

In reply please

refer to :

RFP/BAN/2025/013

Prospective Bidders

Your reference:

14 July 2025

Dear Prospective Bidder,

Subject: Request for Proposal to conduct Documentation and Coverage Evaluation Survey of Typhoid Conjugate Vaccine (TCV) Vaccination Campaign.

You are invited to submit a proposal for the above subject RFP for the World Health Organization, Bangladesh in accordance with the attached documents:

File Name	Description
RFP	Request for Proposals document
Annex 1	Acknowledgment Form
Annex 2	Confidentiality Undertaking Form
Annex 3	Proposal Completeness Form
Annex 4	Information from Bidder
Annex 5	Acceptance Form (Financial Proposal)
Annex 6	Self-Declaration Form
Annex 7	Questions from Bidders Template
Annex 8	Statement of Conformity

TIMELINE

1. A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at sebanprocurement@who.int (use subject: Bid Ref RFP/BAN/2025/013) no later than 20 July 2025.

Questions are to be submitted following the format of the form "Questions from Bidders", attached as Annex 7 of the RFP. The WHO Bangladesh Team will respond in writing (via email only) to any request for clarification of the RFP that it receives prior to the closing date of the proposal.

A consolidated document of WHO's response 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.

2. No later than 13:00hrs, 16 July 2025, the bidder shall complete and return by email to WHO to the following address: sebanprocurement@who.int (use subject: RFP/BAN/2025/013) the following forms:
 - A. The enclosed RFP/BAN/2025/013 Acknowledgement Form (Annex-1) signed as confirmation of your intention to submit a bona fide proposal and designate your duly authorized representative, to whom communications may be directed, including any addenda; and
 - B. The enclosed RFP/BAN/2025/013 Confidentiality.doc (Annex-2) form signed.

Cont'd...P/2

Ref: RFP/BAN/2025/013

14 July 2025

3. At 14:00hrs, 17 July 2025, WHO will organize a virtual pre-bid meeting with the bidders who would send the "Intention to Bid" to WHO through e-mail by 16 July 2025. WHO will share the virtual pre-bid meeting link to the bidders (who sent the "Intention to Bid" by e-mail) by 13:00hrs, 17 July 2025.
4. **Hardcopies of Technical Proposal with Annex-3 to Annex- 6 and Annex-8 in a separate sealed envelope and Financial Proposals with Annex-5 in a separate sealed envelope** must be received at WHO at the address as specified in section 4.7- Submission of proposals of the RFP no later than 28 July 2025, 14:00 hours, (Dhaka) time.
5. At the discretion of WHO, selected bidders may be invited to supply additional information on the contents of their proposal during the evaluation period. Such bidders will be asked to give a presentation of their proposal (possibly with an emphasis on a topic of WHO's choice) followed by a question-and-answer session. The presentation will be held at WHO Bangladesh Dhaka Office by videoconference, and will likely be conducted on: **N/A**.
6. Evaluation of proposals and selection of a vendor will be performed in accordance with the Request for Proposal (RFP).

Yours sincerely,


Prem Pal Singh
WHO Operations Specialist



...

Encl: As stated above.



**World Health
Organization**

RFP to conduct Documentation and Coverage Evaluation Survey of Typhoid Conjugate Vaccine (TCV) Vaccination Campaign

Request for Proposals (RFP)

Bid Reference

RFP/BAN/2025/013

Country/Unit Name

WCO BAN/IVD

Closing Date:

[14:00 hours, 28 July 2025]

Pre-bid meeting:

14:00 hours, 17 July 2025]

RFP/BAN/2025/013



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1. INTRODUCTION

1.1 Objective of the RFP

The purpose of this Request for Proposals (RFP) is to enter into a contractual agreement with a successful bidder and select a suitable contractor to carry out the following work: To conduct the documentation and coverage evaluation survey (CES) of TCV vaccination campaign in Bangladesh. This will be the 1st TCV CES in the country.

WHO is an Organization that 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.

1.2 About WHO

1.2.1 WHO Mission Statement

The World Health Organization was established in 1948 as a specialized agency of the United Nations. The objective of WHO (www.who.int) is the attainment by all peoples of the highest possible level of health. "Health", as defined in the WHO Constitution, is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. WHO's main function is to act as the directing and coordinating authority on international health work.

1.2.2 Structure of WHO

The World Health Assembly (WHA) is the main governing body of WHO. It generally meets in Geneva in May of each year and is composed of delegations representing all 194 Member States. Its main function is to determine the policies of the Organization. In addition to its public health functions, the Health Assembly appoints the Director-General, supervises the financial policies of the Organization, and reviews and approves the proposed programme budget. It also considers reports of the WHO Executive Board, which it instructs with regard to matters upon which further action, study, investigation or report may be required.

The Executive Board is composed of 34 members elected for three-year terms. The main functions of the Board are to give effect to the decisions and policies of the WHA, to advise it and generally to facilitate its work. The Board normally meets twice a year; one meeting is usually in January, and the second is in May, following the World Health Assembly.

The WHO Secretariat consists of some 8,400 staff at the Organization's headquarters in Geneva, in the six regional offices and in countries. The Secretariat is headed by the Director-General, who is appointed by the WHA on the nomination of the Executive Board. The head of each regional office is a Regional Director. Regional directors are appointed by the Executive Board in agreement with the relevant regional committee.



1.2.3 Description of Office/Region or Division/Service/Unit

The World Health Organization (WHO) has been providing Technical Assistance to the Government of the Peoples' Republic of Bangladesh for the development and strengthening of the country's public health systems since 1972. The support provided by WHO to Ministry of Health and family Welfare (MoHFW) include i) development of health-related policies; ii) generation of evidence for informed decision making; iii) developing evidence-based guidelines, norms and standards; iv) capacity building and strengthening knowledge base and research; v) monitoring country situation; vi) improving service delivery and vii) overall strengthening of the health system.

The country activities of WHO Bangladesh are aligned with the country cooperation strategy 2020-2025. WHO support at the country level are designed and delivered to offering evidence-based guidelines, norms and standards, supporting capacity building and institutional strengthening, generating evidence for informed decision-making, shaping appropriate health policies and improving the overall delivery of health services. The country office of Bangladesh has been providing the services in the four below mentioned strategic priority areas.

Strategic Priority-01: Enhance efforts to ensure more people benefit from UHC

Strategic Priority-02: Promote healthy lifestyle, prevent risk factors, and protect people from emerging and re-emerging diseases

Strategic Priority-03: Creating enabling environment for healthy life and wellbeing

Strategic Priority-04: Strengthen Health System resilience to protect health and mitigate effects of health emergencies including disease outbreaks and manage climate change effects

WHO IVD Bangladesh provide technical support to government for strengthening and maintaining high immunization coverage for all EPI vaccines, improving and maintaining vaccine preventable diseases surveillance performance indicators; to eradicate transmission of wild poliomyelitis; measles elimination, introduce new and underutilized vaccines, to maintain safety surveillance performance indicators and to transfer technology for the laboratory diagnosis of VPD and strengthen national regulatory authorities.

EPI Program is considered one of the most significant contributors to the decline in child and infant deaths in Bangladesh. With strong government ownership at the Directorate General of Health Services (DGHS) of the Ministry of Health and Family Welfare (MOHFW), EPI is one of the successful public health programs in the country that has made significant contributions to the decline in child, infant, and maternal morbidity and mortality.

In continuation of this success, the Government of Bangladesh is planning to introduce the TCV vaccination all over the country in September 2025, among individuals aged 9 months to below 15 years. The objectives of the campaign to reduce the spread/outbreak of typhoid fever by vaccinating 95% of the target population to significantly reduce the high morbidity and mortality caused by typhoid.

National EPI is planning to conduct the documentation of TCV campaign and to conduct coverage evaluation survey after completion of the campaign. These documentation process and survey will help to identify good practices, obstacles and challenges to achieving the desired goals and seeks ways forward to overcome the barriers and provide a scientific evaluation of the programme.

1.3 Definitions, Acronyms and Abbreviations



DEFINITIONS	
TCV	Typhoid Conjugate Vaccine
WHO	World Health Organization
Cluster	The cluster is defined as an enumeration area which constitutes of on average with 120 households
Mohallas	Smallest identifiable area of urban area (municipalities, city corporation) which is known to the inhabitants as mohallas
Mouza	A revenue village with a jurisdiction list number and defined area is called mouza
Upazila	Lowest administrative unit (sub-district level)
Crude	Crude vaccination coverage was defined as the vaccine given to the childrens where the exact age for starting vaccinations and/or interval between did not meet the EPI- recommended schedule
Confidence Interval	A range of interval of parameter values around a point estimate that is meant to be likely to contain the true population parameter. If the experiment were repeated without bias many times, with data collected and analyzed in the same manner and confidence intervals constructed for each repetition, 100X(1-@)% of those intervals would contain the true population parameter
Survey Units	A survey unit is the smallest, identifiable entity that is the target of data collection in a survey. It's the unit of analysis, the entity about which information is being gathered. It refers to the individual entity on which data is collected
Cluster	A collection of elements (for example, households, communities, villages, census enumeration areas, etc.) grouped within defined geographical or administrative boundaries.
Primary sampling unit (PSU)	The group of respondents selected in the first stage of sampling. In this manual, PSUs are usually clusters
Household	A group of people who live and eat together, sharing the same cooking space/kitchen



Valid Coverage	A dose that is administered when a child reaches the minimum age for the vaccine and couldn't cross the maximum age limit according to the national immunization schedule and is found recorded in the relevant documents (Card and/or register). Documented evidence of vaccination at correct ages (includes only valid doses)
Crude Coverage	Crude vaccination coverage is defined as the vaccine given to the target children while the exact age for starting vaccination and/or interval between dose(s) meet or do not meet the recommended schedule
Invalid dose	Vaccine received not maintaining EPI recommended vaccination schedule of exact age
Card Retention Rate	Proportion of Vaccination card retained by the recipient where, Denominator: Number of Card Issued by Vaccinator Numerator: Number of Card found available during survey Multiplier: 100
Missed Opportunity	Missed opportunity for vaccination (MOV) is the failure to administer all vaccines for which the target children was eligible (according to the national vaccination schedule) on the date of a clinic visit.
Missed communities	Missed communities are home to clusters of zero-dose and under-immunized individuals
Zero-Dose	Zero-dose children as those who didn't receive the TCV vaccine
Valid	Vaccine received following TCV campaign recommended exact age (9 months- below 15 years).
Estimation of National Coverage	National coverage included data gathered from district and city corporations' survey units.
Hard-to-Reach Area	Hard-to-reach area means char, haor, enclaves, and hilly areas which are geographically partly or fully difficult to reach. An area will be considered as hard-to-reach only when the time required for vaccine transportation from the UHC to the distribution point and from a distribution point to the vaccination site is more than or equal to 2 hours and 30 minutes by using the existing modes of transport.
High Risk Area	The high-risk area refers to this area, where cases of neonatal tetanus have been found, areas with measles outbreaks, where there are floating (migratory) populations, people living in high-rise buildings, slum areas, areas where AFP (Acute Flaccid Paralysis) data is not available, and areas where people are reluctant to receive vaccination services or face social barriers.

ACRONYMS & ABBREVIATIONS

TCV	Typhoid Conjugate Vaccine
BDHS	Bangladesh Demographic and Health Surveys
CES	Coverage Evaluation Survey
BBS	Bangladesh Bureau of Statistics
CG	Community Group
CHW	Community Health Worker
CI	Confidence Interval



EA	Enumeration Area
PSU	Primary Sampling Unit
SU	Survey Unit
GoB	Government of Bangladesh
DGHS	Directorate General of Health Services
MoHFW	Ministry of Health and Family Welfare
MoLGRDC	Ministry of Local Government, Rural Development and Cooperatives
EPI	Expanded Programme on Immunization
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
HA	Health Assistant
ICC	Intra Cluster Correlation Coefficient
DEF	Design Effect
IVD	Immunization and Vaccines Development
ISS	Immunization System Strengthening
IPHN	Institute of Public Health Nutrition Bangladesh
CC	City Corporation
BCC	Barishal City Corporation
CCC	Chattogram City Corporation
CumCC	Cumilla City Corporation
DNCC	Dhaka North City Corporation
DSCC	Dhaka South City Corporation
GCC	Gazipur City Corporation
KCC	Khulna City Corporation
MCC	Mymensingh City Corporation
NCC	Narayanganj City Corporation
RCC	Rajshahi City Corporation
RpCC	Rangpur City Corporation
SCC	Sylhet City Corporation
MICS	Multiple Indicator Cluster Surveys
MNT	Maternal & Neonatal Tetanus
MOV	Missed Opportunity for Vaccination
NGO	Non-Government Organization
NPO	National Professional Officer
PIE	Post Introduction Evaluation
PPS	Probability Proportional-to- Size



SACMO	Sub-Assistant Community Medical Officer
SPSS	Statistical Package for Social Science
CRR	Card Retention Rate
DO	Drop-out
ZD	Zero Dose
UI	Under Immunization
UHC	Upazila Health Complex
SAGE	Strategic Advisory Group of Experts
NITAG	National Immunization technical Advisory Group
UNICEF	United Nations Children's Fund



2. BACKGROUND

Description of the existing activities **currently** undertaken by **WCO BAN/IVD** i.e. prior to the publication of this Request for Proposals, and related to its objectives.

2.1 Overview

The EPI is always considered as a success story in Bangladesh for its remarkable progress. EPI Program is considered one of the most significant contributors to the decline in child, infant, and maternal morbidity and mortality in Bangladesh. With strong government ownership at the Directorate General of Health Services (DGHS) of the Ministry of Health and Family Welfare (MOHFW), EPI is one of the successful public health programs in the country that have significant contributors to the decline in child, maternal, and infant deaths.

