Dear Sir/Madam,

Subject: Request for Proposal (RFP) for development of private sector engagement strategy for National Malaria Elimination Program (NMEP), Bangladesh.

WHO Bangladesh hereby invites proposals/bids from your Organization/Institute for carrying out the above mentioned subject activity.

You are requested to go through the attached “Request for Proposal” document, which includes, with list of Annexes, as follows:

1. Requirements, Quality and Qualification Requirements, Key Deliverables with timetable
2. The proposal
3. Instructions to Bidders
4. Evaluation of Proposals
5. Award Criteria
Annex-1: Detailed Terms of Reference
Annex-2: Confidentiality Undertaking
Annex 3: Vendor Information Form
Annex-4: Contractual Provisions
Annex-5: Detailed Evaluation and Selection Criteria/Guidelines, Scoring Matrix
Annex-6: Financial Proposal Template

Please submit your technical and financial proposals in separate sealed envelopes in the Tender Box kept in the reception of WHO Bangladesh office on or before 14:00hrs, 17 February 2022 as detailed in the Instructions to Bidders of the RFP document (part 3).

Bidders shall not include the pricing information within the technical proposal and any noncompliance proposal/ bid with this instruction will lead to rejection of the proposal. Use of WHO emblem/logo in bidder's bid/proposal can also lead to rejection of that bid/proposal.

Please note that “THE WORLD HEALTH ORGANIZATION (WHO) DOES NOT ENTERTAIN ANY OVERHEAD/ADMINISTRATIVE COSTS WHATSOEVER OF THE BIDDERS FOR THE IMPLEMENTATION OF PROPOSED TECHNICAL WORK. THEREFORE, NO SUCH OVERHEAD/ADMINISTRATIVE COSTS SHOULD BE INCLUDED IN THE BIDS.

This letter including annexes is not to be construed in any way as an offer to contract with you or your company.

Thank you,

Yours sincerely,

Thinlay Dorji
WHO Administrative Officer

Encl.: as stated above
Title: Development of private sector engagement strategy for National Malaria Elimination Program (NMEP), Bangladesh

Request for Proposals (RFP)

Bid Reference
RFP/BAN/2022/004

Country/Unit Name
WHO BAN CDS MAL.

Closing Date:
[17 February 2022]
The World Health Organization (WHO) is seeking offers for Development of private sector engagement strategy for National Malaria Elimination Program (NMEP), Bangladesh. Your ☑ Company ☐ Institution is invited to submit a proposal for the services in response to this Request for Proposals (RFP).

WHO is a public international organization, consisting of 194 Member States, and a Specialized Agency of the United Nations with the mandate to act as the directing and coordinating authority on international health work. As such, WHO is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are, therefore, requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service.

1. Requirements

WHO requires the successful bidder, to carry out the following activities, by steps, will be carried out for development of "Private sector engagement strategy in national malaria program, Bangladesh:

Step 1:
Expert consultation, documents review, and finalization of the technical proposal for development of PSE strategy.

In this step the contractor will-
1. review published/unpublished documents on private sector engagement strategy, national strategic plan for malaria, ongoing activities focusing current role of private for-profit sector in NMEP
2. identify current gaps and challenges for private for-profit sector engagement in malaria program
3. consult experts for their opinion to minimize the current gaps and challenges; and also, for methodology of field assessment and PSE strategy development
4. update/upgrade the technical proposal/methodology submitted during bidding process; and finalize it through a round table consultation with NMEP, BRAC, and other stakeholders
5. pilot and finalize of the questionnaire for field assessment.

Step 2:
Field assessment on private for-profit sector engagement including mapping of private sectors for health

This part of the activity will be carried out using the technical proposal upgraded/updated in step-1. A mixed method combining both quantitative and qualitative assessment will be used. In this step, the contractor will-
1. cover malaria endemic areas by phases focusing 3 CHT districts
2. ensure representation of malaria non-endemic areas in the field assessment
3. assess contribution of private for-profit sectors in malaria and other similar health services by types of service providers
4. assess providers’ attitudes/behaviors for fever/malaria case management and case notification to public facility/program’s facility
5. review drugs and diagnostics used in for-profit private sectors including its quality
6. assess number of all suspected malaria cases that present at private sector sites (through PCD)
7. assess number of all suspected malaria cases that received a parasitological test (RDT/microscopy) at private sector sites
8. identify gaps in engagement of for-profit private sectors
9. identify scopes and opportunities in private sectors to engage them in the malaria program
10. identify the best ways of private for-profit sector engagement with the clear definition of strategies of engagement and incentives; and select priority interventions with high investment value
11. map private sectors with adequate information for future planning to engage them in malaria program; with special emphasis on difficult to reach areas and areas for difficult to reach population in CHTs

Step 3:
Development of draft strategy for engaging private for-profit sector in Malaria elimination program

In this step, the contractor will-
1. analyze field assessment data/information and prepare a report
2. share field assessment report with stakeholders and develop a draft strategy on private for-profit sector engagement through a round table consultation with NMEP, BRAC, and other stakeholders including experts
3. update and finalize the methodology for piloting of the draft strategy for private for-profit sector engagement

**Step 4:**

**Piloting of the draft strategy for private for-profit sector engagement**

In this step the contractor will-

1. orient private for-profit sectors in areas selected for piloting the engagement strategy
2. monitor private sector engagement strategy piloting process
3. continue piloting for at least 2 reporting periods for malaria (i.e., 2 months)
4. analyze the information and prepare a report on piloting.

