1. **Background:**

Good Neighbors International (GNI) has been working in Nepal since 2002 with the objective of improving lives of poor people, especially children through education, income generating activities, health services, child protection, disaster risk reduction, advocacy and network building. Currently, GNI Nepal has been operating its activities in 19 districts.

2. **Objective of the service:**

- To boost the morale of staff members in this stressful situation.
- To keep staff engaged and help them cope up with fear and insecurities of this current pandemic period.
- To prioritize the employee well-being.
- To develop their psychological well-being and resilience to cope up with the ongoing COVID crisis.

3. **Scope of the Work**

The consultant service for training packages will be availed based on the specification as mentioned below. The service will be availed on a session basis on one particular theme.

4. **Expected Deliverables**

- Prepare and submit session outline, detailed content, PPT, Handouts, training delivery
- Submit report on the delivery of training programs
- Conduct Pre and Post evaluation of each training
- Submit the final training documents (manual and power point slides, group work exercise etc.)
- Create impact to develop resilience and boost the mental well-being.
5. **Budget and Mode of Payment:**
The Vendor shall submit training proposal with detailed content and program module along with CV of the trainer.

a. The payment shall be made only to the account of the service provider/firm’s name.
b. The payment will be made through Account Payee Cheque.

6. **Acceptance of ITB**
All the rights to accept or to reject the proposal, with or without any obligations, shall be reserved by GNI Nepal. If deemed necessary, the service provider shall be asked for modifications.

7. **Management of the Service:**
The selected service provider shall be accountable for the deliverables and effectivity of the proposed session in a participatory approach within the stipulated time.

8. **General Qualification of the service provider/firms:**
All the private service provider or firm registered under the authorized Government bodies of Nepal Government with proven experience in the related field is eligible to apply for the project. The service provider/firm should have the documents as outlined below:

a) Service Provider/firm should have PAN, Company registration, VAT registration and Tax clearance certificates etc.

9. **Documents to be Submitted by the Service Provider/Firm:**
The application shall contain following documents:

A. Price quotation for the desired training session

B. Detail of the service provider/firm

a) A copy of organization/firm registration

b) A copy of Tax clearance certificate (077/078)

c) VAT and PAN registration

d) Company/Own Profile
Interested and eligible individuals/firms are requested to submit the proposals through courier/hand delivery to Good Neighbors International Nepal Office Address or email to procurement@gninepal.org clearly marking the subject with “RFP for Training Sessions for GNI Staffs” till 31st May 2021, 17:00 Hrs (Nepali Time)

Bid received after the deadline will not be considered and only shortlisted firms/suppliers will be called for further process. Canvassing at any stage of process shall lead to automatic disqualification. The organization reserves all rights to qualify/disqualify application with or without providing any reasons whatsoever. All bids will be treated with the highest confidentiality.
## ANNEX I:
### Specification for Training sessions

<table>
<thead>
<tr>
<th>SN</th>
<th>Topic of the training programs</th>
<th>Expected Deliverables</th>
<th>Time Frame</th>
<th>Medium</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mindfulness</td>
<td>Different practices and scientific approach towards mind training, deal with negative thoughts, emotion management, skills to process stress, anxiety and negative emotions</td>
<td>2-3 days (2 hrs per day)</td>
<td>Virtual</td>
<td>All Staff of different levels</td>
</tr>
<tr>
<td>2</td>
<td>Stress Management</td>
<td>Managing stress, identifying causes, monitor symptoms, how to take control of the situation, learn how to change the situation and/or changing the reaction towards it</td>
<td>Half to 1 day</td>
<td>Virtual</td>
<td>All Staff of different levels</td>
</tr>
<tr>
<td>3</td>
<td>De-stressing sessions</td>
<td>Entertaining and beautiful blend of interactive intense group processes, talks, presentation and fun based methodology including powerful breathing, various Pranayams, yoga and meditation</td>
<td>Comprehensive package 7 days or more (2 hours per day)</td>
<td>Virtual</td>
<td>All Staff of different levels</td>
</tr>
<tr>
<td>4</td>
<td>Building Positive Attitude</td>
<td>How to make oneself happy, techniques to interact with positive environment and people, get pleasure in simplest things, importance of self-loving and dealing with intuitions.</td>
<td>2 or 3 days</td>
<td>Virtual</td>
<td>All Staff of different levels</td>
</tr>
<tr>
<td>5</td>
<td>Psychosocial wellbeing</td>
<td>Increase awareness on prevention, self-care and support, provide support to overcome distress and improve mental health, techniques to build resilience, provide referral services to severely traumatized person</td>
<td>2 days</td>
<td>Virtual</td>
<td>All Staff of different levels</td>
</tr>
</tbody>
</table>
# Annex II
Financial proposal/Bidding Form

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Specification of the Items</th>
<th>Number of participants</th>
<th>Unit Rate with VAT for less than 100 participants</th>
<th>Unit Rate with VAT for more than 100 participants</th>
<th>Total Amount in NRs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Training package for half or one day</td>
<td>94/194</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Training package for less than 7 days</td>
<td>94/194</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Training package for more than 7 days</td>
<td>94/194</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Grand Total Amount**

**Name of Service Provider:**

**Date:**

**Contact No:**

**Organization Stamp:**