tools development, translation and pre-testing, training of research assistants, data collection and analysis, and reporting. He/she will work in close collaboration with SFHF.

The consultant must have multi-disciplinary expertise with a key background and expertise in public health; and Reproductive, Maternal, Newborn and Child Health. He/she should be familiar with disability inclusive practices in evaluations and safeguarding of children and vulnerable adults and will have to sign SFHF safeguarding policy prior to anyfield work.

Persons with disabilities must be involved in conducting the baseline study to best assess whether the proposed project components will demonstrate inclusion of persons with disabilities.

Specifically, the consultant will have the following duties and responsibilities:

Fieldwork preparation:

a. Questionnaire development- the consultant in conjunction with the SFHF team will develop and jointly finalize the household questionnaire for the survey.
b. Questionnaire translation – the English version of the questionnaire will be translated tolocal languages that are spoken in the communities to be covered (Hausa, Ibo, and Yoruba at a minimum). The consultant will deploy field workers that understand the local language as well as national sign language interpreter to support the process. The consultant should adopt a back-translation strategy to ensure that the English tolocal language translation corresponds with the local language to English version and the same for all languages.

c. Questionnaire programming – the consultant will need to create an electronic version of the questionnaire which will be used as the main instrument for data collection.
d. Prepare the necessary hardware platform for the data collection. Each field staff will need to have a tablet with the electronic versions of the questionnaires uploaded.
e. Pretesting instruments – both the electronic and paper versions of the questionnaires will need to be pre-tested through a pilot survey before deploying survey teams to the field.

Personnel management:

f. Survey staff – the consultant will be responsible for the formation of the survey team. She or he will recruit and/or deploy enumerators, supervisors and independent back checkers.
g. Preparation of a training manual for the data collection team - the consultant will develop a training manual with content on research protocol and etiquette. This document will be updated with concepts and questions that field teams have difficulty understanding during survey training.
h. Fieldwork training – the consultant will organize a training session for all enumerators, supervisors, and independent back checkers on the data collection process, research protocol and safeguarding and disability data collection.

Community resource mapping:

i. Organize and conduct community mapping and stakeholder mapping using appropriate tools for community engagement.

REQUIRED EXPERTISE OF THE CONSULTANT: -

It is expected that the Consultant should have:

- advanced degree or master's in public health, development studies, or other relevant fields
- strong background in reproductive, maternal, newborn and child.
- knowledge and practical experience in working with health programs– experience in fistula programming is an added advantage.
- proven senior-level evaluation experience (at least 5 years) including knowledge of evaluation methodology.
- ability to provide strategic recommendations to key stakeholders.
- excellent interpersonal and communication skills, including ability to facilitate and work in a multidisciplinary team.
- strong experience in disability inclusive development (DID).
- experience in community development approaches.
- strong analytical skills and ability to clearly synthesize and present findings.
- ability to draw practical conclusions and to prepare well-written reports in a timely manner during the proposed period of the study.

3.0 DELIVERABLES

The Consultant is required to produce six sets of outputs over the course of the project:

3.1 INCEPTION REPORT

The consultant will develop and share an inception report describing the conceptual framework and methodologies that will be employed for the survey.

3.2 FINAL DATA COLLECTION TOOLS

After discussion and subsequent revisions, the Consultant will produce draft data collection tools that will be reviewed in collaboration with SFHF and CBM Global before they are finalized for use. The data collection tools should be finalized for implementation within 2 weeks from the time of formal engagement.

3.3 FIELD OPERATIONAL PLAN

The Consultant will produce a field operational plan 2 weeks after signing the contract.

3.4 SURVEY REPORTS

The Consultant will produce the following reports at milestone stages during the implementation of the survey:

- Inception report;
- pretesting report;
- training report;
- draft baseline study report (this will take the form of a feedback meeting that will be held with SFHF, CBM Global Country Office, OPD representatives and the government partners).
- Factsheets relevant for advocacy, sensitization, and awareness creation deduced from the survey findings.
- Policy briefs relevant for advocacy actions.
- Key advocacy messages.

3.5 DATA AND DOCUMENTATION

The Consultant will produce a complete data set of the responses from the survey using a standard statistical tool. This will be accompanied by a comprehensive codebook in English for all the variables created. The Consultant will be responsible for the initial cleaning of the data to ensure there are no errors or inconsistencies in theresponses.

