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| Request for Proposal  |   |   |   |
|---|---|---|---|
| <p><b>Technical assistance to strengthen gender mainstreaming in “Relais Communautaires” programs (RComs/CHW) in Niger and support the integration of services for women and girls, including those most at risk, into primary health Care (PHC).</b></p> |   |   |   |
| <b>RFP #</b>  | NER2025-12-02   |   |   |
| <b>Issue Date</b>   | November 25, 2025   |   |   |
| <b>Closing Date/time</b>  | Proposals should be received before 5pm (EST) on December.10, 2025  |   |   |
| <b>Location</b>   | Remote with occasional travel to Niamey Niger   |   |   |
| <b>Type</b>   | 1 (one) International consultant  |   |   |
| <b>Contact Information &amp; Questions</b>  | <p>All enquiries related to this RFP including any requests for information, questions and clarifications, are to be directed to the following email address: <a href="mailto:cnoprocurement@plancanada.ca">cnoprocurement@plancanada.ca</a></p> <p>Plan Canada will respond if time permits, enquiries and any responses will be recorded and may be distributed by email to all RFP recipients who have indicated an interest in bidding.</p> |   |   |
| <b>Delivery of Proposals</b>  | <p>Please submit the offer electronically in PDF format to <a href="mailto:cnoprocurement@plancanada.ca">cnoprocurement@plancanada.ca</a>.</p> <p>If there are additional documents that cannot be sent by PDF, please arrange delivery via courier to<br/>Plan International Canada Inc., Attention: Senior Manager Procurement &amp; Risk, 245 Eglinton Avenue East, Suite 300, Toronto, M4P 0B3.</p>   |   |   |
| <b>Successful Proponents Notified</b>   | December 17, 2025   | <b>Expected Start Date of Contract:</b> December 2025 | <b>Expected End Date of Contract:</b> December 2026 |



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## Summary of the Requirement

To advance gender equality and improve access to health services for women, girls, and vulnerable populations in Niger, Plan International Canada seeks an international consultant to provide technical assistance for integrating gender-sensitive approaches into primary health care and community health programs. Despite national commitments and progress, significant gaps remain in equitable access to care for malaria, HIV, tuberculosis, and maternal and child health. The consultant will address these challenges by conducting a gender analysis, developing strategic and operational plans, creating training and guidance materials, and facilitating multi-sectoral collaboration to strengthen community health systems and ensure inclusive, coordinated service delivery. The consultant will also prepare a final report with recommendations for the Global Fund's GC8 grant cycle (2027–2029).

The terms and conditions applicable to this RFP are attached in Appendix A. Submission of a proposal in response to this RFP indicates acceptance of all terms and conditions that are included in Appendix A.

## Consultancy Structure and Roles

The international consultant may be based anywhere in the world and will assume a supervisory and leadership role over a national consultant for this assignment. Responsibilities include providing strategic guidance, facilitating knowledge transfer to the national consultant, ensuring the quality and timely delivery of outputs, and coordinating closely with Plan International Canada and relevant stakeholders. The international consultant will primarily work remotely, with occasional travel to Niamey, Niger, subject to prevailing security conditions.

The national consultant will support the implementation of activities on the ground, including liaising with local partners, facilitating data collection, and contributing to the development of gender-sensitive strategies and tools. The national consultant will be based in Niamey, Niger with occasional travel within the country, subject to prevailing security conditions.

Both consultants are expected to work collaboratively to complete and submit deliverables according to set deadlines and ensure alignment with project objectives, and compliance with contract requirements.

## Plan International Canada Overview



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Plan International Canada is a member of a global organization that stands with children, especially girls, wherever they are oppressed, exploited, left behind or not equally valued. We're active in more than 80 countries, working in places where the violations of children's rights are the greatest and where we can create lasting, positive change. We know that the most powerful way to increase the rights of all children and create healthier and more resilient communities is to champion girls' equality. We work with a global team of experts, community partners, and girls to identify what we can do to help tackle their greatest challenges. In 2024, we reached 7 million people – including 3.1 million children (1.6 million girls) – across 54 countries through 128 innovative projects. This impact was made possible through collaboration with our institutional partners and the support of over 200,000 Canadians, including nearly 103,000 child sponsors. Plan Canada is a registered charity with offices in Toronto and Ottawa. Our programs include education, advocacy, health, protection from violence, youth leadership, economic empowerment, and humanitarian response.

