



**World Health  
Organization**

**Bangladesh**

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In reply please

refer to :

RFP/BAN/2023/002

Prospective Bidders

Your reference:

12 January 2023

Dear Prospective Bidder,

Subject: Request for Proposal for Bangladesh First National Tuberculosis Catastrophic Cost Survey .

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	Financial Proposal (to be submitted in separate envelope) in the Acceptance Form with budgetary breakdowns/
Annex 6	Self-Declaration Form
Annex 7	Questions from Bidders Template
Annex 8	Bidder's 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](mailto:sebanprocurement@who.int) (use subject: Bid Ref RFP/BAN/2023/002) no later than 18 January 2023.

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 16 January 2023, the bidder shall complete and return by email to WHO to the following address: [sebanprocurement@who.int](mailto:sebanprocurement@who.int) the following forms:
  - A. The enclosed RFP/BAN/2023/002: 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/2023/002: Confidentiality.doc (Annex-2) form signed.
  - C. The Self-Declaration form, attached hereto as Annex 6, signed

12 January 2023

3. At 14:00hrs, 17 May 2022, a virtual pre-bid meeting with the bidders who would send WHO the "Intention to Bid" in the form of the listed attachments under Section 2 will be held. The virtual meeting link will be shared to the interested bidders through e-mail, at least 24 hours before the scheduled meeting
4. **Hardcopies of Technical Proposal with Annex-3, Annex-4, Annex-6 and Annex-8 in a separate sealed envelope and Financial Proposals in 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 30 January 2023, 14:00 hours, (Dhaka) time.  
***Bidders shall not include the pricing information within the technical proposal and any noncompliance proposal/ bid with this instruction will lead to rejection of the proposal. Use of WHO emblem/logo in bidder's bid/proposal can also lead to rejection of that bid/proposal.***
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,

  
Thinlay Dorji  
WHO Administrative Officer

Encl: As stated above.



**World Health  
Organization**

## **Bangladesh First National Tuberculosis Catastrophic Cost Survey**

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**Request for Proposals (RFP)**

Bid Reference

**RFP/BAN/2023/002**

Country/Unit Name

**WHO BAN CDS**

**Closing Date:**

**[30/01/2023]**





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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 conduct the Bangladesh First National Tuberculosis Catastrophic Cost Survey.

#### Note:

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](http://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

Since 1972 WHO has been a key partner of the Government of Bangladesh and provided technical advice and support for the development and improvement of the health of the country's population.

The organization has been supporting the Government, and working in collaboration with other partners, for the attainment of the highest possible level of health by all. It has been providing support for the development and strengthening of the country's public health systems.





Building on WHO's mandate, six core functions have been defined for the organization and country activities of WHO Bangladesh are of course within the shepherd of these functions.

**The core functions include the following:**

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge
- Setting norms and standards, and promoting and monitoring their implementation
- Articulating ethical and evidence-based policy options
- Providing technical support, catalysing change, and building sustainable institutional capacity
- Monitoring the health situation and assessing health trends

In line with the above core functions, 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 Communicable Disease Surveillance Unit, WHO Bangladesh is committed to support the Government of Bangladesh to provide strategies and technical guidance to control, eliminate and eradicate communicable diseases. The CDS unit supports the National TB Program to implement their National Strategic Plan in line with the End TB Strategy to meet the Sustainable Development Goals.]

### 1.3 Definitions, Acronyms and Abbreviations

BDT	Bangladeshi Taka
CDS	Communicable Disease Surveillance
DOT	Directly Observed Treatment
DR-TB	Drug-resistant TB
DS-TB	Drug-susceptible TB
ERC	Ethical Review Committee
GoB	Government of Bangladesh
LMICs	Lower-and-Middle Income Countries
MDR-TB	Multidrug-resistant TB
MoHFW	Ministry of Health and Family Welfare
NIDCH	National Institute of the Diseases of the Chest and Hospital
NTP	National Tuberculosis Control Programme
PMDT	Programmatic Management of Drug-resistant TB
RFP	Request For Proposal
SDG	Sustainable Development Goals
SSK	Shasthyo Shurokhsha Karmasuchi
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
WHA	World Health Assembly
WHO	World Health Organization



## 2. BACKGROUND

If any: description of the existing activities **currently** undertaken by WHO BAN CDS i.e. prior to the publication of this Request for Proposals, and related to its objectives.

