SPECIAL TENDER

PUBLIC CONTRACT FOR

SERVICES

IN RELATION TO

"EVALUATING BE-CAUSE HEALTH: Learning as a basis for a new five year programme'

NEGOTIATED PROCEDURE WITHOUT PRIOR PUBLICATION

Contracting authority

Institute of Tropical Medicine Antwerp

Editors

Heleen Annemans (technical)
Christoph Laureys (administrative)

Nationalestraat 155
2000 Antwerpen
België

IBAN BE38 2200 5311 1172
Stichting van Openbaar Nut 0410.057.701
www.itg.be

Table of Content

Legislation governing this public contract

1. The Public procurement Act of 17 June 2016 and subsequent amendments.

2. The Royal Decree of 18 April 2017 on the Award of public procurement contracts in the classic sectors, and subsequent amendments.
3. The Royal Decree of 14 January 2013 establishing the General implementing rules for the public procurement contracts, and subsequent amendments.
4. The Act of 17 June 2013 on the justifications, notification and legal remedies for public contracts and certain contracts for works, supplies, and services and concessions, and subsequent amendments.
5. The General Rules of Labour Protection (ARAB), the Welfare Act and the Codex on well-being at work.
6. The Act of 11 February 2013 on Sanctions and measures against employers of third-country nationals staying illegally in Belgium.

Derogations, additions and comments

Article 58 of the Act of 17 June 2016
Consideration should be given to dividing the contract into lots. However, the contracting authority has decided not to divide the present contract into lots because the contract is indivisible.

I. Administrative provisions

This first section relates to rules governing the award of a public contract prior to the contract being awarded.
The provisions contained in this section are subject to the Public Procurement Act of 17 June 2016 and the Royal Decree of 18 April 2017, and subsequent amendments.

I.1 DESCRIPTION OF THE TENDER

A more detailed description of the tender can be found under the technical provisions.

Object of these services: Evaluating Be-Cause Health – Learning as the basis for a new five year programme

Background information: Be-cause health was established in 2004 as an informal and pluralistic platform bringing together actors involved and interested in Belgian development cooperation in health through consultation, coordination and activities that go beyond individual organisations/actors. It wants to build a bridge between the academic world and the actors in the international and Belgian health community. It aims at strengthening the role and the effectiveness of the actors of the Belgian development cooperation to make quality health care accessible worldwide and has set four intended results:

- A greater influence on international health policy;
- A better exchange and circulation of scientific and technical knowledge;
- Important progress in the field of complementarity, synergism and cooperation;
- A better anticipation to the needs identified by actors in the South.

The present evaluation wishes to have a in-depth look at the functioning of the BCH network, to learn lessons for the development of a new five year programme (2021-2026).

Scope of the evaluation: The present evaluation builds on the previous evaluation reports, with a focus on the implementation period 2017-2020. It should engage representative members of all stakeholder groups, including silent and active members, working groups, general assembly and steering committee, as well as the donor agency and our partners in the global South.

Evaluation Focus: This evaluation has a twofold general purpose: both **learning** in order to improve our work and maintain our relevance, and **account** to our members.

The evaluation will focus on:

- the assessment whether internal and external developments have impacted the mission and goals of the platform;
- a review of the role of the platform in the context of the Belgian and international Development Cooperation in health ;
- an examination of the present functioning of the platform (what has worked and what could be improved);
- an examination of the evolutions in the size and nature of activities of the platform of the last few years.

Evaluation Criteria and questions: In the technical provisions a list of detailed evaluation questions can be found. The questions are categorized under the DAC criteria, with additional questions on organizational aspects of the network.

Place of service performance: home based

I.2 IDENTITY OF THE CONTRACTING AUTHORITY

Institute of Tropical Medicine
Nationalestraat 155
2000 Antwerp

I.3 AWARD PROCEDURE

The estimated total amount, excl. VAT, shall not exceed the amount of €20.000.
The contracting authority reserves the right to award the contract based on the initial tenders without conducting negotiations.

I.4 PRICE SETTING

The tender is a lump-sum contract.

This public contact is a lump sum contract, i.e. a contract in which a flat rate price covers the whole performance of the contract or each of the items of the inventory.

Nevertheless, the tenderer must specify his units in the inventory (Annex B).

I.5 EXCLUSION GROUNDS AND QUALITATIVE SELECTION

The tender form must be accompanied by the following documents:

Legal situation of the tenderer (exclusion grounds)
By submitting this tender, the tenderer certifies that he is not in any of the cases of exclusion listed in Articles 67 to 69 of the Public Procurement Act of 17 June 2016.