**Step 5:**

**Finalization and dissemination of the private sectors engagement strategy including a detailed project plan for the NMEP for implementation of the PSE strategy**

In this step the contractor will-

1. share the report on piloting with stakeholders and finalize the draft strategy on private for-profit sector engagement through a round table consultation with NMEP, BRAC, and other stakeholders including experts
2. develop a detailed project plan for 1 year (2023) for the NMEP for implementation of the final PSE strategy (including budget and targets for private sector case notification)
3. disseminate the final PSE strategy including the detailed project plan for its implementation

Submit the report to WHO Bangladesh by following deliverables:

<table>
<thead>
<tr>
<th>No</th>
<th>Description</th>
<th>Deadline</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Expert consultation on “private for-profit sector” engagement strategy for malaria elimination program in Bangladesh and a brief inception report with a workplan and methodology (containing data collection instruments)</td>
<td>by 31 March 2022</td>
<td>10% of work</td>
</tr>
<tr>
<td>2</td>
<td>Field assessment on private for-profit sectors engagement including mapping of private sectors for health (results of the field assessment)</td>
<td>by 15 May 2022</td>
<td>40% of work</td>
</tr>
<tr>
<td>3</td>
<td>Development of draft strategy for engaging private for-profit sector in Malaria elimination program</td>
<td>by 30 May 2022</td>
<td>50% of work</td>
</tr>
<tr>
<td>4</td>
<td>Piloting of the draft strategy of private for-profit sector engagement</td>
<td>by 31 August 2022</td>
<td>65% of work</td>
</tr>
<tr>
<td>5</td>
<td>Finalization of the private sectors engagement strategy</td>
<td>by 30 September 2022</td>
<td>75% of work</td>
</tr>
<tr>
<td>6</td>
<td>Development of a detailed project plan including its M&amp;E plan for 2023 for implementation of the final PSE strategy</td>
<td>by 15 October 2022</td>
<td>85% of work</td>
</tr>
<tr>
<td>7</td>
<td>7.1. Dissemination of the private sectors engagement strategy with the detailed project plan for implementation</td>
<td>by 31 October 2022</td>
<td>100% of work</td>
</tr>
<tr>
<td></td>
<td>7.2. Submission of final technical and financial report</td>
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</tbody>
</table>

*See detailed Terms of Reference in Annex 1 for complete information.*

The successful bidder shall be a ☒ for profit / ☒ not for profit organization/companies institution operating in the field of public health, with proven expertise in organizing workshop/seminar, GIS mapping, conducting public health research/survey with:
Legally entitled to run/operate the Institutes/organizations/companies as per the applicable rules for companies/NGOs in the country with following. WHO shall disqualify bidders during initial scrutiny if the required information and supporting documents are not provided with the technical proposal.

I. Registered as Supplier with Government entity in Bangladesh
II. Total minimum 5 years’ experience in the relevant field
III. Compliant with the Tax and VAT rules by fulfilling bidder’s obligations to pay taxes and VAT under the relevant
IV. Compliant with relevant national regulations of the Country in operating its business
V. No pending Criminal/Civil lawsuits against the bidder’s company/firm
VI. The bidder’s company/firm is not declared “Bankrupt/Ineligible/Banned” by any of the court in the country
VII. Capable to operate with all applicable local rates and costs for the expert (technical) and field services. WHO shall reserve the right to disqualify bidder(s) if they (they bidder) are found to have not asked rates/costs as per the applicable local rates and costs for the expert (technical) and field activities in implementing the desired technical services/works. WHO has its own parameter in determining the applicable local rates and costs for expert (technical) and field activities.
VIII. Have reputation and reliability in the development field of Bangladesh with capability to associate with other research organization/individual to enhance their qualifications as per Technical Requirements
IV. Capable to implement the desired work/projects in specified location (project sites) utilizing own existing administrative, operational and logistical resources to implement the projects without adding up Overhead costs to the Purchaser (WHO):
IX. The HR support will be composed of following experts:

Public Health Expert: The Public Health Expert needs to have at least Masters in Public Health/Epidemiology/Biostatistician/relevant field with particular experience of conducting minimum 3 public health research/survey/studies as well as minimum 2 activities related to multi sector engagement/strategy development and review.

Survey Expert: The Survey Expert needs to have at least Batchelor Degree in any discipline with particular experience of conducting minimum 3 studies/survey/research completed at the national level where performed as a lead assessor as well as experience in organizing and conducting minimum 3 training on field investigators for survey/research.

THE WORLD HEALTH ORGANIZATION (WHO) DOES NOT ENTERTAIN ANY OVERHEAD/ADMINISTRATIVE COSTS WHATSOEVER OF THE BIDDERS FOR THE IMPLEMENTATION OF PROPOSED TECHNICAL WORK. THEREFORE, NO SUCH OVERHEAD/ADMINISTRATIVE COSTS SHOULD BE INCLUDED IN THE BIDS.

The successful bidder is expected to demonstrate experience and list relevant projects as follows:
Mandatory experience:
- Mandatory 1
  At least 3 years’ experience of working in public health research/survey
- Mandatory 2
  Sound knowledge on MOHFW health care delivery system of Bangladesh.

Desirable experience:
- Desirable 1
  Track record in assisting the Ministry of Health (MoH) in formulating strategy, GIS mapping
- Desirable 2
Sound knowledge on private sector for health in Bangladesh.

The bidder is expected to follow the instructions set forth below in the submission of their proposal to WHO.

2. Proposal

The proposal and all correspondence and documents relating thereto shall be prepared and submitted in the English language.

The proposal shall be concisely presented and structured to include the following information:

- Confidentiality Undertaking (please complete Annex 2)
- Presentation of your Company / Institution (please complete Annex 3)
- Presentation of your Company / Institution (please complete Annex 2) including organizational capacity, resources, experience including list of recent or ongoing work of similar nature and magnitude, client bases (list of customers), references of major clients or letter of appreciation/work completion certificates, internal control policies, policies, manual, nd financial/administrative rules/regulations monitoring and supervision framework etc.
- Proposed methodology: Bidders should indicate how they would implement the contract with WHO to perform on a structured process in conformity of the ToR, timeline and requirements of the work if awarded with the contract.
- Work Approach and Understanding: The bidder’s proposal will reflect their understanding of service/work in terms of the requirements, inputs, outputs/deliverables, results and key performance indicators as outlined in the RFP. The bidders should indicate the work approaches including ideas, execution plan e.g. including end to end contract management/delivery procedure etc.
- Financial proposal: The bidder shall quote prices in the template provided in Annexure-6 in a separate sealed envelope. There shall be no reflection of financial quotes/inputs in the technical proposal and noncompliance with this requirement shall lead to rejection of the bid.

Information which the bidder considers confidential, if any, should be clearly marked as such.