3.6 FINAL REPORT

The Consultant will produce a final report with comprehensive analysis of the data gathered. This will consist of presentation of all the variables against a set of dimensions (geopolitical zone; education; knowledge of Fistula; etc.). The report should summarize the most important findings from the research from the perspective of answering questions on the survey objectives. In addition, the codes for undertaking this analysis should be provided in full.

4.0 TECHNICAL PROPOSAL

Interested applicants are expected to submit a detailed expression of interest (technical and financial proposal) with the following components:

- His/her understanding of the ToR;
- Proposed methodology and work schedule.

- A profile of the applicant including full name, physical address(es); telephone number(s);

Copy of Curriculum Vitae of the Consultant who will undertake the baseline study Specifically, a sealed technical proposal of no more than 35 pages (A4 single spaced 12-point font) should besubmitted as indicated below. This technical proposal should cover the applicant's proposed approach to:

- Sampling – including technical details on how the sampling approach will provide results that enable statistically representative comparisons to be made between different geo-political zones, States and LGAs
- Survey implementation – including details of how piloting will be undertaken; details of the way in which the survey teams will be managed; the technology that will be used to ensure data accuracy; and the checks that will be put in place to ensure data consistency and validity.
- Analysis – suggests the sort of analysis that will be done and the features of the report that will be produced.

In addition, the applicants should provide information on the following:

- Demonstrated experience in the field of the assignment.
- Technical and managerial capabilities of the firm.
- Information on their core business and years in business.
- Information on the qualifications of key staff
- Knowledge of Disability Inclusion

The technical proposal should not contain any information on cost.

5.0 COST PROPOSAL

Applicants should also submit a separate sealed cost proposal. This should contain details of:

- Summary of costs
- Breakdown of daily fees
- Breakdown of reimbursable costs

6.0 DURATION AND PAYMENT SCHEDULE

This assignment is expected to take place over the period of 3 months starting from June 2023. This includes fieldwork preparation, the data collection period and finalization of the report. The payment schedule for the assignment is tabulated below.

Table 1: Payment Schedule

Payment round	% of contract sum	Description of Deliverable
1	10%	Signing of contract
2	30%	Submission and acceptance of: • Inception report • Field operational plan • Complete list of recruited personnel to be present at training • Survey manual
3	35%	• Upon satisfactory completion of piloting and pilot debriefing report • Report of training of field personnel • Weekly field reports until the end of field data collection • Uploaded procedure-compliant data
4	25%	• Fully cleaned, coded, and labelled dataset • Draft Analysis report • Acceptance of Final baseline study report

RFP COVER PAGE

(ALL APPLICATIONS ARE TO BE SUBMITTED USING THIS COVER FORM)

Date:

To: Sustainable Family Healthcare Foundation

Attention: The Procurement Committee

Dear Committee,

In response to your advertisement for consultants to carry out a Baseline Survey in FCT,

I/We hereby apply to deliver the required services in accordance with the terms and conditions accompanying the said advertisement.

Kindly find attached the following documents as requested in the RFQ:

1. Technical Proposal with_____pages
2. Cost Proposal totalling the amount of_____.

I/We undertake, if our bid is accepted, to deliver the services in accordance with the delivery schedule as stipulated or as will be agreed during contractual negotiations and we also accept the scheduling of payment as published in the RFP.

I/We agree to abide by this RFP for a period of_____days from the date fixed for opening ofbids in the Request for Proposal (RFP), and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

I/We understand that your organization, SFHF, is not under any obligation to accept our bid or any other bid and acknowledge your reserved rights to variation of the terms of this RFQ as you may wish.

_____

Authorised Signatory

[Consultant/Organization Name and Stamp]

Terms and Conditions

(By submitting a quote, applicants are bound by these terms and conditions)

1. Proposal Deadline: SFHF will not consider anyquotes received after theClosing Time specified in theRFP

2. Deadline Extension:

SFHF may grant extensionsto the Closing Time at its discretion.