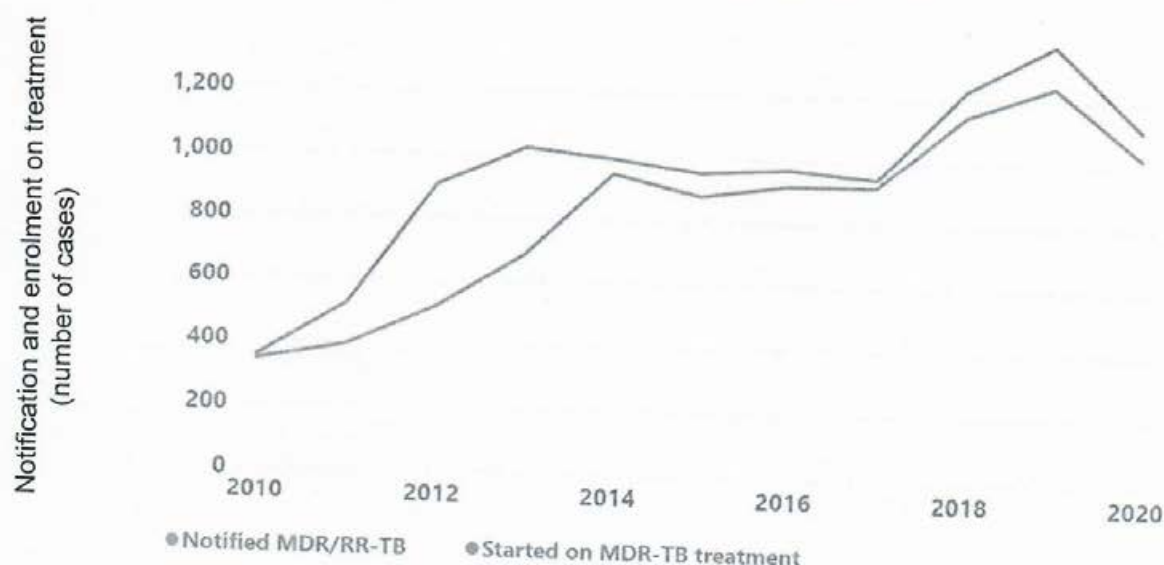
### 2.1 Overview

#### Background

Tuberculosis (TB) is one of the prime causes of morbidity and mortality worldwide. Despite being treatable and curable, TB is considered to be a global public health threat. The virulent disease had affected an estimated 10 million people in 2018 (WHO, 2019) and led to 1.7 million deaths in 2016 (TBCAB: Global Tuberculosis Community Advisory Board., 2017). It is also estimated that 28 million people will die within 2030 due to TB in the absence of radical control efforts (KPMG, 2017). This will cost the global economy a substantial amount of US\$ 1 trillion (TBCAB: Global Tuberculosis Community Advisory Board., 2017). Geographically, the prevalence of TB cases is higher in South-East Asia (44%) of the World Health Organization (WHO) and eight countries from this region contain two-thirds of the global TB cases. Specifically, the incidences of TB are much higher in lower-and-middle income (LMICs) countries (WHO, 2019).

In 2016, Bangladesh is listed by WHO as one of the top 20 high burden TB countries globally (WHO, 2016). The disease continues to be a threat since Bangladesh accounts for 4% of the global TB burden and has 7<sup>th</sup> position in case detection (WHO, 2019). The estimates from WHO indicate that the TB incidence rate in Bangladesh in 2019 was 221 cases (new and relapse) per 100,000 population (WHO, 2020). In the same year, the TB case notification rate per 100,000 population was 174 cases (NTP, 2020). The country experiences a TB mortality rate of 24 per 100,000 population (WHO, 2020). According to the Global TB Report 2020, in Bangladesh the incidence rate of MDR-TB is 2.0 per 100,000 people (Figure 1). MDR-TB is found to be positive in 0.7% of new cases and 11% of cases that have already been treated (WHO, 2020).

Figure 1. Notification and enrolment on treatment of MRD-TB cases, 2010-2020



Source: (WHO, 2022)





Patients with tuberculosis (TB) may have high medical expenses, as well as fees for seeking and getting treatment. Access and adherence constraints brought on by such fees may have an adverse effect on health outcomes and raise the risk of disease transmission. A "world free of tuberculosis" is the goal of the WHO End TB strategy 2016-2035, which was released after 2015. The goals for 2025 are to eradicate TB as a public health issue and lower TB death and prevalence rates by 50% compared to 2015. (Raviglione, 2015). The one of the goals of End TB Strategy's is "no TB patient and/or their household shall incur catastrophic expenditures as a result of TB". The term "catastrophic expenditures due to TB" refers to total out-of-pocket expenses, including indirect costs, that surpass a certain percentage of the household's yearly income, such as 20%.

In response to the Sustainable Development Goals (SDGs), Government of Bangladesh expressed willingness to work for achieving Universal Health Coverage (UHC), which include health service coverage (target 3.8.1) and financial risk protection (target 3.8.2)(MoHFW, 2012; UN, 2015). UHC means that everyone, regardless of socioeconomic condition, receives the healthcare they need and that utilising healthcare does not put them in a difficult financial situation. In 2012, the Government of Bangladesh had adopted a Healthcare Financing Strategy with a view to bringing all the citizens under financial protection by 2032 (Ministry of Health and Family Welfare, 2012). To achieve this goal, a government-sponsored health protection scheme named *Shasthyo Shurokhsha Karmasuchi* (SSK) has been designed by the Health Economics Unit, Ministry of Health and Family Welfare (MoHFW) of the Government of Bangladesh (GoB). The SSK scheme initially targets the below-poverty line population and has a plan to bring the remaining population under the scheme in future. The SSK is being piloted in three Upazilas (sub-district) of Tangail district namely, Kalihati, Madhupur, and Ghatail. The scheme offers inpatient services to the identified below poverty level populations for 78 diseases or health conditions. The patients under this scheme get several additional services free of cost compared to the other patients in the public healthcare facilities at subdistrict level. These include outpatient care, inpatient care, referral to district level facility, and access to essential drugs and diagnostics. The premium is paid by the government at a rate of Bangladeshi Taka (BDT) 1000 per household per year with a maximum financial protection of BDT 50,000 per household per year (Ahmed et al., 2018). The SSK scheme currently does not cover TB services, and the inclusion of such services in the scheme would be helpful in reducing the medical costs incurred by TB patients.

The WHO End TB Strategy includes, among its top three global impact targets, the elimination of catastrophic costs for TB patients and their households. Integrated patient-centred care, as well as bold policies and systems, to move towards UHC and social protection (SP), are also among the core elements of the End TB Strategy.

In order to inform national efforts to eliminate catastrophic costs for TB patients and to monitor progress towards the End TB Strategy target, WHO recommends baseline and periodic measurement of the costs to patients associated with TB by conducting national surveys according to the methodology developed by WHO.

### Survey objectives

1. To document the magnitude and main drivers of different types of costs incurred by TB patients (and their households) in order to guide policies to reduce financial access barriers and minimize the adverse socioeconomic impact of TB.
2. To determine the baseline and periodically measure the percentage of TB patients (and their households) treated in the NTP network and incurring catastrophic total costs due to TB.



### 3. REQUIREMENTS

#### 3.1 Introduction

WHO requires the successful bidder, the Contractor, to conduct the Bangladesh National Tuberculosis Patient Cost Survey.

#### REQUIREMENTS

Basic staffing requirements:

Position	Required Qualification		Time
Principal Investigator	At least Masters in Public Health or Health economics with minimum 5 years working experiences in public health research/field assessment -Ph.D/relevant degree will be an asset	1	20%
Co-Investigator(s) (from the bidder)	At least MBBS or equivalent degree, , with 3 years working experiences in in public health research/field assessment Masters in Public Health or Health economics will be an asset	1	20%
Biostatistician	Bsc in Statistics/ Biostatistics/Applied Statistics with at least 3 years relevant working experience Msc in Statistics/ Biostatistics/Applied Statistics will be an asset	1	20%
Monitoring and Evaluation Officer		1	30%
Field Supervisors		5	40%
Field Data Collectors		20 - 25	100%
IT support			20%

**Data Collection tool requirements:** Digital tools such as electronic tablets, laptops, modems, data software, and internet connectivity needs to be available with the contractor. These needs to be available to all Field Data Collectors, Field Supervisors, Co-investigators and the Principle Investigator.

