



Rijksdienst voor Ondernemend
Nederland

Call SBIR¹ in Developing Markets

Innovations for Women's Health in Africa

Benin, Ethiopia, Kenya, Mozambique, Nigeria, Uganda and South-Africa (to be confirmed)

Theme 1: Improved availability and quality of healthcare services for women

Theme 2: Diagnostic solutions, medical assistive devices, and clinical practices that advance women's health outcomes

Theme 3: Self-care and home-based medical products designed for women's health

Opening: **20 March 2026**

Closing date Expressions of Interest: **20 April 2026 13:00 CEST**

Budget: **3,9 million euros**



¹ The abbreviation SBIR stands for *Sustainable* Business Innovation Research and is inspired by the American Small Business Innovation Research program. The Dutch SBIR in Developing Markets programme is tailored to smaller companies but is open to all organisations that are committed to addressing societal challenges. SBIR is a 'precommercial procurement'; contracts for research and development services fall outside of international public procurement agreements alike the WTO Government Procurement Agreement. The procurement of R&D remains governed by the Treaty principles of transparency, equal treatment, and non-discrimination....

1. Introduction of the SBIR in Developing Markets call

Are you an innovative entrepreneur motivated to make impact? Do you have ideas that not only tackle a societal challenge but also create a business case? If so, we are looking for you. Join our competition, where we seek innovative solutions to address some pressing societal challenges. This competition offers an opportunity to start an innovation trajectory for research and development resulting in a validated prototype, collaborations with entrepreneurs and impactful solutions that may lead to viable business models.

We are looking for innovations that support and improve health systems, by addressing women's health gaps, strengthening primary care and referral systems. Offering effective and practical clinical tools, assistive devices, supplies, and efficient clinical practices that enable healthcare professionals to diagnose, monitor, and manage women's health conditions more accurately and safely. Eligible innovations may include innovative assistive devices, adapted assistive tools, or validated clinical workflows and decision-support methods suitable for primary and community healthcare settings.

We invite you to be part of the solution. We are seeking your innovative ideas to tackle these gaps to strengthen existing structures or create new pathways. If you have a smart, forward-thinking solution that may turn women's health into a business, we want to hear from you. Enter the SBIR competition in which we support several selected innovations that matter. Our country focus²:

- Benin
- Ethiopia
- Kenya
- Mozambique
- Nigeria
- Uganda
- (South-Africa – to be confirmed)

We expect that both the African and the Netherlands economy will benefit from the developed innovations as laid out in the policy on Trade and Economy of the Netherlands Ministry of Foreign Affairs as set out in the policy letter of 2025.

1.1. SBIR DM offer

- Access to seed funding and resources to bring your idea to life;
- Guidance to elevate your innovation during a 2,5-year innovation track;
- The opportunity to expose your solution into our networks and the SBIR community.

1.2. SBIR DM participation

Participants are Dutch (or EU based) entrepreneurs and entrepreneurial organizations from various sectors who are committed to address societal challenges and are eager to collaborate with (African) partners to make a meaningful difference. We encourage especially female entrepreneurs to participate in this challenge. Collaborations are encouraged in the form of subcontracted services.

1.3. SBIR DM key elements

- Adapt existing designs, products and services to the selected African country's reality;
- Design concepts that can be developed locally into concrete products;
- Redesign and improve existing structures, by adding modern technology;

² These countries are appointed by the Ministry of Foreign Affairs because of their focus on the policy thematic areas of Trade and Health.

- Balance economic impact and social impact
 - generate business, increase economic capacities, and deliver cost-saving solutions
 - address capacity and efficiency challenges;
- Lay the foundations for scale to reach both social impact and economic value;
- Lay the foundations for a business model focused on long-term sustainability and self-reliance;
- Leverage knowledge and expertise through collaborations with African entrepreneurs;
- Create both impact in African countries and learning value for the Netherlands;
- Committed to staying involved for longer than the duration of the SBIR challenge.