## Proposal Background & Objectives

### Introduction

In 2024, the Niger Ministry of Health and Public Hygiene (MS/HP) will have 8,329 public employees, 7,674 contract workers and around 25,788 relais communautaires (RComs/CHWs). The latter, chosen by their communities, provide local health services ranging from prevention to the management of common illnesses, depending on their distance (+or- 5km) from the health centers. The integration of care and services offered by RComs for women, girls and vulnerable populations is essential to achieving Universal Health Coverage (UHC) and equitable access to health services. However, their impact is limited by program fragmentation, under-funding, and poor integration into national health systems.

Three main technical components are expected from this Technical Assistance (TA):

- **Strategic planning:** collaborate with national stakeholders to analyze existing gaps and challenges, develop strategies to integrate care for women, girls and vulnerable populations into Primary Health Care (PHC) and RComs-led services, while ensuring gender analysis and alignment with existing policies and key actors (e.g. CSOs, SOS women and children victims of domestic violence, association of women lawyers, Ministry of Health).
- **Guidance & materials:** develop tools to support the delivery of integrated gender-sensitive care, including mentoring tools and social marketing materials on maternal, child and girl health and prevention of malaria, HIV and tuberculosis, and integrated PHC services for women, girls and vulnerable populations.
- **Multi-sectoral collaboration:** facilitate cross-sectoral initiatives, notably by linking malaria, HIV, tuberculosis and maternal health services, engaging the justice systems to respond to gender-based violence (GBV), and tackling social burdens.

### Background

Niger made a commitment to gender equality by adopting a National Gender Policy in 2007, revised in 2017 to better respond to emerging challenges. This policy aims to build an inclusive



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society through four priorities: socio-cultural equity, economic empowerment, strengthening the legal framework, and effective coordination mechanisms. In the field of health, the country has national programs to combat the human immunodeficiency virus (HIV), tuberculosis (TB), and malaria, supported by technical and financial partners such as the Global Fund (GF), WHO, and UNICEF. These efforts are aligned with a gender-sensitive approach, although significant challenges remain, particularly for women, girls and vulnerable populations.

Despite these commitments and efforts in the health sector, results remain unevenly distributed across the population. Women, girls and vulnerable populations continue to face barriers to equitable access to health services. Socio-economic, legal and cultural inequalities exacerbate their exposure to disease and limit their access to prevention, screening, and treatment services.

For example, in terms of prevention of mother-to-child transmission of HIV (PMTCT), only 40% of pregnant women were screened in 2022, and coverage of early infant diagnosis remains low (25%)<sup>1</sup>. Although 79% of HIV-positive women have received treatment, these figures testify to persistent gaps in equitable access to care<sup>2</sup>. In 2023, an estimated 21,848 people living with HIV will be on antiretroviral treatment. Despite a 66% drop in AIDS-related deaths, new infections are stagnating (between 1,400 and 1,600 cases per year), mainly due to delays in treatment, stigmatization, and limited access to healthcare services for vulnerable populations<sup>3</sup>.

The maternal and child health challenge is enormous. National data for 2023 reveal the following figures:

- Family planning utilization rate of 24.07%, (the Maradi and Tahoua regions have rates of 19.79% and 22.81% respectively);
- ReCentric prenatal consultation rate (CPNR 4) was 36.38% (the Zinder and Dosso regions had rates of 26.6% and 31.6% respectively);
- Rate of births attended by qualified personnel 42.61 and;
- In-hospital early neonatal mortality rate 1.04%<sup>4</sup>.

Regarding deaths in Niger, the maternal mortality rate fell from 648 per 100,000 newborns in 2006 to 441 in 2020<sup>5</sup>. Infant and child mortality fell from 198 to 123 deaths per 1,000 live births between 2006 and 2021<sup>5</sup>. However, neonatal mortality increased from 24% to 43% between 2012 and 2021<sup>5</sup>. The reduction in in-hospital obstetrical lethality in the Dosso and Zinder regions from 2022 to 2023 from 0.27% to 0.19% and from 0.19% to 0.17% respectively; in neonatal mortality from 0.65% to 0.35% and from 0.46% to 0.39% respectively<sup>6</sup>.