3. Instructions to Bidders

The bidder must follow the instructions set forth in this RFP in the submission of their proposal to WHO.

A prospective bidder requiring clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than 10 February 2022 - Min. 5 working days prior to closing date below:

**Email for submissions of all queries:** sebanprocurement@who.int

*(use Bid reference in subject line)*

A consolidated document of WHO’s responses to all questions (including an explanation of the query but without identifying the source of enquiry) will be sent to all prospective bidders who have received the RFP.

From the date of issue of this RFP to the final selection, contact with WHO officials concerning the RFP process shall not be permitted, other than through the submission of queries and/or through a possible presentation or meeting called for by WHO, in accordance with the terms of this RFP.

The bidder shall submit, in writing, the complete proposal to WHO, no later than 17 February 2022 at 14:00 hours Dhaka time (“the closing date”), to the following email address in separate sealed envelopes in tender boxes of following address:
WHO Country Office, House 1/A, Road-8, Gulshan-1, Dhaka.

(use Bid reference in subject line)

To be complete, a proposal shall include:

- 2 copies of technical proposals (master and copy) titled as technical proposals for PSE-NMEP in separate sealed envelope, as described under part 2 above;

The Technical Proposal shall be separated from Financial Proposal and No financial information shall be indicated in the Technical Proposals, non compliance to which will lead to rejection of the bid.

- A financial proposal, titled as financial proposals for training for PSE-NMEP in separate sealed envelope as described under part 2 above;

1. Annexes 2 & 3, duly completed and signed by a person or persons duly authorized to represent the bidder, to submit a proposal and to bind the bidder to the terms of this RFP.

Each proposal shall be marked Ref: RFP/BAN/2022/004.

WHO may, at its own discretion, extend the closing date for the submission of proposals by notifying all bidders thereof in writing before the above closing date and time.

Any proposal received by WHO after the closing date for submission of proposals may be rejected. Bidders are therefore advised to ensure that they have taken all steps to submit their proposals in advance of the above closing date and time.

The offer outlined in the proposal must be valid for a minimum period of 90 calendar days after the closing date. A proposal valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the bidder’s consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its proposal.

The bidder may withdraw its proposal any time after the proposal’s submission and before the above mentioned closing date, provided that written notice of the withdrawal is received by WHO at the email address indicated above, before the closing date for submission of proposals.

No proposal may be modified after its submission, unless WHO has issued an amendment to the RFP allowing such modifications.

No proposal may be withdrawn in the interval between the closing date and the expiration of the period of proposal validity specified by the bidder in the proposal (subject always to the minimum period of validity referred to above).

WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) bidder, modify the RFP by written amendment. Amendments could, inter alia, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.

All prospective bidders that have received the RFP will be notified in writing of all amendments to the RFP and will, where applicable, be invited to amend their proposal accordingly.

All bidders must adhere to the UN Supplier Code of Conduct, which is available on the WHO procurement website at http://www.who.int/about/finances-accountability/procurement/en/.

RFP/BAN/2022/004
4. Evaluation

Before conducting the technical and financial evaluation of the proposals received, WHO will perform a preliminary examination of these proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the proposals are generally in order. Proposals which are not in order as aforesaid may be rejected.

The evaluation panel will evaluate the technical merits of all the proposals which have passed the preliminary examination of proposals based on the following weighting:

<table>
<thead>
<tr>
<th>Weighting</th>
<th>% of Total Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Weighting:</td>
<td>70%</td>
</tr>
<tr>
<td>Financial Weighting:</td>
<td>30%</td>
</tr>
</tbody>
</table>

The technical evaluation of the proposals will include:

<table>
<thead>
<tr>
<th>Criteria evaluated as:</th>
<th>Based on the following supporting evidence:</th>
<th>Corresponds to the score of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressing of WHO’s requirements and expectations</td>
<td>Excellent evidence of ability to exceed requirements</td>
<td>100%</td>
</tr>
<tr>
<td>Quality of the overall proposal</td>
<td>Good evidence of ability to exceed requirements</td>
<td>90%</td>
</tr>
<tr>
<td>Experience of the firm in carrying out related project</td>
<td>Satisfactory evidence of ability to support requirements</td>
<td>70%</td>
</tr>
<tr>
<td>Qualifications and competence of the personnel proposed for the assignment</td>
<td>Marginally acceptable or weak evidence of ability to support requirements</td>
<td>40%</td>
</tr>
<tr>
<td>Proposed timeframe for the project</td>
<td>Lack of evidence to demonstrate ability to comply with requirements</td>
<td>10%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>Information has not been submitted or is unacceptable</td>
<td>0%</td>
</tr>
</tbody>
</table>

The number of points which can be obtained for each evaluation criterion is specified above and indicates the relative significance or weight of the item in the overall evaluation process.

A minimum of [70% ] points is required to pass the technical evaluation. The final evaluation will combine the weighted scores of both technical and financial proposals to come up with a cumulative total score.

Please note that WHO is not bound to select any bidder and may reject all proposals. Furthermore, since a contract would be awarded in respect of the proposal which is considered most responsive to the needs of the project concerned, due consideration being given to WHO’s general principles, including the principle of best value for money, WHO does not bind itself in any way to select the bidder offering the lowest price.

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.
NOTE: Individual contact between WHO and bidders is expressly prohibited both before and after the closing date for submission of proposals.

5. Award

WHO reserves the right to:

1. Award the contract to a bidder of its choice, even if its bid is not the lowest;
2. Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;
3. Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO's action;
4. Award the contract on the basis of the Organization’s particular objectives to a bidder whose proposal is considered to be the most responsive to the needs of the Organization and the activity concerned;
5. Not award any contract at all.

WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obliged to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relating to the evaluation/selection process or to state the reasons for elimination to any bidder.

NOTE: WHO is acting in good faith by issuing this RFP. However, this document does not oblige WHO to contract for the performance of any work, nor for the supply of any products or services.

At any time during the evaluation/selection process, WHO reserves the right to modify the scope of the work, services and/or goods called for under this RFP. WHO shall notify the change to only those bidders who have not been officially eliminated due to technical reasons at that point in time.