2. Focus of this SBIR DM call

In general, women experience disadvantages in medical treatment. Diagnostics and treatment of diseases are mostly developed for male bodies, resulting in delayed diagnoses for women. Or, for diseases specific for women, nothing is available at all, or in low supply. Women in Africa face high risks related to maternal health, reproductive conditions, cervical and breast cancer, anaemia, and infectious diseases, often combined with late diagnosis and limited access to care. Access to healthcare services may be challenging; women are remote from health care and city hospitals or lack time or money to stay away from home for a longer time. Or because they are physically not able to travel. Getting the right healthcare may also be challenging because of certain taboos on specific ailments, mental health issues or because a lot of treatments are aligned with men. Cultural norms, financial dependence, distance to facilities, and lack of female-friendly services prevent many women from seeking timely care, such as consultations, treatment and follow-up. However, a woman's health strongly influences child health, nutrition, education, and overall family wellbeing. Improving women's health therefore has a multiplier effect across communities. Gender-responsive healthcare ensures women receive appropriate, respectful, and effective treatment tailored to their biological and social realities.

This SBIR call seeks innovative solutions for patients and medical practitioners to benefit women's health in a business-oriented way. Health issues are often seen as public sector and social problems and not so much as market opportunities. Also in low-income environments, it is hard to price products or services at levels that ensure profitability without excluding those who need them most. The end-user is often not the one who pays (government, NGO, employer, insurer). This complicates revenue models and customer acquisition strategies. Business cases often rely on complex B2G or B2B2C models rather than direct consumer sales. However, there is need for business-oriented solutions. Turning women's health challenges in Africa into a business case often requires blended finance, innovative pricing, ecosystem partnerships, and innovative patient capital. This SBIR competition will support your innovation trajectory to map which women's health segments are more business-viable and reframe these challenges during the innovation trajectory into a business model and investor-ready narrative.

Technologies or types of solutions excluded from this competition:

- Stand-alone applications, such as digital tools and data systems. These solutions are welcome under the conditions that they must fit in local settings where internet is not always reliable or be supportive instead of leading. The medical system should be capable to embed and follow-up on the results of the applications.
- App-led AI tools. These solutions are welcome under the conditions that AI is supportive through or integrated features in decision support, risk stratification, or remote monitoring tools, and

embedded in physical products. This implies providing support in safe self-care and timely escalation without increasing complexity or dependence on connectivity.

- Pharmaceutical products and medicine.
- Technologies that require high up-front investments.
- Solutions that will not easily integrate in African settings.
- Technologies that will exacerbate health inequalities (including digital exclusion or data inequalities)
- Solutions that are or will not be co-designed with women.
- Solutions that do not impact the primary health systems.

The Netherlands Ministry of Foreign Affairs invites applicants to submit proposals for one of the following three themes. The themes inevitably have some overlap, they differ however in perspective: accessibility for the patient, enabling health care professionals and alternative self-care solutions. Within each theme the applicant has the freedom to further specify the challenge.

Theme 1: Improved availability and quality of healthcare services for women

Theme 1 refers to expanding women's access to timely, affordable, and appropriate healthcare while improving the safety, effectiveness, and patient experience of those services. In the African context, this means bringing services closer to women—especially in underserved areas—while ensuring care is gender-responsive, well-equipped, and delivered by trained health professionals. Enhanced availability focuses on reducing physical, financial, and social barriers that prevent women from seeking care, such as long distances to facilities, shortages of skilled staff, or high out-of-pocket costs. Improved quality emphasizes better diagnostics, maternity care, continuity of care, and reliable medical supplies, leading to earlier detection, safer treatment, and better health outcomes across a woman's life course. For small and remote clinics, the prevention of infections in maternity and gynaecology wards also applies. We seek innovations that develop and validate new medical technologies or clinically validated diagnostic or treatment approaches that enable women to detect, monitor, or manage health conditions at home, in pharmacies, or in community settings before hospital care becomes necessary. Appropriate healthcare offers diagnostics and treatments adapted to the woman's body and physiology.

We are looking for innovative medical supplies—such as portable diagnostic tools, self-testing kits, long-acting treatments, and wearable or point-of-care devices—that enables early detection and management of female conditions before they become severe. This prevents complications that would not be addressed at all or otherwise require hospital admission. For many women, hospitals are far away, costly, and/or difficult to reach due to transport, caregiving responsibilities, or cultural constraints. Women are more likely to seek care when it is discrete, culturally appropriate, and provided within their communities.

By integrating locally sourced materials or locally manufactured components, these products reduce costs, improve availability, simplify maintenance, and increase adoption by patients. Quality should be maintained; products should be clinically reliable, culturally appropriate, and usable.