Steps in implementation of the Bangladesh National Tuberculosis Cost Survey include:

1. **Refining the existing proposal:** a series of stakeholder meetings to finalise the existing proposal and concurrence on the sample size.
2. **Training of the field data collectors and field supervisors:** the contractor will work closely with the National TB Program and WHO Country Office, Bangladesh to train the field level data collectors. There will be a 2-day data collection training and 1-day field testing.
3. **Ethical Approvals:** the contractor will seek the necessary ethical approval pertaining to this survey.
4. **Field Data Collection:** the field data collectors will collect the reponses from the identified repondents in the formalised questionnaire which will be loaded on a electronic tablet.





5. **Consent:** the consent forms must be developed and cleared by WHO and NTP. These consent forms must include concurrence for publication of photographs.
6. **Monitoring of the field teams:** the field teams will be monitored in the field sites by the field supervisors hired by the contractor. The oversight for this survey will be provided by the WHO Country Office for Bangladesh, National TB Program and partner institutions.
7. **Data Cleaning:** the data will be uploaded into the cloud system as soon as the patient interview is completed. These will be then cleaned by the contractor on a regular basis and collated.
8. **Data collation and analysis:** the data will be collated by the contractor and shared with WHO Country Office for further analysis.
9. **Data dissemination:** all patient wise information must be made available to the CDS Unit, WHO Country Office, Bangladesh Country for future reference. This data may also be used for further dissemination through workshops, meetings, journals, publications etc.
10. **Report writing and submission:** the contractor has to submit a **print-ready report** to NTP and WHO Bangladesh.

### 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 cost surveys, economic evaluations and research with experience of working with the National Programs of the Ministry of Health and Family Welfare, and the World Health Organization or other UN agencies.

#### 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 Health surveys or economic evaluations or other public health research for at least 3 years.
- Previous work with WHO, other international organizations and/or major institutions in the field of N/A;

##### Desirable:

- Have completed a project on situation assessment of financial value BDT 25 lac at minimum in past 5 years (project document summary sheet with financial size must be included)
- At least 1 cost surveys or studies for health programs, publication in peer reviewed journals.

#### 3.2.4 Staffing

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

- A principal investigator/project manager with level of qualification and experience is defined in the table above. The principal investigator will not include more than 20% of his/her total seat cost for this work. (Please attach resume for selection)

Country/Unit Name **WHO BAN CDS**

- Co-investigators (2) with level of qualification and experience defined in the table above. The co-investigators will not include more than 20% of their total seat cost for this work.
- Field Supervisors (5): 40 – 50 % of their time
- Field level Data Collectors (20 – 25): 100% of their
- Monitoring and Evaluation Officer (1): 30% of his/her time.
- Biostatistician (1) : 20% of his/her time.
- IT Officer (1): To manage the issues related to the digital tools used on the study and 20% of his/her time.
- Project Manager of an adequate level of qualification and experience (please attach resume to your proposal) shall be dedicated to the project.
- The designated project manager that should be the same all along implementation, including consideration in contingency plans in case the focal point is absent.
- Sufficient capacity and knowledge is required to cover the following areas of expertise:
  - Adequate technical knowledge to conduct health economic surveys and studies.
  - Adequate technical knowledge to write and publish reports.
- WHO pays utmost attention to the level of qualification and experience of the individuals involved, and to continuity in the services. The profiles (no individual names required) of the personnel proposed for these services should be included in the technical proposal.
- All staff with full professional working proficiency/native or bilingual proficiency in Bengali and English language.

The bidder is expected to outline the roles and responsibilities of those staff in the technical proposal. Activities will be carried in normal working hours of Bangladesh time zone.

### 3.3 Work to be performed

1. To document the magnitude and main drivers of different types of costs incurred by TB patients (and their households) in order to guide policies to reduce financial access barriers and minimize the adverse socioeconomic impact of TB.
2. To determine the baseline and periodically measure the percentage of TB patients (and their households) treated in the NTP network and incurring catastrophic total costs due to TB.

#### 3.3.1 Key requirements





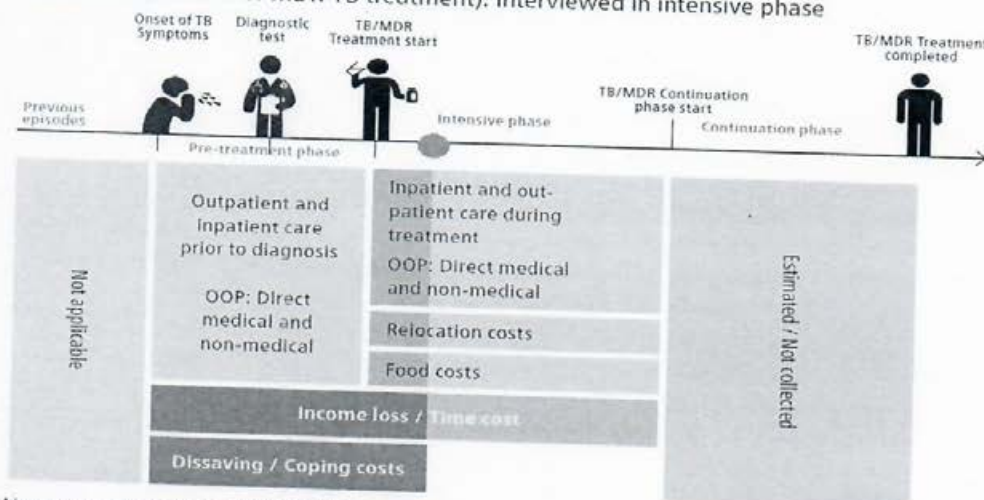
## METHODOLOGY

### Study design

A cross-sectional survey of a nationally representative sample of TB patients interviewed by using a standardized questionnaire (instrument). A representative sample of all TB and drug-resistant tuberculosis (DR-TB) patients enrolled for treatment (after at least two weeks into the current intensive or continuation treatment phase) in a selected TB-treating healthcare institutions.