WHO reserves the right at the time of award of contract to extend, reduce or otherwise revise the scope of the work, services and/or goods called for under this RFP without any change in the base price or other terms and conditions offered by the selected bidder.

WHO also reserves the right to enter into negotiations with one or more bidders of its choice, including but not limited to negotiation of the terms of the proposal(s), the price quoted in such proposal(s) and/or the deletion of certain parts of the work, components or items called for under this RFP.

Within 30 days of receipt of the contract between WHO and the successful bidder (the “Contract”), the successful bidder shall sign and date the Contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the Contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice. The Contract will include, without limitation, the provisions set forth in Annex 3.

Any and all of the contractor’s (general and/or special) conditions of contract are hereby explicitly excluded from the Contract, i.e., regardless of whether such conditions are included in the Contractor’s offer, or printed or referred to on the Contractor’s letterhead, invoices and/or other material, documentation or communications.

We look forward to receiving your response to this RFP.

Yours sincerely,
Annexes

1. Detailed Terms of Reference
2. Confidentiality Undertaking
3. Vendor Information Form
4. Contractual provisions
5. Detailed Evaluation Criteria
6. Financial Proposal Template
Annex 1: Detailed Terms of Reference

Complete below or leave the following wording: See attached document.

1. Purpose of the APW

The aim of this first paragraph is:
➔ In the context of a competitive bidding: to give prospective bidders the opportunity to see if their offer could match WHO’s needs and expectations for this piece of work;
➔ As part of the contractual documentation, to give clear guidance to the selected supplier.

It should also explain the reasons for the assignment, and the overall development goal to which the assignment is contributing (the current contract itself cannot achieve the development objective).

2. Background

Proposed Activity

Development of Private Sector Engagement (PSE) strategy for National Malaria Elimination Program (NMEP) in Bangladesh.

Background

Bangladesh has made significant progress in reducing malaria morbidity and mortality over the years. In 2020, the number of malaria cases was 6,130, recording 85% decline in caseload in 2020 relative to 2015. Despite progressive gains, malaria remains an important public health concern in Bangladesh.

Figure: Malaria cases and deaths: 2008 – 2020

Source: NMEP, 2021

Approximately 11.5% of total population (163 million) in Bangladesh is living in 72 Upazilas of 13 malaria-endemic districts. The 03 CHT (Chattogram Hill Tracts) districts are in accelerated transmission reduction phase (control phase) with API >1 per 1,000 population; and rest of the 10 endemic districts are in elimination phase with API <1 per 1,000 population. Status of remaining 51 ‘non-endemic’ districts (and a few ‘non endemic’ areas within endemic districts) is to be confirmed regarding absence of indigenous malaria. Majority of malaria cases in Bangladesh are caused by Plasmodium falciparum while rest of the cases are usually caused by Plasmodium vivax.

The ‘National Strategic Plan for Malaria Elimination, 2021-2025 provides the guidance to achieve phase-wise malaria elimination by 2030 in Bangladesh. It sets out to eliminate malaria in less endemic districts, while accelerating control efforts in more endemic districts in CHT.
The national malaria elimination program (NMEP) is leading the implementation of the national strategic plan. In addition, NMEP is collaborating with NGOs to deliver services in the community. The health system of Bangladesh is mainly built on the public sector for health service delivery which is complemented by the private sector, both for-profit and non-profit providers. For-profit private sector includes different sizes of commercial health care centers and institutions (medical colleges, hospitals, clinics) as well as private practitioners, while NGOs are the non-profit providers. The government regulates the functions of both public and private sectors.

Health services are delivered through different levels of health care professionals (doctors, nurses, pharmacist, medical technologists, health workers, etc.). Essentially, public sector care includes curative, preventive, promotive, and rehabilitative services, while the private sector provides mostly for-profit curative services. Non-profit providers such as NGOs mainly provide preventive and basic care. Non-profit curative services are limited to the national and subnational level.

As Bangladesh is moving towards malaria elimination, recording and reporting of each and every malaria case becomes critical for further investigation. Proper documentation will facilitate complete and timely reporting of all malaria cases, and effective case management.

The private sector is often the first source of primary healthcare services, particularly for rural areas in Bangladesh. With this reference, it is critical to get information about the private for-profit sector’s role and performance in malaria diagnosis, management, and case notification to the program. Additionally, the strategies to collaborate with the private for-profit sector for malaria elimination are yet to be defined. In 2019, the World Health Organization (WHO) commissioned an “Assessment of Private Sector Role, Responsibility and Performance for Malaria Elimination, Bangladesh”. It was a limited assessment done in the upazilas: Lama of Bandarban district from high endemic, Ramu of Cox’s Bazar district from moderate endemic, Sreemongal of Maulabibazar district from low endemic and Parshuram of Feni district from non-endemic areas. It recommended for a further assessment with large sample sizes including hard to reach forest areas, tea gardens and traditional healers in the malaria hot-spot areas.

Private for-profit sector engagement is a pre-requisite for elimination. At this moment, national program is collecting information of malaria-related services from the private sector in a very small scale. Monthly data is being collected from 5 of the 13 endemic districts through the Global Fund supported NGO partners. However, an in-depth assessment of the role and scale of private sector is yet to be done. The information about the private sector is necessary for better deployment of malaria interventions and surveillance system. This effort will lead to reduced onward transmission, and accelerated reduction of malaria burden.

This assessment will provide a better understanding of the private for-profit sector’s composition, geographic location, availability of services, and allow us to identify a potential mechanism for future engagement. The information will be used for further collaboration between public and private sectors on information exchange, referral mechanism, capacity building, and improve the private sector’s involvement in malaria elimination.

3. Planned timelines (subject to confirmation)

Start date: 01/03/2022
End date: 31/10/2022
Total duration: 08 months after completion of administrative process

4. Requirements - Work to be performed

Objectives:
The principal objective of this activity is to develop private for-profit sector engagement strategy for national malaria elimination program with high investment value.