Economic and financial capacity of the tenderer (selection criteria)
Not applicable.

Technical and professional aptitude of the tenderer (selection criteria)

Nr.	Selection criteria	Minimum requirements
1	A list of the relevant services performed in the past three years, including the sums, the dates and the public or private legal bodies for which they were performed.	The tenderer must provide 3 references of the services delivered during the last three years (or currently being performed) establishing the following information: ? The title of the final report ? The country or region to which the assessment relates ? The type of assessment (ex-ante, in process, final or ex-post) ? The object, the sector or the theme of the assessment ? The composition of the team of evaluators ? The assessment's managing agent

		? The total number of days dedicated to the activities ? The total number of days dedicated to field activities ? The date when the final report was filed.
2	Disclosure of inside information on the project	A sworn declaration stating that: - The consultants proposed have not participated in the identification, formulation and implementation of the project covered by the assessment. -

I.6 FORM AND CONTENT OF THE TENDER

The tenderer shall submit his bid in English and complete the inventory on the relevant form (in annex), if provided by the contracting authority. If the tenderer states this information on a document other than the form provided for this purpose, he shall take full responsibility for the perfect concordance of these documents with the form.

Format criteria

The proposal has to contain at least the following: a response to this TOR, from which the understanding of the assignment by the evaluator becomes clear, a detailed methodology, a work plan, a description of expertise, an Internet link to 3 samples of previous relevant work, a budget and the CV of the evaluator(s) of max 2 pp each + a statement on ethics and GDPR.

Proposals should not be longer than 15 pages (Calibri 11 with single line spacing) without annexes.

Expected outputs are

- A final report in English of 15.000 to 20.000 words (excluding annexes) that presents the findings, analyses (including relevant elements of the SWOT analysis), documentation of good practices, and key lessons and recommendations.
- An executive summary of 1.000 words.
- A workshop with the Steering Committee of Be-cause health to present the key findings and to discuss possible interventions related to the results.
- Participation in/moderation of a joint reflection session of Be-cause health on the XXth of March (to be determinated) 2021, during the GA.
- Dissemination strategy
- Two-pagers with the main findings and recommendations per stakeholder group

In the case of an electronic submission of tenders, the tender report shall be signed with a 'qualified electronic signature'.

If the tender report is signed by a proxy, the appointor or appointors will be clearly stated. The proxy shall add the authentic or private document authorising him to act as a proxy or a scan of the power of attorney.

Prices must always be given in Euros.

Questions about the tender
Tenderers may address requests for more information about this contract in writing via email to Ms. Nathalie Brouwers (). **Questions are accepted until 12/09/2020**. The answers to these questions will be send to all tenderers by 17/09/2020 at the latest.

Subcontracting
The tenderer shall indicate in his tender which part of the contract will be subcontracted and give the identity of the subcontractors if these are known.

I.7 SUBMISSION OF THE TENDERS

Tenders shall be submitted as **signed PDF** by e-mail at the following e-mail addresses:
and **before 21/09/2020 5 p.m. CEST**.

Your submission is only valid after you receive an official acknowledgement of receipt.

I.8 OPENING OF THE TENDERS

Tenders are submitted electronically and will opened behind closed doors.

I.9 VALIDITY OF TENDER

The tenderers are bound by their tender for a period of 120 calendar days, as from the closing date for submission of the tenders.

I.10 AWARD CRITERIA

Contracts shall be awarded based on the following criteria:

Nr.	Description	Weight
1	Price	30
	*Rule of three; Quote score = (cheapest quote /each price quote) * weight of the price criterion.* *The price is evaluated on the overall price of the evaluation and all its aspects; i.e. all charged staff working hours, travel allowances, on-site accommodation, local staff, etc.* *The tenderer takes into account all possible costs (e.g. safety risks, insurance, etc.)* *Additional costs will need to be justified and can only be charged after explicit approval from the ITM*	
2	Technical value	50
2.1	Overall quality of the proposal	10
	Clear response to the TOR, demonstrating understanding of the assignment, use of clear language, coherence and completeness of the proposal	
2.2	Methodology	30
	Detailed description of the evaluation methodology - (Technical provisions)	
2.3	Ethics	10
	Description ethics applied in the evaluation - (Technical provisions)	
3	Experience and expertise	20
	Tenderers must attach to their tenders a list stating the identity of the permanent or temporary team members meeting these conditions, giving their academic and professional qualifications.	
3.1	Qualifications and expertise	10
	○ Have extensive experience with the evaluation of networks (within the health	

	sector) and specifically multi actor processes; ○ Knowledge of the Belgian context of development cooperation and international health; ○ No conflict of interest to evaluate the network – or present serious measures to mitigate this in case a minor conflict might exist ○ Active knowledge of Dutch, French and English	
3.2	Samples of previous work	10
	At least 3 and maximum 5 samples of previous work need to be given, which demonstrate the expertise required.	
Total weight award criteria:		100

Each criterion was assigned a weight. Based on the assessment of all these criteria and taking into account the weight assigned to them, the contract will be awarded to the tenderer who submitted the most economically advantageous tender, from the point of view of the contracting authority.

