CLINTON HEALTH ACCESS INITIATIVE, INC.

REQUEST FOR PROPOSALS

Consultancy Services for a Feasibility Study for the Construction / Renovation of Maternal and Neonatal Units at Kabaya and Gisenyi District Hospitals, Rwanda

Including a standalone Environmental and Social Impact Assessment for each facility

Field	Information
RFP Reference	CHAI RFP 001
Date Issued	September 11,2026
Proposals Due	October 05, 2026, 05:00 PM local time
Issued by	Clinton Health Access Initiative, Inc. — Rwanda Country Office
On behalf of	Rwanda Biomedical Centre (RBC) — Medical Technology Division (MTD), Ministry of Health
Funded by	The Beginnings Fund — Beginnings Fund Rwanda Investment (Maternal and Newborn Health)
Place of Performance	Ngororero District (Kabaya Sector) and Rubavu District (Gisenyi Sector), Republic of Rwanda
Period of Performance	Ten (10) weeks from agreement signature, subject to final confirmation before posting
Submissions and Queries	rwandaprocurement@clintonhealthaccess.org

Ethical Conduct and Conflicts of Interest

In accordance with CHAI's Global Code of Conduct and Conflict of Interest policy, CHAI is committed to conducting procurements with integrity and objectively selecting suppliers and vendors. CHAI maintains a zero-tolerance policy for collusion, falsified bids, bribery, fraud and related misconduct. Vendors engaging in such conduct may be disqualified from current and future opportunities. CHAI employees and others acting on CHAI's behalf are prohibited from accepting or requesting bribes, gifts, fees, or other objects of value or compensation related to doing business. Questions or suspected violations may be reported to ethics@clintonhealthaccess.org or the CHAI Whistleblower Hotline at chai@integritycounts.ca (+1 866-921-6714 [Toll-Free U.S.] or +1 604-922-5953 [International]).

A. Background

The Clinton Health Access Initiative, Inc. (CHAI) is a global health organization committed to saving lives and improving health outcomes in low- and middle-income countries by enabling governments and the private sector to strengthen and sustain quality health systems.

CHAI invites interested and capable organizations to submit proposals for **consultancy services** to carry out a feasibility study, together with a standalone Environmental and Social Impact Assessment (ESIA) for each facility, for the proposed maternal and neonatal units at Kabaya and Gisenyi District Hospitals. **This RFP procures consultancy services only. It does not procure construction, renovation, or the supply of equipment.**

This Section A sets out the background to the wider Beginnings Fund investment, of which the feasibility study is the first step. It is provided so that offerors understand the context, purpose, and intended use of the study they are being asked to deliver.

The works described in A.1 are **not** part of this procurement. The services actually being procured are defined in Section B, Scope of Work and Deliverables.

A.1 The Wider Beginnings Fund Investment

The Government of Rwanda has received a grant from the Beginnings Fund (BF) aimed at sustainably reducing maternal and newborn mortality. The grant finances maternal and newborn health (MNH) programs and interventions proven to save lives during pregnancy, birth, and the first month of life, including an infrastructure development component to construct, renovate, and equip maternal and neonatal units at Kabaya and Gisenyi District Hospitals.

The investment is implemented by the Government of Rwanda through the Rwanda Biomedical Centre (RBC), the implementing arm of the Ministry of Health mandated to manage healthcare technology and infrastructure across all healthcare facilities nationwide, in collaboration with CHAI.

Under the wider investment, and subject to the findings of the feasibility study procured under this RFP, the Government of Rwanda intends to:

- Construct a new maternity and neonatology unit, including an operating theatre, at Kabaya District Hospital, and construct/renovate the neonatology unit at Gisenyi District Hospital, in alignment with MoH policies and standards;
- Equip the renovated/constructed MNH units with medical and non-medical equipment (e.g., theatre lights, oxygen piping, delivery beds, KMC beds, incubators, air conditioners, and furniture);
- Strengthen critical health system enablers, enhance service delivery capacity, and reduce maternal and newborn mortality.