Specific objectives are, to
1. map private sector with adequate information for future planning to engage them in malaria program
2. assess role and readiness of private for-profit sector for engagement in malaria elimination program
3. identify scopes and opportunities in private for-profit sectors for malaria program
4. identify the best ways of private for-profit sector’s engagement with the clear definition of strategies of engagement and incentives
5. determine proportion of suspected malaria cases that received a parasitological test (RTD/microscopy) at private sector sites and define targets for future
6. develop a detailed project plan for implementation of PSE strategy (including budget and targets for private sector case notification) and select interventions with high investment value.

5. Requirements - Planning

The Requesting Unit list the different Outputs, their format and the date at which they are expected. At the stage of the ToRs, the exact list and timelines may not be finalized yet: they should then be marked as “indicative”.

Gantt chart for activities for development of PSE strategy

<table>
<thead>
<tr>
<th>Steps</th>
<th>Activities</th>
<th>01 Jan 2022 - 31 Oct 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Jan</td>
</tr>
<tr>
<td>Adminstrative</td>
<td>Processing of the APW contract</td>
<td></td>
</tr>
<tr>
<td>Step 1</td>
<td>Expert consultation, documents review</td>
<td></td>
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<tr>
<td></td>
<td>Finalization of the technical proposal</td>
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<tr>
<td></td>
<td>Piloting and finalization of the questionnaire for field assessment</td>
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<tr>
<td>Step 2</td>
<td>Field assessment on private sectors engagement</td>
<td></td>
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<tr>
<td></td>
<td>Mapping of private sectors for health</td>
<td></td>
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<tr>
<td></td>
<td>Analyze field assessment data/information and prepare a report</td>
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</tr>
<tr>
<td>Step 3</td>
<td>Sharing of the assessment report and developing a draft PSE strategy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Finalization of the methodology for piloting of the draft strategy for PSE</td>
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<tr>
<td>Step 4</td>
<td>Orientation of private sectors in areas selected for piloting</td>
<td></td>
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<tr>
<td></td>
<td>Piloting of the PSE strategy</td>
<td></td>
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<tr>
<td></td>
<td>Analyze the information and prepare a report on piloting</td>
<td></td>
</tr>
<tr>
<td>Step 5</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Development of a detailed project plan including its M&amp;E plan for 2023 for implementation of the PSE strategy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Finalization of the detailed project plan for 1 year (2023) consulting with NMEP &amp; BRAC for implementation of the final PSE and dissemination of the PSE strategy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Submission of the final report on PSE strategy to WHO</td>
<td></td>
</tr>
</tbody>
</table>

Monitoring framework

<table>
<thead>
<tr>
<th>S.No</th>
<th>Activity</th>
<th>Output</th>
<th>Outcome</th>
<th>Impact</th>
<th>Indicator (Numerator/Denominator)</th>
<th>Source of Data</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Inputs
The Technical / Medical Officer indicate the contribution that the beneficiary will make to produce the Outputs.
1. Strategy on private sector engagement for National Malaria Elimination Program (NMEP)
2. Detailed project plan including its M&E plan for 2023 for implementation of the final PSE strategy

7. Activity Coordination & Reporting

<table>
<thead>
<tr>
<th>Technical Officer:</th>
<th>Name, Title, Department, Unit</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Alam Md Jahangir</td>
<td>NPO-Malaria/CDS</td>
<td><a href="mailto:alammdj@who.int">alammdj@who.int</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:hazarikaa@who.int">hazarikaa@who.int</a></td>
</tr>
</tbody>
</table>

For the purpose of: Technical supervision and instructions – Reporting
Dr Hazarika Anupama, MO-CDS

<table>
<thead>
<tr>
<th>Administrative Officer:</th>
<th>Name, Title, Department, Unit</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><a href="mailto:xxxxxxxxxx@who.int">xxxxxxxxxx@who.int</a></td>
</tr>
</tbody>
</table>

For the purpose of: Contractual and financial management of the contract

8. Characteristics of the Provider

The Requesting Unit may want to select a supplier with specific skills and competencies to capture expertise and knowledge (level of experience, experience in a specific technical or geographical area, working language, status, accreditations, logistical capacity, staffing, etc.).

9. Place of assignment

The Requesting Unit stipulates the place(s) of assignment, and indicates if travel is needed as part of the assignment.
Annex 2: Confidentiality Undertaking

1. The World Health Organization (WHO), acting through its Department of CDS, has access to certain information relating to TOPIC which it considers to be proprietary to itself or to entities collaborating with it (hereinafter referred to as “the Information”).

2. WHO is willing to provide the Information to the Undersigned for the purpose of allowing the Undersigned to prepare a response to the Request for Proposal (RFP) for “NAME OF PROJECT” (“the Purpose”), provided that the Undersigned undertakes to treat the Information as confidential and proprietary, to use the Information only for the aforesaid Purpose and to disclose it only to persons who have a need to know for the Purpose and are bound by like obligations of confidentiality and non-use as are contained in this Undertaking.

3. The Undersigned undertakes to regard the Information as confidential and proprietary to WHO or parties collaborating with WHO, and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in paragraph 2 above, except that the Undersigned shall not be bound by any such obligations if the Undersigned is clearly able to demonstrate that the Information:
   1. was known to the Undersigned prior to any disclosure by WHO to the Undersigned (as evidenced by written records or other competent proof);
   2. was in the public domain at the time of disclosure by or for WHO to the Undersigned;
   3. becomes part of the public domain through no fault of the Undersigned; or
   4. becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality (as evidenced by written records or other competent proof).

4. The Undersigned further undertakes not to use the Information for any benefit, gain or advantage, including but not limited to trading or having others trading in securities on the Undersigned’s behalf, giving trading advice or providing Information to third parties for trade in securities.

5. At WHO’s request, the Undersigned shall promptly return any and all copies of the Information to WHO.

6. The obligations of the Undersigned shall be of indefinite duration and shall not cease on termination of the above mentioned RFP process.

7. Any dispute arising from or relating to this Undertaking, including its validity, interpretation, or application shall, unless amicably settled, be subject to conciliation. In the event of the dispute is not resolved by conciliation within thirty (30) days, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the Undersigned and WHO or, in the absence of agreement within thirty (30) days of written communication of the intent to commence arbitration, with the rules of arbitration of the International Chamber of Commerce. The Undersigned and WHO shall accept the arbitral award as final.