I.11 VARIANTS

Variants are not permitted.
There are no authorised or requested variants.

I.12 OPTIONS

Options are not permitted.
There are no authorised or requested options.

I.13 TENDER SELECTION

The contracting authority shall choose the most economically advantageous tender, based on the best value for money.

By submitting his tender, the tenderer accepts all the clauses of the contract documents and renege on all other conditions. If during the evaluation of the tender, the contracting authority discovers that the tenderer has added conditions which make it unclear whether he unreservedly agrees to the terms of the contract, the contracting authority reserves the right to reject the tender as substantially irregular.

II. Contractual provisions

This second section sets out the procedure for the performance of the contract. To the extent that there is no derogation, the Royal Decree of 14 January 2013, establishing the General implementing rules for the public procurement contracts, and subsequent amendments, applies.

II.1 MANAGING OFFICIAL

The management of the implementation of the contract is entrusted to the managing official:

Name: Mr. Christoph Laureys
Address: Institute of Tropical Medicine, Nationalestraat 155, 2000 Antwerp
Telephone: 03/247.65.83
E-mail: claureys@itg.be

The performance of the services will be monitored by:

Name: Mrs. Nathalie Brouwers
Address: Institute of Tropical Medicine, Nationalestraat 155, 2000 Antwerp
Telephone: 03/247.08.01
E-mail: nbrouwers@itg.be

II.2 SUBCONTRACTORS

The tenderer may rely on the capacities of subcontractors or other entities. In this case, the tenderer shall add the necessary documents to his tender, i.e. an undertaking from those subcontractors or other entities indicating their willingness to make available the resources needed to perform the contract.

The contractor commits to having the contract performed by the persons indicated in the tender. The use of other subcontractors must be approved by the contracting authority.

Pursuant to Article 74 of the Royal Decree of 18 April 2017, the tenderer shall specify the part of the contract he intends to subcontract and the identity of the proposed subcontractors.

The contractor shall be held liable by the contracting authority if he entrusts all or part of the performance of his undertakings to subcontractors.
The contracting authority does not recognise any contractual relationship with these subcontractors.

These subcontractors may not have an exclusion status in accordance with Article 67 of the Act of 17 June 2016, unless the tenderer, contractor or service provider concerned demonstrates to the contracting authority, in accordance with Article 70 of the Act, that sufficient measures were taken to demonstrate the reliability of the subcontractor.

II.3 PRICE REVISIONS

This public contract will have no price revision.

II.4 CONTRACT DURATION

Term in months: 7 months.
Number of working days to be defined in the applicant's proposal.

II.5 PAYMENT TERM

The contracting authority shall have a verification period of 30 calendar days from the date of the full or partial delivery of the services, to complete the formalities relating to the delivery and inform the contractor of the result thereof.

The amount due to the contractor shall be payable within 30 calendar days from the date of termination of the verification process, provided that the contracting authority has both the relevant valid invoice and other required relevant documents,

Electronic invoicing
The contracting authority accepts the transmission of invoices in electronic form (in XML format according to the PEPPOL bis standard), in accordance with Article 192/1 of the Act of 17 June 2016.
Approved invoices and the relevant final and approved deliverables must be sent to , , and .
The electronic invoice contains at least the following key components:

1° process and invoice characteristics;
2° invoice period;
3° Name, address and VAT number of the contractor;
4° Name, address and VAT number of the contracting authority;
5° information about the payment beneficiary;
6° information about the contractor's bank details;
7° reference to the agreement;
8° delivery details;
9° payment instructions;
10° information about discounts or surcharges;
11° information about the invoiced items;
12° totals on the invoice;
13° breakdown of VAT by rate.

II.6 WARRANTY PERIOD

No warranty period shall apply to this contract.

II.7 DELIVERY

On expiry of the 30-day period following the end date for the completion of the entirety of the contract, a formal acceptance or, if appropriate, a non-acceptance report shall be drawn up.
When the services are completed before or after this date, the contractor notifies the managing official thereof by registered letter or e-mail, showing the exact date of dispatch in a similar manner, and requests, on that occasion, to proceed to acceptance. A report of acceptance or refusal of acceptance shall be drawn up within 30 days following receipt of the contractor's application.