Tuberculosis incidence is estimated at 86 cases per 100,000 inhabitants. In 2019, the notification rate was only 52 cases per 100,000, with a treatment coverage of 59%, leaving around 8,549

<sup>1</sup> Ministère de la santé publique du Niger, Programme National de Lutte contre le Sida et les Hépatites, Rapport de revue du plan PTME 2018-2022, Novembre 2022

<sup>2</sup> WHO, Sexual and reproductive health and rights infographic snapshot Niger 2021, 2021

<sup>3</sup> ONU, ONUSIDA, Journée mondiale de lutte contre le Sida, Niamey, 02 décembre 2021

<sup>4</sup> Ministère de la sante et Hygiène publique, secrétariat général ,direction des statistiques, Annuaire des Statistiques, Niger 2023

<sup>5</sup> OMS Niger Rapport Annuel Disponible sur : URL : [https://www.afro.who.int/sites/default/files/2024-03/OMS%20Niger%202023%20annual%20report\\_rev%20%28002%29.pdf](https://www.afro.who.int/sites/default/files/2024-03/OMS%20Niger%202023%20annual%20report_rev%20%28002%29.pdf) [Consulté le 22/02/2025].

<sup>6</sup> OMS Niger Rapport Annuel Disponible sur : URL : [https://www.afro.who.int/sites/default/files/2024-03/OMS%20Niger%202023%20annual%20report\\_rev%20%28002%29.pdf](https://www.afro.who.int/sites/default/files/2024-03/OMS%20Niger%202023%20annual%20report_rev%20%28002%29.pdf) [Consulté le 22/02/2025].



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cases undetected 5. The male-to-female ratio (2.8 in 2020) also reveals a probable under-diagnosis among women, whose access to screening is often hampered by social constraints or domestic responsibilities.

Malaria is a major public health problem in Niger and is the leading cause of morbidity. Between 2021 and 2022, the estimated number of malaria-related cases will remain at 295 per 1,000 inhabitants. The incidence of deaths will rise from 1.32% to 1.30 per 1,000 inhabitants. Gender-based violence, early marriage, and the absence of effective anti-stigma policies reinforce these vulnerabilities. In addition, the low level of participation of marginalized groups in the development of health policies further complicates their inclusion in health responses.

Thus, to sustainably improve access to healthcare and reduce vulnerabilities, it is essential that health policies and programs continue to transform, fully integrating gender and inclusion dimensions at all levels.

## Objectives

To support the integration of care for women and girls into primary health care (PHC), particularly at the level of community relays as key players in accessing and including care for malaria, HIV, tuberculosis and maternal, child and adolescent health in Niger, by identifying gender-related obstacles and supporting the removal of these obstacles through the development and implementation of integrated, inclusive, coordinated and gender-sensitive national responses.

The objectives are articulated around four points:

**SO1.** Identify gender inequalities, gender-based violence, and the determinants affecting access to health services, including prevention, testing, and treatment of malaria, HIV, TB, reproductive health, and maternal, child, and adolescent health care in Niger in 2025.

**SO2.** Propose an action plan for the integration of gender-sensitive primary health care services. The plan should consider reproductive rights and health, gender-based violence, as well as maternal and child health for women and girls, with particular attention to strengthening the capacities of community health human resources (CHW) in Niger for the period 2027–2029. This action plan should be integrated into existing plans through cross-cutting gender integration.

**SO3.** Propose a plan to improve the quality of integrated care and service delivery for women and girls provided by Community Health Workers (RComs) on HIV/STIs, malaria, tuberculosis, maternal and child health, and gender-based violence, including the integration of gender considerations into Niger's community health programs.

**SO4.** Assess the progress and opportunities for improving integrated primary health care for women and girls as a priority area to be included in the Global Fund's Grant Cycle 8 or other future funding opportunities.

## Tasks

### Methodology

## 1. Evaluation and analysis:

### 1.1. Literature review:

The review will adopt a qualitative and quantitative approach based on a rigorous methodology, integrating an intersectional gender analysis. It will aim to produce an in-depth understanding of gender-related vulnerability factors and systemic barriers to accessing health services for malaria, HIV and tuberculosis, and maternal, child and adolescent health, particularly for women and girls. Within this framework, the supplier will be responsible for:

- drawing up a detailed **methodological note**,
- conducting an in-depth **documentary analysis** of relevant secondary sources,
- examining available **quantitative data**,
- and applying an **intersectional reading of the results (see below)**.

An **interim feedback session** will be organized to validate preliminary findings with stakeholders. Finally, the supplier will produce a **structured final report**, accompanied by an executive summary and a PowerPoint presentation summarizing the main findings and recommendations.