In continuation of this success, the Government of Bangladesh is planning to introduce the TCV vaccination all over the country in September 2025, among individuals aged 9 months to below 15 years.

National EPI is planning to conduct the documentation of TCV campaign during the campaign period and after completion of the campaign to conduct the TCV CES 2025. It will be conducted in two phases. In the first phase campaign documentation will be conducted and at the second phase TCV CES will be conducted

The CES will be conducted following updated WHO vaccination coverage survey manual with reference to selection of sampling methods and estimation of sample size, which is aimed at generating high-quality probability sample surveys, similarly to Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). Increased emphasis will be given to the quantitative estimate of vaccination coverage at the right level of the health system-national level coverage stratified by districts, urban areas and slums in Bangladesh. Compared to the previous WHO 30 cluster sampling method, there will be major changes in estimating sample size, conducting survey and analyzing data, as the following,

- Use of probability sampling – every eligible respondent has a known and non-zero chance of selection into survey sample
- Pre-selection of households to be interviewed – eliminating any opportunity for field data collectors to affect selection (this requires list of mauza/mahalla)
- Including both residents and all other persons who slept in the household the previous night rather than having a residency requirement for eligibility, because exclusion of more mobile populations can bias coverage estimates upwards
- Careful documentation of the outcome of visits to all households in the cluster so that missing data can be accounted for properly
- Conduct of weighted analyses to account for different probabilities of selection of each children in the survey
- Inclusion of age cohort, childrens at the age of 9 months to below 15 years will be considered.
- Picture of vaccination card will be taken
- Mobile number (if available) of respondents/family members or neighbors will be collected
- Geo-locations must be ensured (latitude and longitude).
- More effort to get documentation of vaccination status – field workers visit health facilities to



search registers for children who lack a home-based record.

The 2025 TCV Coverage Evaluation Survey (CES) will consist of 80 survey units including 64 from Districts and 12 from City Corporations and rest three from DNCC, DSCC, GCC and CCC Slums. The district sample will include rural areas (upazila). City Corporations sample will come from zones of 12 CCs. The primary sampling units (PSU) will be selected according to a 2-stage sampling method with Probability Proportional to Size (PPS) for districts and city corporations. Two stages included union and mauza (village) for districts surveys, and ward and mahalla for city corporations' surveys. The sample size will be determined by target population size, anticipated coverage, intra-cluster correlation coefficient (ICC), 95% confidence interval, margin of error can be considered $\pm 8\%$ and anticipated response rates. Before the selection of samples, a sampling frame with eligible subjects (target population) will be made for each category of the respondents separately. WHO guideline can be used to calculate the effective sample size

Sample households of CES 2025 will be selected during the preparation phase using simple random sampling technique. All households of selected sample cluster (i.e., enumeration areas - EA) will be visited, and detailed information about the target samples will be obtained by using digital technologies. By using the information gathered, childrens aged between 9 months- below 15 years will be identified. A separate sampling frame with eligible respondents will be prepared for each target population.

All surveyors will be trained and provided with a detailed field instruction manual. EPI and experts from development partners including WHO will supervise training as well as will monitor the quality of data collection, compilation, and analysis. Quality control measures will also include checking and cross-checking in adherence to survey methodology, field checks will be performed of data collection and regular questionnaire review for completion, consistency, and legibility.

2.2 Objectives of the present activity

The objectives of the TCV Documentation and CES 2025 are to:

General Objectives:

1. Document the entire duration of TCV campaign
2. Assess the TCV vaccination coverage among 9 months to below 15 years old children across the country.
3. Assess the program quality (Card retention rate, adverse event following immunization, invalid dose, reasons for not receiving TCV vaccine, identify the perceptions, attitudes and barriers of TCV vaccination etc.)
4. Provide information as a basis for making concrete recommendations and planning for improving routine immunization activities in Bangladesh.

2.2.2 The specific objectives of each survey component are listed below:

Objectives of the TCV survey component are to assess:

- a) Assess vaccination coverage among 9 months to below 15 years old children across the country.
- b) Vaccination card retention rate
- c) Reasons for not vaccinating.

Country/Unit Name **WCO BAN/IVD**

- d) Identify the TCV vaccination low covered areas.
- e) Assess vaccination coverage rates by demographic subgroups, including age, sex, socioeconomic status, and geographic location to determine the disparities in vaccination uptake.
- f) Understand perceptions and attitudes among the target population regarding the TCV vaccine including perceived barriers to vaccination, social stigmas and the influence of healthcare providers.
- g) Identify and analyze a variety of barriers to uptake, including lack of access to health facility/vaccination centers, misinformation about vaccines, safety concerns and socio-cultural factors.
- h) Sources of vaccination services
- i) Vaccination coverage in hard to reach and high-risk areas
- j) Knowledge of caregivers on TCV vaccination & AEFI (Adverse Events Following Immunization)
- k) Get qualitative feedback on the participant's experience and recommendations for improving the TCV vaccination programs, outreach efforts and educational campaigns.
- l) Differential in valid vaccination coverage by background characteristics by mother's education, monthly family income, mobile ownership, and wealth quintile.

Activities to conduct Post campaign evaluation coverage:

Reference Document: WHO Vaccination Coverage Survey Reference Manual 2018

2.3 Activity coordination

[The contracting partner will be reportable to Team Leader, IVD in all regards (program and financial) and NPO-EPI and VSQ will coordinate on behalf of Team Leader IVD. The contracting partner should maintain a close working condition with EPI



3. REQUIREMENTS

3.1 Introduction

WHO requires the successful bidder, the Contractor, to carry out the documentation and Coverage Evaluation Survey of TCV vaccination campaign among the 9 months to below 15 years children across the country in two phases.

Below are the minimum expected requirements. Organization should go through the reference document and propose the necessary changes in their proposal.

WHO implement biannual (2 years') workplan and the current biennium will end December 2025. Bidders need to note that WHO will issue another contract using next biennium fund for 2nd phase work, which may take 15 days or so during January 2026 due to WHO's system on biennial workplan funding mechanism. However, the 2nd phase of the work must be completed by February 2026 (no contract extension. Bidders need to consider the gap period for administrative work (for 2nd phase contract) while preparing the technical and financial proposals including Gantt chart.

1st Phase

From August-December 2025 (Five months):

1. Prepare a campaign documentation SOP
2. Document (Microplanning, Coordination, Awareness, Meeting, advocacy, local partner role, cold chain management etc.) the entire TCV campaign across the country following SOP.
3. Write a campaign success story.
4. Capture (photo album & video) the campaign
5. Conduct brief interview (using digital tools) with parents, teacher and local health manager, volunteer etc. with pre-deigned questionnaire.
6. Prepare a video documentary of the TCV campaign
7. Provide a lesson learned report and captures insights and recommendations for future program at the end of the campaign.
8. Submit a campaign summary report.
9. Prepare survey tools as per the survey design
10. Total 79 survey units including 64 from districts and 12 from city corporations and 3 from slums. The district sample will include rural areas (upazila). City corporations' sample will include zones and slum sample from DNCC, DSCC and CCC slums.
11. The agency will design CAPI/digital tool based on pre-structured questionnaire and HH line listing template approved by WHO.
12. GPS location (latitude and longitude) of respective field data needs to be collected. Monitor and ensure data are not collected from same geo-location.
13. Vaccination card photos (both side) and respondent/family member's/neighbour's mobile number needs to be collected during the data collection. Monitor and ensure cards are not bring home with the interviewers (FI/FS). FIs and FSs phone number's is prohibited to use in this portion of data collection.
14. Share all the online (Kobo and/or others) data collection login credentials and data access with WHO.
15. Conduct pilot testing of digital tool and incorporate the learning in the tool before the deployment and update the SOP as well.
16. Recruit qualified and experienced personnel including survey local field teams who are capable of the data collection, each comprising of supervisor and surveyors. The organization will be responsible for them, their logistics support and any other enumeration as required.
17. The project teams should be supported by the Team Leader, Documentation and Communication Specialist, Project Coordinator, Statistical Advisor, M&E/Quality Control Officer and Field supervisors and Interviewers.



18. A senior-level researcher, a national field coordinator, a quality control officer, and a system analyst would be required for field guidance, data collection, analysis interpretation, and reporting. Divisional and CC level data quality control officer would be required.
19. Conduct training for all the survey staff on the SOPs/training module and the data collection procedure in the study. One day pre-testing of survey tools needs to be ensured during the training for FI/FSs.
20. Selection of clusters and households for the survey. **Latest census data of BBS-2022** needs to be used for selecting clusters. Respondents needs to be selected from central level from HH Listing.
21. Collect household listing data/ sampling frame in details from the selected enumeration areas as well as mark each household with a marker for identification before field data collection. Share the household listing master file including latitude and longitude with WHO.
22. After Household randomization data collector will visit the selected households of each EA and collect data with kobo/digital tool.
23. Interviewers will visit 3 times in case of non-response as per methodology and it should be documented with reason for non-response.
24. Ensure the source of vaccination information will be taken from card. If card not available, check the registrar from vaccination centre or check the information from online (vaxepi.gov.bd) by using the Birth Registration (BR) and phone number used for vaccine registration.
25. Ensure approval from the appropriate govt. bodies for the study (including the ethical clearance from the appropriate body).
26. Provide bi-weekly updates and progress report on field data collection.
27. Submit interim data analysis reports at 15-day intervals to ensure data quality is ensured.
28. Inform WHO and provide data quantity and quality report and seek clearance from WHO when declaring a survey unit is completed.
29. Explain the survey to parents and obtain informed consent from survey participants
30. **Complete data collection within the stipulated time frame. If failure to do so, then WHO have the right to cancel the contract.**
31. Ensure best quality and safety of digital data through adequate supervision, monitoring concurrent data cleaning and review meeting.
32. Conduct periodic mid-course corrections and evaluations and incorporate the feedbacks from EPI and WHO.
33. Develop online dashboard (Power BI/Kobo) for real time monitoring of field data collection including GPS location tracking.
34. Provide periodic progress and updates on the survey to WHO and EPI.
35. Provide a progress report with a preliminary data analysis at the mid of data collection to WHO (minimum 1). Conduct mid-term data analysis and midterm-evaluation of the field work and provide report to WHO. Take action as per field findings.
36. Prepare a questionnaire for quality control team including the questionnaire for data validation and verification exercise. At least 10% of data required to be cross verified with proper documentation with the required statistical testes for data consistency, reliability and validation.
37. Develop a monitoring checklist in consultation with EPI, WHO and ensure monitoring visit by using checklist. Summarize the findings and recommendation in a report format and take immediate action based on findings.
38. Facilitate independent quality control team during QC visit and summarize the findings and recommendation in a report format.
39. After completion of field data collection, the data quality and quantity need to check again by a trained team and needs to recollect data where found errors.
40. Completion of field data collection and provide the field raw database

2nd Phase

From January-February 2026 (Two Months):



1. Provide a final clean data of the survey to the WHO. Data cleaning and editing norms needs to be fixed by discussing with WHO and share the edited and unedited file mentioning the reason for edition.
2. Perform statistical analysis in association WHO. Use WHO's Vaccination Coverage Quality Indicators (VCQI) tools for data analysis
3. Organize session to prepare sample size weighting file for analysis and share weighting file to WHO.
4. Prepare summary sheet of key findings, study report and other sharing tools such as PPT presentations, fact sheets, etc. Provide analyzed data table
5. Ensure the archival of all survey documents, including the internal and external meetings, as per the applicable guidelines.
6. Attend meetings as required by WHO Bangladesh and EPI. Provide and archive the meeting minutes.
7. Keep the confidentiality of survey related activities and findings
8. Provide financial and technical report on the survey.
9. Provide final national report in hard and electronic form. Technical report should be provided including Fact sheet (standalone and comparison) Infographics etc.
10. If selected contractor fails to collect data or fail to submit the deliverables within the time frame, then WHO have the right to cancel the contract anytime.
11. WHO have the right to make any relevant changes as per program's need.

Sampling Technique of the survey:

- Sampling required to be done centrally in coordination with WHO
- Obtain a sampling frame of enumeration areas (EAs) for the most recent census (BBS 2022), where available.
- Evaluate the sampling frame for population coverage, distribution, identification and coding, as well as size and consistency.
- If implicit urban-rural stratification is desired, sort the area and their populations by urban and rural
- In one column, show the fact sheet population count, or the number of households in each of the EAs.
- If any EA is small and likely to have fewer households than the target per Primary Sampling Unit (PSU), combine it with a geographically contiguous neighbours so that they form a single entry in the sampling list or frame.
- The sample size calculations will have specified how many clusters (denoted as n) must be selected for the survey and denote the same per stratum.
- In each stratum, a sample of n EAs is then selected independently using systematic sampling with replacement, with probability proportional to the estimated size.
- Divide any large selected EAs (having many more households than are needed) from the sample list into segments that are estimated to have (a) at least the target number of households per cluster and (b) no more than two times the target number of households per cluster.