Each patient will be interviewed at his or her convenient location, and they will provide a retrospective report on their spending. Since we adopted a cross-sectional study design to capture TB treatment costs, there will be variation in treatment stages across patients. This means some patients will be interviewed while receiving rigorous TB treatment. In contrast, others will receive ongoing TB therapy, with data on costs and time lost being gathered solely for that period. Additionally, patients in these two categories will do interviews at various times throughout their treatment. The collecting of data for patients in various stages of therapy will enable the imputation of data and model forecasts of past and future expenditures across the full TB sickness episode. We are recruiting patient from the facility since most patients attending the facility during the study period will be eligible to be enrolled in this study. No follow-up interview is required for this study. The overview of data collection timing is presented in Figure 2.

New cases (first line or MDR-TB treatment): interviewed in intensive phase



New cases (first line or MDR-TB treatment)

● interview time: treatment to date – continuation phase

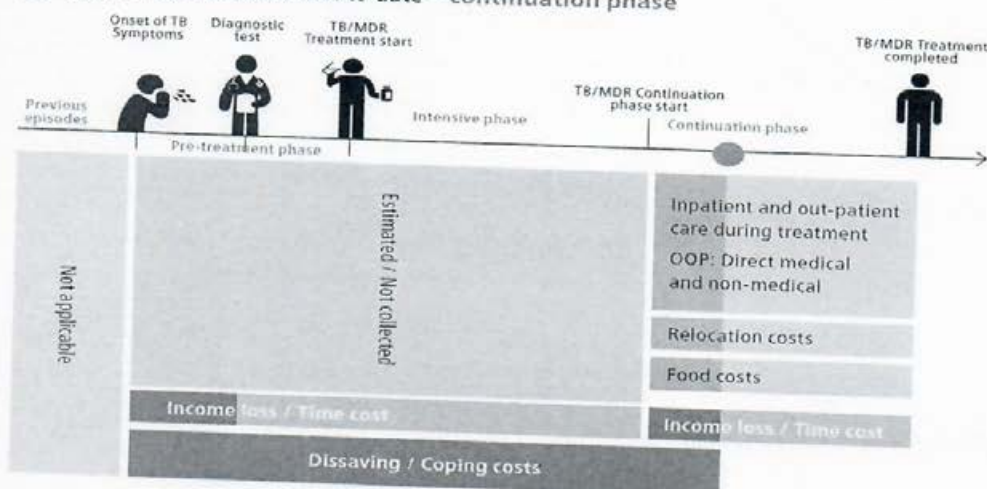


Figure 2. The overview of the analytical approach with respect to data collection timing among new TB cases, Source: (WHO, 2017)

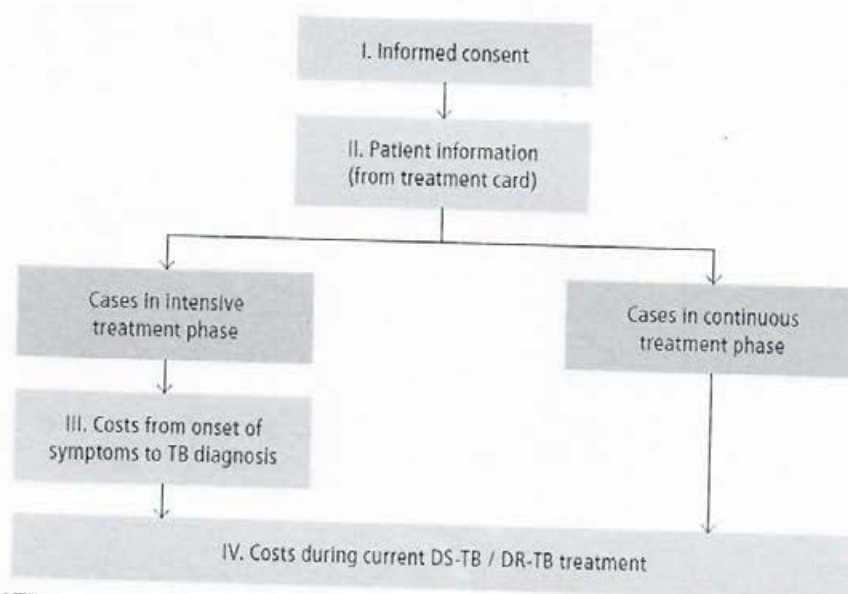
In figure 2, blue dot indicates interview moment. Lighter shades of green and red, mean extrapolation of past costs into the future. Yellow means costs are estimated based on some answers and other patient's data. Grey means not applicable.

### Survey instrument

The survey instrument was developed through adapting the WHO's generic protocol to the local context in Bangladesh (ANNEX I). The survey instrument has four parts (Figure 4),

- Part I** Patient information to be obtained from TB treatment card before interview (for all eligible patients)
- Part II** Informed consent, inclusion/exclusion criteria, and checklist for which parts of the questionnaire to fill for patients treated under different TB treatment categories and phases (for all patients)
- Part III** Time loss and costs before the current TB treatment (for new cases interviewed in the intensive phase only)
- Part IV** Time loss, cost and coping during current TB/MDR-TB treatment phase (for all patients), demographic, socioeconomic status, assets, income and expenditure

Figure 1. The flowchart of the survey instrument components.



Source: (WHO, 2017)

Information from the TB treatment card (Part I), informed consent (Part II), and information about costs related to the current TB treatment (Part IV), will be collected from all eligible patients. Information about costs and income loss related to health seeking and diagnostic procedures from the onset of TB symptoms up to the moment the person was registered as a TB patient within the NTP network (Part III) are collected only from new patients either on first- or second-line TB treatment, who are interviewed in the intensive phase. In doing



so, we recognize that it is a fairly considerable challenge for TB patients to remember and recount events and costs that were incurred many months prior to the interview. In addition, patients in the intensive phase will also report on costs during the "current" intensive phase (Part IV).

On the other hand, for patients who are interviewed in the continuation phase, the information collected is limited to costs and time loss experienced during that particular phase with the exception of one question related to reporting household income at the time of diagnosis.

Information collected in Part III for new cases interviewed in the intensive phase will be used to impute data and estimate costs for patients interviewed in the continuation phase and for re-treatment cases. Similarly, information about costs in the continuation phase collected from patients interviewed in this phase will be used to project continuation phase costs for patients interviewed in the intensive phase.

The survey will employ reported income and asset-based estimation as methods to estimate ability to pay. Assets will be taken from the Income and Expenditure Survey (2016) and Demographic Health Survey (2017) (BBS, 2016; BDHS, 2017). The survey will be conducted in Bengali; therefore, the study instrument/questionnaire will be translated into Bengali.