II.8 THIRD COUNTRY NATIONALS STAYING IN BELGIUM ILLEGALLY

Where the contractor or subcontractor receives the notification referred to in par. 4 of Article 49/2 of the Social Criminal Code informing him that he employs one or more third-country nationals staying in

Belgium illegally, the company shall refrain from entering the place of performance of the contract or from continuing the performance of the contract, and this with immediate effect, until the contracting authority issues an order to the contrary.

The same applies when the contractor or subcontractor is informed:
- either by the contractor or the contracting authority, that they have received the notification referred to in par.1 or 2 of Article 49/2 of the Social Penal Code relating to that undertaking,
- or by means of the public notification referred to in Article 35/12 of the Law of 12 April 1965 on the protection of workers' wages, that he employs one or more third-country nationals staying in Belgium illegally.

In addition, the contractor or subcontractor must include a clause in any subcontracting agreement stipulating that:

1° the subcontractor shall refrain from further entering the place of performance of the contract or continuing the performance of the contract if it appears from a notification drawn up pursuant to Article 49/2 of the Social Criminal Code that he employs third-country national staying in Belgium illegally;
2° non-compliance with the obligation set out in 1° shall be a repudiatory breach by the subcontractor, which entitles the contractor to terminate the contract.
3° the subcontractor must include a similar clause as under 1° and 2° in the subcontracting agreements and ensure that such clauses are also included in the further subcontracting agreements.

II.9 WAGES PAYABLE TO EMPLOYEES

If the contractor or subcontractor receives the notification referred to in par. 3, Article 49/1 of the Social Penal Code informing him that he is in serious breach of his obligation to pay promptly his employees the wages to which they are entitled, he shall refrain from entering the place of performance of the contract or from continuing the performance of the contract, and this with immediate effect, until he submits proof to the contracting authority that the workers concerned have been paid in full.

The same applies when the contractor or subcontractor is informed:
- as the case may be, either by the contractor or the contracting authority, that he has received the notification referred to in par.1, Article 49/1 of the Social Penal Code, relating to this contractor or subcontractor,
- or by means of the public notification referred to in Article 35/4 of the Act of 12 April 1965 on the protection of workers' wages.

In addition, the contractor or subcontractor is required to include a clause in an eventual subcontract agreement, under which:
1° the subcontractor shall refrain from entering the place of performance of the contract or continuing the performance of the contract if it appears from a notification pursuant to Article 49/1 of the Social Penal Code that this subcontractor is in serious breach of his obligation to pay promptly his employees the wages to which they are entitled;
2° non-compliance with the obligation set out in 1° shall be a repudiatory breach by the subcontractor, which entitles the contractor to terminate the contract.
3° the subcontractor is required to include a similar clause as under 1° and 2° in the subcontracting agreements and ensure that such clauses are also included in the further subcontracting agreements.

II.10 CONFIDENTIALITY

All results and reports made available to the contractor within the framework of this contract are the property of the ITM and cannot be published or divulged to third parties without the written permission of the ITM.

The contractor and his employees are bound by a duty of discretion in relation to information acquired during the performance of this contract. Under no circumstances can this information be divulged to third parties without the written consent of the ITM. All staff working on behalf of the contractor for ITM in whatever capacity shall sign a confidentiality declaration prior to the performance of the contract
The contractor may, nevertheless, give this contract as a reference.

III. Technical provisions

"EVALUATING BE-CAUSE HEALTH: Learning as a basis for a new five year programme'