Sample size calculation of the survey:

TCV vaccination coverage, by official coverage in 2024, is 86.0%

(Data Source: <https://immunizationdata.who.int/global/wise-detail-page/typhoid-vaccination-coverage?CODE=NPL&ANTIGEN=&YEAR=>)

Number of survey units = 80

Number of respondents per cluster, m=10

ICC (Intra cluster Correlation Coefficient), ICC=0.167

N.B: ICC Assumed based on the below criteria as no prior estimation available –

ICC = 1/6; conservative choice for SIA surveys

Design effect, DEF=1+(m-1) *ICC

= 1+(10-1) *0.167, Where m=sample per cluster=10

=2.5

Desired Precision for 95% CI =±7% (Table B-1)

Considering national TCV official vaccination coverage in Nepal in 2024, **86.0%** and the desired precision for 95% CI= **±7%**,

ESS= 147 (table B-1)

Cluster: DEF*ESS/Respondents per cluster

Figure 1: This formula can be used also to calculate the sample size which is correspondent to Table B1 of WHO Guideline

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Cluster=2.5*147/10=37

Clusters per survey units: 37

Total survey units: 80

Total Clusters: 37*80=2960

Total sample size= Total clusters* 10 respondents per cluster =2960*10=29, 600

Note: The sample size will be adjusted as per the TCV campaign coverage in Bangladesh.

For more information: WHO Vaccination Coverage Survey Reference Manual 2018 (page 106-115, and 2.7 pages 15-21; Bidders should give the details calculation based on the reference, we use table C, Page 127)

Table B-1. Effective sample size (ESS) by expected coverage and desired precision for the 95% confidence interval (CI)

Precision for 95% CI	Expected Coverage										
	5%	10%	15%	20%	25%	30-70%	75%	80%	85%	90%	95%
±3%	354	518	663	788	892	1,097	892	788	663	518	354
±4%	227	315	394	461	517	622	517	461	394	315	227
±5%	162	216	265	306	340	401	340	306	265	216	162
±6%	132	160	192	220	242	280	242	220	192	160	132
±7%	110	125	147	167	182	207	182	167	147	125	110
±8%	93	101	117	131	143	159	143	131	117	101	93
±9%	81	83	96	106	115	126	115	106	96	83	81
±10%	70	70	80	88	95	103	95	88	80	70	70

Table C. Example clustering terms of design effects (DEFF) for coverage surveys

ICC	Average Respondents per Cluster (<i>m</i>)						Description
	1	5	7	10	15	20	
0	1	1	1	1	1	1	Uniform coverage
0.042	1	1.17	1.25	1.38	1.58	1.79	ICC = 1/24; very little variation in coverage
0.167	1	1.67	2	2.50	3.33	4.17	ICC = 1/6; conservative choice for SIA surveys
0.333	1	2.33	3	4	5.67	7.33	ICC = 1/3; conservative choice for RI surveys
1	1	5	7	10	15	20	Some clusters 100% covered; all others 0%



Table B-2: Estimated Sample Size calculation

Divisions/City Corporations/ Municipalities/ Peri-urban/ slum areas	Number of Survey Units	Number of Clusters Each Survey Units	Number of Clusters (37/Unit)	Total Number of 9 months to below 15 years old children (10/Clusters)
Dhaka Division	13	37	481	4810
Mymensingh Division	4	37	148	1480
Chittagong Division	11	37	407	4070
Rajshahi Division	8	37	296	2960
Rangpur Division	8	37	296	2960
Khulna Division	10	37	370	3700
Barisal Division	6	37	222	2220
Sylhet Division	4	37	148	1480
City Corporations	12	37	444	4440
Slums	4	37	148	1480
Total	80	370	2960	29600

Total estimated sample: 29,600 childrens

Bidders need to submit the sample size calculation as per reference document of WHO Vaccination Coverage Survey Reference Manual 2018 or as per statistically justified method.

Quality Control:

Given that the data generated in this survey will inform programme management to improve routine immunization coverage, utmost consideration will be given for maintaining data quality. It shall be ensured that the data collected is complete, valid, relevant and appropriate to the survey objectives and instruments. Data collected shall be regularly assessed for accuracy, validity, consistency, appropriateness. Data collected shall be subject to back-checks from survey team supervisors.

Quality assurance steps will be taken at each stage of research to ensure that high-quality data are generated and processed.

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- The quality checks will be placed over all the key-activities of the project through Technical Advisory Committee.
- Quality monitoring during data collection will follow the protocol/process and will be through embedded back check (using CAPI) mechanism at two levels.
- Divisional data quality controller will perform the daily check for ensuring the data quality whether it is collected from same geolocations, wrong, incomplete, or inaccurate information's.
- Provide weekly data quality and quantity report as per methodology.
- Real-time monitoring and actions will be taken to ensure the data quality.
- Overall CES Quality including data and methodology can be checked through an independent third party selected by WHO and the budget will be provided by the contractor.

Data quality checks will be at two levels. Firstly, the Agency will monitor their own data quality concurrently at the time of the survey and during data entry and cleaning. The other level of quality control will be through the GOB, WHO and other immunization partners, who will be carrying out random monitoring activities in selected clusters.

Training of Field Investigators for survey:

One of the main factors that influence the quality of data is the preparedness of investigators and monitoring of field work. Field Agency should organize adequate training for field investigators, to underset and familiarize with the survey objectives and survey questionnaires. They can arrange a pool of master trainers including researcher, training officer, statistical officer, quality control officer/M&E officer etc. The team from EPI and WHO will monitor the training.

3.2 Characteristics of the provider

3.2.1 Status

The Contractor shall be a [☒ for profit][☒ not for profit] institution operating in the field of _Public health survey, with proven expertise in EPI coverage survey/related EPI activities and documentation of public health related activities.

- The Bidder/Contractor can be a single entity and/or a consortium or partners who will jointly develop the proposal focusing their area of expertise/experience. The Bidder/Contractor shall indicate the Lead Agency, with whom WHO will enter into an Agreement while the Co Lead Agencies/Partners will have legal framework with the Lead Agency.
- The Provider can be National/International/Joint Venture
 - Company/Institute/Organization fulfilling the following local registration and legal/compliance requirements.
 - Is a VAT registered organization.
 - Have a TIN number and up to date and Income Tax Certificates.
 - Produce evidence that there are no pending Criminal/Civil lawsuits against the institution.
 - Not declared "Bankrupt/Ineligible/Banned" by any of the court in the country.
 - Provide evidence that there are no pending major lawsuits and litigations in excess of USD 100,000 at risk (indicate particularly those by licensees or patent infringement) against the Institution/company.
- 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.

- Have a good experience of working (specially deadline met) with WHO and other UN/Internationals organizations. Satisfactory recommendation is required if previously worked with WHO/other UN/Internationals organization.
- 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.
- Capable to implement the desired work/projects in nationally utilizing own existing administrative, operational, and logistical resources to implement the projects without adding up Overhead costs to the Purchaser (WHO).

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.

Project management structure is capable to ensure quality assurance procedure including project monitoring and evaluation and internal Control.

3.2.2 Accreditations

An accreditation (ISO 9001 or equivalent; other accreditation or certification in a relevant field) or an on-going accreditation process by a certified accreditation body ☐ is required (mandatory) ☒ would be an asset (desirable).

3.2.3 Previous experience

Mandatory:

- Proven experience in the field of public health research and/or immunization for WHO, other international organizations and/or major institutions in the country at least for 5 years .
- 4. Previous work with WHO, other international organizations and/or major institutions in the field of Documentation and communication in the area of public health at least for 3 years.
- Experience of concluding at least 1 national level research or any other public health survey with proven expertise of large sample size of >10000 with WHO/UN or other national/international organization.
- ;

Desirable:

- Has proven experience of having conducted at least 1 nationwide coverage evaluation survey/others public health survey or one immunization survey.
- Has proven experience of concluding at least one documentation and communication-related activity in the field of public health and/or immunization.
- Have proven experience of working with digital data collection tools at least in 1 public health and/or any survey/research (Kobo/ODK etc.)

Note for mandatory and desirable criteria: The Bidder/Contractor can be a single entity and/or consortium or partners who will jointly develop the proposal focusing their area of expertise/experience. The Bidder/Contractor shall indicate the Lead Agency, with whom WHO will enter into an Agreement while the Co Lead Agencies/Partners will have legal framework with the Lead Agency



4.1.1 Staffing

Since the work requires expertise in multiple fields, particularly public health related activities and documentation, the Bidder/Contractor can be a single entity and/or consortium or partners who will jointly develop the proposal focusing their area of expertise/experience. The Bidder/Contractor shall indicate the Lead Agency, with whom WHO will enter into an Agreement while the Co Lead Agencies/Partners will have legal framework with the Lead Agency.

The selected contractor is expected to dedicate the following human resources to the project:

Team Leader (Project Manager):

- Higher university degree (Master's and/or PhD) in Public Health, Immunology, Virology or Statistics or relevant field)
- At least 10 years work experience in conducting large scale studies at the national level.
- Experience in conducting at least 2 studies/assessments/evaluations at national level with a particular focus on EPI coverage evaluation survey and/or public health survey.
- At least two publications on immunization and/or public health survey in peer-reviewed journals as first/lead author.

Immunization Specialist/Project Coordinator:

- Higher university degree (MBBS and/or MPH in public health or relevant field)
- At least 5 years of work experience in conducting large-scale studies/ evaluations/assessments on immunization and/or public health at the national level.
- At least one Publications on immunization/public health survey/research in peer-reviewed journals as first/lead author

Documentation and Communication Specialist:

- Masters in Communication/Journalism/Public Relations/International Affairs and/or Public Health Communication or relevant field
- At least 5 years work experience in documentation and communication in the public health field
- Previous experience of making at least 1 documentary and/or writing a project/campaign success story/lesson learned report.

Statistician:

- Masters in Statistics/ Biostatistics/Applied Statistics or any related field.
- At least 5 years working experience of managing nationally representative data.
- Experience in conducting at least 1 large-scale studies/evaluations/assessments in any public health-related field/on immunization at the national level.

Field Coordinator:

- Masters degree in Management/social Science/Anthropology/Public Health/Developmental Studies or any related field.
- At least 5 years working experience to manage and monitor the national field survey activities.
- Experience in managing at least 1 large scale studies/evaluations/assessments in any public health related field



Training Officer:

- Masters in Public Health and/or MBBS
- At least 5 years work experience to organize and facilitate training program
- At least 1 year experience in conducting training in digital data collection tool for large scale studies/evaluations/assessments on Immunization and/or in any public health related field.

Quality control officer/M&E Officer:

- Graduate degree in Computer Science/Statistics/Biostatistics/Public Health or any related field
- At least 5 years work experience to work as quality control/M&E officer in the research field
- At least 1 years experience on data base management using digital data collection tools.

Supervisor:

- Graduate degree in any field
- At least 5 years work experience to work as a supervisor in the research field.
- At least 1 year experience in digital data collection tools (Kobo/ODK etc.) and/or GPS tracking systems

Interviewer:

- At least Higher Secondary Certificate (HSC).
- At least 5 years work experience to work as an interviewer in the field of data collection.
- At least one year experience in digital data collection tools (Kobo/ODK etc.) and/or GPS tracking systems.

4.2 Work to be performed

Tasks	End Products/Deliverable	Time Frame
1st Phase (August to December 2025): 20 Weeks		
1.1 Documentation of TCV Campaign	<ul style="list-style-type: none"> • Campaign Documentation SOP • Submit a campaign success story • Submit the photo album of the entire campaign • Submit a video documentary of the TCV campaign • Submit a lesson learned and campaign summary report with recommendations for future program 	6 weeks
1.2 Finalization of methodology	<ul style="list-style-type: none"> • Defining and selecting clusters • Delineating sampling method • Data collection, data processing, data analysis and reporting plan. 	2 weeks
1.3 Survey tools and supervision plan (including piloting)	<ul style="list-style-type: none"> • Development of survey tools and manuals and pre-testing • Supervision strategy and development of tools for supervision 	2 weeks
1.4 Organization of field teams and their training Machine proof	<ul style="list-style-type: none"> • Selection of teams • Training & orientation of interviewers and supervisors 	2 weeks

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1.5 Conduct of field work	<ul style="list-style-type: none"> Survey by interviewers Supervision 	8 weeks
Total Duration		20 Weeks
2nd Phase (January to February 2026): 8 Weeks		
1.6 Data Analysis	<ul style="list-style-type: none"> Data processing and analysis Interpretation and presentation of results 	4 weeks
1.7 Report writing	<ul style="list-style-type: none"> Report writing Final submission of EPI coverage evaluation report to WHO 	4 weeks
Total Duration		08 Weeks
Grand Total Duration (1st Phase+ 2nd Phase)		28 Weeks

4.2.1 Key requirements

The following are the key requirements for information within the tender submission document:

- Management capacity of the organization, management of the project and why the organization is the best for carrying out the survey.
- Manpower planning and logistical arrangements.
- A clear understanding and knowledge having conducted large scale surveys, evaluation/ research works in the field of immunization in particular and health in general.
- An institution with at least 5 years works experience in the field of immunization programs
- Adequate technical and admin staffs, Organogram (Needs to be shared), Proven organizational strength (e.g., number of projects, # of staffs, annual project cost/budget utilized etc.) standard and functional office.
- Demonstrable skill and experience in writing technical reports
- Resume of key personnel e.g. Team Lead, Immunization specialist, Documentation and communication specialist, Statistician etc.
- Quality control and field contingency plan
- Proven experience of conducting at least one nationwide survey with large data >10000
- Proven experience of conducting documentation and communication activities in the field of public health

4.2.2 Place of performance

National and sub-national level

4.2.3 Timelines

7 months after getting the contract (August to December 2025, and January to February 2026)

Proposed Payment Schedule and Deliverables:

In the first phase, 60% of the total budget will be disbursed, while the remaining 40% will be allocated for the next phase. WHO will reimburse the VAT upon submission of the VAT Chalan and Musak by the contractor.