### Survey population

#### Inclusion criteria

All patients who are on drug-susceptible TB (DS-TB) or drug-resistant TB (DR-TB) treatment, regardless of age, sex and types of TB, and are at least two weeks into the intensive or continuation phase in selected clusters (health facilities).

#### Exclusion criteria

People who are treated in the private sector not reporting to the NTP, inmates treated in correctional facilities, and those who are not started on TB treatment.

### Sample size and sampling strategy

A stratified cluster random sampling method is applied to select clusters (basic TB management unit; BMU, or reporting unit). Stratification is by drug-resistance status. (rationale: to ensure sufficient number of DR-TB patients are enrolled. DR-TB patients are registered and treated in a small number of dedicated facilities, which will serve as a source of sampling). A fixed number of eligible patients will be enrolled from each of the selected clusters. A sample size for each stratum is calculated by the below standard formula using an estimated proportion (p), desired precision (d) and design effect (DEFF), corrected by a total population (TB patients) size (N).

Required sample size (unlimited total population):

$$n = \frac{1.96^2 \times p(1-p)}{d^2}$$

Corrected for a finite population (N):

$$n' = \frac{n}{1 + \frac{1.96^2 \times p(1-p)}{d^2 \times N}}$$

#### DS-TB strata

A sample size of 768 is required for p=50%, d=5%, and N=250,000 with a design effect of 2. A total of 40 clusters with 20 patients from each will provide 800 patients. A list of 860 BMUs along with a number of notified TB in 2018 will be prepared, of which 40 clusters will be selected with a probability proportional to the size (PPS).

#### DR-TB strata

A sample size of 176 is required for p=80%, d=8%, and n=1000 with a design effect of 2. A total of 20 clusters with 10 patients each will provide 200 patients. (Alternatively, 10 clusters with 20 patients each = 200, or somewhere between). A list of 9 BMUs along with a number of notified TB in 2018 will be prepared, of which 20 clusters will be selected with a probability proportional to the size (PPS). Since the majority of DR-TB cases



are concentrated in one BMU. This facility is most like to include multiple clusters (e.g. 12 clusters = 120 patients).

### Patient enrolment

#### DS-TB strata

For each of the selected facility, data collection team will visit the facility and select eligible patients to be invited, in collaboration with local TB coordinators and managers of the facility. Following steps will be taken:

1. The target number for enrolment is 20 patients per facility divided into the intensive and continuation phases (10 patients from each phase).
2. A list of all TB patients currently on treatment will be created based on TB registry.
3. From the list, randomly select 10 patients in the intensive phase and 10 patients in the continuation phase.
4. Make an appointment with the selected patients for interview
5. The venue for the interview will be either at facility or patient's home. While home-based interview would be a preferred option for data collection, participants will be provided with a choice according to their preference. A secured and comfortable room will be prepared for the facility-based interview in collaboration with the facility manager.
6. A standard duration of data collection will be 5 days per cluster:
  - a. Day 1: Survey team arrive at facility, discuss with local TB coordinators and facility managers. Prepare a list of all eligible patients, from which a sample of 20 patients will be drawn (10 patients in each treatment phase). Start contacting eligible patients to make an appointment for interview between Day 2 and Day 4.
  - b. Day 2 to 4: Conduct interviews with patients. Two enumerators can work in parallel to complete 20 interviews within 3 days.
  - c. Day 5: The day is reserved for additional interview slots, follow up interviews for missing/invalid information, preparation for the next cluster (facility).
  - d. Under the above assumption, 4 survey team can cover 40 clusters (10 per team) over the period of 3-4 months (e.g. initial three weeks in operation, followed by one-week review/break, repeating 3 sets, followed by additional one week, totalling 13 weeks)

#### DR-TB strata

In principle, the same procedure as for DS-TB will be followed. As DR-TB treatment is more centralized, the survey team or patients may require traveling longer distance. As monthly medical follow up visits

1. The target number for enrolment is determined by a number of clusters included in each selected facility. A large facility may enrol as many as 120 patients (12 clusters) while a small facility will enrol only 10 patients (one cluster).
2. A list of all TB patients currently on treatment will be created based on electronic DR-TB information system (e-TB manager)
3. From the list, randomly select a half of the target number of patients in the intensive phase and the same number of patients in the continuation phase.
4. Make an appointment with the selected patients for interview.
  - a. If a patient is still hospitalized, arrange an interview in a secure, quiet room in coordination with hospital staff. In case patients are too sick, survey team can decide to postpone the interview.
  - b. If a patient has been discharged, make an appointment for interview at facility or home (similar to the procedure for DS-TB patients). For the facility-based interview, arrange the most suitable time for patient in consideration of patient visit to the facility (e.g. DOT visit or medical follow up). Especially for the patients in the continuation phase, use the opportunity of monthly medical follow up visits.
5. A plan for data collection from DR-TB clusters needs following considerations:





- a. The duration of data collection for DR-TB cluster can be longer than DS-TB clusters due to the centralized nature of the DR-TB services.
- b. Large volume facilities that require sampling for multiple clusters, it might require to extend the duration for the field operation. For example, 4-8 weeks need to be allocated for the largest facility (NIDCH) that is likely to enrol 100-120 patients. This will allow interviews to be taken place coincide with scheduled medical follow up visits and minimize additional burden to the patients.
- c. Since the number of facilities engaged in the survey will be 7-9 BMUs (PMDT sites), a detailed operational plan will be developed considering specificities of each of the selected facilities.

### Ethical considerations

All potential participants will be protected when invited to take part. Respondents will be interviewed after giving written consents (ANNEX 1). Efforts will be made to ensure that all respondents are properly informed about the study and thoroughly understand what their voluntary participation in the study involves. The participants will be ensured that refusal will have no adverse consequences for them. Maintenance of confidentiality of the data will be strictly practiced and restrictions on access to data forms will be enforced.

The study itself does not involve any physical, social or legal risks to the participants. Information will be collected through interviews. The information provided by the respondents will be used for research purposes only and would not be shared anywhere with their name and other identifiable details (e.g., address). However, we are left with no option but to take some of their time, which certainly has some opportunity cost. Interviews will be conducted according to the respondents' convenience. We will not provide any financial or in-kind benefits to the respondent for participating in this study. More detailed information about the consent process and confidentiality of collected data are discussed in the following sections.