III.1 ABOUT BE-CAUSE HEALTH – MISSION AND VISION

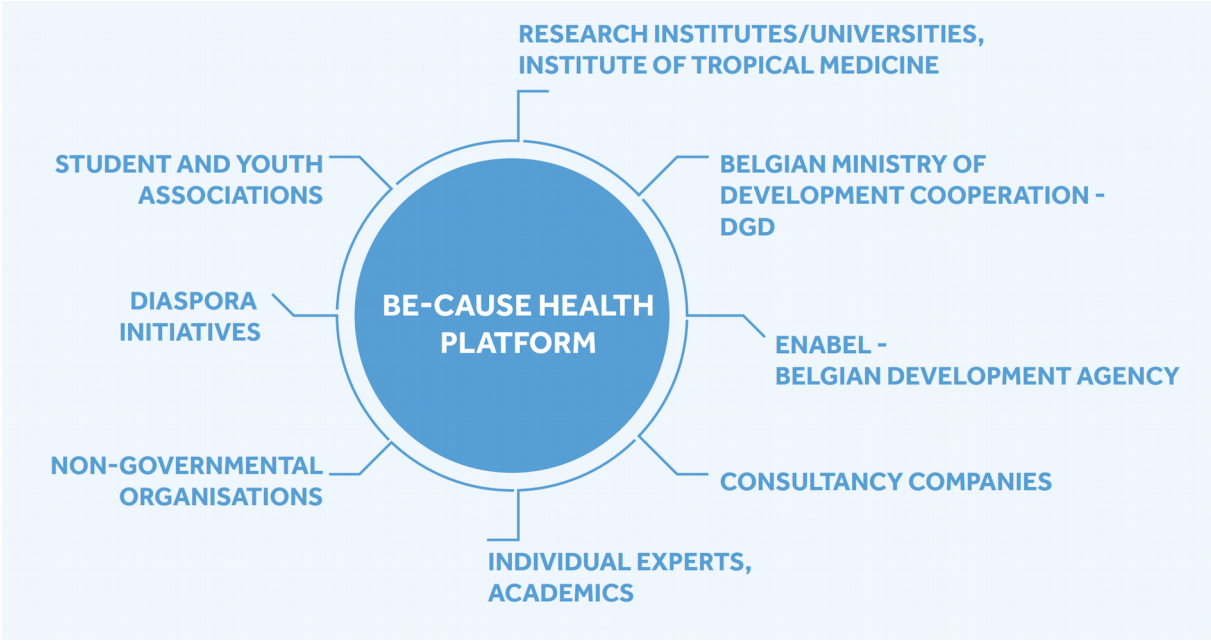
Be-cause health was established in 2004 as an informal and pluralistic platform bringing together actors involved and interested in Belgian development cooperation in health through consultation, coordination and activities that go beyond individual organisations/actors. It wants to build a bridge between the academic world and the actors in the international and Belgian health community. It aims at strengthening the role and the effectiveness of the actors of the Belgian development cooperation to make quality health care accessible worldwide and has set four intended results:

- A greater influence on international health policy;
- A better exchange and circulation of scientific and technical knowledge;
- Important progress in the field of complementarity, synergy and cooperation;
- A better anticipation to the needs identified by actors in the South.

The basic vision of Be-cause health is enshrined in the Declaration Health Care for All from October 2001. Since its conception in 2004, the Belgian Directorate for Development Cooperation (DGD) finances the Be-Cause Health (BCH) network through its framework agreements with the Institute of Tropical Medicine Antwerp. Even though funding is directed through ITM, the institute only ensures its coordination and organizes its secretariat. All activities and leadership come from within the membership organisations.

The annual report of 2019 () gives an overview of (pre-COVID) activities and lists the member organisations of BCH. In the figure below, a graphic representation can be seen of the BCH membership.

Since the COVID pandemic all activities have become 'virtual'.


RESEARCH INSTITUTES/UNIVERSITIES, INSTITUTE OF TROPICAL MEDICINE
STUDENT AND YOUTH ASSOCIATIONS
BELGIAN MINISTRY OF DEVELOPMENT COOPERATION - DGD
DIASPORA INITIATIVES
BE-CAUSE HEALTH PLATFORM
ENABEL - BELGIAN DEVELOPMENT AGENCY
NON-GOVERNMENTAL ORGANISATIONS
CONSULTANCY COMPANIES
INDIVIDUAL EXPERTS, ACADEMICS

III.2 EVALUATION BACKGROUND AND JUSTIFICATION

As the present Framework Agreement (FA4 - 2017-2021) between DGD and ITM is coming to an end, we wish to **take stock of the achievements and added value of the Be-Cause Health network**. At the onset of a new five-year framework agreement (2022-2026) with DGD, the BCH General Assembly requested the Steering Committee to conduct an evaluation of the functioning and activities of the network and to link the results to an analysis of and – if needed – a review or confirmation of the vision and mission of Be-cause health, and to **formulate recommandations for the future**.

In 2009 and again in 2014 the functioning and activities of the Be-Cause Health network were evaluated in depth. This resulted in a series of recommendations at the operational and institutional level. The present evaluation should build on these recommendation, verify whether they were implemented and assess whether they were, and are still relevant.