The **structured final report** should include the following elements:

- Documenting **gender roles and responsibilities** within households and analyzing their impact, as reported in the literature, on the prevention, detection and treatment of malaria, HIV and TB, particularly for women and girls, including those most at risk.
- Identify existing **data on access to and control over resources** (financial, informational, social) and their influence on the ability of women and girls to access services to combat these three diseases as well as maternal and child health.
- Analyze **gender-related social norms**, attitudes and values, as described in scientific publications and reports, that influence health behaviors, discrimination, stigmatization, and access to services for malaria, HIV and tuberculosis.
- Explore, through the literature, the **participation of women and girls in decision-making**, both within the household and at community level, and its effect on their access to health services.
- Identify the perceptions reported in the literature concerning the **accessibility, quality and relevance of health services** according to gender, age and other risk factors, in relation to the fight against malaria, HIV and TB.
- Propose **courses of action** to integrate gender equality and inclusion into policies, programs and community interventions in the fight against malaria, HIV and TB, and in maternal and child health.
- Analyze the **current state of integrated service provision** in RComs and primary health services, including identification, referral and counter-referral systems.

### ***Proposed methodology:***

#### Literature review

The methodology will be based on an in-depth literature review of available secondary sources, including:

- National policies, strategies, and legal frameworks.
- Health program evaluation and implementation reports.

- Academic studies and scientific publications.
- Statistical data disaggregated by sex, age and vulnerability.
- Documents produced by technical and financial partners and other national and international organizations.
- any other relevant source.
- A literature review of policies, procedures, governance, financing and health supply chain management mechanisms that influence the integration of care and services for women and girls, including those most at risk, into health systems, including community health systems, from a gender and equality analysis perspective.

This review will identify trends, gaps, good practices, and priorities in terms of gender equality and access to integrated health services.

Analysis of secondary quantitative data

Existing indicators related to malaria, HIV and tuberculosis, maternal, child and adolescent health disaggregated by sex, age, socio-economic status, geographical location, other relevant dimensions (such as disability, legal status, etc.), will be analyzed to:

- Identify trends.
- Compare situations between groups.
- Support the findings of qualitative analysis.

### **Intersectional approach**

The analysis will integrate an intersectional perspective to:

- Highlight gender power dynamics and their influence on access to health services. Particular attention will be given to how gender inequalities hinder the demand for care among women and children.
- Understand how gender, age, socio-economic status, geographical location, disability and other factors interact to create differentiated experiences of access or exclusion for women and girls.
- Identify the systemic and normative dynamics that impede the empowerment of women and girls in the fight against the three diseases and maternal, newborn, children and adolescent care.
- Participate in the organization of periodic reviews to adjust interventions according to results obtained and lessons learned, and ensure the production of monitoring reports - annual, interim and final - to document the evolution and impact of activities.

### **1.2. Mapping existing stakeholders, mechanisms and resources**

This component will aim to better understand the institutional and community dynamics that support the integration of healthcare at national level. To this end, the supplier will carry out a **mapping** of existing stakeholders, coordination mechanisms and resources, identifying the key players involved (ministries, RComs associations, community organizations, healthcare providers, technical and financial partners, etc.). The analysis will also cover current initiatives, regulatory frameworks, supervision and training arrangements, as well as opportunities for strengthening community care. This stage will enable concrete avenues to be identified for improving the coordination, training and effectiveness of primary



healthcare RComs and RHSs in the fight against malaria, HIV and tuberculosis, and maternal, child and adolescent health.

***Proposed methodology:***

- Documentary review of project reports, national policies and strategies, and databases of technical and financial partners.
- Semi-structured interviews with the CCM, national programs to combat HIV, tuberculosis and malaria, national immunization and nutrition programs, the national directorate for maternal and child health, the directorate for community health, PRs, SRs, CSOs including associations of vulnerable populations, RComs, and other key players as proposed by the CCM.
- Regional participatory workshops to validate identified stakeholders and map available resources (human, material, financial).
- Use of mapping tools (e.g. influence matrices) and other visualization tools to visualize areas of intervention, overlaps and gaps.

**2. Action plan for implementation of the PSNSC**

With a view to sustainability and alignment with existing national policies, this component will aim to support the implementation of the National Strategic Plan for Community Health (PSNSC), validated in May 2025. The supplier will be responsible for analyzing the work already carried out, identifying levers for action, and formulating concrete recommendations for operationalizing action plans for the integration of gender-sensitive primary health care, considering reproductive rights and health, gender-based violence, and maternal and child health for women and girls. The **Action Plan** should integrate the recommendations of the gender study (literature review and stakeholder mapping) across the board. By way of example, the gender equality theme will have to be integrated into all existing RCom training modules (digitization, reference - counter-reference, etc.).