Inst allm ent No	Deliverables/Outcomes	Documents need to be submitted	Date	Budget Diverse (%)	Delivera ble Type
1st Phase (August to December 2025): 5 Months					



Inst allm ent No	Deliverables/Outcomes	Documents need to be submitted	Date	Budget Diverse (%)	Delivera ble Type
1.	I. Contractor on-board (agreement sign) with documentation plan.	<ul style="list-style-type: none"> Share the campaign documentation plan 	15/08/2025	20% of the 1 st phase budget	Campaign Document ation Plan
2.	II. Documentation of TCV Campaign	<ul style="list-style-type: none"> Campaign Documentation SOP Submit a campaign success story Submit the photo album of the entire campaign Submit a video documentary of the TCV campaign Submit a lesson learned and campaign summary report with recommendations for future program 	15/10/2025	20% of the 1 st phase budget	Document ation materials submissio n.
3.	III. Finalization of methodology, questionnaire, and Organization of the field team and their training plan. IV. Finalization of digital data collection tools. V. All on-boarded staff list with the field movement plan VI. Training module and training plan. Enumeration Area (EA) list of 2022 census. I. Training and pretesting of the digital tool for Household listing and data collection VII. Training completion report with pre and post test.	1. 1.Approved documents of the final questionnaire, methodology, work plan, and timeline of activities. 2. 2.All staff list with the field movement plan. 3. 3.Training, module, plan & the final digital tool. 4. Enumeration Area list of the 2022 census 5. Training Completion Report	15/11/2025	30% of the 1 st phase budget	Inception Report Digital data collection tools, Enumerati on Area list And Training Report
4.	I. Real-time monitoring dashboard integration with GIS. II. Completion of field data collection and ensuring data quality II. Submit all financial documents with invoice	1. Data collection completion report by cluster and by forms. 2. Data collection progress and data quality assurance report. 3. Share the field raw data while ensuring the data quality. 4. Submit all financial documents with invoice	31/12/2025	30% of the 1 st phase Budget	Technical and Financial Report for 2025 and Raw Database
2nd Phase (January to February 2026): 2 Months					
	I. Completion of data analysis and sharing the analyzed data table II. Sample size weighting file III. Share the presentation on Findings	1. Share the sample size weighting file 2. Share the final data file 3. Share the analyzed data table in MS Word and Excel 4. Analysis with interpretation 5. Presentation of the CES findings	31/01/2026	40% of the 2 nd phase Budget	Final database, PPT and Data Analysis of EPI CES 2025



Inst allment No	Deliverables/Outcomes	Documents need to be submitted	Date	Budget Diverse (%)	Deliverable Type
3.	I. Submission of Final Report II. Submission of final financial report with all invoices	1. Submission of the final report of EPI CES 2025 by incorporating GOB and partners' comments. 2. Submission of final financial report with all invoices	28/02/2026	60% of the 2 nd phase Budget	Final EPI CES 2025 Report. and Final Financial Report for 2025-2026

Note: Due to WHO's biennium closure in December 2025, WHO will issue another contract using next biennium fund for 2nd phase work, which may take 15 days or so during January 2026. However, the 2nd phase of the work must be completed by February 2026.

4.2.4 Reporting requirements

The project manager of the selected contractor will be expected to provide an updated status in a written format on a weekly basis.

A technical report is expected upon delivery of each deliverable (see above).

Additional reporting activities may be requested by WHO, or initiated by the project manager on a need basis.

- Campaign summary and lesson learned report by 4 weeks
- Study tools, implementation and supervision plan within 4 to 6 weeks after signing of contract
- Drafts report and Power point presentation within 13 weeks after signing of contract
- Final National, divisional, city corporations, slums report in paper-based form within 18 weeks after signing of contract
- Complete tabulated and unit level data sets 18 weeks after signing of contract
- National and division wise Fact sheet 24 weeks after signing of contract
- Final report of TCV CES by 28 weeks.

The reports and all background documentation of this work will become property to WHO.

The Contractual Partner shall not share, publish, or reproduce without WHO's prior written permission

4.2.5 Performance monitoring

The Contractor/bidder will be evaluated on:

- . their capacity to deliver products of an optimal technical quality within the agreed timelines;
- . the control of the costs;
- . their proper and smooth project management (including communication with the Technical Officer, the Project Lead and any other stakeholder);
- . their service orientation and responsiveness to WHO's needs and expectations.

The bidder also needs to provide a brief description of internally established procedures and mechanisms of following issues in the light of the proposed project:

Risk identification and subsequent management plan

Technical quality control and quality assurance plan of activities

Fraud and corruption identification mechanism and management procedure



Time management and backup plan
Emergency situation management plan

4.2.6 Further capacities

The bidder needs to submit a survey schedule indicating the detailed sequence of activities that will be undertaken and their corresponding timing. The bidder also needs to provide information whether they needed training and technical support in implementing the project. Following WHO approval, the bidder organization must complete the ethical clearance process by their own



5. INSTRUCTIONS TO BIDDERS

Bidders should follow the instructions set forth below in the submission of their proposal to WHO:

WHO will not be responsible for any proposal which does not follow the instructions in this RFP, including this Section 5, and may, at its discretion, reject any such non-complaint proposal.

5.1 Language of the Proposal and other Documents

The proposal prepared by the bidder, and all correspondence and documents relating to the proposal exchanged by the bidder and WHO shall be written in the English language.

5.2 Intention to Bid

No later than 14:00 hours, 16 July 2025 the bidder shall complete and return by email to WHO to the following address: **sebanprocurement@who.int**. A virtual Prebid meeting will be held at 14:00 hours, on 17 July 2025 with the bidders who would send their "Intention to bid" to WHO through email within the stipulated time. WHO will share the meeting link to the interested bidders by 13:00 hours on 17 July 2025

1. The RFP RFP/BAN/2025/013 Acknowledgement form, attached hereto as Annex 1, signed as confirmation of the bidder's intention to submit a bona fide proposal and designate its representative to whom communications may be directed, including any addenda; and
2. The RFP RFP/BAN/2025/013 Confidentiality Undertaking form, attached hereto as Annex 2, signed;
3. The Self-Declaration form, attached hereto as Annex 6, signed.

These forms are confirming the bidder's intention to submit a bona fide proposal and designating a representative to whom communications may be directed, including any addenda.

WHO reserves the right to reject proposals from bidders who have not submitted the above-listed forms in accordance with this section.

5.3 Cost of Proposal

The bidder shall bear all costs associated with the preparation and submission of the proposal, including but not limited to the possible cost of discussing the proposal with WHO, making a presentation, negotiating a contract and any related travel.

WHO will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the selection process.

5.4 Contents of the Proposal

☒ **Option 1:** Proposals must offer the total requirement. Proposals offering only part of the requirement may be rejected.

☐ **Option 2:** Proposals may offer the total requirement or only part thereof. The bidder shall indicate precisely which specific part of the requirement it intends to provide by completing Proposal Completeness form, attached hereto as Annex 3.



The bidder is expected to follow the proposal structure described in paragraph "Proposal Structure" below and otherwise comply with all instructions, terms and specifications contained in, and submit all forms required pursuant to, this RFP. Failure to follow the aforesaid proposal structure, to comply with the aforesaid instructions, terms and specifications, and/or to submit the aforesaid forms will be at the bidder's risk and may affect the evaluation of the proposal.

5.5 Joint Proposal

Two or more entities may form a consortium and submit a joint proposal offering to jointly undertake the work. Such a proposal must be submitted in the name of one member of the consortium - hereinafter the "lead organization". The lead organization will be responsible for undertaking all negotiations and discussions with, and be the main point of contact for, WHO. The lead organization and each member of the consortium will be jointly and severally responsible for the proper performance of the contract.

5.6 Communications during the RFP Period

A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than **20 July 2025**:

Email for submissions of all queries: sebanprocurement@who.int
(use subject: *Bid Ref. RFP/BAN/2025/013*)

The **WCO BAN/IVD** Team at WHO will respond in writing (via email only) to any request for clarification of the RFP that it receives by the deadline indicated above. 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. Questions are to be submitted following the format of the form "Questions from Bidders", attached hereto as Annex 7.

There shall be no individual presentation by or meeting with bidders until after the closing date for submission of proposals. 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.

5.7 Submission of Proposals

The bidder shall submit the complete proposal to WHO no later than 28/07/2025 at 14:00 hours Dhaka time ("the Closing Date for Submission of Proposals"), as follows:

☐ Option 1: by E-mail at the following address: _____@who.int

☒ Option 2: Send [2] hard copies, in separate sealed envelope labelled as "Technical Proposal-Master Copy" and " Technical Proposal-Copy" titled with TCV CES 2025 to the following address:

Office [WHO Bangladesh Country Office]
Bid Ref: **RFP/BAN/2025/013**
Attn: [WHO Operations Specialist]
World Health Organization
[House SW1/A, Road 8
Gulshan-1, Dhaka-1212]

Also, please send [1] separate hard copies, in separate sealed envelope, labelled "TCV CES 2025" to the above mentioned address.



The bidder must ensure that the content of all copies is identical. If at any time a difference is discovered between any copies of the proposal then the "Master Copy" will prevail as the official copy.

Each proposal should be prepared in two distinct parts: the technical proposal and the financial offer. Each proposal must include the signed Proposal Completeness Form (attached hereto as Annex 3) and supporting documents, as well as the signed Acceptance Form (attached hereto as Annex 5).

Each proposal shall be marked Bid Ref: RFP/BAN/2025/013 and be signed by a person or persons duly authorized to represent the bidder, submit a proposal and bind the bidder to the terms of the RFP.

A proposal shall contain no interlineations, erasures, or overwriting except, as necessary to correct errors made by the bidder, in which case such corrections shall be initialled by the person or persons signing the proposal.

It shall be the Bidder's responsibility to obtain a confirmation of receipt by WHO of the signed Acknowledgement form (see section "Intention to Bid" 5.25.2 above) and the proposal, marking in particular the Bid Reference number and the date and time of receipt by WHO.

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

Any proposal received by WHO after the closing date for submission of proposals will be rejected.

WHO may, at its discretion, reject late bids. 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.

5.8 Period of Validity of Proposals

The offer outlined in the proposal must be valid for a minimum period of **180** calendar days after the closing date for submission of proposals. 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.

5.9 Modification and Withdrawal of Proposals

The bidder may withdraw its proposal any time after the proposal's submission and before the closing date for submission of proposals, provided that written notice of the withdrawal is received by WHO via email or mail as provided in section 5.7 above, prior to the Closing Date for Submission of Proposals.

No proposal may be modified after the closing date for submission of proposals, unless WHO has issued an amendment to the RFP allowing such modifications (see section 5.11 "Amendment of the RFP").

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 in accordance with section 5.8 "Period of Validity of Proposals".

5.10 Receipt of Proposals from Non-invitees

WHO may, at its own discretion, if it considers this necessary and in the interest of the Organization, extend the RFP to bidders that were not included in the original invitation list.



5.11 Amendment of the RFP

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 of proposals.

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.

5.12 Proposal Structure

The contents of the bidder's proposal should be concisely presented and structured in the following order to include, but not necessarily be limited to, the information listed in sections 5.12.1 to 4.12.6.

Any information which the bidder considers confidential, should be clearly marked confidential.

5.12.1 Acceptance Form

The bidder's proposal must be accompanied by the Acceptance Form (see Annex 5, attached) signed by a duly authorized representative of the bidder and stating:

- That the bidder undertakes on its own behalf and on behalf of its possible partners and contractors to perform the work in accordance with the terms of the RFP;
- The total cost of the proposal, indicating the United Nations convertible currency used¹ (preferably US Dollars);
- The number of days the proposal is valid (from the date of the form) in accordance with section 5.8 "Period of Validity of Proposals".

5.12.2 Executive Summary

The bidder's proposal must be accompanied by an Executive Summary (of 30 pages maximum) introducing the proposed solution and approach / methodology.

5.12.3 Approach/Methodology

Bidders are invited to describe the methodology of work that will be adopted in the various stages of the workplan, and their proposed approach to satisfy WHO's expectations (in line with Requirements detailed under Chapter 3 above) including performance indicators and quality control methods.

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

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

- Campaign documentation proposal on the first part, ≤10 pages.
- Narrative proposal, ≤10 pages (maximum excluding annexes; pages based on A4 portrait size and average 11-point font for content) comprising:
 - Cover Page (including your organisation's name) (1-page)
 - Rationale for organisational capacity to complete the required work, based on mandatory and desirable experience indicated in this RFP (≤ 2-pages)
 - Proposed Approach / Methodology (≤ 4-pages). If available, provide a weblink to the proposed intervention or related resources as well as details related to any evidence-base

¹ <https://treasury.un.org/operationalrates/default.php>



of effectiveness and any details of consultations undertaken with youth, people who use mental health services, or others, who may have contributed to the development of resources.

- Proposed staff and staffing structure, including reporting lines to a single point of contact for WHO, that will be applied for completion of work (≤ 1 -page).
- Proposed timeline of implementation and financial proposal in BDT, including but not limited to a breakdown of costs relating to staff cadres x hours of work and any institutional overheads (≤ 2 -pages). Please also include costs associated with organizational capacity development needs, including any support needs to establish a 5-year strategic plan for being able to continue media training in Bangladesh, beyond the life of the current project / contract.
- Concluding Remarks (1-2 brief paragraphs (<1 -page)).
- Annexes – 1-pager CVs of staff proposed to work on the project and its deliverables, including: Name, Location, Languages spoken/written (and proficiency), current position and employer, qualifications, most recent work experience.

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

5.12.4 Proposed Solution

The activity should result in Outputs, according to the description provided under Chapter 3.