These works will be procured separately at a later date. They are described here as context only.

A.2 Selected Health Facilities and Location

SN	Health Facility	Location
1	Kabaya District Hospital	District: Ngororero Sector: Kabaya
2	Gisenyi District Hospital	District: Rubavu Sector: Gisenyi

A.3 Why a Feasibility Study Is Required First

Committing donor and government funds to detailed design and construction of this scale requires, as a first step, a rigorous and independent assessment of technical, financial, and environmental feasibility at each site. Ground conditions, structural capacity of existing buildings, seismic and volcanic hazard, current and projected service demand, and environmental and social risk are not yet confirmed at either facility, and each has direct bearing on the design, cost, and deliverability of the planned works. Proceeding to detailed design or works procurement without first resolving these unknowns risks costly redesign, construction delay, or non-compliance with Rwanda's environmental and social regulations.

A.4 Scope of This RFP

In Scope of This RFP	A feasibility study covering both facilities, and a standalone ESIA report and ESIA certificate for each facility, as specified in Section B.
Not in Scope of This RFP	Detailed design; construction and renovation works; supply, installation or commissioning of medical or non-medical equipment; and construction supervision. These form part of the wider Beginnings Fund investment and will be the subject of one or more separate, later procurements.

The feasibility study will involve comprehensive site investigations and assessments — topographical surveys, preliminary geotechnical investigations, and evaluation of existing infrastructure and utilities — conducted alongside a standalone Environmental and Social Impact Assessment (ESIA) for each facility, prepared in accordance with applicable national environmental and social regulations and guidelines.

B. Scope of Work and Deliverables

B.1 Scope of Work

CHAI, on behalf of and in collaboration with RBC/MTD, intends to engage a consultancy firm to conduct a feasibility study for construction/renovation of maternal and neonatal units at the two facilities and deliver one consolidated feasibility report covering both sites together with a standalone ESIA for each.

#	Health Facility	Location	Scope of work
1	Kabaya District Hospital	Ngororero District, Kabaya Sector	Assess the feasibility of the Construction of a new Maternity and Neonatology unit, including an operating theatre
2	Gisenyi District Hospital	Rubavu District, Gisenyi Sector	Assess the feasibility of the Construction / renovation of a Neonatology unit

B.1.1 Objectives

The objective is to assess the viability of constructing/renovating the maternal and neonatal units and provide evidence-based recommendations for decision-making and implementation.

- Evaluate current infrastructure, equipment and service delivery capacity.
- Assess human-resource availability, requirements and gaps.
- Determine financial and economic viability.
- Analyse demand for expanded and specialized services in each catchment area.
- Assess regulatory, institutional, and policy compliance requirements, including alignment with national health standards and guidelines.
- Identify risks, constraints and sustainability considerations.
- Conduct an ESIA for each facility and produce a standalone ESIA/ESMP report and ESIA certificate for each for RBC review and clearance.
- Strengthen critical health system enablers, enhance service delivery capacity, and reduce maternal and newborn mortality.
- Recommend a viable implementation approach.

B.1.2 Required Analysis

a. Situational Analysis

- Review national health policies and standards relevant to MNH infrastructure.
- Assess current performance, service utilization trends and referral patterns.
- Assess structural condition and functional adequacy of existing buildings at feasibility level.
- Assess water supply, sanitation, drainage, electricity, waste management, fire safety and accessibility.
- Review staffing levels and operational constraints.
- Analyse population trends and healthcare demand by catchment area, disaggregated by sex, age, disability and other relevant socio-demographic factors.
- Identify future service requirements for maternal, newborn and related clinical spaces and equipment.

b. Technical Feasibility

- Evaluate existing infrastructure and identify gaps and improvement needs.
- Assess medical and non-medical equipment required to operationalize proposed units.
- Prepare a repurposing plan for existing buildings after MNH services relocate, including conceptual renovation needs and cost estimates.
- Propose feasible implementation options.