***Proposed methodology:***

- Development of a budgeted action plan, with a timetable for implementation and clear responsibilities.
- Integrate a gender-specific risks analysis (institutional, financial, social) linked to the implementation of the PSNSC, with concrete mitigation measures.
- Multi-sectoral exchanges with stakeholders to present recommendations.
- Propose coordination structures or platforms between ministries, technical and financial partners, and community players to ensure coherent and integrated implementation.
- Support the operational implementation of the action plan.

**3. Update of the training modules and roll out:**

**3.1. Revision of training modules and development of guidelines**

This component will aim to strengthen the skills of community relays (RComs) and structure their role in the provision of integrated care. The supplier will assess existing training and supervision capacities, make recommendations for improvement and support **training modules revision** tailored to identified needs. He/she will conduct a pilot training course to test and validate the modules and teaching aids developed, targeting as a priority the



RCom working around the sites selected as part of the pilot project for this technical assistance, in close collaboration with the Direction de la Santé Communautaire (DSC), which will be responsible for implementing the training courses. The supplier will thus have to work in coordination with the DSC to ensure the relevance, effectiveness, and appropriation of training content.

***Proposed methodology:***

- Targeted review of RComs' training needs, with a particular focus on themes of gender and the integration of care at community level.
- Analysis of RComs' recruitment process and initial training, in line with national guidelines, to identify opportunities for integrating new approaches into existing SOPs and programs.
- Revision of training modules in close collaboration with DSC, using the results of the situational analysis to identify capacity-building priorities. Proposed themes will be refined jointly and could include, among others:
  - The integration of HIV, tuberculosis, and reproductive health services into a coherent, gender-sensitive community approach.
  - The role of RComs in promoting gender equality in access to care.

**3.2. Support for monitoring and operational implementation**

This component aims to translate strategic orientations into concrete actions at facility and community level. The supplier will provide targeted technical support to accompany the **operational implementation** of interventions, with a particular focus on gender and the integration of care, through a pilot project, targeted training, and support for mechanisms to supervise and coordinate the implementation of the action plan. All actions will be aligned with national systems to ensure their sustainability.

***Proposed methodology:***

- Strengthen the national RComs supervision system, integrating sustainable tools and practices.
- Support the integration of training modules into the national RComs training curriculum, in coordination with the relevant authorities.
- Support the establishment of a multi-sectoral consultation framework, to facilitate coordination, monitoring progress, and resolution of bottlenecks.
- Support the implementation of a pilot project in selected centers (2 to 4 depending on planned activities and available budget), in collaboration with the DSC, to operationalize various Global Fund investments benefiting Community Health Workers (RComs)—including digitalization, referral and counter-referral systems, and training curricula—with a cross-cutting gender approach, and to measure the impact of these coordinated interventions with a view to scaling up. The pilot project activities will include:
  - Conducting limited training sessions coordinated with other technical support.
  - Providing technical assistance for operational implementation.
  - Carrying out monitoring and evaluation.

- Proposing a scale-up strategy, particularly within the framework of GC8 funding.

#### 4. Monitoring and evaluation

This component will aim to ensure effective and adaptive monitoring of TA implementation. The supplier will contribute to the implementation of a dedicated **monitoring and evaluation mechanism**, enabling the progress of the technical assistance process and the execution of planned actions to be tracked. During the 3rd quarter of 2026, the supplier will be asked to carry out an evaluation of the strategy's implementation, and to formulate concrete, budgeted recommendations to support the strategy's implementation during the GC8 funding cycle. The evaluation methodology is to be validated by the Ministry.

##### *Proposed methodology:*

- Support the regular collection and analysis of data on activity implementation, results achieved, gaps observed, and effects on target populations.
- Organize periodic participatory reviews (biannual, annual) with stakeholders to adjust strategies, share lessons learned and strengthen coordination.
- Produce monitoring reports (quarterly, annual, final) incorporating concrete recommendations for improving interventions.
- Integrate monitoring results into institutional learning processes, including adaptation of training, tools, and policies.
- Evaluation report on strategy implementation and recommendations for GC8 funding.