The proposed solution should:

- Describe all components of the service;
- Describe the steps that will be followed for the development of the service/projects;
- Propose a detailed workplan, including work packages, milestones for key deliverables.
- Proposed a specific time frame.
- Proposed a quality control mechanism

5.12.5 Proposed Time line

A Timeline project plan following the timelines indicated under 3.3.3 above should be presented either in MS Project MPP, XLS or PDF format.

5.12.6 Financial Proposal

The financial proposal is expected to provide a total price and breakdown per phase and per area of expertise. Please refer to Annex 5.

5.13 Conduct and Exclusion of Bidders

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

In addition, bidders must submit a signed Self Declaration form, attached hereto as Annex 6.

Bidders will be excluded if:



- they are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
- they or persons having powers of representation, decision making or control over them have been the subject of a final judgment or of a final administrative decision for fraud, corruption, involvement in a criminal organization, money laundering, terrorist-related offences, child labour or trafficking in human beings;
- they or persons having powers of representation, decision making or control over them have been the subject of a final judgment or of a final administrative decision for financial irregularity(ies);
- it becomes apparent to WHO that they are guilty of misrepresentation in supplying, or if they fail to supply, the information required under this RFP and/or as part of the bid evaluation process;
- they have a conflict of interest, as determined by WHO in its sole discretion; or
- they are, or have found to be, in violation of any standard of conduct as described in the WHO Policies, referred to in section 7.33 of this RFP.

WHO may decide to exclude bidders for other reasons.



6. EVALUATION OF PROPOSALS

After the closing date for submission of proposals, WHO will open the proposals received in a timely manner.

There will be no public bid opening.

6.1 Preliminary Examination of Proposals

WHO will examine the 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.

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 economy and efficiency, WHO does not bind itself in any way to select the bidder offering the lowest price.

6.2 Clarification of Proposals

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.

6.3 Evaluation of Proposals

The following procedure will be utilized in evaluating the proposals, with technical evaluation of the proposal being completed prior to any focus on or comparison of price.

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:

Technical Weighting:	70% of total evaluation
Financial Weighting:	30% of total evaluation

The technical evaluation of the proposals will include:

- the extent to which WHO's requirements and expectations have been satisfactorily addressed;
- the quality of the overall proposal;
- the appropriateness of the proposed approach;
- the quality of the technical solution proposed;
- the manner in which it is proposed to manage and staff the project;
- the experience of the firm in carrying out related projects;
- the qualifications and competence of the personnel proposed for the assignment; and
- the proposed timeframe for the project; and
- the presentation performance.

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



A. Evaluation Criteria:

The bidders need to provide reflections on the specific quality and competency questions. The requirements relevant criteria and documentary evidence in support of Qualification Criteria are provided in Table 2.

WHO shall determine the qualification of the bidders in terms of Legal Entity and Eligibility for the Renovation works on "PASS/FAIL (YES/NO)" basis as per the qualification criteria detailed under Table 2 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.

Table 2 - "PASS/FAIL (YES/NO)" – Questions

Requirement	Qualification Criteria	Supporting Documents to be provided by the bidder	YES/NO
Registered organization in Bangladesh	Legal entity of the bidder	Copy of up to date Certificate of Registration from appropriate Government authority.	
The company is compliant with the tax/vat rules/regulation of the Government of Bangladesh	VAT Compliant Organization	TIN Certificate	
Past performance of the bidder(s) with WHO is satisfactory and without any internal limitation/restrictions for future contracts by WHO (applicable only for bidders who had performed/is performing for WHO under any contract with WHO Bangladesh).	Performance of the bidder's	Internal review/evaluation report of WHO (bidders' don't need to submit any document)	
Minimum 5 years' experience in Public health research and/or immunization for WHO, other international organizations and/or major institutions in the country.	Total relevant experience	Copies of relevant supporting documents/ completion certificates to prove the experiences.	
Minimum 3 years' experience in Documentation and communication in the area of public health for WHO, other international organizations and/or major institutions in the country.	Particular Experience	Copies of relevant supporting documents/ completion certificates to prove the experiences.	
Experience of concluding at least 1 national level research or any other public health survey with proven expertise of large sample size of >10000 with WHO/UN or other national/international organizations.	Particular Experience	Copies of relevant supporting documents/ completion certificates to prove the experiences.	
Has proven experience of concluding at least one documentation and communication-related activity in	Particular Experience	Copies of relevant supporting documents/ completion certificates to prove the experiences.	

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Requirement	Qualification Criteria	Supporting Documents to be provided by the bidder	YES/NO
the field of public health and/or immunization			
Have proven experience of working with digital data collection tools at least in 1 public health and/or any survey/research (Kobo/ODK etc.)	Particular Experience	Copies of relevant supporting documents/ completion certificates to prove the experiences.	
No pending Criminal/Civil lawsuits against the bidder's company/firm	Eligibility of the Bidder	A Statement by the bidder to this effect.	
The bidder's company/firm is not declared "Bankrupt/Ineligible/Banned" by any of the court in the country	Eligibility of the Bidder	A Statement by the bidder to this effect	
There is no pending major lawsuits and litigations against the bidder's company/firm in excess of USD 100,000 at risk	Eligibility of the Bidder	A Statement by the bidder to this effect.	
The bidder's company/firm has not received any sanctioned by any UN Agencies, World Bank/ADB or diplomatic missions in the Country	Eligibility of the Bidder	A Statement by the bidder to this effect.	
Supplier is eligible as per the declaration of the eligible criteria applicable to private and public companies.	Eligibility of the Bidder as per WHO criteria	Signed Self Declaration Form-Annex-6	

Technical Scoring and Weighting System:

Total obtainable points/scores distributed for **technical proposal** are **700** with score weight and scoring scale as below:

Bidders are required to read the Specification, Requirements Specific Quality Questions and Price Matrix which provides details of the information the World Health Organization requires, in order to submit a substantial bid. Your bid submissions will be used to evaluate your capability to provide the required services.

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

A minimum of [490] points is required to pass the technical evaluation.

Total Points/scores for technical proposal is 700, which is distributed in 3 categories with score weight and scoring scale:

- A. Expertise of Company/Institution/Organization 200 Points
- B. Proposed Methodology, Approach, and Implementation Plan: 300 Points
- C. Management Structure and Qualification of Key Personnel: 200 Points



D. The scoring scale system was defined as follows:

Weightage scoring scale:

Criteria evaluated as:	Based on the following supporting evidence:	Corresponds to the score of:
Excellent	Excellent evidence of ability to exceed requirements	100%
Good	Good evidence of ability to exceed requirements	90%
Satisfactory	Satisfactory evidence of ability to support requirements	70%
Poor	Marginally acceptable or weak evidence of ability to support requirements	40%
No submission	Information has not been submitted or is unacceptable	0%

A. Expertise and Experience of the Company/Organization: (200 of 700 points: Min 70% required to pass this criteria)

Sl#	Criteria	Points
A.1	<p>Reputation and reliability of the Organization/ Institutes/ Companies:</p> <ul style="list-style-type: none"> Overall strength of the company (total employment, geographical distribution of the offices in respect of activities/operations recently implemented/being implemented in the country), source of funds/incomes, yearly turnover, staffing history Management structure (Organogram) of the organization Major donors and partners during the past 5 years Achievements and recognition in the relevant works 	40 points
A.2	The project management structure is capable of ensuring quality assurance procedures/plans, including project monitoring and evaluation.	20 points
A.3	<p>Work Experience:</p> <p>Have proven Experience of having conducted at least 1 nationwide coverage evaluation survey/others public health survey or one immunization survey.</p> <p>>5 Nationwide surveys: 60 2-5 Nationwide surveys: 54 1 Nationwide survey: 42 No Nationwide survey: 0</p>	50 points
A.4	<p>Have proven experience of concluding at least one documentation and communication-related activity in the field of public health and/or immunization.</p> <p>>5 Work/Assignment: 50 2-5 Work/Assignment: 45 1 Work/Assignment: 35 No Work/Assignment: 0</p>	50 points
A.5	<p>Have experience of working in national level research or any other public health survey with proven expertise of large sample size</p> <p>Sample size >20000: 30 Sample size 15000 to 20000: 27</p>	30 points

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	Sample size 10000 to <15000: 21 Sample size <10000 to 5000: 12 Sample size <5000: 0	
A.6	Have proven experience of working with digital data collection tools at least in 1 public health and/or any survey/research (Kobo/ODK etc.) Conducted 4 or more survey using digital tool: 10 Conducted 2 to 3 survey/research using digital tool: 9 Conducted 1 survey/research using digital tool: 7 No experience: 0	10 points

B. Proposed Methodology, Approach, and Implementation Plan (300 of 700 points - Min 70% required to pass this criteria)

B.1	The proposer's understanding of the proposal as outlined in the RFP.	100 points
B.2	The work methodology of the proposal for completion of the project is appropriate in terms of the EPI coverage survey: Applied WHO/global/national, EPI/others CES methodology. Qualitative and Quantitative Approaches, campaign documentation plan etc.	120 points
B.3	The work plan laid out by the company towards implementation of the work is clear, practical, systematic, based on the sequence of activities meeting the WHO timeline for the work, and addresses that correspond to the ToR under this RFP.	80 points

C. Management Structure and Key Personnel (200 of 700 Points: Min 70% required to pass these criteria)

C.1	Team Leader	
	<ul style="list-style-type: none"> Educational qualification: 10 (Higher university degree, Master's and/or PhD in Public Health, Immunology, virology, or Statistics or relevant field) <ul style="list-style-type: none"> PhD in Public Health, Immunology, Virology or Statistics or relevant field: 10 Master's in Public Health, Immunology, Virology or Statistics or relevant field : 7 Number of years of experience conducting large-scale studies in immunization and/or public health research: 20 <ul style="list-style-type: none"> Having more than 13 years of experience: 20 Having 11 to 12 years of experience: 18 Having 10 years of experience: 14 Having below 7 Years' experience: 8 No experience: 0 Experience in conducting at least 2 studies/assessments evaluations at national level with a particular focus on EPI coverage evaluation survey and/or public health survey: 10 <ul style="list-style-type: none"> Lead 4 more projects: 10 Lead 3 projects: 9 Lead 2 projects: 7 Lead 1 project: 4 Having no experience: 0 At least 2 publications on immunization and/or public health survey in peer-reviewed journals as first/lead author: 10 <ul style="list-style-type: none"> 4 or more publications: 10 3 publications: 9 2 publications: 7 1 publications: 4 No publication: 0 	50 points



C.2	Immunization Specialist/Project Coordinator	
	<p>Education: 10</p> <ul style="list-style-type: none"> ○ MBBS and MPH: 10 ○ MBBS: 7 <p>At least 5 years of work experience in conducting large-scale studies/evaluations/assessments on immunization and/or public health at the national level: 10</p> <ul style="list-style-type: none"> ○ 7 or more years of experience: 10 ○ Having 6 years of experience: 9 ○ Having 5 years of experience: 7 ○ Having below 4 Years' experience: 4 ○ No experience: 0 <p>Publications on immunization/public health survey/research in peer-reviewed journals as first/lead author: 10</p> <ul style="list-style-type: none"> ○ 4 or more publications: 10 ○ 2-3 publications: 9 ○ 1 publication: 7 ○ No publication: 0 	30 Points
C.3	Documentation and Communication Specialist	
	<p>Educaion: 10</p> <p>-PhD in Communication/Journalism/Public Relations/International Affairs and/or Public Health Communication or relevant field: 10</p> <p>-Masters in Communication/Journalism/Public Relations/International Affairs and/or Public Health Communication or relevant field: 9</p> <p>-Bachelor in Communication, Journalism, Public Relations, International Affairs and/or Public Health Communication or relevant field): 7</p> <p>At least 5 years work experience in Documentation and communication in the public health field: 5</p> <ul style="list-style-type: none"> • 7 or more years of experience: 10 • Having 6 years of experience: 9 • Having 5 years of experience: 7 • Having below 4 Years' experience: 4 • No experience: 0 <p>Previous experience of making at least 1 documentary and/or writing a project/campaign success story/lesson learned report: 5</p> <ul style="list-style-type: none"> ○ 4 or more documentary and/or report: 5 ○ 2-3 documentary and/or report: 4.5 ○ 1 documentary and/or report: 3.5 ○ No publication: 0 	20 points


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C.4	Statistician:	
	<p>Education: 10</p> <ul style="list-style-type: none"> • PhD in Statistics/ Biostatistics/Applied Statistics: 10 • MS in Statistics/ Biostatistics/Applied Statistics: 9 • BS in Statistics/ Biostatistics/Applied Statistics: 7 <p>At least 5 years working experience for data management: 5</p> <ul style="list-style-type: none"> • 7 or more years of experience: 5 • Having 6 years of experience: 4 • Having 5 years of experience: 3 • Having below 4 Years' experience: 2 • No experience: 0 <p>Experience in conducting at least 1 large-scale studies/evaluations/assessments in any public health-related field/on immunization: 5</p> <ul style="list-style-type: none"> ○ <u>Lead 4 more projects: 5</u> ○ <u>Lead 2-3 projects: 4</u> ○ <u>Lead 1 project: 3</u> ○ <u>Having no experience: 0</u> <p>No experience: 0</p>	20 points
C.5	Field Coordinator:	
	<p>Education: 7</p> <ul style="list-style-type: none"> • PhD in Mannagemnt / Social Science/Anthropology/Public health/Developmental Studies or any related field : 7 • Masters degree in Mannagemnt / Social Science/Anthropology/Public health/Developmental Studies or any related field : 6.3 • Bachelor degree in Mannagemnt / Social Science/Anthropology/Public health/Developmental Studies or a related field : 4.9 <p>At least 5 years working experience to manage and monitor the national field survey activities: 5</p> <ul style="list-style-type: none"> • 7 or more years of experience: 5 • Having 6 years of experience: 4.5 • Having 5 years of experience: 3.5 • Having below 4 Years' experience: 2 • No experience: 0 <p>Experience in conducting at least 1 large scale studies/evaluations/assessments in any public health related field: 3</p> <p>No experience: 0</p>	15 points