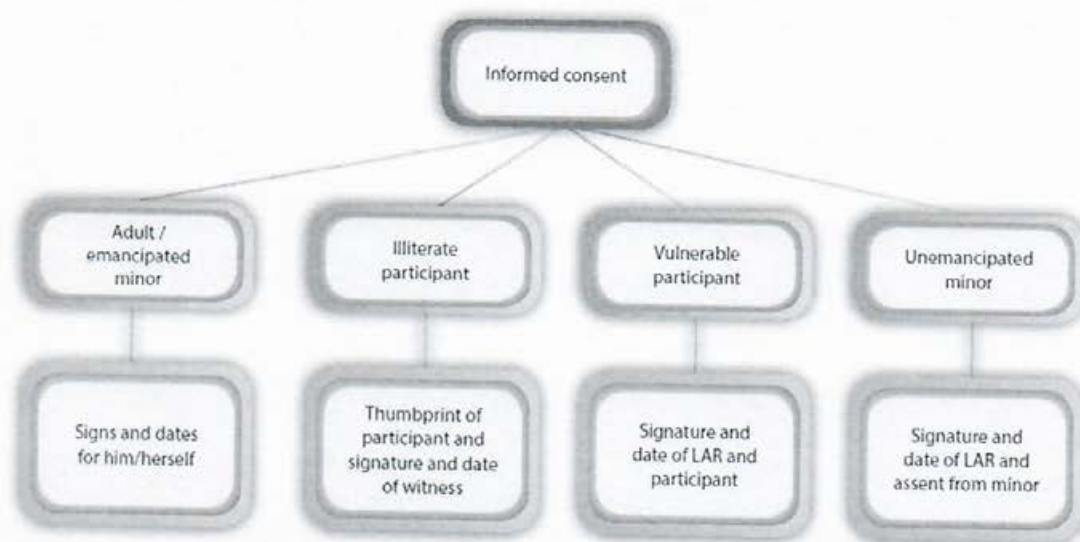
Ethical approval for the study will be obtained from the national level and WHO SEAR level ethical review committees (ERC). The principal investigator will be responsible for communication with the ERC secretariat and submission of the package of documents to the ERC for review and approval.

### Data collection and management

#### Informed consent procedure

Participants will be informed in Bengali about the purpose of the study. The patient will be given time to read and understand the informed consent form. Patients will be told about the length of interview (45-60 minutes), confidentiality of the data collected, right of the patient to withdraw from the study at any point of time. It will be noted to the patient that participation in the survey is voluntary, non-coercive, and is unrelated with access to health services in the facilities. The individuals will be encouraged to ask questions to interviewer for clarification to ascertain whether the individual really understands the implications of consent. After ensuring that the subject has clearly understood the given information and if the patient agrees to join the study, then interviewer will ask the patient to sign the consent form (Figure 5). Informed consent forms should be kept and filed by the interviewer. In the case of refusals, the data collector will only ask from the patient the reason for refusal.

Figure 5. Signatory of the informed consent form



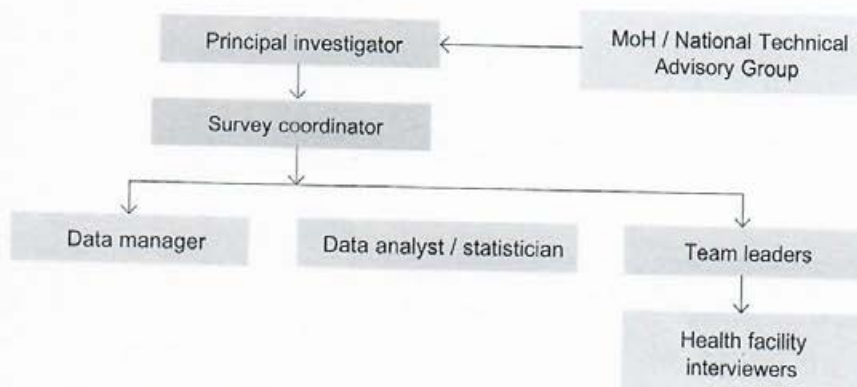
Source: (WHO, 2017)

#### Data Collection

The survey instrument will be translated in Bengali and online data collection form will be developed such as ODK, ONA or KoBoToolbox. The interviewer will be trained on the survey instrument and procedure. Pilot test of the instrument will be conducted and through the feedback from this test the instrument will be updated.

The trained data collector will conduct face-to-face interview of the patients or caregiver at the selected health facilities using tablet computer. Organization of survey team is presented in Figure 6. Details on the survey implementation presented in the WHO generic protocol will be followed in this study (WHO, 2017).

**Figure 6.** Organogram for the TB patient cost survey team



Source: (WHO, 2017)

#### Data Management





Privacy, anonymity and confidentiality of the information provided by interviewees will be strictly maintained. Information provided by them will be kept confidential and will not be used for any purposes other than for the study. The information will be kept under lock and key (in pass code access computers, on pass card access only, guarded hallways and on a guarded campus). Maintenance of confidentiality of the data will be strictly practiced and restrictions on access to data forms will be enforced. Information provided by the respondents will be used for research purposes only and names of the participants will not be shared with anyone.

To keep track of modifications, updates, or corrections made to survey source data, an audit trail will be put up. This will make it possible to trace the specifics of the content, any changes that have been made, and the identity of the change-maker, the change's motivations, and the change's date and time. Traceability will be established with computer-generated audit trails, such as the date and time of the change as well as the user ID and password that was used will be recorded automatically. For this survey, we will not use electronic systems without audit trails.

### Data Analysis

We will use standardized analytical approach and the associated generic analysis code provided by WHO (WHO, 2017). An anonymized dataset exported from the data collection system will be cleaned through basic tabulation, validation and consistency checking. Since only one interview will be administered per patient at a single point during the disease episode following WHO methodology, the costs and time-loss for their continuation phase will be imputed by extrapolating the median values reported by the other patients in the survey.

Survey data will be analysed in a timely manner in accordance with the statistical analysis plan developed during the planning phase. The results will be presented in accordance with the guidance provided in the respective survey guidelines and according to best practice and up-to-date methods. Sampling weights will be applied when estimating average cost incurred by TB patient and percentage of the patients incurring catastrophic total costs. A combination of descriptive and econometric analysis will be conducted. A statistical plan will be developed by the data analyst before conducting the analysis. All data cleaning, analysis and visualization will be conducted in Stata (Stata Corp, 2022).