Potential solutions could entail:

- Introduction of portable or point-of-care diagnostics such as rapid tests for anaemia, infections, chronic conditions and pregnancy at lower-level health facilities improving the accuracy and speed of care for women.
- Mobile health units that provide cervical cancer screening, breast exams, prenatal checkups, and HIV services in remote or informal settlements where permanent facilities are limited.
- Ultrasound handhelds.
- Low-literacy self-testing kits for women’s health conditions.
- Digitally assisted interpretation of simple diagnostic tests.

Theme 2: Diagnostic solutions, medical assistive devices, and clinical practices that advance women’s health outcomes

Theme 2 refers to tools and approaches that enable healthcare professionals to detect, monitor, and treat women’s health conditions more accurately, earlier, and more safely —particularly in low-resource African settings. These solutions improve clinical decision-making, reduce complications, and enhance the quality of care across reproductive, maternal, and non-communicable diseases affecting women. They also offer diagnostics and treatments adapted to the woman’s body and physiology. Stronger health systems addressing women’s health gaps strengthens primary care, referral systems, and data quality —benefiting all areas of medical support. Improved clinical outcomes on topics such as better diagnostics, appropriate medical assistive devices, and targeted care pathways help medical practitioners diagnose earlier, treat more effectively, and reduce preventable complications. Preventive and early-care approaches lower emergency cases, maternal mortality, and long-term complications, easing pressure on overstretched health systems. Better tools and training, such as devices and workflows designed with women’s health in mind, improve efficiency, accuracy, and confidence among healthcare workers.

We are looking for innovations equipping medical staff with appropriate diagnostic and examination tools, purpose-designed medical assistive devices, and evidence-based clinical practices tailored to women’s biological and social health needs. In Africa, this often involves portable, affordable, and easy-to-use technologies combined with task-shifting, simplified protocols, and continuous training, allowing high-quality care to be delivered at primary and community levels rather than only in hospitals.

By integrating locally sourced materials or locally manufactured components, these products reduce costs, improve availability, simplify maintenance, and increase adoption by healthcare providers. Tailored devices also address gaps where standard imported equipment is unsuitable for women’s anatomy, privacy needs, or care pathways. Quality should be maintained; products should be clinically reliable, culturally appropriate, and usable.

Potential solutions could entail:

- Improved delivery beds, vacuum extractors, manual vacuum aspiration kits, and safe blood transfusion equipment supporting safer childbirth and emergency obstetric care.
- Solar-powered foetal heart rate monitors and blood pressure devices designed for maternal care ensuring reliable monitoring where electricity is unreliable.
- Examination tools designed for privacy, comfort, and appropriate anatomy.

- Digital innovations that expand cognitive access, triage capacity, and referral efficiency—such as AI-supported symptom assessment tools.
- Specialised medical assistive devices designed for women.
- Evidence based clinical protocols and workflows for common women’s conditions.
- Structured referral algorithms for high-risk pregnancies
- Tools enabling nurses, midwives, or community providers to safely perform assessments normally done by physicians.
- Locally manufacturable diagnostic kits and device components

Theme 3: Self-care and home-based medical products designed for women’s health

Theme 3 refers to innovations that strengthen self-care and home-based women’s health by products that are specifically adapted to women’s biological needs, cultural contexts, and the practical realities of African healthcare settings and the distance for women to make use of it. Community-based or home-use medical supplies bring care closer, reduce travel time, expenses, and lost income. These solutions are designed to be affordable, durable, and usable in low-resource environments, while strengthening local manufacturing capacity and supply chains.

This theme emphasizes women-centred design combined with local production or assembly, ensuring medical health care products are appropriate for African contexts—such as limited electricity, high patient volumes, and constrained budgets. By integrating locally sourced materials or locally manufactured components, these products reduce costs, improve availability, simplify maintenance, and increase adoption by women.

We are looking for innovations designed for privacy and ease of use to help overcome stigmas related to reproductive, maternal, or gynaecological health. Overall, innovative medical supplies for rural women transform healthcare from hospital-centred to prevention-focused, community-based care—saving time, reducing costs, improving outcomes, and making health systems more resilient. Innovations will bring new or significantly adapted home-use medical products or self-care health approaches enabling women to safely detect, monitor, or manage health conditions outside clinical facilities. Eligible innovations may include self-testing kits, home monitoring solutions, or validated self-care protocols designed for usability, privacy, and cultural appropriateness in low-resource settings. Access and quality must go hand in hand: innovations should not only be available locally but must also be clinically reliable, culturally appropriate, and usable by frontline nurses, pharmacies or community health workers. Products made from locally sourced materials - durable, low power, and repairable - support affordability, supply resilience, and trust among women users.