C.6	<p>Training Officer:</p> <p>Education: 7</p> <ul style="list-style-type: none"> • MBBS and MPH: 7 • MBBS: 4.9 <p>At least 5 years working experience to organize and facilitate training program: 5</p> <ul style="list-style-type: none"> • 7 or more years of experience: 5 • Having 6 years of experience: 4.5 • Having 5 years of experience: 3.5 • Having below 4 Years' experience: 2 • No experience: 0 <p>At least 1 year experience in conducting training in digital data collection tool for large scale studies/evaluations/assessments on Immunization and/or in any public health related field: 3</p> <p>No experience: 0</p>	15 points
C.7	<p>Quality Control Officers:</p> <p>Education: 7</p> <ul style="list-style-type: none"> • Masters degree in Computer Science/Statistics/Biostatistics/Public Health or any related field: 7 • Bachelor degree in Computer Science/Statistics/Biostatistics/Public Health or any related field: 4.9 <p>At least 5 years working experience work as quality control/M&E officer in the research field: 5</p> <ul style="list-style-type: none"> • 7 or more years of experience: 5 • Having 6 years of experience: 4.5 • Having 5 years of experience: 3.5 • Having below 4 Years' experience: 2 • No experience: 0 <p>At least 1 years experience on data base management using digital data collection tools: 3</p> <p>No experience: 0</p>	15 points
C.8	Supervisors:	



	<p>Education: 7</p> <ul style="list-style-type: none"> • Masters in any discipline: 7 • Bachelor in Any Discipline: 4.9 <p>At least 5 years working experience to work as a supervisor in the research field: 5</p> <ul style="list-style-type: none"> • 7 or more years of experience: 5 • Having 6 years of experience: 4.5 • Having 5 years of experience: 3.5 • Having below 4 Years' experience: 2 • No experience: 0 <p>At least 1 year experience in digital data collection tools (Kobo/ODK etc.) and/or GPS tracking systems: 3</p> <p>No experience: 0</p>	<u>15 points</u>
C.9	<p>Interviewers:</p> <p>Education: 8</p> <ul style="list-style-type: none"> • Bachelor in Any Discipline: 8 • HSC: 5.6 <p>At least 5 years working experience to work as an interviewer in the field of data collection: 7</p> <ul style="list-style-type: none"> • 7 or more years of experience: 7 • 6 years of experience: 6.3 • 5 years of experience: 4.9 • 4 Years' experience: 2.8 • No experience: 0 <p>At least one year experience in digital data collection tools (Kobo/ODK etc.) and/or GPS tracking systems: 5</p> <p>No experience: 0</p>	20 points

The formula for the rating of the proposals will be as follows:

Rating the Technical Proposal (TP):

TP Rating = (Total Score Obtained by the Offer / Max. Obtainable Score for TP) x 100

Rating the Financial Proposal (FP):

FP Rating = (Lowest Priced or Cost Offer / Price or Cost of the Offer Being Evaluated) x 100

Total Combined Score:



$(\text{TP Rating}) \times (\text{Weight of TP, e.g., 70\%}) + (\text{FP Rating}) \times (\text{Weight of FP, e.g., 30\%}) = \text{Total Combined and Final Rating of the Proposal}$

During the financial evaluation, the price proposal of all bidders who have passed the technical evaluation will be compared.

6.4 Bidders' Presentations

WHO may, during the evaluation period, at its discretion, invite selected bidders to supply additional information on the contents of their proposal (at such bidders' own cost). Such bidders will be asked to give a presentation of their proposal (possibly with an emphasis on a topic of WHO's choice) followed by a question and answer session. If required, the presentation will be held at WHO or by tele/videoconference.

NOTE: Other presentations and any other individual contact between WHO and bidders is expressly prohibited both before and after the closing date for submission of proposals.



7. AWARD OF CONTRACT

7.1 Award Criteria, Award of Contract

WHO reserves the right to

- a) Award the contract to a bidder of its choice, even if its bid is not the lowest;
- b) 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;
- c) 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;
- d) 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;
- e) 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.

7.2 WHO's Right to modify Scope or Requirements during the Evaluation/Selection Process

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.

7.3 WHO's Right to Extend/Revise Scope or Requirements at Time of Award

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.

7.4 WHO's Right to enter into Negotiations

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.

7.5 Signing of the Contract

Within 30 days of receipt of 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.



7.6 Publication of Contract

WHO reserves the right, subject to considerations of confidentiality to 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.



8. GENERAL AND CONTRACTUAL CONDITIONS

The contract between WHO and the selected bidder ("the Contract") will, unless otherwise explicitly agreed in writing, include the provisions as set forth in this section, and will otherwise inter alia address the following issues:

- responsibilities of the selected bidder(s) ("the Contractor(s)") and WHO;
- clear deliverables, timelines and acceptance procedures;
- payment terms tied to the satisfactory performance and completion of the work;
- notices.

The prices payable by WHO for the work to be performed under the Contract shall be fixed for the duration of the Contract and shall be in a UN convertible currency (preferably US Dollars), based on the UN exchange rate of the date of invoice. The total amount payable by WHO under the Contract may be either a lump sum or a maximum amount. If the option for payment of a lump sum applies, that lump sum is payable in the manner provided, subject to satisfactory performance of the work. If the option for payment of a maximum amount applies:

- the Contract shall include a detailed budget;
- the Contractor shall be held to submit a financial statement together with each invoice;
- any advance payments by WHO shall be used by the Contractor exclusively for the work in accordance with the budget and any unspent balance shall be refunded to WHO;
- payment by WHO shall be subject to satisfactory performance and the acceptance of the Contractor's financial statements;
- 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; and
- consistent with section 8.3,(Audit and Investigations), all financial reports shall be subject to audit by or on behalf of WHO, including examination of supporting documentation and relevant accounting entries in the Contractor's books. In order to facilitate financial reporting and audit, the Contractor shall keep systematic and accurate accounts and records in respect of the work.

Unless otherwise specified in the Contract, WHO shall have no obligation to purchase any minimum quantities of goods or services from the Contractor, and WHO shall have no limitation on its right to obtain goods or services of the same kind, quality and quantity as described in the Contract, from any other sources at any time.

Unless otherwise specified in the Contract, in the event that the Contract is a Long-Term Agreement ("LTA"), the Contractor shall offer the same prices and terms as those agreed with WHO under the Contract to other interested United Nations system agencies and to organizations eligible to purchase through WHO, it being understood that each such agency and organization will be responsible for independently entering into and administering its own contract with the Contractor. The Contractor shall take into account the additional quantities of services purchased by all United Nations system agencies and other organizations as aforesaid to further reduce the prices for WHO and such other agencies and organizations.

8.1 Conditions of Contract

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.



8.2 Responsibility

The Contractor will be responsible to ensure that the work performed under the Contract meets the agreed specifications and is completed within the time prescribed.

8.3 Audit and Investigations

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. Similarly, WHO may initiate an investigation into credible allegations of fraud and corruption and other forms of misconduct based on information received in accordance with its respective policies, procedures and rules.

In this context, 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.

8.4 Source of Instructions

The Contractor shall neither seek nor accept instructions from any authority external to WHO in connection with the performance of the work under the Contract. The Contractor shall refrain from any action which may adversely affect WHO and shall fulfil its commitments with the fullest regard to the interests of WHO.

8.5 Warranties

The Contractor warrants and represents to WHO as follows:

- 1) The deliverables shall meet the specifications called for in the Contract and shall be fully adequate to meet their intended purpose. The Contractor furthermore warrants that the deliverables shall be error-free. The Contractor shall correct any errors in the deliverables, free of charge, within fifteen days after their notification to the Contractor, during a period of at least one year after completion of the work. It is agreed, however, that errors and other defects which have been caused by modifications to the deliverables made by WHO without agreement of the Contractor are not covered by this paragraph.
- 2) The deliverables shall, to the extent they are not original, only be derived from, or incorporate, material over which the Contractor has the full legal right and authority to use it for the proper implementation of the Contract. The Contractor shall obtain all the necessary licenses for all non-original material incorporated in the deliverables (including, but not limited to, licenses for WHO to use any underlying software, application, and operating deliverables included in the deliverables or on which it is



based so as to permit WHO to fully exercise its rights in the deliverables without any obligation on WHO's part to make any additional payments whatsoever to any party.

- 3) The deliverables shall not violate any copyright, patent right, or other proprietary right of any third party and shall be delivered to WHO free and clear of any and all liens, claims, charges, security interests and any other encumbrances of any nature whatsoever.
- 4) The Contractor, its employees and any other persons and entities used by the Contractor shall not violate any intellectual property rights, confidentiality, right of privacy or other right of any person or entity whomsoever.
- 5) Except as otherwise explicitly provided in the Contract, the Contractor shall at all times provide all the necessary on-site and off-site resources to meet its obligations hereunder. The Contractor shall only use highly qualified staff, acceptable to WHO, to perform its obligations hereunder.
- 6) The Contractor shall take full and sole responsibility for the payment of all wages, benefits and monies due to all persons and entities used by it in connection with the implementation and execution of the Contract, including, but not limited to, the Contractor's employees, permitted subcontractors and suppliers.

Contractor furthermore warrants and represent that the information provided by it to WHO in response to the RFP and during the bid evaluation process is accurate and complete. Contractor understands that in the event Contractor has failed to disclose any relevant information which may have impacted WHO's decision to award the Contract to Contractor, or has provided false information, WHO will be entitled to rescind the contract with immediate effect, in addition to any other remedies which WHO may have by contract or by law.

8.6 Legal Status

The Contractor shall be considered as having the legal status of an independent contractor vis-à-vis WHO, and nothing contained in or relating to the Contract shall be construed as establishing or creating an employer/employee relationship between WHO, on the one hand, and the Contractor or any person used by the Contractor in the performance of the work, on the other hand.

Thus the Contractor shall be solely responsible for the manner in which the work is carried out. WHO shall not be responsible for any loss, accident, damage or injury suffered by the Contractor or persons or entities claiming under the Contractor, arising during or as a result of the implementation or execution of the Contract, including travel, whether sustained on WHO premises or not.

The Contractor shall obtain adequate insurance to cover such loss, accident, injury and damage, before commencing work on the Contract. The Contractor shall be solely responsible in this regard and shall handle any claims for such loss, accident, damage or injury.

8.7 Relation Between the Parties

Nothing in the Contract shall be deemed to constitute a partnership between the Parties or to constitute either Party as the agent of the other.

8.8 No Waiver

The waiver by either Party of any provision or breach of the Contract shall not prevent subsequent enforcement of such provision or excuse further breaches.

8.9 Liability



The Contractor hereby indemnifies and holds WHO harmless from and against the full amount of any and all claims and liabilities, including legal fees and costs, which are or may be made, filed or assessed against WHO at any time and based on, or arising out of, breach by the Contractor of any of its representations or warranties under the Contract, regardless of whether such representations and warranties are explicitly incorporated here in or are referred to in any attached Appendices.

8.10 Assignment

The Contractor shall not assign, transfer, pledge or make any other disposition of the Contract or any part thereof, or any of the Contractor's rights, claims or obligations under the Contract except with the prior written consent of WHO.

8.11 Indemnification

The Contractor shall indemnify and hold WHO harmless, from and against the full amount of any and all claims and liabilities, including legal fees and costs, which are or may be made, filed or assessed against WHO at any time and based on, or arising out of, the acts or omissions of the Contractor, or the Contractor's employees, officers, agents, partners or sub-contractors, in the performance of the Contract. This provision shall extend, inter alia, to claims and liabilities in the nature of workmen's compensation, product liability and liability arising out of the use of patented inventions or devices, copyrighted material or other intellectual property by the Contractor, its employees, officers, agents, servants, partners or sub-contractors.

8.12 Contractor's Responsibility for Employees

The Contractor shall be responsible for the professional and technical competence of its employees and will select, for work under the Contract, reliable individuals who will perform effectively in the implementation of the Contract, respect the local laws and customs, and conform to a high standard of moral and ethical conduct.

8.13 Subcontracting

Any intention to subcontract aspects of the Contract must be specified in detail in the proposal submitted. Information concerning the subcontractor, including the qualifications of the staff proposed for use must be covered with same degree of thoroughness as for the prime contractor. No subcontracting will be permitted under the Contract unless it is proposed in the initial submission or formally agreed to by WHO at a later time. In any event, the total responsibility for the Contract remains with the Contractor.

The Contractor shall be responsible for ensuring that any and all subcontracts shall be fully consistent with the Contract, and shall not in any way prejudice the implementation of any of its provisions.

8.14 Place of Performance

The place of performance of the work under the Contract shall be as mentioned in section 4.2.2 above.

8.15 Language

All communications relating to the Contract and/or the performance of the work thereunder shall be in English.