## POLICY IMPLICATIONS

This survey will provide an estimate of proportion of TB patients experiencing catastrophic costs and analyses cost drivers associated with seeking TB diagnosis and treatment in order to inform policies. The survey also provides baseline measurement to be used to monitor the percentage of TB patients and their households experiencing catastrophic costs as a result of TB disease, one of the End TB Strategy high level indicators. Thus the survey in Bangladesh is necessary for tracking the progress of the country against national and global targets of zero catastrophic cost (WHO, 2017). The findings of the survey will inform policy discussions on how TB service delivery and financing mechanisms can be modified to reduce patient costs. It also forms a critical evidence base to engage and conduct policy dialogues with multisectoral stakeholders to enhance social support to TB patients and their families.

### 3.3.2 Place of performance

Entire Bangladesh

### 3.3.3 Timelines

#### Indictive Timelines of project implementation

- |  |                                 |
|--|---------------------------------|
| • Contract Signing:                              | --- by the end of February 2023 |
| • Protocol finalization                          | — by 15 March 2023              |
| • Submit for ethics approval                     | — by 20 March 2023              |
| • Training of data collectors, followed by pilot | — 15 April 2023                 |
| • Main data collection                           | — April 2023 – June 2023        |
| • Analysis and technical consultation            | — July - August 2023            |
| • Stakeholder discussion & policy dialogues      | — August 2023                   |
| • Submission of final report (print ready)       | — by the end of October 2023    |

### 3.3.4 Reporting requirements

The project manager of the selected contractor will be expected to provide an updated status in a written format in the beginning of the project, and then every monthly (30 days) basis.

Formal reporting (by VC and in the format of a technical report) is expected upon delivery of each deliverables - 1. Upon signing the contract 2. Recruitment/ identification of field staff as defined above 3. At the end of data collection 4. At the end of the project.

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

### 3.3.5 Performance monitoring

The Contractor 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.

### 3.3.6 Further capacities

Availability of the digital tools such as tablets, computers, laptop and internet connectivity with the contractor will be highly appreciated.





#### 4. 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 4, and may, at its discretion, reject any such non-complaint proposal.**

##### 4.1 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.

##### 4.2 Intention to Bid

**No later than 16/01/2023** the bidder shall complete and return by email to WHO to the following address: [sebanprocurement@who.int](mailto:sebanprocurement@who.int) the "Intention to Bid" in the form of the following attachments. At **14:00hrs, 17 January 2023**, WHO will organize a virtual pre-bid meeting with the bidders who would send the "Intention to Bid" to WHO through e-mail by the deadline. 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 January 2023.

1. The RFP RFP/BAN/2023/002 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/2023/002 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.

##### 4.3 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.

##### 4.4 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.

#### 4.5 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.

#### 4.6 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 **18/01/2023:1400 hrs**:

**Email for submissions of all queries: [sebanprocurement@who.int](mailto:sebanprocurement@who.int)**  
(use subject: *Bid Ref. RFP/BAN/2023/002* )

The WHO BAN CDS 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.

#### 4.7 Submission of Proposals

The bidder shall submit the complete proposal to WHO no later than 30/01/2023 at 14:00 hours Dhaka time ("the Closing Date for Submission of Proposals"), as follows:

a. 2 Hardcopies (master and copy) of Technical Proposal in separate sealed envelope labelled as "Technical Proposal for Tuberculosis Catastrophic Cost Survey".

-The technical proposal shall include but not limited to the reflection of WHO outlined Scope of Works/terms of reference (Clause-3.1), experience and detailed qualifications in performing the range of mentioned Services on various projects, past projects (as outlined in Table-1 of Section-B), Organizational Profile, examples of contracts, certificates, license etc. as per the requirement with Annex-3, Annex-4, Annex-6 and Annex-8. The Technical Proposal must not consist of any Financial proposal or information, non-compliance to which will lead to dis-qualification.

b) 1 hardcopy of Financial Proposal in Annex 5: Acceptance Form in separate sealed envelope labelled as for Tuberculosis Catastrophic Cost Survey.

c) The bids shall be addressed and deposited in the Tender Box of:

WHO Bangladesh Country Office  
Bid Ref: RFP/BAN/2023/002





Attn: WHO Administrative Officer  
World Health Organization  
House 1/A, Road 8  
Gulshan-1, Dhaka-1212]

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/2023/002 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" 4.24.2 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.**

#### 4.8 Period of Validity of Proposals

The offer outlined in the proposal must be valid for a minimum period of **365** 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.

#### 4.9 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 4.7 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 4.11 "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 4.8 "Period of Validity of Proposals".





#### 4.10 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.

#### 4.11 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.

#### 4.12 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 4.12.1 to 4.12.6.

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

##### 4.12.1 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 used<sup>1</sup> (preferably US Dollars);
- The number of days the proposal is valid (from the date of the form) in accordance with section 4.8 "Period of Validity of Proposals".

##### 4.12.2 Executive Summary

The bidder's proposal must be accompanied by an Executive Summary (of 2 pages maximum) introducing the proposed solution and approach / methodology.

##### 4.12.3 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.

##### 4.12.4 Proposed Solution

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

The proposed solution should:

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





- 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.