Potential solutions could entail:

- HIV self-test kits, family planning products, and pregnancy tests designed for privacy and ease of use help women manage their health without frequent facility visit.
- Locally manufacturable orthopaedic aids and assistive technology products that support women to improve or maintain their daily quality of life by easing or compensating for an injury or disability.
- Low-cost home tests for pregnancy complications
- Home blood pressure monitoring systems adapted for pregnancy
- Home-based therapeutic support kits (e.g., iron supplementation monitoring systems)
- Digital or AI supported self-care apps

3. Conditions for applicants and their subcontractors

3.1. Tenders can only be submitted by:

- Applicants that are registered in the professional register or in the trade register in accordance with the regulations of the Member State (EU) where one is established.
- Applicants and their subcontractors that comply with the other conditions mentioned in paragraph 11.1 of the *SBIR in Developing Markets Guide for Businesses*.

Applicants for this SBIR DM declare that they will conduct their activities in line with the guide for Corporate Social Responsibility of the Organization for Economic Cooperation and Development (OECD): [Responsible Business Conduct | RVO.nl](#). Applicants need to account for the risks associated with doing business internationally.

4. Minimum requirements

For entering this innovation competition there are 2 basic conditions that will apply. Applicants that don't meet these conditions as listed below, will be excluded from this SBIR DM competition.

4.1. Challenge, themes & countries

The proposed solution fits within at least one of the themes of this challenge and will be developed in one of the listed countries.

4.2. R&D services and innovation

The services offered by the applicant have to be within the scope of the definition for R&D services, as mentioned in the *SBIR DM Guide for businesses*.

The innovation can be hardware, software, a service or a new way of organising things. This also includes making existing products and services in another country suitable for the target country in an innovative way. Obviously, this still requires R&D and there is a reasonable chance that it is not technically or economically feasible.

5. Essential elements in your EoI and bids

5.1. Expression of interest

In order to enter the SBIR DM competition, you need to register your idea or intended innovation with an "Expression of Interest (EoI)". (See section 7)

We expect you to provide us in the expression of interest with:

- A description of the specific challenge that your innovation will tackle and the impact you aim to make.
- An explanation of why R&D is needed.
- An explanation why your company is capable of making the innovation a success.

5.2. Deliverables Phase 1 and Phase 2

In order to make a good assessment of your bid, it is important that you provide as with as much details as possible. Mention relevant topics and context information; also what you don't know yet; and what you need to research. To understand the elements that are essential in your bid, we explain what needs to be achieved after Phase 1 and Phase 2.

At the end of Phase 1, projects are expected to have established the technical merit, feasibility, and commercial potential of the proposed innovation. Examples of exit points include:

- Assumptions on the context validated and partners identified
- Technical feasibility and R&D needed
- Start of the business validation of market players and dynamics

Call specific:

- Health partners and stakeholders identified
- Early clinical evidence generation plan for adoption (type of data available, type of surveying groups such as communities, health workers etc)
- If applicable: EU medical device classification (<https://webgate.ec.europa.eu/udi-helpdesk/en/other-relevant-information/medical-device-classification.html>)

Following successful completion of Phase 1, projects may be invited for further funding at Phase 2 to continue development, subject to budget availability. The expected outcome of Phase 2 is a prototype, validated clinical workflow, or evidence-based clinical practice supported by a tangible tool or reproducible methodology, rather than general training or health service reform.

It is expected that at the end of Phase 2, most of the following will also be achieved:

- Increased engagement with end-users such as patients and health staff and validated assumptions on the realities within the innovation trajectory (criteria 1)
- Early clinical evidence gathered to demonstrate safety, accuracy and acceptance. (criteria 2)
- Tested prototype
- Ideas for after Phase 2 (commercialisation) such as further product-market fit steps, investment readiness, scaling.
- Evidence gathered towards regulatory approval, cost effectiveness and early clinical evidence.