c. Human Resources Assessment

- Analyse current staffing levels and competencies; define required staffing structure and gaps.
- Propose training and capacity-building plans.

d. Financial and Economic Analysis

- Estimate construction/renovation costs.
- Estimate operational and maintenance costs.
- Assess financial and economic viability, including cost-benefit analysis and financial sustainability.

e. Environmental and Social Feasibility (ESIA)

- Conduct a full ESIA and ESMP for each facility in accordance with national environmental/social regulations and health-facility guidelines.
- Collect baseline environmental and social data including land use, biodiversity, water bodies, socio-economic conditions, vulnerable groups and cultural heritage, with water-body ecological sensitivity screening at Gisenyi given proximity to Lake Kivu.
- Prepare an IPC protocol for construction within or adjacent to operating health facilities.
- Prepare a Healthcare Waste Management Plan covering sharps, pathological, pharmaceutical and radioactive waste streams.
- Conduct WASH adequacy assessment benchmarked against MoH standards.
- Prepare a Labour Management Plan addressing OHS during construction in operating healthcare environments.
- Conduct baseline accessibility assessment and design recommendations aligned with Rwanda's disability inclusion framework.
- Conduct climate-risk screening for flood, landslide and extreme heat, with climate-resilient design recommendations.
- Conduct stakeholder consultations with facility staff, patients, community health workers, local leaders and vulnerable groups and prepare a Stakeholder Engagement Plan and Grievance Redress Mechanism for each facility.
- Produce a standalone ESIA/ESMP report and ESIA certificate for each facility.

f. Conceptual Planning

- Prepare conceptual site layouts and functional zoning.
- Provide preliminary space programmes.
- Recommend an implementation plan and timeline that maintains continuity of hospital operations during works.

B.1.3 Minimum Technical Standards for Investigations and Outputs

These minimum standards apply so offers are comparable in scope and price and so study outputs are sufficient to support subsequent detailed design and works procurement. Offerors proposing less than the minimum must state and justify the deviation; more may be proposed where site conditions warrant.

Item	Minimum requirement
Topographic survey	Full survey of each site extending at least 20 m beyond the proposed building footprint; contour interval ≤0.5 m; georeferenced to Rwanda national coordinate and levelling system; show existing structures, boundaries, access routes, drainage and above-/below-ground services; provide digital terrain model and editable CAD files.

Geotechnical investigation	At least 3 boreholes per proposed building footprint to ≥6 m or refusal, SPT at 1.5 m intervals, plus ≥2 trial pits per site. Laboratory testing: particle size distribution, Atterberg limits, moisture content, bulk/dry density and shear strength; CBR where roads/hardstanding are affected; record groundwater; state allowable bearing capacity, founding depth and foundation type; identify expansive, collapsible or made ground.
Gisenyi structural assessment	Assess existing neonatology frame, slabs and foundations for proposed loading/layout; assess feasibility of medical-gas and mechanical-ventilation penetrations and identify strengthening/remedial works with cost implications.
Geohazard and climate screening	Site-specific seismic hazard; volcanic hazard at Gisenyi given location near Virunga volcanic chain; slope stability/landslide risk at Kabaya; flood and extreme heat at both sites; state seismic design parameters and climate-resilient recommendations consistent with Rwanda's NAP and MoH Climate Resilient Health Systems strategy.
Demand projection and space programming	Delivery bed, delivery-room, theatre and neonatal-cot numbers from a documented ≥10-year demand projection using deliveries, C-section rate, neonatal admissions/case mix, referrals and catchment population growth; state method, data sources and assumptions; benchmark schedule of accommodation against MoH district hospital norms.
Medical equipment and services loads	Prepare preliminary equipment lists aligned with MoH/RBC standard district-hospital maternity/neonatology equipment lists and carry resulting electrical, medical-gas, water and mechanical-ventilation demands into engineering assessment and cost estimate.
Medical gas and oxygen supply	Estimate peak/average oxygen demand; appraise PSA, cylinder manifold and concentrator options including redundancy, backup power dependency, recurrent cost and maintenance capability; recommend and cost an option for each site.
Electrical supply and backup	Assess existing incoming supply, distribution and backup generation for proposed loads, including essential circuits for theatre and neonatal care, and cost required upgrades.
Cost estimate	Prepare elemental cost plan per site to a stated base date, with preliminaries, contingency and escalation shown separately; benchmark against at least two recent comparable Rwandan health-facility projects. O&M projections shall cover staffing, utilities, consumables and equipment replacement over 10 years.
ESIA approval pathway	In the Inception Report confirm applicable ESIA category/pathway under Ministerial Order N° 003/MoE/25 of 19/08/2025, required REMA documentation and realistic processing time. If certification cannot be obtained within the performance period, state this in the Inception Report and propose mitigation as the ESIA certification has to be available before the end of the project