## Coordination and Monitoring of the Mission

### **Task Force**

To ensure effective coordination and support of technical assistance, a dedicated task force will be set up. This task force will include representatives from the following organizations:

- The Global Fund
- Plan International
- UGS
- Community Health Department
- Maternal and Child Health Department
- Ministry of Health: HIV, tuberculosis and malaria program focal points

The task force will be responsible for overseeing the implementation of technical assistance activities, facilitating communication between stakeholders, and ensuring alignment with project objectives. The task force will meet virtually or face-to-face every two weeks to monitor the progress of technical assistance activities.

### **Complementary technical support**

Finally, this technical assistance should be carried out in synergy with the following complementary technical support:



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- BIRCH technical assistance
- Technical assistance for the development of the PDRHS
- Technical assistance for the feasibility study to take account of the RCom community relays in the special status of health personnel, and the drafting of operational guidelines to support their formal integration.
- Technical assistance for the development of RCom training courses.

## Performance, Reporting and Payment

The Supplier's performance will be monitored based on timely and satisfactory delivery of agreed outputs, supported by light-touch reporting tools and regular engagement with the Task Force.

### **Deliverable-Based Oversight & Payment**

Each deliverable must meet the following minimum acceptance criteria:

- Submitted by the agreed deadline and in accordance with the agreed scope, format, and timeline.
- Compliant with the technical specifications and quality expectations outlined in the contract or agreed in writing with the Task Force.
- Reviewed and deemed satisfactory by the Task Force.
- Deliverables that do not meet these criteria will be returned for revision. No payment shall be made until the deliverable is accepted in full or, if appropriate, partially accepted with clearly defined limitations.

### **Monthly Performance Updates**

Each month, the Supplier shall:

- Submit a concise PowerPoint update summarizing key activities completed, deliverables submitted, challenges encountered, and priorities for the next period; and
- Organize and lead a monthly performance review meeting with the Task Force to jointly review progress and identify any corrective actions needed.

### **Quarterly Narrative Reports**

Every quarter, the Supplier shall:

- Submit a narrative progress report detailing progress against deliverables, risks encountered and mitigated, stakeholder engagement efforts, and alignment with the agreed work plan; and
- Participate in a quarterly review meeting with the Task Force to address performance trends and strategic alignment.

### **Ongoing Monitoring via Deliverables Tracker**

The Supplier shall maintain a simple deliverable tracker (Excel or equivalent), updated on an ongoing basis, showing:

- The status of each deliverable (e.g., submitted, under review, accepted)

- The status of invoicing (e.g., invoiced and paid, invoiced and unpaid, to be invoiced)
- Planned vs. actual delivery dates
- Risks, delays, and mitigation steps

## Deliverables

| Component                                       | Deliverables  | Timeline      | International Consultant Responsibilities             | National Consultant Responsibilities   | Payment structure |
|---|---|---------------|---|--|-------------------|
| Inception:<br>Management of the consultancy     | Supplier Methodology (tools, timeline, analysis plan) to steering committee   | December_2025 | Responsible for the deliverable.                      | Supporting and adapting the methodology to the context.                                | 10%               |
| SO1: Evaluation and analysis                    | Complete methodological note for literature review  | January 2026  | Responsible for the deliverable.                      | Support with providing necessary national documentation and reviewing the methodology. | 30%               |
|   | Final report of literature review (including executive summary) and PowerPoint presentation of findings and recommendations                 |               | Responsible for the deliverable.                      | Responsible for the deliverable.   |                   |
|   | Stakeholder and resource mapping report, including database and graphic visualization.  |               | Support the review and validation of the deliverable. | Responsible for the deliverable.   |                   |
|   | TA evaluation plan:<br>- Disaggregated SMART indicators (gender, age, access to services)<br>- Methodology for data collection and analysis |               | Responsible for the deliverable.                      | Support with reviewing and adapting the indicators and methodology to the context.     |                   |
| SO2: TA<br>Operational and budgeted action plan | Operational and budgeted action plan with timeline and identification of interventions that will benefit from supplier support in 2026      | February 2026 | Responsible for the deliverable.                      | Responsible for the deliverable.   | 10%               |