5.3. Phase 1 bid

If you are invited for a Phase 1 bid, keep the deliverables of Phase 1 in mind. We expect you to provide us with a detailed description of the following elements:

- An insight in your local network or a convincing plan to find (new) partners;
 - Insight in the structure of the ecosystem in which your innovation must land;
 - A short description of your innovation linked to the chosen country;
 - An explanation why R&D is needed and expected major risks;
 - Business case: first ideas.
 - First ideas on the roles women can play in the several stages of your innovation development.
- Our template for the project plan will guide you through these elements.

5.4. Phase 2 bid

With the deliverables of Phase 2 in mind we expect you to provide us in your Phase 2 offer with:

- A clear description of your innovation and risk analysis.
- A validation of how your innovation will fit in the setting.
- An insight in first users and clients.
- Evidence-based: an insight in your approach.

- Health economics: how will your innovation reduce operational costs.
- Gender: concise description of the role women play in your action plan and project set-up based on the findings in Phase 1. As target group (end user as well as paying client) or as entrepreneur/developer etc.)

Our template for the project plan and the business plan will guide you through these elements.

5.5. Elements in your bid explained further

5.5.1. Impact and context

Your innovation makes impact by tackling a specific societal challenge. In the feasibility phase you specify which solution your innovation is going to deliver and how it will be adopted. Think of accessibility, affordability and acceptance. You are aware of the settings you work in such as legislative frameworks, resource availability (materials, financing, institutions), cultural, political and social realities and existing (informal) activities. You have an idea of the parties you need to work with, and you establish a network. During Phase 2 you have validated your contextual assumptions and have established collaborations that ensure your connection with the market.

5.5.2. Innovation: Validation, R&D, TRL and partners

We qualify a product, technique or service an innovation if the product or service is new to the target country; it comprises a new technology; or a new organisational method. The innovation can be hardware, software, a service or a new way of organising things. This also includes making existing products and services in another country suitable for the target country in an innovative way. Obviously, this still requires R&D and there is a reasonable chance that it is not technically or economically feasible. (R&D is up to Technology Readiness Level 7 and includes first 0-series (preproduction series?); see also R&D definitions in the *SBIR DM Guide for businesses*.)

Good partners in the country are essential for the success of your innovation. Products made from locally sourced materials—durable, low power, and repairable—may support affordability, supply resilience, and trust among users.

5.5.3. Economic perspective and potential to expand

For the innovation you are proposing, you identify and validate in Phase 1 the demand for the solution. You analyse the market dynamics in which your innovation must land. You use the lean canvas model³ for mapping. In Phase 2 you have the end-users in the picture and a potential first buyer. You can explain your business model and how you intend to make money out of your innovation. In case more needs to be done before commercialisation is possible, you prepare steps after phase 2 is finalised. The proposed solution can in the future be applied by (semi-) public organizations or will be widely accessible for private entities.

5.5.4. Gender equality

Gender equality and the empowerment of women is a cross-cutting goal. SBIR DM is about tackling a societal challenge and make a business case out of it. At least half of the people benefitting from this, is female. All entrepreneurs who aspire to receive an SBIR contract should therefore make sure that women are involved in various and relevant capacities. During the innovation trajectory, SBIR participants are requested to indicate if and how women are affected by and involved in the challenge addressed. This needs to be elaborated properly in the proposal. It is important that you

³ <https://leanstack.com/LeanCanvas.pdf>

display creativity and out-of-the box thinking in involving women in case their involvement is not obvious.

5.5.5. Health economics

Health care facilities: most hospitals and clinics operate with limited budgets, especially public ones. Health innovations that can reduce operational costs – whether through technology, medical assistive devices or process improvements - while improving patient care are highly attractive from both a financial and operational perspective.

Innovations that enable better patient outcomes (e.g., through earlier diagnosis, preventive care, or remote monitoring) can lead to reduced readmissions, fewer complications, and lower treatment costs. This not only improves hospital profitability but also frees up resources for other services. Furthermore, innovations that streamline workflows, reduce manual tasks, or provide real-time data to healthcare workers can reduce labour costs while boosting productivity. Hospitals can do more with the same or fewer staff, which is essential in resource-limited settings.