8. Nothing in this Undertaking, and no disclosure of Information to the Undersigned pursuant to its terms, shall constitute, or be deemed to constitute, a waiver of any of the privileges and immunities enjoyed by WHO under national or international law, or as submitting WHO to any national court jurisdiction.

Acknowledged and Agreed:

<table>
<thead>
<tr>
<th>Entity Name:</th>
<th>..................................................................................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>Name and Title of duly authorized representative:</td>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>Signature:</td>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>Date:</td>
<td>..................................................................................................................</td>
</tr>
</tbody>
</table>
## Annex 3: Vendor Information Form

### Company Information to be provided by the Vendor submitting the proposal

<table>
<thead>
<tr>
<th>Company Information to be provided by the Vendor submitting the proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNGM Vendor ID Number:</strong> If available – Refer to WHO website for registration process*</td>
</tr>
<tr>
<td><strong>Legal Company Name:</strong> (Not trade name or DBA name)</td>
</tr>
<tr>
<td><strong>Company Contact:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>City:</strong></td>
</tr>
<tr>
<td><strong>Country:</strong></td>
</tr>
<tr>
<td><strong>Telephone Number:</strong></td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
</tr>
</tbody>
</table>

### Corporate information:

- **Service commitment** to customers and measurements used (if available)

### Organization structure (include description of those parts of your organization that would be involved in the performance of the work)

### Relevant experience (how could your expertise contribute to WHO’s needs for the purpose of this RFP) – Please attach reference and contact details

### Staffing information

---

* [http://www.who.int/about/finances-accountability/procurement/en/](http://www.who.int/about/finances-accountability/procurement/en/)
Annex 4: Contractual Provisions

Within 30 days of receipt of the contract between WHO and the successful bidder (the “Contract”), the successful bidder shall sign and date the Contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the Contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice. The Contract will include, without limitation, the provisions set forth below (with the successful bidder referred to below as the “Contractor”):

1. **Compliance with WHO Codes and Policies.** By entering into the Contract, the Contractor acknowledges that it has read, and hereby accepts and agrees to comply with, the WHO Policies (as defined below). In connection with the foregoing, the Contractor shall take appropriate measures to prevent and respond to any violations of the standards of conduct, as described in the WHO Policies, by its employees and any other persons engaged by the Contractor to perform any services under the Contract.

Without limiting the foregoing, the Contractor shall promptly report to WHO, in accordance with the terms of the applicable WHO Policies, any actual or suspected violations of any WHO Policies of which the Contractor becomes aware.

For purposes of the Contract, the term “WHO Policies” means collectively: (i) the WHO Code of Ethics and Professional Conduct; (ii) the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; (iii) the WHO Policy on Preventing and Addressing Abusive Conduct; (iv) the WHO Code of Conduct for responsible Research; (v) the WHO Policy on Whistleblowing and Protection Against Retaliation; and (vi) the UN Supplier Code of Conduct, in each case, as amended from time to time and which are publicly available on the WHO website at the following links: http://www.who.int/about/finances-accountability/procurement/en/ for the UN Supplier Code of Conduct and at http://www.who.int/about/ethics/en/ for the other WHO Policies.

2. **Zero tolerance for sexual exploitation and abuse, sexual harassment and other types of abusive conduct.** WHO has zero tolerance towards sexual exploitation and abuse, sexual harassment and other types of abusive conduct. In this regard, and without limiting any other provisions contained herein:

   (i) each legal entity Contractor warrants that it will: (i) take all reasonable and appropriate measures to prevent sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response, and/or sexual harassment and other types of abusive conduct as described in the WHO Policy on Preventing and Addressing Abusive Conduct by any of its employees and any other persons engaged by it to perform the work under the Contract; and (ii) promptly report to WHO and respond to, in accordance with the terms of the respective Policies, any actual or suspected violations of either Policy of which the Contractor becomes aware; and

   (ii) each individual Contractor warrants that he/she will (i) not engage in any conduct that would constitute sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response, and/or sexual harassment and other types of abusive conduct as described in the WHO Policy on Preventing and Addressing Abusive Conduct. Without limiting the foregoing, the individual Contractor shall promptly report to WHO, in accordance with the terms of the respective Policies, any actual or suspected violations of either Policy of which the individual Contractor becomes aware.

3. **Tobacco/Arms Related Disclosure Statement.** The Contractor may be required to disclose relationships it may have with the tobacco and/or arms industry through completion of the WHO Tobacco/Arms Disclosure Statement. In the event WHO requires completion of this Statement, the Contractor undertakes not
to permit work on the Contract to commence, until WHO has assessed the disclosed information and confirmed to the Contractor in writing that the work can commence.

4. **Anti-Terrorism and UN Sanctions; Fraud and Corruption.** The Contractor warrants for the entire duration of the Contract that:

   i. it is not and will not be involved in, or associated with, any person or entity associated with terrorism, as designated by any UN Security Council sanctions regime, that it will not make any payment or provide any other support to any such person or entity and that it will not enter into any employment or subcontracting relationship with any such person or entity;

   ii. it shall not engage in any illegal, corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract; and

   iii. the Contractor shall take all necessary precautions to prevent the financing of terrorism and/or any illegal corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract.

Any payments used by the Contractor for the promotion of any terrorist activity or any illegal, corrupt, fraudulent, collusive or coercive practice shall be repaid to WHO without delay.

5. **Breach of essential terms.** The Contractor acknowledges and agrees that each of the provisions of paragraphs 1, 2, 3 and 4 above constitutes an essential term of the Contract, and that in case of breach of any of these provisions, WHO may, in its sole discretion, decide to:

   i. terminate the Contract, and/or any other contract concluded by WHO with the Contractor, immediately upon written notice to the Contractor, without any liability for termination charges or any other liability of any kind; and/or

   ii. exclude the Contractor from participating in any ongoing or future tenders and/or entering into any future contractual or collaborative relationships with WHO.

WHO shall be entitled to report any violation of such provisions to WHO’s governing bodies, other UN agencies, and/or donors.

6. **Use of WHO Name and Emblem.** Without WHO’s prior written approval, the Contractor shall not, in any statement or material of an advertising or promotional nature, refer to the Contract or the Contractor’s relationship with WHO, or otherwise use the name (or any abbreviation thereof) and/or emblem of the World Health Organization.