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| SO3.1: Elaboration of guidelines and training                      | Guidelines and training<br>Tools for assessing Rcom (CHW) capacity-building needs<br><br>Training modules (presentations, manuals, fact sheets)<br><br>Training plan<br><br>Supervision and follow-up plan. | May 2026      | Responsible for the deliverable. | Support with reviewing and adapting the documents to the context. | 10% |
|  | Pilot training reports  |               | Responsible for the deliverable. | Support with reviewing and adapting the report to the context.    |     |
| SO3.2: Support for operational implementation of the Pilot Project | Summary of the pilot project with a timeline and detailed budget  | June 2026     | Responsible for the deliverable. | Support with reviewing and adapting the documents to the context. | 10% |
|  | Development of supervision, monitoring, and evaluation tools  |               | Responsible for the deliverable. | Support with reviewing and adapting the tools to the context.     |     |
|  | Quarterly report on the implementation of the TA mission, including progress, challenges, and recommendations.<br><br>Final report with summary and recommendations for GC8                                 | November 2026 | Responsible for the deliverable. | Responsible for the deliverable.                                  | 15% |
| SO4: Strategy evaluation and recommendations for GC8 funding       | Strategy implementation evaluation report and recommendations for GC8 funding   | December 2026 | Responsible for the deliverable. | Responsible for the deliverable.                                  | 15% |

## Experience / Skills

The consultant selected for this technical assistance will be an international individual. He/she must have and justify solid references in line with the criteria below:



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### **Essential skills:**

- Advanced university degree preferably a master's degree in public health, primary health service integration, gender, equity and social analysis, health economics, health and social sciences or related fields, with at least 5 years of work experience.
- Demonstrated experience in implementing interventions linking gender and health systems strengthening, particularly those focused on the provision of care and services for women and girls in low- and middle-income settings.
- Experience of working in similar contexts to Niger, and good knowledge of national health system structures.
- Good understanding of gender equality and human rights considerations in health human resource management, RCom programs and community health systems strengthening, with evidence of systematic integration of gender-sensitive or gender-transformative approaches.
- Proven experience in the development and implementation of guidelines and training workshops for health service providers, policymakers and other stakeholders on the themes covered in these ToR.
- Experience in mixed methods (quantitative and qualitative) and ability to interpret and use data to formulate strategic recommendations for public health interventions.
- Fluency in French.

### **Desired skills:**

- Proven project and financial management and M&E skills.
- Proven experience in health financing and budgeting for national or regional HRH interventions (including RComs), and in relation to the provision of integrated care and services for women and girls.
- Experience in public health, ideally with knowledge of community health, would be considered an asset.
- Experience of working in a context focused on safeguarding project participants and preventing sexual exploitation, abuse, and harassment is desirable.
- Fluency in English.

## **Requirements to be included in your proposal**

### **1. General Overview**

- a. Give a brief description of your experience and background.
- b. Provide a brief overview of why you believe you are best suited to provide services to Plan Canada and what would differentiate you from other suppliers.



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- c. Describe the type of organizations you have worked for.
- d. Explain any experience of similar projects with Canadian and/or International for-profit, non-profit, or non-governmental organizations (INGOs).

## 2. Project Approach and Plan

- a. Please describe the overall approach you would take to executing the work outlined in this RFP.
- b. Describe the automation and technology that would be utilized for our work.
- c. Offer strategic recommendations including market and innovative practices for our business.
- d. Please outline a proposed project plan including key tasks and effort, as well as assumptions dependencies and resources both from your organization and Plan Canada.
- e. Please describe your approach to delivering the project.

## 3. Resource Qualifications

- a. Please provide a legalized copy of relevant degree(s).
- b. Please provide profiles of the proposed resources and how they will be engaged in the project, the value they bring to this engagement, and their detailed resumes.

## 4. Financial

- a. Please provide the costs or fee structure for your proposal and payment terms.

## 5. References

- a. Please provide at least 3 current professional references, preferably similar in size and/or type of organization.

## Please respond with

- 1) A proposal document that responds to the requirements above with a clear outline of your pricing structure.
- 2) An outline of an implementation plan and period if the award is successful.

## Evaluation basis for proposals

The Supplier will be selected based on several criteria that offer the best value to Plan Canada. Our initial short-list will be based on the following scoring methodology:

| Technical Criteria Examples | Rating |
|-----------------------------|--------|
|-----------------------------|--------|