Investors: investors are more likely to support innovations that can reduce costs for hospitals and/or patients, as these savings can directly translate into profit for hospitals, creating a strong business case. By making hospitals more efficient, investors can anticipate a steady demand for these innovations. You will be requested to map your efficiency gains (cost reductions, workforce implications and alignment with existing systems) to validate your social impact and financial viability after the R&D process

5.5.6. Early clinical evidence

Evidence-based health innovations are those that have been rigorously tested and validated through clinical trials, real-world data, or proven through reliable scientific research. These innovations are grounded in data and have a solid proof of efficacy and safety. Besides regulatory requirements, evidence-based innovations gain trust from healthcare professionals, governments, patients and investors on the efficiency and delivery of the product or service. Evidence helps healthcare providers and policymakers make informed decisions about where to allocate scarce resources. In many African countries, there are limited funds for health systems, so evidence-based innovations can demonstrate how they can deliver the best value for money. You will be requested to lay the foundations for evidence-based working in the SBIR innovation track with the right knowledge on board and method/approach during Phase 1 and clear outcomes in phase 2.

6. The Ministry of Foreign Affairs and the theme of innovation

This call falls under the policy on Trade and Economy of the Netherlands Ministry of Foreign Affairs as set out in the policy letter of 2025. More specifically, the Netherlands aims for market development in low- and middle-income countries by supporting key sectors and enabling trade across borders. This strengthens local economies, while also contributing to the Dutch earning capacity. A win-win objective grounded in mutual interests. A strong emphasis is placed on working together with Dutch businesses and experts in order to contribute to solving local challenges using innovative and locally rooted business solutions. Primarily, the Netherlands focuses on three key areas in which Dutch experts and businesses excel internationally, namely: health, water management and food security. Therefore, this call is well placed to serve Dutch policy goals towards Trade and Economy from an innovative perspective.

7. Procedure

The Netherlands Enterprise Agency (RVO) is part of the Ministry of Economic Affairs and implements SBIR DM challenges for the Ministry of Foreign Affairs. SBIR DM is an open competition for all market players capable of developing innovative (technological) solutions to societal issues. SBIR DM consists of two phases.

Steps in this SBIR DM challenge

1. Interested parties must submit a brief description, an Expression of Interest (EoI), via [the online form](#). *Please note: a maximum of 2 per applicant.*
2. Experts from RVO will assess which of the maximum 40 EoIs best align with the call's objectives and appear to have the best prospects.
3. Applicants of these promising EoIs will receive a bid request for Phase 1. A maximum of one bid request per bidder.
4. A committee of external experts will then advise RVO on which Phase 1 bids best meet the criteria.
5. The applicants of these proposals will be awarded a Phase 1 contract.
6. Parties that have completed the Phase 1 feasibility study may be invited to submit a bid for Phase 2 (development and testing of the innovation).
7. The aforementioned committee will advise RVO on which Phase 2 bids best meet the criteria.
8. Subsequently, the entrepreneurs with the highest scoring bids for Phase 2 will be awarded a contract to (further) develop and test their innovation.

Note. SBIR DM covers only research and development costs. Market launch is not part of SBIR DM.

8. Budget

Het Ministry of Foreign Affairs provides for Phase 1 of this SBIR DM challenge a budget of € 400,000 (including of VAT) per theme. The maximum price per Phase 1 project is € 50,000 (including VAT).

For Phase 2 a budget of € 900,000 (including VAT) is available plus any remaining budget from Phase 1. The maximum price per Phase 2 project is € 200,000 (including VAT). Only contractors that have completed Phase 1 successfully will receive a Bid request for Phase 2.

The budget is divided over the three themes as follows:

	Phase 1	Phase 2
Theme 1	400,000 euros	900,000 euros
Theme 2	400,000 euros	900,000 euros
Theme 3	400,000 euros	900,000 euros
Total	1,200,000 euros	2,700,000 euros

The number of awarded bids for the various phases depends on the price and quality of the highest-rated bid for each phase. If one of the themes does not have a sufficient number of high-quality bids,

part of this budget may be allocated to bids within another theme. Any remaining budget from Phase 1 may be used in Phase 2.

VAT

When doing activities that concern low and middle income countries (DAC-ODA list) and the results benefit these countries, a 0% VAT rate may apply for organisations that are classified as entrepreneurs for VAT purposes and are established in the Netherlands.

For Phase 1 this 0% VAT may not always apply.

9. Assessment of the bids

The assessment will be carried out in accordance with the procedure described in the *SBIR DM Guide for businesses* (March 2026 version) and on the basis of the assessment criteria set out below. Only project proposals that meet the minimum requirements (see 3. Minimum requirements) will be considered for further assessment.