8.16 Confidentiality

- 1) Except as explicitly provided in the Contract, the Contractor shall keep confidential all information which comes to its knowledge during, or as a result of, the implementation and execution of the Contract. Accordingly, the Contractor shall not use or disclose such information for any purpose other than the performance of its obligations under the Contract. The Contractor shall ensure that each of its employees and/or other persons and entities having access to such information shall be made aware of, and be bound by, the obligations of the Contractor under this paragraph. However, there shall be no obligation of confidentiality or restriction on use, where: (i) the information is publicly available, or becomes publicly available, otherwise than by any action or omission of the Contractor, or (ii) the information was already known to the Contractor (as evidenced by its written records) prior to becoming known to the Contractor in the implementation and execution of the Contract; or (iii) the information was received by the Contractor from a third party not in breach of an obligation of confidentiality.
- 2) The Contractor, its employees and any other persons and entities used by the Contractor shall furthermore not copy and/or otherwise infringe on copyright of any document (whether machine-readable or not) to which the Contractor, its employees and any other persons and entities used by the Contractor have access in the performance of the Contract.
- 3) The Contractor may not communicate at any time to any other person, Government or authority external to WHO, any information known to it by reason of its association with WHO which has not been made public except with the authorization of WHO; nor shall the Contractor at any time use such information to private advantage.

8.17 Title Rights

- 1) All rights pertaining to any and all deliverables under the Contract and the original work product leading thereto, as well as the rights in any non-original material incorporated therein as referred to in section 8.5 2) above, shall be exclusively vested in WHO.
- 2) WHO reserves the right to revise the work, to use the work in a different way from that originally envisaged or to not use the work at all.
- 3) At WHO's request, the Contractor shall take all necessary steps, execute all necessary documents and generally assist WHO in securing such rights in compliance with the requirements of applicable law.

8.18 Termination and Cancellation

WHO shall have the right to cancel the Contract (in addition to other rights, such as the right to claim damages):

- 1) In the event the Contractor fails to begin work on the date agreed, or to implement the work in accordance with the terms of the Contract; or
- 2) In the event the progress of work is such that it becomes obvious that the obligations undertaken by the Contractor and, in particular, the time for fulfilment of such obligations, will not be respected.

In addition, WHO shall be entitled to terminate the Contract (or part thereof), in writing:

1. At will with the provision of thirty (30) days prior notice in writing; and
2. With immediate effect (in addition to other rights, such as the right to claim damages), if, other than as provided above, the Contractor is:
 - a. In breach of any of its material obligations under the Contract and fails to correct such breach within a period of thirty (30) days after having received a written notification to that effect from WHO; or
 - b. Adjudicated bankrupt or formally seeks relief of its financial obligations.



8.19 Force Majeure

No party to the Contract shall be responsible for a delay caused by force majeure, that is, a delay caused by reasons outside such party's reasonable control it being agreed, however, that WHO shall be entitled to terminate the Contract (or any part of the Contract) forthwith if the implementation of the work is delayed or prevented by any such reason for an aggregate of thirty (30) days. Such termination shall be subject to payment of an equitable part of the Contract sum and/or other reasonable charges. In the event of such termination, the Contractor shall, in accordance with the ownership rights referred to in section 8.17 (Title Rights), deliver to WHO all work products and other materials so far produced.

In the event of and as soon as possible after the occurrence of any cause constituting force majeure, the Contractor shall give notice and full particulars in writing to WHO, of such occurrence or change if the Contractor is thereby rendered unable, wholly or in part, to perform its obligations and meet its responsibilities under the Contract. The Contractor shall also notify WHO of any other changes in conditions or the occurrence of any event which interferes or threatens to interfere with its performance of the Contract. The notice shall include steps proposed by the Contractor to be taken including any reasonable alternative means for performance that is not prevented by force majeure. On receipt of the notice required under this section, WHO shall take such action as it, in its sole discretion, considers to be appropriate or necessary in the circumstances, including the granting to the Contractor of a reasonable extension of time in which to perform its obligations under the Contract.

8.20 Surviving Provisions

Those rights and obligations of the Parties as set forth in sections 8 and 9 that are intended by their nature to survive the expiration or earlier termination of the Contract shall survive indefinitely. This includes, **but is expressly not limited to**, any provisions relating to WHO's right to financial and operational audit, conditions of contract, warranties, legal status and relationship between the parties, breach, liability, indemnification, subcontracting, confidentiality, title rights, use of the WHO name and emblem, successors and assignees, insurance and liabilities to third parties, settlement of disputes, observance of laws, privileges and immunities, no terrorism or corruption, foreign nationals and compliance with WHO policies.

8.21 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.

8.22 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.

8.23 Successors and Assignees

The Contract shall be binding upon the successors and assignees of the Contractor and the Contract shall be deemed to include the Contractor's successors and assignees, provided, however, that nothing in the Contract shall permit any assignment without the prior written approval of WHO.



8.24 Payment

Payment will be made against presentation of an invoice in a UN convertible currency (preferably US Dollars) in accordance with the payment schedule contained in the Contract, subject to satisfactory performance of the work. The price shall reflect any tax exemption to which WHO may be entitled by reason of the immunity it enjoys. WHO is, as a general rule, exempt from all direct taxes, custom duties and the like, and the Contractor will consult with WHO so as to avoid the imposition of such charges with respect to this contract and the goods supplied and/or services rendered hereunder. As regards excise duties and other taxes imposed on the sale of goods or services (e.g. VAT), the Contractor agrees to verify in consultation with WHO whether in the country where the VAT would be payable, WHO is exempt from such VAT at the source, or entitled to claim reimbursement thereof. If WHO is exempt from VAT, this shall be indicated on the invoice, whereas if WHO can claim reimbursement thereof, the Contractor agrees to list such charges on its invoices as a separate item and, to the extent required, cooperate with WHO to enable reimbursement thereof.

8.25 Title to Equipment

Title to any equipment and supplies that may be furnished by WHO shall remain with WHO and any such equipment shall be returned to WHO at the conclusion of the Contract or when no longer needed by the Contractor. Such equipment, when returned to WHO, shall be in the same condition as when delivered to the Contractor, subject to normal wear and tear. The Contractor shall be liable to compensate WHO for equipment determined to be damaged or degraded beyond normal wear and tear.

8.26 Insurance and Liabilities to Third Parties

The Contractor shall provide and thereafter maintain:

- (i) insurance against all risks in respect of its property and any equipment used for the execution of the Contract;
- (ii) all appropriate workmen's compensation insurance, or its equivalent, with respect to its employees to cover claims for personal injury or death in connection with the Contract; and
- (iii) liability insurance in an adequate amount to cover third party claims for death or bodily injury, or loss of or damage to property, arising from or in connection with the performance of the work under the Contract or the operation of any vehicles, boats, airplanes or other equipment owned or leased by the Contractor or its agents, servants, employees, partners or sub-contractors performing work in connection with the Contract.

Except for the workmen's compensation insurance, the insurance policies under this section shall:

- a) Name WHO as additional insured;
- b) Include a waiver of subrogation to the insurance carrier of the Contractor's rights against WHO;
- c) Provide that WHO shall receive written notice from the Contractor's insurance carrier not less than thirty (30) days prior to any cancellation or material change of coverage.

The Contractor shall, upon request, provide WHO with satisfactory evidence of the insurance required under this section.

8.27 Settlement of Disputes



Any matter relating to the interpretation of the Contract which is not covered by its terms shall be resolved by reference to Swiss law. Any dispute relating to the interpretation or application of the Contract shall, unless amicably settled, be subject to conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, with the rules of arbitration of the International Chamber of Commerce. The parties shall accept the arbitral award as final.

8.28 Authority to Modify

No modification or change of the Contract, no waiver of any of its provisions or any additional contractual relationship of any kind shall be valid and enforceable unless signed by a duly authorized representative of both parties.

8.29 Privileges and Immunities

Nothing in or relating to the Contract shall be construed as a waiver of any of the privileges and immunities enjoyed by WHO under national or international law, and/or as submitting WHO to any national court jurisdiction.

8.30 Anti-Terrorism and UN Sanctions; Fraud and Corruption

The Contractor warrants for the entire duration of the Contract that:

- (i) it is not and shall 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 shall not make any payment or provide any other support to any such person or entity and that it shall not enter into any employment or other contractual relationship with any such person or entity;
- (ii) it shall not engage in any fraudulent or corrupt practices, as defined in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, in connection with the execution of the Contract;
- (iii) it shall take all necessary measures to prevent the financing of terrorism and/or any fraudulent or corrupt practices as referred to above in connection with the execution of the Contract; and
- (iv) it shall promptly report to WHO, through the WHO Integrity Hotline or directly to the WHO Office of Internal Oversight Services (IOS), any credible allegations of actual or suspected fraudulent or corrupt practices, as defined in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption of which the Contractor becomes aware and respond to such allegations in an appropriate and timely manner in accordance with its respective rules, regulations, policies and procedures. Furthermore, the Contractor agrees to cooperate with WHO and/or parties authorized by WHO in relation to the response. Relevant information on the nature of any credible allegations of such actual or suspected violations, as well as the details of the intended response and the outcome of any such response, should be communicated and coordinated with WHO, with the understanding that, subject to the terms of the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, confidentiality and the due process rights of those involved will be respected.

In the event that any resources, assets and/or funds provided to or acquired by the Contractor under the Contract are found to have been used by the Contractor, its employees or any other natural or legal persons engaged or otherwise utilized to perform any work under the Contract, to finance, support or conduct any terrorist activity or any fraudulent or corrupt practices, the Contractor shall promptly reimburse and indemnify WHO for such resources, assets and/or funds (including any liability arising from such use).



8.31 Ethical Behaviour

WHO, the Contractor and each of the Contractor's partners, subcontractors and their employees and agents shall adhere to the highest ethical standards in the performance of the Contract. In this regard, the Contractor shall also ensure that neither the Contractor nor its partners, subcontractors, agents or employees will engage in activities involving child labour, trafficking in arms, promotion of tobacco or other unhealthy behaviour, sexual exploitation and abuse, sexual harassment or any other type of abusive conduct.

8.32 Officials not to Benefit

The Contractor warrants that no official of WHO has received or will be offered by the Contractor any direct or indirect benefit arising from the Contract or the award thereof.

8.33 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 natural or legal persons engaged or otherwise utilized 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 Directive on Protection from sexual exploitation and sexual abuse (SEA); (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; (vi) the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, and (vii) 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.

8.34 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, the Contractor warrants that it shall: (i) take all reasonable and appropriate measures to prevent sexual exploitation or abuse as described in the WHO Policy Directive on Protection from sexual exploitation and sexual abuse (SEA), 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 natural or legal persons engaged or otherwise utilized 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.



8.35 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.

8.36 Compliance with applicable laws, etc.

The Contractor shall comply with all laws, ordinances, rules, and regulations bearing upon the performance of its obligations under the terms of the Contract. Without limiting the foregoing or any other provision of these General and Contractual Conditions, the Contractor shall at all times comply with and ensure that each of its partners, subcontractors and their employees and agents comply with, any applicable laws and regulations, and with all WHO policies and reasonable written directions and procedures from WHO relating to: (i) occupational health and safety, (ii) security and administrative requirements, including, but not limited to computer network security procedures, (iii) sexual exploitation or abuse, sexual harassment or any other types of abusive conduct, (iv) privacy, (v) general business conduct and disclosure, (vi) conflicts of interest and (vii) business working hours and official holidays.

In the event that the Contractor becomes aware of any violation or potential violation by the Contractor, its partners, subcontractors or any of their employees or agents, of any laws, regulations, WHO policies or other reasonable written directions and procedures, the Contractor shall immediately notify WHO of such violation or potential violation. WHO, in its sole discretion, shall determine the course of action to remedy such violation or prevent such potential violation, in addition to any other remedy available to WHO under the Contract or otherwise.

8.37 Breach of Essential Terms

The Contractor acknowledges and agrees that each of the provisions of section 8.30 (Anti-Terrorism and UN Sanctions; Fraud and Corruption), section 8.31 (Ethical Behaviour), section 8.32 (Officials not to Benefit), section 8.33 (Compliance with WHO Codes and Policies), and section 8.36 (Zero tolerance for sexual exploitation and abuse, sexual harassment and other types of abusive conduct), section 8.35 (Tobacco/Arms Related Disclosure Statement) and section 8.36 (Compliance with applicable laws, etc.) hereof 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.



9. PERSONNEL

9.1 Approval of Contractor Personnel

WHO reserves the right to approve any employee, subcontractor or agent furnished by the Contractor and Contractor's consortium partners for the performance of the work under the Contract (hereinafter jointly referred to as "Contractor Personnel"). All Contractor Personnel must have appropriate qualifications, skills, and levels of experience and otherwise be adequately trained to perform the work. WHO reserves the right to undertake an interview process as part of the approval of Contractor Personnel.

The Contractor acknowledges that the qualifications, skills and experience of the Contractor Personnel proposed to be assigned to the project are material elements in WHO's engaging the Contractor for the project. Therefore, in order to ensure timely and cohesive completion of the project, both parties intend that Personnel initially assigned to the project continue through to project completion. Once an individual has been approved and assigned to the project, such individual will not, in principle, thereafter be taken off the project by the Contractor, or reassigned by the Contractor to other duties. Circumstances may arise, however, which necessitate that Personnel be substituted in the course of the work, e.g. in the event of promotions, termination of employment, sickness, vacation or other similar circumstances, at which time a replacement with comparable qualifications, skills and experience may be assigned to the project, subject to approval of WHO.

WHO may refuse access to or require replacement of any Contractor Personnel if such individual renders, in the sole judgment of WHO, inadequate or unacceptable performance, or if for any other reason WHO finds that such individual does not meet his/her security or responsibility requirements. The Contractor shall replace such an individual within fifteen (15) business days of receipt of written notice from WHO. The replacement will have the required qualifications, skills and experience and will be billed at a rate that is equal to or less than the rate of the individual being replaced.