Between the previous evaluations and now, a lot has changed at the international level regarding development cooperation and global health. The on-going discussions on the post-2015 framework have focused on issues such as universal health coverage, equity, social determinants of health and have clearly identified strong linkages with the sustainable development goals. Furthermore, since 2008 a number of international declarations and action agendas were agreed upon looking at issues such as ownership, efficiency, harmonisation, accountability and development results, etc. Finally several changes have occurred in international geopolitics (f.i. the migration pact of 2016, She Decides, gender based violence and "me too", access to quality medical supplies, including medicines, racism and de-colonization,…). The most recent 'change' is the COVID-19 pandemic and the changes in policies, in perceptions and even in network management it has provoked. All these trends have an influence on the relevance and priorities for a network such as Be-Cause Health, and as such on its mission and vision. Therefore, they should be taken into account during the evaluation.

III.3 SCOPE OF THE EVALUATION

The present evaluation builds on the previous evaluation reports, with a focus on the implementation period 2017-2020. It should engage representative members of all stakeholder groups, including silent and active members, working groups, general assembly and steering committee, as well as the donor agency and our partners in the global South.

III.4 EVALUATION FOCUS

III.4.1 Purpose of the Evaluation

This evaluation has a twofold general purpose: both **learning** in order to improve our work and maintain our relevance, and **account** to our members.

It has the specific purpose to prepare the planning of Be-cause health within the next Framework Agreement between DGD and the ITM.

The evaluation will focus on:

- the assessment whether internal and external developments have impacted the mission and goals of the platform;
- a review of the role of the platform in the context of the Belgian and international Development Cooperation in health ;

- an examination of the present functioning of the platform (what has worked and what could be improved);
- an examination of the evolutions in the size and nature of activities of the platform over the last few years.

III.4.2 Evaluation Criteria and questions

Specifically, in line with the former evaluations, this evaluation will address the relevance, effectiveness, efficiency and coherence as well as some organisational aspects of Be-cause health[1]. Key evaluation questions will include:

1. **Relevance:**
    a. Does the functioning of Be-cause health fulfil the needs of its members and observers, specifically DGD and member organisations?
    b. Are the activities and outputs of the network consistent with its mission, objectives and the Declaration Health Care for All?
    c. Are the mission, objectives and the 'Declaration Health Care for All' still relevant or is an update required? Are the basic principles of the platform explicit enough? If so, what are the most adhered to principles and are certain aspects currently missing?
    d. Has Be-cause health made a difference/change to health policies and interventions of the Belgian development cooperation?
    e. How do we remain relevant and innovative in a rapidly changing global health environment?
2. **Effectiveness:**
    a. What were major achievements of Be-cause health in the years since the last evaluation?
    b. To what extent are goals and objectives of the network met?
    c. Be-cause health was previously evaluated in 2014. To what extent has the response to the recommendations (e.g. communication and networking, external visibility, greater financial independence,…) been successful?
    d. Two aspects require specific attention:
        i. Advocacy and representativeness of working groups: Has BCH been effective in terms of advocacy? How can the diversity of opinion within the network and within working groups be better safeguarded so a good balance can be found between the initiatives taken by working groups and the different views of member organisations ? Are the rules on advocacy as set in the internal regulations sufficiently clear?

1

ii. *Reach of network wide events:* Several events were organised at the level of BCH itself. The reach of these events inside and outside of BCH should be analysed and recommendations formulated about future events and their organisation.

3. Efficiency:

a. Is Be-cause health operating efficiently (timeliness, organisational efficiency, cost-efficiency, etc.)?

b. Is Be-cause health properly organised and are there any governance issues impeding its effectiveness and sustainability? Specific attention will be given to the role of the coordinator of BCH as a driving force between the members.

4. Coherence

a. *Internal coherence:* Are there synergies and interlinkages between BCH and the interventions carried out by the members of BCH? Are the interventions and activities of BCH consistent with the relevant international norms and standards to which BCH and the Belgian government adhere?

b. *External coherence:* Are the activities of BCH consistent with interventions of other actors in the Belgian and LMIC context? This includes complementarity, harmonisation and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort.
Be-cause health also inherited the membership of FESTMIH from the Belgian Association for Tropical Medicine, which ceased to exist, and is taking up an active role within this federation. Is this membership an added value for Be-cause health? Are there other networks Be-cause health is linked with or should be linked with and how?