B.1.4 Methodology

The methodology shall include desk review of project documentation, applicable legislation, standards and prior studies; field visits for topographic survey, geotechnical investigation and infrastructure/utilities assessment; stakeholder consultation with RBC/MoH, CHAI, facility staff, local authorities and community representatives including vulnerable groups; technical, financial, environmental and social analysis; and preparation and validation of draft and final reports.

B.1.5 Applicable Regulatory and Policy Framework

- Rwanda Environmental Law (Law N° 48/2018) and relevant REMA Ministerial Orders, including Ministerial Order N° 003/MoE/25 of 19/08/2025 on environmental and social impact assessment.
- National Land Policy; Labour Law N° 66/2018 as amended; and Occupational Safety and Health regulations.
- MoH/RBC guidelines, policies and strategies, including the National Healthcare Waste Management Plan.
- Rwanda disability inclusion framework and applicable accessibility standards.
- Rwanda National Adaptation Plan and Ministry of Health Climate Resilient Health Systems strategy.
- National health facility planning, design and infrastructure guidelines.
- Law N° 058/2021 of 13/10/2021 relating to protection of personal data and privacy.

B.1.6 Client Obligations, Reporting and Language

CHAI and RBC will facilitate access to both facilities and relevant documentation, permits and records and introductions to district and sector authorities. RBC/MTD will designate a technical focal point; CHAI will consolidate and transmit client feedback within the B.2 timelines. All consultant costs, logistics, transport, equipment, personnel, permits and fees shall be included in the budget.

The consultant shall report contractually to CHAI and technically to the RBC/MTD focal point; submit fortnightly written progress updates; and attend inception, draft-validation and final-validation meetings. Deliverables shall be in English in editable Word and PDF formats with clear maps, photographs, GPS coordinates and executive summary, as one hard copy and one electronic copy on physical media in addition to email transmission to CHAI and RBC/MTD. CHAI and RBC will also provide a shared drive or cloud for transfer of data alongside the hard copy in order to reduce version-control risk.

B.2 Deliverables and Deliverables Schedule

Deliverable	Minimum content required	Due
D1 Inception Report	Detailed work plan; ESIA preparation plan, stakeholder mapping and consultation methods; ESIA approval pathway confirmation; site location analysis with maps, infrastructure and catchment; applicable standards/regulations and proposed seismic parameters; opportunities/constraints including initial stakeholder input.	Week 2 from signature
D2 Draft Feasibility Study Report	Draft ESIA/ESMP for each facility; infrastructure/service gap and health-needs analysis; demand projection; site/accessibility/infrastructure/utilities assessment including electrical, medical-gas and oxygen appraisals; draft topographic/geotechnical reports meeting B.1.3 and Gisenyi structural assessment; functional/space programming and patient flow; draft conceptual design; preliminary equipment lists; elemental cost estimate; O&M projections; cost-benefit and financial sustainability assessment.	Week 7 from signature
D3 Final Feasibility Study Report	Final feasibility study addressing client comments; final ESIA report and certificate for each facility; final geotechnical and topographic reports; implementation approach, procurement	Week 10 from signature

	strategy and schedule; conclusions/recommendations; complete handover of raw/processed data, GIS, survey data and editable CAD files.	