|   |            |
|---|------------|
| <ul style="list-style-type: none"> <li>Understanding of the scope of work and technical approach: Responsiveness to the Scope of Work: Proposals will be assessed on the extent to which the proposal is responsive to and meets the criteria detailed in the scope of work.</li> </ul>   | 10         |
| <ul style="list-style-type: none"> <li>Approach: Proposals will be assessed on the extent to which the proposed approach and methodology reflect a clear understanding of the nature of the work to be undertaken and the environment in which the work must be performed.</li> </ul>   | 20         |
| <ul style="list-style-type: none"> <li>Content can include any aforementioned domains on (1) quality improvement including integrated supportive supervision; (2) HRH planning; (3) pre-service education and in-service training; and 4) Integrated SRHR measurement and implementation</li> </ul>   | 10         |
| <p>Experience and past performance:</p> <ul style="list-style-type: none"> <li>Ability to demonstrate successfully performed similar work (in specified countries a plus)</li> </ul>  | 15         |
| <ul style="list-style-type: none"> <li>Proposed experts should demonstrate their ability to provide the services. The bidder is required to submit:</li> </ul>  | 15         |
| <ul style="list-style-type: none"> <li>Evidence that they have undertaken similar work in other organizations.</li> </ul>   | 5          |
| <ul style="list-style-type: none"> <li>Three up-to-date references who can vouch for the quality of work previously done</li> </ul>   | 5          |
| <p>Expertise and qualifications of proposed personnel:</p> <ul style="list-style-type: none"> <li>Proposals will be assessed to the extent to which the bidder is demonstrated to have personnel with the necessary education, training, technical knowledge and experience for their assigned functions as outlined in Section 1 of Terms of Reference.</li> </ul> | 20         |
| <b>Final Outcome:</b>   | <b>100</b> |

## Selection Process

Final selection will be based on scoring above and face to face discussions with the short-listed applicants

## Validity Period

Offers must remain valid for not less than sixty (60) calendar days after the offer deadline noted above.

## Terms & Conditions for the award



Until we are all equal

Any award because of this RFP will be subject to a Service Agreement which will cover the term of the Project. Plan Canada and the successful supplier will put in place appropriate mechanisms to insure adherence to the contractual terms and their respective interests.



Until we are all equal

## Appendix A

### Terms & Conditions of the Request for Proposal

The submission of a response to this RFP constitutes that the supplier and its authorized staff have read, understood and accepted the following terms and conditions as well as all other provisions of this RFP. The information contained in this RFP (or accumulated through other written or verbal communication) is confidential. It is for proposal purposes only and is not to be disclosed or used for any other purpose.

In consideration of Plan providing such information to the supplier and as a condition to the review of this RFP, the supplier agrees that they will:

- Use all information and material disclosed exclusively for the purpose of responding to the RFP and will not use such information or materials to obtain any other commercial, trading, financial or other advantage or for any other purpose.
- Maintain as confidential all information and materials relating to the RFP that they may acquire in any manner and make copies of such information only to the extent that the same is strictly required for the purpose.
- Not disclose whether directly or indirectly any information or materials relating to the RFP (or any part thereof) except to their own personnel and professional advisors and then only to the extent strictly required for the purpose and under conditions of confidentiality.
- Not make any announcement, press release or other public statement in connection with the RFP without the prior written consent of Plan Canada.
- On request by Plan Canada at any time, deliver to Plan Canada as soon as practicable all information and materials relating to the RFP in your possession, custody or control which contain details of or incorporate the whole or any part of the RFP.
- Be prohibited from discussing the RFP with any other supplier without first obtaining the prior written consent of Plan Canada.
- Hold in strict confidence any information received in response to this RFP. This information will not be disclosed to any party, other than to an employee or consultant engaged within Plan Canada without the express written consent of Plan Canada.
- Acknowledge that Plan Canada undertakes not to publicise any information obtained during this RFP process, either generally or to any other suppliers involved in the RFP. Additionally, there will be no obligation on the part of Plan Canada to share any of the results or conclusions of the RFP process with any supplier.
- Acknowledge that Plan Canada reserves the right to change any aspect of, or cease, the RFP and any subsequent negotiation process at any time.
- Notify Plan Canada if during its evaluation the supplier becomes aware of an error in this RFP or in the information or data provided. Plan Canada reserves the right to share information on errors with other bidding suppliers.
- Read, understand, and abide by [Plan Canada's Safeguarding Policy and Procedures](#), [Plan International Inc.'s Global Safeguarding Policy](#), and Plan International Inc.'s [Preventing Sexual Harassment, Exploitation and Abuse \(PSHEA\) Policy](#).
- Comply with all applicable data protection and privacy laws and regulations applicable to the supplier and the project (e.g. *General Data Protection Regulation (GDPR) (EU) 2016/679* and *specific rules pertaining to data protection applicable in EU Member States and the UK Data Protection Act*).



Until we are all equal

- Acknowledge that all intellectual property rights in this RFP and all materials provided by Plan Canada or its professional advisers and consultants in connection with this RFP are and shall remain the property of Plan Canada and its professional advisers and consultants.