5. Organisational aspects:

a. Membership:

i. At this moment there are nearly no restrictions to become a member of Be-cause health. Should (other) conditions for membership be created? The internal regulations introduced different types of membership. Are the different forms of membership appropriate for the diversity of actors? Finally, are the members of BCH diverse enough to sufficiently stimulate debate and collaboration?

ii. Certain organisations or individual staff of member organisations are not actively involved in the platform. What is the reason for this and how can this be helped?

iii. The recent experience with virtual platforms opens up the possibility to recruit new members. Should this be planned in the future and how? In particular, is it relevant and feasible to implicate field actors and international partners in the operation of the workgroups and network-wide events?

b. *Statute:* from the beginning Be-cause health has been set up as a project within the Framework Agreement of ITM and DGD. Has this been an efficient strategy? What are the strengths and weaknesses of this arrangement and what are realistic alternatives?

c. *Organisational learning:* Would it be useful to document and disseminate the experiences of working as an informal, pluralistic platform? And how could this best be organised?

d. Was the *follow-up of the recommendations* about organisational aspects of the previous evaluations properly carried out? Has e.g. the internal communication improved and how?

III.5 USERS OF THE EVALUATION

This evaluation is based on an initiative of the Be-Cause Health General Assembly . It will be used first by the members of BCH and their partners abroad, and in Belgium.

ITM will use the finding to better organize its support to BCH.

III.6 METHODOLOGY

The evaluator will be required to prepare a detailed methodology and work plan which will be agreed upon with the Steering Committee. A participatory mixed-methods approach is advisable.

It is expected that the evaluation will include the following:

- Desk study reviewing all relevant documents and records related to the work of Be-cause health;
- Interviews with key stakeholders inside and outside the network: members of the Steering Committee and the secretariat, working group presidents and members (with a focus also on absent or inactive members), observers, former members, friends of Be-cause health and related networks (like e.g. FESTMIH);
- Conduct a member survey and an organisational SWOT analysis.
- Open statement

III.7 ETHICS AND INTEGRITY

Ethics and integrity are key to our work. The contracted party will need to take into account **strict GDPR measures** and the necessary measures to ensure no harm is done in any way to participants. In the proposal a specific section is expected on how participants will be informed throughout the evaluation process (start, implementation, communication of results) and how data will be managed.
In order to be compliant to GDPR regulations, ITM/BCH will first contact BCH members to ask their permission for the contracted party to get in touch, before any personal data will be transferred.

III.8 CALENDAR AND EXPECTED DELIVERABLES

III.8.1 Calendar

Please note the dates below are **indicative**, and can be adapted to the workplan proposed by consultants. However, the final report should not be later than the date mentioned below. The contracted party should include a number of feedback moments with the steering committee at key points during the evaluation. Please note the budget related to this calendar should not surpass €20.000 (excl. VAT).

Item	Timing
FINAL TOR for publication	28/8/2020
Deadline questions TOR from interested parties	12/9/2020
Response to questions	17/9/2020
Submission of proposals	21/09/2020
Selection of applications and notification	
Contracting	
Inception meeting	07/10/2020
Methodology workshop (theoretical basis for inception report)	12/10/2020
Draft of inception report	16/10/2020
SC of BCH reserves one week for feedback	
Discussion of inception report	23/10/2020
Final inception report	27/10/2020
Data collection phase (quantitative + qualitative)	November – half December
Data analysis	Ongoing till end December
Presentation of preliminary results to SC	Beginning 01/2021
Finalization and submission of draft report	20/01/2021
BCH-SC reserves one week for feedback	
Submission of final report - Note: BCH-SC reserves the right to ask for various rounds of feedback to the report, if we do not feel all comments to the draft report have been sufficiently addressed or if we feel additional improvements can be made.	07/02/2021
Presentation of the final report to GA BCH	Half of March 2021
Webinar(s) or other interactive method to share results with members of BCH, workgroups and other interested parties	During March and April 2021
Transmission to DGD	End of April 2021

III.8.2 Expected outputs

- A final report in English of 15.000 to 20.000 words (excluding annexes) that presents the findings, analyses (including relevant elements of the SWOT analysis), documentation of good practices, and key lessons and recommendations.
- An executive summary of 1.000 words.
- A workshop with the Steering Committee of Be-cause health to present the key findings and to discuss possible interventions related to the results.

- Participation in/moderation of a joint reflection session of Be-cause health on the XXth of March (to be determinated) 2021, during the GA.
- Dissemination strategy
- Two-pagers with the main findings and recommendations per stakeholder group

III.9 MANAGEMENT OF THE EVALUATION

The evaluation shall be managed for BCH by the coordinator and supervised by the Steering Committee. All documentation will be handled by the secretariat at .

III.10 EXPECTED QUALIFICATIONS OF THE ASSESSMENT TEAM

- Have extensive experience with the evaluation of networks (within the health sector) and specifically multi actor processes;
- Knowledge of the Belgian context of development cooperation and international health;
- No conflict of interest to evaluate the network
- Active knowledge of Dutch, French and English.