Each deliverable shall be submitted at least three (3) working days before the review deadline. Completion is verified through written acceptance by CHAI following technical clearance by RBC/MTD.

B.3 Period of Performance

Ten (10) weeks from agreement signature, inclusive of client review periods: D1 at week 2, D2 at week 7 and D3 at week 10. Any extension requires prior written justification by the consultant and written approval by CHAI following consultation with RBC/MTD and shall not itself increase the agreement price.

C. Eligibility Requirements

Offerors, regardless of entity status, must be legally registered to conduct business in the Republic of Rwanda or demonstrate equivalent registration/accreditation and capacity to obtain required Rwandan registration where applicable. A valid business licence and/or registration must be provided. Offers must use Annex A and be signed by authorized officers. Offers failing C.1–C.4 will not be scored.

1. Legal and Administrative Standing

- Certificate of company registration or international equivalent listing all company's shareholders.
- Valid RRA tax clearance and RSSB clearance certificates, or equivalents for non-resident firms.
- Latest tax declaration
- Proof of using EBM
- Certificate of non-bankruptcy or solvency declaration.
- Certificate of site visit
- Signed Annex A certifications confirming eligibility, non-debarment/sanctions status, and absence of relevant conflicts of interest with CHAI staff, RBC/MTD evaluation committee members or other bidders.
- Bid security equivalent to 1,820,000 Frw

2. General Experience

At least five (5) years of experience in engineering and architecture consultancy services related to buildings, evidenced by company registration and profile. Rwanda-registered offerors must be eligible to bid in Category A of consultancy services related to buildings under the updated RPPA Categorization Manual; non-resident firms must demonstrate equivalent registration/accreditation and capacity to obtain any Rwandan registration required to perform the agreement.

3. Specific Experience

At least two (2) completed feasibility studies for building construction projects, evidenced by certificates of good completion, each with a contract value at or above 72,495,865 RWF or foreign-currency equivalent at the date of contract. Health-facility feasibility experience and experience in Rwanda or comparable settings will be advantageous in scoring.

4. Minimum Key Personnel

#	**Position**	**No.**	**Man-Months**	**Minimum qualification and experience**
1	Project Coordinator / Team Leader	1	2.5	BSc Architecture or Civil Engineering; ≥7 years general experience; valid practicing license; ≥2 completed health-facility feasibility studies.

2	Senior Civil and/or Structural Engineer	1	2	BSc Civil Engineering, Construction Technology or Structural Engineering; ≥5 years; valid practicing license; ≥2 similar projects.
3	Senior Architect	2	2 each	BSc Architecture; ≥5 years; valid practicing license; ≥2 similar projects.
4	Senior Electrical Engineer	1	2	BSc Electrical or Electromechanical Engineering; ≥5 years; valid practicing license and RURA Electrical Installation Class D, or non-resident equivalent; ≥2 similar projects.
5	Senior Mechanical Engineer	1	2	BSc Mechanical or Electromechanical Engineering; ≥5 years; valid practicing license and RURA Class D (HVAC), or non-resident equivalent; ≥2 similar projects.
6	Biomedical Expert	1	2	BSc Biomedical Engineering; ≥5 years; valid practicing license; ≥2 health-facility infrastructure projects.
7	Quantity Surveyor	1	2	BSc Quantity Surveying; ≥5 years; valid practicing license; ≥2 similar projects.
8	Land Surveyor	1	1.5	BSc Land Surveying or Geotechnical Engineering; ≥3 years; valid practicing license; ≥2 similar projects.
9	IT Expert	1	1	BSc Computer or Telecommunication Engineering; ≥3 years; ≥2 similar projects; valid practicing license where required by the applicable professional/regulatory framework.
10	Social Safeguards Expert	1	2	BSc Sociology, Development Studies, Social Work or related;