In the assessment (maximum total of 100 points), the maximum number of points that may be awarded per criterion is as follows:

1. Impact: 40
2. Innovation and expertise: 30
3. Economic perspective: 30

Please note: Only projects that score 60% or more of the maximum number of points across all three criteria will be included in the ranking and considered for a contract.

1. Impact: to what extent does the innovation contribute to the challenge, and is this realistic?

The greater the potential contribution of the innovation to the challenge outlined in the call, the higher the proposal scores. It has been made plausible that the solution is indeed a solution to the problem outlined and is applicable in the context. The applicant demonstrates awareness of developments and circumstances in the country for which the innovation is intended and has incorporated this knowledge into the proposal. This includes awareness on how women are affected by and involved in the challenge addressed.

A proposal also scores higher the greater the potential reach of the proposed innovative solution. Factors contributing to a wide reach include: the solution meets the user's needs and is (socially) acceptable. In this regard, the expected contribution must be well-founded, both in terms of quality and, where possible, in quantitative terms.

If the innovation impacts an existing supply chain, it is important that evidence is given into this chain and that the effect of the innovation is indicated.

2. Innovation and expertise

A bid scores higher if it offers a more innovative solution and it is made plausible that the approach will result in a concrete solution. The solution must include essential (technical) elements that align with the expertise of the applicant and their partners.

The project plan for Phase 1 makes plausible that the applicant has a clear overview of the innovation process and presents a plan in which the relevant feasibility questions are addressed, the (technical) substantive risks are identified, and the necessary expertise and creativity to devise solutions are available or will be mobilised.

In the project plan for Phase 2, the research and development challenges must be substantiated and elaborated in a plan that inspires confidence in the proposed approach. The plan contains concrete milestones and makes plausible how (technical) substantive risks will be mitigated in a timely manner within the duration of the project.

3. Economic perspective

A higher score is awarded here to the extent that it is made plausible that the innovation can succeed in the market and that (future) clients will actually use and purchase the innovation developed.

The project plan for Phase 1 focuses on the business model. It clearly explains why the innovation is of interest to clients and the added value it provides. In Phase 2, the business model is further developed into a business plan. The intended business model, the involvement of the right parties to bring the innovation to market, and a clear path to commercialisation are key factors here.

10. Online information meeting

For the expression of interest RVO organises an online meeting where we will explain the challenge. Please register as soon as possible with [the online registration form](#). Once you have registered, you will receive a link to the meeting.

11. Information and contact

Questions regarding this SBIR DM challenge should be addressed to sbir@rvo.nl until max 10 days before the deadline. All information on the Challenge and the accompanying documents can be found on both TenderNed and [SBIR in Developing Markets – Innovation programme | RVO.nl](#)

12. Planning

What	When
Publication of the challenge	20 March 2026
Information meeting (online)	31 March 2026 at 15.30 CEST
Deadline Expression of Interest	20 April 2026 13:00 CEST
Feedback Expression of Interest and possible Bid request Phase 1	27 April 2026
Information meeting on process, bid and documents for Phase 1	7 May 2026
Deadline phase 1 Bids <i>Note. You can start the phase 1 project from the date you submitted the phase 1 bid to RVO. Please note that these costs will be borne by you if you are not awarded a contract.</i>	26 May 2026 at 13.00 CEST
Assessment committee meeting	End of June
Announcement of results <i>Note. You can start the Phase 1 project.</i>	End of June
Contracting phase 1	Beginning of July 2026
Kick-off meeting phase 1	End of August 2026
Online progress meetings	October and November 2026
Deadline feasibility report	7 January 2027
Bid requests Phase 2 sent	14 January 2027
Deadline Bids Phase 2 <i>Note. You can start the phase 2 project from the date you submitted the phase 2 bid to RVO. Please note that these costs will be borne by you if you are not awarded a contract.</i>	Mid-February 2027
Assessment committee meeting	March 2027
Announcement of results <i>Note. You can start the Phase 2 project.</i>	End of March
Contracting Phase 2	End of March 2027
Online progress meetings	Upon request, at least twice during phase 2
Deadline final report Phase 2 and demonstration	15 April 2029

RVO reserves the right to adjust the attached planning if necessary. This will be communicated to (potential) contractors in a timely manner.