7. **Assurances regarding procurement.** If the option for payment of a maximum amount applies, to the extent the Contractor is required to purchase any goods and/or services in connection with its performance of the Contract, the Contractor shall ensure that such goods and/or services shall be procured in accordance with the principle of best value for money. "Best value for money" means the responsive offer that is the best combination of technical specifications, quality and price.

8. **Audit.** WHO may request a financial and operational review or audit of the work performed under the Contract, to be conducted by WHO and/or parties authorized by WHO, and the Contractor undertakes to facilitate such review or audit. This review or audit may be carried out at any time during the implementation
of the work performed under the Contract, or within five years of completion of the work. In order to facilitate such financial and operational review or audit, the Contractor shall keep accurate and systematic accounts and records in respect of the work performed under the Contract.

The Contractor shall make available, without restriction, to WHO and/or parties authorized by WHO:

i. the Contractor’s books, records and systems (including all relevant financial and operational information) relating to the Contract; and

ii. reasonable access to the Contractor’s premises and personnel.

The Contractor shall provide satisfactory explanations to all queries arising in connection with the aforementioned audit and access rights.

WHO may request the Contractor to provide complementary information about the work performed under the Contract that is reasonably available, including the findings and results of an audit (internal or external) conducted by the Contractor and related to the work performed under the Contract.

9. **Publication of Contract.** Subject to considerations of confidentiality, WHO may acknowledge the existence of the Contract to the public and publish and/or otherwise publicly disclose the Contractor’s name and country of incorporation, general information with respect to the work described herein and the Contract value. Such disclosure will be made in accordance with WHO’s Information Disclosure Policy and shall be consistent with the terms of the Contract.
Annex-5: Detailed evaluation criteria

Technical Evaluation and selection criteria guidelines and matrix of Proposals

-Two-stage procedure will be followed in evaluating the proposals, with technical evaluation of the proposal being completed prior to any focus on or comparison of prices.

-The Technical proposal will be opened initially and the bids which passed preliminary examination/scrutiny process in the light of instructions to bidders will be evaluated by the concerned teams of WHO.

-During the technical evaluation process, financial envelopes will remain sealed/unopen. The financial bids of the successful bidders, whose proposal are compliant in terms of the requirements of the bid, will be considered eligible for financial evaluation.

WHO shall determine the Legal Capacity and Eligibility for the Medial Monitoring Work on “PASS/FAIL (YES/NO)” basis as per the qualification criteria detailed under table below.

If bidder(s) fails to pass the following qualification questions, they will not be considered for next step e.g. evaluation of bids/quotations as per the detailed weighted evaluation criteria and scoring matrix stage

“PASS/FAIL (YES/NO)” – Questions

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Qualification Criteria</th>
<th>Supporting Documents to be provided by the bidder</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered as Supplier with Government entity in Bangladesh</td>
<td>Legal entity of the bidder</td>
<td>a. Copies of up to date Trade license</td>
<td></td>
</tr>
<tr>
<td>Total minimum 3 years’ experience in the relevant field</td>
<td>Total relevant Experience</td>
<td>a. Work completion certificate from any procurement entity to prove the experiences</td>
<td></td>
</tr>
<tr>
<td>WHO is satisfactory and has not been recommended by the projects for future contracts (applicable only for bidders who is performing or had performed for WHO under contract with WHO Bangladesh)</td>
<td>Eligibility of the Bidder</td>
<td>WHO will use its internal review and evaluation mechanisms and formats</td>
<td></td>
</tr>
<tr>
<td>Compliant with the Tax and VAT rules by fulfilling bidder’s obligations to pay taxes and VAT under the relevant national regulations of the Country in operating its business</td>
<td>Taxation Obligations</td>
<td>a. VAT registration and TIN certificate</td>
<td></td>
</tr>
<tr>
<td>No pending Criminal/Civil lawsuits against the bidder’s company/firm</td>
<td>Eligibility of the Bidder</td>
<td>A Statement by the bidder to this effect (that the bidder’s company/firm) Bankrupt/Ineligible/Banned” by any of the court in the country</td>
<td></td>
</tr>
<tr>
<td>The bidder’s company/firm is not declared “Bankrupt/Ineligible/Banned” by any of the court in the country</td>
<td>Eligibility of the Bidder</td>
<td>A Statement by the bidder to this effect (that the bidder’s company/firm) Bankrupt/Ineligible/Banned” by any of the court in the country</td>
<td></td>
</tr>
<tr>
<td>There is no pending major lawsuits and litigations against the bidder’s company/firm in excess of USD 100,000 at risk (indicate particularly those by licensees or patent infringement) against the Institution/company</td>
<td>Eligibility of the Bidder</td>
<td>A Statement by the bidder to this effect (that there is not pending lawsuits against the bidder’s company/firm)</td>
<td></td>
</tr>
</tbody>
</table>
Minimum Eligibility Criteria for the Key personnel:

Technical Evaluation and selection guidelines and matrix of Proposals:

Bidders are required to read the specification, requirements, specific quality questions, and selection criteria, weighted methodology, evaluation criteria, scoring and prices schedule/template, as outlined in this RFP document in order to submit a substantial/complete bid. Your bid submission with required information, proof and supporting documents/evidence are expected to provide WHO the details of the information WHO requires and ultimately, contribute to assess/carry out proper evaluation of your capability in providing the required services. The basics of the evaluation and awarding processes are provided below:

i. Award, Scoring and Weigh age System/Methodology:
   a. The bid of “the highest overall Technical and Financial scores” of 1,000 points will be awarded;
   b. Score/Point distributed as per the Weighting matrix in Part iv in this RFP: 700 points for Technical Proposal and 300 points for the Financial Proposal.
   c. A minimum of 70% (out of 700) is required to be considered technically qualified for this work.

ii. Technical Scoring and Weighting System:

The weight/weighted scale as provided below under iii, weighted evaluation criteria and points/scores for each criterion/sub-criterion under Technical Evaluation with total points (700) are provided below under iv:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Qualification Criteria</th>
<th>Supporting Documents to be provided by the bidder</th>
</tr>
</thead>
<tbody>
<tr>
<td>The bidder’s company/firm has not received any sanctioned by any UN Agencies, World Bank/ADB or diplomatic missions in the Country</td>
<td>Eligibility of the Bidder</td>
<td>A Statement by the bidder to this effect (that there is not pending lawsuits against the bidder’s company/firm)</td>
</tr>
</tbody>
</table>

Detail Evaluation Criteria of each of the categories are as below:

A. Expertise of the Firm/Organization: 140 points

A.1 General organizational strength: 60 points
   o Size of the firm (Geographical distribution of the headquarters, field offices, number of trainers, number of training venue) in respect of activities/operations in the country: 15
   o Established policies, manual and financial/administrative rules/regulations in place to function as an effective institute/organization with business transparency, due diligence/accountability: 15
   o Management structure of the firm (organizational organogram) is capable to ensure quality assurance, timeframe/log frame of the work with monitoring, analysis, evaluation and reporting mechanism in place: 15 points
   o Logistics and other resources: Vehicles, equipment, Office spaces and assesssts, facilities, which can be made available to perform the intened work: 15 points (provide List of the logistics and resources

A.2 Relevant experiences (public health research/survey, strategy development & review): 80 points
   o 5 years and above: 80 points
   o 4 years: 60 points
   o 3 years: 45 points
   o 2 years: 30 points
   o <2 years: 0 points
<table>
<thead>
<tr>
<th>B. Proposed Methodology, Approach and Implementation Plan: 300 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1 Understanding on the assignment that is the level of understanding on assignment, requirements and presentation as outlined under the RFP: 120 points</td>
</tr>
<tr>
<td>B.2 The work methodology (includes approach, method) to be followed and assignment description to complete the activity are rational and practical in time: 180 points</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Management Structure and Key Personnel: 260 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.1 135 points</td>
</tr>
<tr>
<td>C.1.1 Educational Background: 35 points</td>
</tr>
<tr>
<td>o Masters in Public Health/Epidemiology/Biostatistician/relevant field: 35 points</td>
</tr>
<tr>
<td>C.1.2 Number of public health research/survey conducted as public health expert: 60 points</td>
</tr>
<tr>
<td>o 5 studies or more: 60 points</td>
</tr>
<tr>
<td>o 4 studies: 50 points</td>
</tr>
<tr>
<td>o 3 studies: 35 points</td>
</tr>
<tr>
<td>o 2 studies: 25 points</td>
</tr>
<tr>
<td>o 1 study: 15 points</td>
</tr>
<tr>
<td>o No study: 0 point</td>
</tr>
<tr>
<td>C.1.3 Number of activities related to multi sector engagement/strategy development and review: 40 points</td>
</tr>
<tr>
<td>o 4 activities or more: 40</td>
</tr>
<tr>
<td>o 3 activities: 36 points</td>
</tr>
<tr>
<td>o 2 activities: 28 points</td>
</tr>
<tr>
<td>o 1 in number: 16 points</td>
</tr>
<tr>
<td>o 0 in number: 0 points</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.2 Survey Expert: 125 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.2.1 Educational Background: 30 points</td>
</tr>
<tr>
<td>o Master's in any discipline: 30 points</td>
</tr>
<tr>
<td>o Bachelor's in any discipline: 20 points</td>
</tr>
<tr>
<td>o Others: 0 points</td>
</tr>
<tr>
<td>C.2.2 Number of studies/survey/research completed at the national level where performed as a lead assessor: 60 points</td>
</tr>
<tr>
<td>o 5 work and above: 60 points</td>
</tr>
<tr>
<td>o 4 work: 54 points</td>
</tr>
<tr>
<td>o 3 work: 42 points</td>
</tr>
<tr>
<td>o 2 work: 24 points</td>
</tr>
<tr>
<td>o 1 or no work: 0 point</td>
</tr>
<tr>
<td>C.2.3 Number of training for field investigators for survey/research organized and conducted: 35 points</td>
</tr>
<tr>
<td>o 5 training and above: 35 points</td>
</tr>
<tr>
<td>o 4 training: 31.5 points</td>
</tr>
<tr>
<td>o 3 training: 24.5 points</td>
</tr>
<tr>
<td>o 2 training: 14 points</td>
</tr>
<tr>
<td>o 1 or no training: 0 points</td>
</tr>
</tbody>
</table>

**Financial Evaluation**

During the Financial Evaluation, the price proposal of all bidders who have passed the Technical Evaluation will be compared, according to the following scoring and weighting system.

**Financial Scoring and Weighting System:**
All technical qualified proposals will be scored out of 300 based on the formula provided below. The maximum points (300) will be assigned to the lowest financial proposal. All other proposals received points according to the following formula:

\[ p = y \left( \frac{\mu}{z} \right) \]

Where:
- \( p \) = points for the financial proposal being evaluated;
- \( y \) = maximum number of points for the financial proposal;
- \( \mu \) = price of the lowest priced proposal;
- \( z \) = price of the proposal being evaluated.
Annex: 6- Financial Proposal Template

WHO follows a biennial workplan and all activities started as per the contract must be completed within the stipulated timeline of the contract.

The financial proposal must include breakdown of overall price in BDT as given in the example below.

<table>
<thead>
<tr>
<th>#</th>
<th>Task</th>
<th>Role</th>
<th>Day Rate</th>
<th>Proposed days of work</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Expert Services costs including key expert and other related staff to be engaged for the work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Field work related expenses (Travel cost for field Visit etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Project related Expenses (Data collection, analysis, planning, consultative and dissemination meetings, workshops, trainings, report preparation etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Other costs if any (Please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In Word:

**Important Note:**

THE WORLD HEALTH ORGANIZATION (WHO) DOES NOT ENTERTAIN ANY OVERHEAD/ ADMINISTRATIVE COSTS WHATSOEVER OF THE BIDDERS FOR THE IMPLEMENTATION OF PROPOSED TECHNICAL WORK. THEREFORE, NO SUCH OVERHEAD/ ADMINISTRATIVE COSTS SHOULD BE INCLUDED IN THE BIDS.