				≥3 years; stakeholder engagement, grievance redress and vulnerable-group consultation experience; ≥2 similar projects with social safeguards; valid practicing license where required by the applicable professional/regulatory framework.
11	Environmental Safeguards Expert	1	2	BSc Environmental Sciences or related; ≥3 years; RAPEP registration or recognized non-resident equivalent; ≥2 completed ESIA assignments.
12	Occupational Health and Safety Specialist	1	1.5	BSc Environmental Sciences, Occupational Health and Safety or related; ≥3 years; ≥2 similar projects.
13	Infection Prevention and Control (IPC) Specialist	1	1.5	BSc Nursing, Public Health, Environmental Health, Medicine or related health discipline with IPC specialization; ≥3 years IPC including operating healthcare settings; professional council registration where applicable; ≥2 assignments involving IPC planning for works in operating health facilities.

For each named expert, provide a National Identification card (Id) or Passport, a signed and dated CV, degree copies, valid practicing license where required for the profession, HEC equivalence notification for foreign degrees or evidence of application for Local staff, and signed availability statement. All fourteen (14) key personnel positions shall meet the applicable professional licensing requirement in Rwanda or provide the recognized equivalent for non-resident experts. “Similar projects” means completed infrastructure development projects evidenced by certificates of services rendered or work completion certificates.

5. Joint Ventures

Joint ventures or partnerships with maximum two firms may submit proposals. The lead company remains responsible for compliance with the resultant agreement. Evidence of the arrangement must be submitted within the offer for verification. Qualifications and experience may be aggregated across members except the Team Leader requirement, which must be met by one individual.

D. Instructions for Preparation and Submission of Proposal

D.1 Proposal Dates and Requirements

Milestone	Date and Time
RFP Released	September 11, 2026
Deadline for Written Questions	September 28, 2026 — 7 calendar days before proposals due
Answers for Questions Released	September 30, 2026
Mandatory Joint Site Visit, Kabaya and Gisenyi	From September 23 – 24, 2026 Depart at Rubavu district Head Office at 9h00 AM local time.
Proposals Due	October 05, 2026, at 05h00 local time

D.2 Questions and Answers

All questions regarding this RFP must be submitted in writing by the stated deadline to rwandaprocurement@clintonhealthaccess.org. Questions and CHAI responses will be posted at the same location as the RFP and will be circulated among all the bidders. CHAI will only consider written requests for clarification. Only written answers from CHAI will be considered official and carry weight in the RFP process and subsequent evaluation. Answers or guidance received outside of the official channel from employees or representatives of CHAI will not be considered official information regarding this RFP.

D.3 Proposal Submission and Validity

All responses to this RFP must be submitted by the date and time above and must comply with the instructions below. Offers must be submitted electronically only to rwandaprocurement@clintonhealthaccess.org , with the subject line "RFP – Feasibility Study, MNH Units Kabaya and Gisenyi – [Bidder Name]". The technical proposal and budget must be separate, clearly labelled files. No pricing may appear in the technical proposal. Offers received after the deadline are invalid. Offers must remain valid for 60 days from submission.

D.4 Award

CHAI will examine offers for completeness, compliance and due signature and will select the offer representing best overall value. Award is subject to availability of funds under the Beginnings Fund pass-through arrangement.

Offerors are required to use the form in Annex A below, to reply to this RFP. Failure to provide required information or to respond to the RFP in all respects may result in rejection or disqualification. Proprietary information must be clearly marked. Submissions must be in English. CVs, certificates, licences, registration documents and the Gantt chart are not counted toward the page limits.