III.11 CONTACT

For any further questions, kindly contact Xavier de Béthune (BCH coordinator a.i.) through and Nathalie Brouwers – (for documentation and administration)

III.12 ANNEXES

III.12.1 **Information available for desk review**

- Declaration Health for All
- Evaluation reports 2009 and 2014
- In house regulations
- Planning documents
- Activity documents and reports
- Annual reports to DGD
- for information on mission, objectives etc.
- Be-cause health charters on Human Resources for Health and on Medicines.

Other background documents:

- Belgian Law on Development Cooperation (March 2013) and additional Royal Decree September 2016

- DGD strategy papers on interventions in the health sector, including the addendum on Universal Health Coverage
- DGD strategy papers on Sexual and Reproductive Health and Rights and on HIV/AIDS, Commitment of Belgian NGO's about the quality of drugs,…
- Een rapport over resultaten van Belgische financiering voor Ontwikkelingssamenwerking in de Gezondheidssector van 2009-2017
- Details of the project on Be-cause health in the 2010-2013 and 2014-2016 Framework Agreements between DGD and the Institute of Tropical Medicine.
-

Please contact Nathalie Brouwers at to receive a copy of or link to the reference documents.

ANNEX A: TENDER FORM

TENDER FOR THE PEFORMANCE OF THE CONTRACT
"IMPACT EVALUATION OF THE THIRD FRAMEWORK AGREEMENT (FA3-III) BETWEEN DGD AND ITM"

Simplified negotiating procedure with prior publication

Important: this form must be completed in full. The total amount of the tender must be quoted in both numbers and words (written in full).

Natural person
Undersigned (name and first name):
Capacity or profession:
Nationality:
Place of residence (full address):

Phone:
Mobile:
Fax:
E-mail:
Contact:

or (1)

Legal person
The company (title, legal form):
Nationality:
With head office (full address):

Phone:
Mobile:
Fax:
E-mail:
Contact:

represented by the undersigned:
The proxy holder(s) shall attach the authentic or private deed of his/their power to act or a certified copy of his/their power of attorney; he/they can also prove his/their status by citing the N° of the Belgian Official Gazette in which his/their powers has/have been published.

or (1)

Consortium of entrepreneurs (including the temporary partnership or joint venture)

Name and first name or company name and legal form:
Capacity or profession:
Nationality:
Address or registered office:

Name and first name or company name and legal form:
Capacity or profession:
Nationality:
Address or registered office:

This information must be repeated for each of the participants in the consortium.

The consortium represented by one of the participants, in particular:

UNDERTAKES OR UNDERTAKE TO IMPLEMENT THE CONTRACT IN ACCORDANCE WITH THE TERMS AND CONDITIONS SPECIFIED IN THE TENDER FOR THE ABOVEMENTIONED PUBLIC CONTRACT (ITM-FA3 EVALUATION-2020):

against the sum of:

(in numbers, including VAT)

.....

(in letters, including VAT)

.....

.....

% VAT

.....

General information

Registration No. at the Belgian National Social Security Office (RSZ):
Company number (only in Belgium):

Subcontractors

Subcontractors will be employed: YES / NO *(delete as appropriate)*

Share of the contract that will be subcontracted:

The following subcontractors will be employed for this purpose:

Staff

Staff subject to the social security legislation of another EU Member State shall be employed:

YES/NO *(delete as appropriate)*

It concerns the following EU Member State:

Payments

The payments will be validly made by transfer to the following account (IBAN/BIC) ..... of the following financial institution ..... opened in the name of ..... .

Documents to be added to the tender

To the tender are also attached:
- the mandatory documents pursuant to this tender.
- the mandatory models, samples, and other information pursuant to this tender.

Drawn up
in .....

On .....

The tenderer,

Name and first
name: .....

Job
title: .....

(1) Delete as appropriate

ANNEX B: INVENTORY

"IMPACT EVALUATION OF THE THIRD FRAMEWORK AGREEMENT (FA3-III) BETWEEN DGD AND ITM"

Nr.	Description	Type	Unit	Quantity	Unit price. In number excl. VAT	Total excl. VAT	VAT%
	(complete the items!)						

Total excl. VAT:	
VAT:	
Total incl. VAT:	

Unit prices are rounded off to two decimal places. The quantity of products x unit price should each time be rounded off to 2 decimal places.

Seen, examined and supplemented by unit prices, partial and total sums that served to set the price of my present tender, and to be added to my tender form.

Done at ..... on ..... Job title: .....

Name and first name: .....