9.2 Project Managers

Each party shall appoint a qualified project manager ("Project Manager") who shall serve as such party's primary liaison throughout the course of the project. The Project Manager shall be authorized by the respective party to answer all questions posed by the other party and convey all decisions made by such party during the course of the project and the other party shall be entitled to rely on such information as conveyed by the Project Manager.

The Project Managers shall meet on a monthly basis in order to review the status of the project and provide WHO with reports. Such reports shall include detailed time distribution information in the form requested by WHO and shall cover problems, meetings, progress and status against the implementation timetable.

9.3 Foreign Nationals

The Contractor shall verify that all Contractor Personnel is legally entitled to work in the country or countries where the work is to be carried out. WHO reserves the right to request the Contractor to provide WHO with adequate documentary evidence attesting this for each Contractor Personnel.

Each party hereby represents that it does not discriminate against individuals on the basis of race, gender, creed, national origin, citizenship.

9.4 Engagement of Third Parties and use of In-house Resources



The Contractor acknowledges that WHO may elect to engage third parties to participate in or oversee certain aspects of the project and that WHO may elect to use its in-house resources for the performance of certain aspects of the project. The Contractor shall at all times cooperate with and ensure that the Contractor and each of its partners, subcontractors and their employees and agents cooperate, in good faith, with such third parties and with any WHO in-house resources.



10. LIST OF ANNEXES & APPENDICES

Annex 1	Acknowledgment Form
Annex 2	Confidentiality Undertaking
Annex 3	Proposal Completeness Form
Annex 4	Information from Bidder
Annex 5	Acceptance Form
Annex 6	Self Declaration Form
Annex 7	Questions from Bidders Template

Annex 8	Statement of Conformity
Appendix 2	Title
Appendix 3	Title



Request for Proposals: RFP/BAN/2025/013

Annex 1: Acknowledgement Form (Ref. Paragraph 5.2)

Please check the appropriate box (see below) and email this acknowledgement form immediately upon receipt to sebanprocurement@who.int.

The Bid Reference: **RFP/BAN/2025/013** must be mentioned in the Subject line.

☐ **Intention To Submit A Proposal**

We hereby acknowledge receipt of the RFP. We have perused the document and advise that we intend to submit a proposal on or before 28/07/2025 at 14:00 hours Dhaka time.

☐ **Non-Intention To Submit A Proposal**

We hereby acknowledge receipt of the RFP. We have perused the document and advise that we do not intend to submit a proposal for the following reasons:

Insert reason here:

Bidder's Contact Information is as follows:

Entity Name:	.....
Mailing Address:	..... ..... .....
Name and Title of duly authorized representative:	.....
Signature:	
Date:	.....



Request for Proposals: RFP/BAN/2025/013

Annex 2: Confidentiality Undertaking (Ref. Paragraph 5.6)

1. The World Health Organization (WHO), acting through its Department of WCO BAN/IVD, has access to certain information relating to Conduct Documentation and coverage Evaluation Survey of TCV vaccination campaign 2025 in Bangladesh which it considers to be proprietary to itself or to entities collaborating with it ("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 the [Conduct Documentation and coverage Evaluation Survey of TCV vaccination campaign 2025 in Bangladesh] 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:
 - a) was known to the Undersigned prior to any disclosure by WHO to the Undersigned (as evidenced by written records or other competent proof);
 - b) was in the public domain at the time of disclosure by or for WHO to the Undersigned;
 - c) becomes part of the public domain through no fault of the Undersigned; or
 - d) 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:

Entity Name:	
Mailing Address:	
Name and Title of duly authorized representative:	
Signature:	
Date:	



Request for Proposals: RFP/BAN/2025/013

Annex 3: Proposal Completeness Form (Ref. Paragraphs 5.4 & 5.6)

Section	Requirement	Completed in full (Yes/No)	
Annex 2	Confidentiality undertaking form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annex 3	Proposal completeness form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annex 4	Information about Bidder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annex 5	Acceptance form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annex 6	Self-Declaration Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.12.2 to Error! Referen ce source not found.	Technical Proposal, including Executive Summary, proposed solution, approach/methodology and timeline	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Error! Referen ce source not found.	Financial Proposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

The

enclosed Proposal is valid for _____ days from the date of this form (Ref. Paragraph 5.8).

Agreed and accepted, in (.....) original copies on _____

Entity Name:	.....
Mailing Address:	..... ..... .....
Name and Title of duly authorized representative:	.....
Signature:	
Date:	.....



Request for Proposals: RFP/BAN/2025/013

Annex 4: Information about Bidder

RFP Ref. If applicable	Information required
	1. Company Information
	1.1 Corporate information
3.2.1	1.1.1 Company mission statement (<i>including profit or not for profit status</i>)
	1.1.2 Service commitment to customers and measurements used
3.2.2	1.1.3 Accreditations
	1.1.4 Organization structure
	1.1.5 Geographical presence
	1.1.6 Declared financial statements for the past (3) three years ¹
	1.2 Legal Information
	1.2.1 History of Bankruptcy
	1.2.2 Pending major lawsuits and litigations in excess of USD 100,000 at risk
	1.2.3 Pending Criminal/Civil lawsuits
3.2.3	2. Experience and Reference Contact Information
	2.1 Relevant Contractual relationships
	2.1.1 Relevant Contractual projects (with other UN agencies or Contractors)
	2.2 Relevant Project Names (<i>list and provide detailed examples of relevant experience gained within the past five years of the issuance of this RFP that demonstrate the Contractor's ability to satisfactorily perform the work in accordance with the requirements of this RFP</i>).
	2.2.1 Project Description
	2.2.2 Status (<i>under development / implemented</i>)
	2.2.3 Reason for relevance (<i>provide reason why this project can be seen as relevant to this project</i>)
	2.2.4 Roles and responsibilities (<i>list and clearly identify the roles and responsibilities for each participating organization</i>)
	2.2.4.1 Client's Role and Responsibility: Inputs from beneficiary
	2.2.4.2 Contractor's Role and Responsibility: role in project
	2.2.4.3 Third party Contractors' Role and Responsibility: previously specified 3 rd party role in project
	2.2.5 Team Members (<i>indicate relevant members of the team that will also be used for this project</i>)
3.2.4	3. Staffing information
	3.1 Number and Geographical distribution of staff
	3.1.1 Staff turnover rate for the past three years
	3.2 Staff dedicated to the Project
	3.2.1 Name and CV of each team member
	3.2.2 Structure of the team, and role of each member in the project
	3.2.3 Time dedicated to the project
	3.2.3 Contingency plans in the event of a vacancy
4.5	4. Proposed sub-contractor arrangements including sub-contractor information (<i>as above for each sub-contractor</i>)

¹ For companies in existence less than two years, please provide the available audited financial statements.



Annex 5: ~~Acceptance Form~~ (replaced)

- **Financial Proposal -Acceptance Form is to be submitted in separate sealed envelop, not in the Technical Proposal**

The Undersigned,, confirms to have read, understood and accepted the terms of the Request for Proposals (RFP) No. RFP/BAN/2025/013, and its accompanying documents. If selected by WHO for the work, the Undersigned undertakes, on its own behalf and on behalf of its possible partners and Contractors, to perform RFP template in accordance with the terms of this RFP and any corresponding contract between WHO and the Undersigned, ☐ for the following sums ☐ for the amount(s) below and attached Excel form.

WHO implement biannual (2 years') workplan and the current biennium will end December 2025 Therefore, WHO will issue another contract using next biennium fund for 2nd phase work, which may take 15 days or so during January 2026 due to WHO's system. However, the 2nd phase of the work must be completed by September 2026 (no contract extension).

Item	Cost (BDT)
Example of the Financial BID Template: Please edit the line items as necessary	
Deliverable 1: ...	
Project Manager costs	0.00
Team members costs (please itemize by function)	0.00
Other technical costs (please itemize and specify whether there are one-time or recurring costs):	0.00
Operating System, database, application, license, etc.	
Other Costs (please itemize and specify whether there are one-time or recurring costs)	0.00
Deliverable 1 Costs	0.00
Deliverable 2: ...	
Project Manager costs	0.00
Team members costs (please itemize by function)	0.00
Other technical costs (please itemize and specify whether there are one-time or recurring costs):	0.00
Operating System, database, application, license, etc.	
Other Costs (please itemize and specify whether there are one-time or recurring costs)	0.00
Deliverable 2 Costs	0.00
Deliverable 3: ...	
Project Manager costs	0.00
Team members costs (please itemize by function)	0.00
Other technical costs (please itemize and specify whether there are one-time or recurring costs):	0.00
Operating System, database, application, license, etc.	
Other Costs (please itemize and specify whether there are one-time or recurring costs)	0.00
Deliverable 3 Costs	0.00
Deliverable 4: ...	
Project Manager costs	0.00
Team members costs (please itemize by function)	0.00
Other technical costs (please itemize and specify whether there are one-time or recurring costs):	0.00
Operating System, database, application, license, etc.	
Other Costs (please itemize and specify whether there are one-time or recurring costs)	0.00
Deliverable 4 Costs	0.00
Deliverable 4 Costs	
Total in BDT	
VAT*	
Total with VAT	
VAT: WHO will take into account of payment of the VAT amount (No AIT) on total quoted cost provided that the Supplier submits to WHO, along with the final invoice/bills: (i) Mushak 6.3 of National Board of Revenue (NBR), Government of Bangladesh as per prescribed format to be provided by WHO (ii) Online Treasury Challan of deposited amount in favour	


Country/Unit Name **WCO BAN/IVD**

of WHO (with details of WHO Purchase Order/Contract Number, Date etc as per prescribed format to be provided by WHO)
 (iii) other relevant documents if requires by NBR.
 -Contract will be issued without the VAT and contractual partner supplier will be sole responsible for payment of VAT.
 - WHO is exempted for payment of AIT and hence, bidder shall not include AIT in the quotation.

The enclosed Proposal is valid for _____ days from the date of this form (Ref. Paragraph 5.8).

Agreed and accepted, in (....) original copies on _____ **Date**

Entity Name:	.....
Mailing Address:	..... ..... .....
Name and Title of duly authorized representative:	.....
Signature:	



Annex 6: Self Declaration Form

Applicable to private and public companies

<COMPANY> (the "Company") hereby declares to the World Health Organization (WHO) that:

- a. it is not bankrupt or being wound up, having its affairs administered by the courts, has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning the foregoing matters, and is not in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
- b. it is solvent and in a position to continue doing business for the period stipulated in the contract after contract signature, if awarded a contract by WHO;
- c. it or persons having powers of representation, decision making or control over the Company have not been convicted of an offence concerning their professional conduct by a final judgment;
- d. it or persons having powers of representation, decision making or control over the Company have not been the subject of a final judgment or of a final administrative decision for fraud, corruption, involvement in a criminal organization, money laundering, terrorist-related offences, child labour, human trafficking or any other illegal activity;
- e. it is in compliance with all its obligations relating to the payment of social security contributions and the payment of taxes in accordance with the national legislation or regulations of the country in which the Company is established;
- f. it is not subject to an administrative penalty for misrepresenting any information required as a condition of participation in a procurement procedure or failing to supply such information;
- g. it has declared to WHO any circumstances that could give rise to a conflict of interest or potential conflict of interest in relation to the current procurement action;
- h. it has not granted and will not grant, has not sought and will not seek, has not attempted and will not attempt to obtain, and has not accepted and will not accept any direct or indirect benefit (financial or otherwise) arising from a procurement contract or the award thereof;
- i. it adheres to the UN Supplier Code of Conduct;
- j. it has zero tolerance for sexual exploitation and abuse, sexual harassment and other types of abusive conduct and has appropriate procedures in place to prevent and respond to sexual exploitation and abuse, sexual harassment and other types of abusive conduct.

The Company understands that a false statement or failure to disclose any relevant information which may impact upon WHO's decision to award a contract may result in the disqualification of the Company from the bidding exercise and/or the withdrawal of any proposal of a contract with WHO. Furthermore, in case a contract has already been awarded, WHO shall be entitled to rescind the contract with immediate effect, in addition to any other remedies which WHO may have by contract or by law.

Entity Name:	.....
Mailing Address:	..... ..... .....
Name and Title of duly authorized representative:	.....
Signature:	
Date:	.....

Country/Unit Name **WCO BAN/IVD****Request for Proposals: RFP/BAN/2025/013****Annex 7: Questions from Bidders** (Ref. Paragraph 5.6)

No.	RFP Section reference	Question
1	Enter Text	Enter Text
2	Enter Text	Enter Text
3	Enter Text	Enter Text
4	Enter Text	Enter Text
5	Enter Text	Enter Text
6	Enter Text	Enter Text
7	Enter Text	Enter Text
8	Enter Text	Enter Text
9	Enter Text	Enter Text
10	Enter Text	Enter Text
11	Enter Text	Enter Text
12	Enter Text	Enter Text
13	Enter Text	Enter Text
14	Enter Text	Enter Text
15	Enter Text	Enter Text
16	Enter Text	Enter Text
17	Enter Text	Enter Text
18	Enter Text	Enter Text
19	Enter Text	Enter Text
20	Enter Text	Enter Text

Date:

To
Operations Specialist
WHO Bangladesh

Statement of Conformity

1. No pending Criminal/Civil lawsuits against our Company/Firm.
2. Our Company/firm is not declared "Bankrupt/Ineligible/Banned" by any of the court in the country.
3. There is no pending major lawsuits and litigations against our Company/firm in excess of USD 100,000 at risk (indicate particularly those by licensees or patent infringement) against the Institution/company.
4. Our company/firm has not received any sanctioned by any UN Agencies, World Bank/ADB or diplomatic missions in the Country.

Signature

Name of the Company

Official Stamp