D.5 Technical Proposal

Section	Required content	Page limit
D.5.1 Technical Approach and Methodology	Understanding and approach to every B.1.2 component; method statements demonstrating compliance with every B.1.3 minimum; proposed boreholes/trial pits, laboratory tests, survey equipment and georeferencing; demand projection, space programming, patient flow, conceptual design, cost estimation, cost-benefit analysis; QA/internal review.	8
D.5.2 Environmental and Social Approach	ESIA/ESMP methodology per facility; critical path to two ESIA certificates; REMA processing-time assessment and risk management; stakeholder engagement, GRM and vulnerable-group inclusion; IPC, healthcare waste, WASH, labour management, accessibility, geohazard and climate screening.	8
D.5.3 Draft Work Plan	Ten-week Gantt aligned with B.2; staffing schedule by expert and deliverable; risk register and mitigation, including ESIA timing and continuity of hospital operations.	3 + Gantt
D.5.4 Key Staff	Organogram, reporting lines, Team Leader; signed/dated CVs for all 13 positions (max 3 pages each in annex), supporting documents and availability confirmation.	2 + CVs
D.5.5 Capabilities Statement and References	Company profile; relevant experience; C.2/C.3 evidence; C.1 documents; three references; JV agreement or subcontracting disclosure.	5

D.6 References

Offerors must complete the past-performance table in Annex A.

D.7 Budget

The resultant award will be a fixed-price, deliverables-based agreement paid in three tranches against written acceptance of B.2 deliverables, indicatively 20% on D1, 40% on D2 and 40% on D3, within thirty (30) days of a valid invoice. Offerors must price each deliverable and provide underlying detail for personnel fees by named expert and man-month, travel and per diem, topographic survey and geotechnical investigations including rates per borehole and test, ESIA/regulatory fees, reproduction and other direct costs.

Budgets must be in RWF. Costs incurred in another currency must state the exchange rate and date used. The offer must be fixed and firm; no additional fees, taxes or costs may be added after award. VAT must be shown separately and the applicable withholding-tax treatment stated. Offerors should account for VAT in their cost proposals.

E. Evaluation Criteria and Negotiation

CHAI will award to the offer achieving the highest combined technical and financial score under the method set out below. Offers failing C.1–C.4 will not be scored.

Evaluation will follow the Quality and Cost-Based Selection (QCBS) method. The technical proposal will be weighted at 80 percent and the financial proposal at 20 percent of the total score. A minimum technical threshold applies: only offers scoring at least 70% of technical points will have their financial proposal scored. The award will be made to the offer with the highest combined technical and financial score.

E.1 Technical Evaluation

Category	Criteria	Points
Technical Approach and Methodology (D.5.1)	Completeness across all six scope components; soundness and compliance of site investigation, survey and geotechnical methods with B.1.3; rigour of demand projection, space programming, cost estimation and cost-benefit methodology; QA arrangements.	25
Environmental and Social Approach (D.5.2)	ESIA/ESMP soundness; credible critical path to two certificates and risk management; stakeholder engagement, GRM and vulnerable-group inclusion; IPC, healthcare waste, WASH, geohazard and climate approaches.	20
Draft Work Plan (D.5.3)	Deliverability within ten weeks; Gantt/staffing consistency with fieldwork volume; risk register including hospital operational continuity.	10
Key Staff (D.5.4)	Team Leader qualifications and health-facility feasibility experience; qualifications, licences and relevant experience of remaining experts; completeness of all 13 positions; availability; organogram and man-month coherence.	30
Capabilities and References (D.5.5)	Relevant health-facility infrastructure experience; evidence for two similar assignments and references; Rwanda/comparable-setting experience.	15
Technical Score Subtotal		100

E.2 Financial Evaluation

Category	Criteria	
Budget	Cost realism/value for money against technical approach; priced fieldwork matching method statements; completeness and transparency; assumptions and VAT treatment; absence of unpriced/contingent items. A budget that is incomplete, contains unpriced or contingent items, or does not price the fieldwork set out in the method statements may be declared non-compliant and excluded before this calculation.	

Offerors are expected to submit their best offer. CHAI will hold bid discussions and negotiations with the successful bidders.