3. The Organization's Rights:

SFHF may, at its discretion, discontinue this RFP;decline to accept any quote; terminate, extend or vary its selection process; decline to issue any contract; seek information or negotiate with any potential supplier that has not been invited to submit a Quote; satisfy its requirement separately from the RFP process; terminate negotiations at any time and commence negotiations with any other potential supplier; evaluate quotes as the organization deems appropriate (including with reference to information provided by the prospective supplier orfrom a third party); and negotiate with any one or more potential suppliers.

4. Amendments and Queries:

SFHF may amend or clarify any aspect of the RFP prior to the RFP Closing Time by issuing an amendment to the RFP in the same manner as the original RFP was distributed. Such amendments or clarifications will, as far as is practicable be issued simultaneously to all parties.

Any queries regarding thisRFP should be directed to the Contact Person identified on the cover pageof this RFP.

5. Clarification:

SFHF may, at any time priorto the execution of a contract, seek clarificationor additional information from, and enter into discussions and negotiations with, any or all potential suppliers in relation to their quotes. In doing so, SFHF will not allow any potential supplier to substantially tailor or amend their quote.

6. Confidentiality:

In their quote, potential suppliers must identify any aspects of their quote that they consider should be kept confidential, with reasons. Potential suppliers should note that SFHF will only agree to treat information as confidential in cases that it considers appropriate. In the absenceof such an agreement,

Potential suppliers acknowledge that SFHF has the right to disclose the information contained in their quote.

The potential supplier acknowledges that in the course of this RFP, it may become acquainted with or have access to SFHF Confidential Information (including the existence and terms of this RFP and the TOR). It agrees to maintain the confidence of the Confidential Information and to prevent its unauthorized disclosure toany other person. If the potential supplier isrequired to disclose Confidential Information due to a relevant law or legal proceedings, it will provide reasonable notice of such disclosure to SFHF. The parties agree that this obligation applies during the RFP and after the completion of the process.

7. Alternatives:

Potential suppliers maysubmit quotes foralternative methods of addressing SFHF's requirement described in the RFP where the option todo so was stated in the RFP or agreed in writing with the Company prior to the RFP Closing Time. Potential suppliers are responsible for providing a sufficient level of detail about the alternative solution to enable its evaluation.

8. Reference Material:

If the RFP references any other materials including, but not limited to, reports, plans, drawings, samples or other reference material, the potential supplier is responsible for obtaining the referenced material and considering it in framingtheir quote. And provide it to SFHF upon request.

9. Price Basis:

Prices quoted must be provided as a fixed maximum price and show the tax exclusive price, the tax component and the tax inclusive price. The contract price, which must include any and all taxes, supplier charges and costs, will bethe maximum price payableby SFHF for the Goods and/or Services.

10. Financial information:

If requested by SFHF, potential suppliers must be able to demonstrate their financial stability and abilityto remain viable as a provider of the Goods and/or Services over theterm of any agreement. If requested by SFHF, the potential supplier must promptly provide SFHF with such information or documentation as the organization reasonably requires in order to evaluate the potential supplier's financial stability.

11. Referees:

SFHF reserves the right to contact the potentialsupplier's referees, or anyother person, directly and without notifying thepotential supplier.

12. Conflict of interest:

Potential suppliers mustnotify SFHF immediately if any actual, potential, or perceived conflict of interest arises (a perceived conflict of interest is one in which a reasonable person would think that the person's judgement and/or actions are likely to be compromised, whether dueto a financial or personal interest (including those of family members) in the procurement.

13. Inconsistencies:

If there is inconsistency between any of the parts ofthe RFP, the following order of precedence shall apply:

(a) These Terms and Conditions.
(b) The cover page of this RFP; and
(c) The Schedule

14. Collusion and Unlawful Inducements:

Potential supplier(s) must not engage in any collusive, anti-competitive conduct or any other similar conduct with any other potential supplier or person or quote any unlawful inducements in relation to their quote or the RFP process.

Potential suppliers warrant that they have not providedor offered any payment, gift, item, hospitality or any other benefit to the organization, its employees, consultants, agents,subcontractors (or any other person involved in the decision-making process relating to this RFP) which could give arise to a perception of bribery or corruption in relation to the RFP or any other dealings between the parties.

15. Jurisdiction:

This Agreement shall be subject to the laws of the Jurisdiction. The Supplier and SFHF will use their best efforts to settle amicably any dispute, controversy, or claim arising out of, or relating to this Agreement or the breach, termination, or invalidity thereof.