F. Terms and Conditions of Resultant Agreement

Any agreement that results from this solicitation will be subject to CHAI's standard agreement terms and conditions. A copy is available upon request. For the purpose of this solicitation, please note that the following terms apply:

I. Confidentiality

Confidential or proprietary information must be clearly marked and will be treated as confidential for assessment purposes. The successful offeror shall maintain strict confidentiality and adhere to professional ethics.

II. Ownership of Deliverables and Data

All data, GIS files, drawings, CAD source files, survey and geotechnical data, photographs and reports produced under the agreement are the property of RBC / Government of Rwanda and shall not be shared, published or reused without RBC's prior written consent. Complete handover of raw and processed data and source files is a condition of final payment.

III. Data Protection

The successful offeror shall comply with Law N° 058/2021 of 13/10/2021 relating to protection of personal data and privacy. Consultations involving patients, staff, communities or vulnerable groups shall meet applicable ethical and privacy standards. Incidental collection of personally identifiable information shall be disclosed to CHAI and RBC/MTD and managed under the agreed data-management plan. By submitting proposals and CVs, offerors consent to CHAI processing personal data for this selection process.

IV. Safeguarding, Fraud and Corruption

The successful offeror shall comply with CHAI and RBC policies on fraud, corruption, sexual exploitation and abuse, child safeguarding and anti-terrorism financing, and ensure all personnel and subcontractors are bound by them.

V. Conflict of Interest

Offerors shall disclose actual or potential conflicts in Annex A and notify CHAI immediately of conflicts arising after submission.

VI. Governing Law

The resultant agreement shall be governed by the laws of the Republic of Rwanda. The place of performance is Ngororero and Rubavu Districts.

VII. Warranty and Insurance Requirements

The successful offeror warrants that deliverables are original work, free of third-party rights, and prepared in accordance with professional standards and the regulatory framework in B.1.5. The offeror shall correct at no additional cost any error or omission identified within ninety (90) days of written acceptance of the Final Feasibility Study Report.

Before mobilization, the offeror shall provide evidence of professional indemnity insurance, public liability insurance and workers' compensation cover for all personnel deployed to the two hospital sites.

Annex A: Proposal Application Form

All offerors must complete this form. It must be signed by an authorized representative, dated and submitted with a copy of the business licence and all documents requested in Section C.1.

Field	Offeror response
To	CHAI Procurement Office
Reference	[Insert CHAI RFP number]
Company Name	[Insert company name]
Company Address	
Company Telephone	
Company Website	
Company Registration or Tax ID	
Bank Account Number	
Name of Bank	
Brief Company Description	

General Certification

We, the undersigned, hereby provide this offer to perform the work described in the referenced RFP. We acknowledge and agree to all terms and conditions. We certify that our organization, principal officers and key individuals are eligible, not debarred or sanctioned, and have no close familial or financial relationships with CHAI staff, individuals representing CHAI, RBC/MTD evaluation committee members or other bidders. If we become aware of a potential conflict, we will immediately notify ethics@clintonhealthaccess.org. We certify that our business license is accurate and current. Our offer remains valid for 60 days from submission.

Past Performance

Reference	Company / Entity / Individual	Contact Information	Brief Description of Work
1			
2			
3			

Technical Proposal

Submit the technical proposal in the five sections and within the page limits in Section D: Technical Approach and Methodology (8 pages); Environmental and Social Approach (5 pages); Draft Work Plan (3 pages plus Gantt); Key Staff (2 pages plus CV annex covering all 13 positions); Capabilities Statement and References (5 pages).

Budget

Submit the budget as a separate file. Provide a price for each of the three B.2 deliverables, supported by the required underlying detail and rate build-up, in RWF, priced to a stated base date, fixed and firm for the period of performance, with VAT shown separately and a cost narrative explaining each line item and assumptions.

Key Officer Signatures

Name (Printed)	Title	Signature	Date