#### 4.12.5 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.

#### 4.12.6 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.

### 4.13 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.



## 5. 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.

### 5.1 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.

### 5.2 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.

### 5.3 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 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 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 [70%] points is required to pass the technical evaluation.**



**Detailed evaluation criteria:**

WHO shall determine the Legal Capacity and Eligibility for the Proof reading work on "PASS/FAIL (YES/NO)" basis as per the qualification criteria detailed under table below. If bidder(s) fails to pass the following qualification questions, they will not be considered for next step e.g. evaluation of bids/quotations as per the detailed weighted evaluation criteria and scoring matrix stage

**"PASS/FAIL (YES/NO)" – Questions**

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.	
Past performance of the bidder with WHO is satisfactory and without any restrictions on future contracts by WHO <i>(applicable only for bidders who is performing or had performed for WHO under contract with WHO Bangladesh).</i>	Eligibility of the bidder	a. internal review report.	
Minimum 3 years' experience in Health surveys or economic evaluations or other public health research with WHO, other international organizations and/or major institutions	Eligibility of the bidder	a. Copies of contract, work completion certificates, assignment reports etc.	
The company is compliant with the tax/vat rules/regulation of the Government of Bangladesh	VAT Compliant Organization	TIN Certificate	
No pending Criminal/Civil lawsuits against the bidder's company/firm	Eligibility of the Bidder as per WHO criteria	A Statement by the bidder to this effect Signed Self Declaration Form-Annex-6	
The bidder's company/firm is not declared "Bankrupt/Ineligible/Banned" by any of the court in the country			
There is no pending major lawsuits and litigations against the bidder's company/firm in excess of USD 10,000 at risk			
The bidder's company/firm has not received any sanctioned by any UN Agencies, World Bank/ADB or diplomatic missions in the Country			
Supplier is eligible as per the declaration of the eligible criteria applicable to private and public companies.			

### Technical Evaluation and selection guidelines and matrix of Proposals:

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

#### i. Award, Scoring and Weightage System/Methodology:

- The bid of "the highest overall Technical and Financial scores" of 1,000 points will be awarded;
- Score/Point distributed as per the Weighting matrix in Part 4 in this RFP: 700 points for Technical Proposal and 300 points for the Financial Proposal.
- A minimum of 70% (out of 700) is required to be considered technically qualified for this work.

#### ii. Technical Scoring and Weighting System:

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

The scoring scale system was defined as follows:

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%
Very Poor	Lack of evidence to demonstrate ability to comply with requirements	10%
No submission	Information has not been submitted or is unacceptable	0%

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:

(TP Rating) x (Weight of TP, e.g., 70%) + (FP Rating) x (Weight of FP, e.g., 30%) = Total Combined and Final Rating of the Proposal

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

A. Expertise of the Firm/Organization: 150 points



A.1	<b>General Organizational Capability/strength: 50 points</b> (A summary of information need to be provided as per the format in Appendix 1) <ul style="list-style-type: none"> <li>Background of the firm (year of establishment, total employemnt, goal/objectives, ongoing projects, list of work including ongoing projects): 20</li> <li>Organizational capacity in terms of resources, facilities, equipment, logistics: 10</li> <li>Finacieal system with yearly auditing (Audit report for last two years): 10</li> <li>Management structure of the firm (Organizational organogram): 10</li> </ul>
A.2	<b>Financial size of the situation assessment related projects completed in past 5 years</b> (project document summary sheet with financial size must be included): <b>30 points</b> <ul style="list-style-type: none"> <li>BDT 1 Crore: 30 points</li> <li>BDT 50 lakh: 27 points</li> <li>BDT 25 lakh: 21 points</li> <li>BDT 15-24.99 Lakh:12</li> <li>BDT &lt; 15 lakh: 0 points</li> </ul>
A.3	-At least 1 cost surveys or studies for health programs, publication in peer reviewed journals: 30 -No cost survey or studies for health programs, publication in peer reviewed journals: 0
A.4	<b>Quality assurance procedure including project monitoring and evaluation and internal oversight teams: 40 points</b> <ul style="list-style-type: none"> <li>Proposed organogram of the assignment: 15 points</li> <li>Quality assurance/Quality control plan: 15 points</li> <li>Monitoring plan of the assessment activities 10 points</li> </ul>

**B. Proposed Methodology, Approach and Implementation Plan: 300 points**

B.1	Understanding of the proposal that is level of understanding on project requirements and presentation in the RFP as outlined under the RFP: <b>100 points</b>
B.3	The work plan laid out by the firm towards implementation of the project is clear, practical, systematic; monitoring requirements are clearly identified with suitable indicators and assigned personnel for monitoring: <b>100 points</b>
B.2	The work methodology includes approach and activity description to complete the assignment are rational and practical in time: <b>100 points</b>

**C. Management Structure and Key Personnel: 250 points**

C.1	<b>Principal Invesigator: 100 points</b> <ul style="list-style-type: none"> <li> <b>Educational Background: 35 points</b> <ul style="list-style-type: none"> <li>PhD in Public health= 35 poinrts</li> <li>Masters in Public Health or Health Economics= 24.5 points</li> </ul> </li> <li> <b>Years of Experience: 35 points</b> <ul style="list-style-type: none"> <li>10 Years and above = 35 points</li> <li>6-8 Years = 31.5 points</li> <li>5 Years = 24.5 points</li> <li>2 Years = 14.0 points</li> <li>1 Years =3.5 points</li> <li>&lt; 1 Years = 0 points</li> </ul> </li> </ul>
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Country/Unit Name **WHO BAN CDS**

	<ul style="list-style-type: none"> <li>• Number of public health projects managed in South East Asia Region: <b>30 points</b> <ul style="list-style-type: none"> <li>o 5 Projects and above = 30 points</li> <li>o 4 Projects = 27 points</li> <li>o 3 Projects = 21 points</li> <li>o 2 Projects = 12 points</li> <li>o 1 Projects = 3 points</li> <li>o &lt;1 Projects = 0 points</li> </ul> </li> </ul>
<b>C2</b>	<b>Co-Investigator: 80 Points</b>
	<ul style="list-style-type: none"> <li>• Educational Background: <b>30 points</b> <ul style="list-style-type: none"> <li>o Masters in Public Health or Health Economics = 30 points</li> <li>o MBBS or Equivalent degree = 21 points</li> </ul> </li> <li>• Years of Experience: <b>30 points</b> <ul style="list-style-type: none"> <li>o 5 Years and above = 30 points</li> <li>o 4 Years = 27 points</li> <li>o 3 Years = 21 points</li> <li>o 2 Years = 12 points</li> <li>o 1 Years = 3 points</li> <li>o &lt; 1 Years = 0 points</li> </ul> </li> <li>• Number of projects with public health research and survey: <b>20 points</b> <ul style="list-style-type: none"> <li>o 5 Projects and above = 20 points</li> <li>o 4 Projects = 18 points</li> <li>o 3 Projects = 14 points</li> <li>o 2 Projects = 8 points</li> <li>o 1 Projects = 2 points</li> <li>o &lt; 1 Projects = 0 points</li> </ul> </li> </ul>
<b>C3</b>	<b>Biostatistician: 70 Points</b>
	<ul style="list-style-type: none"> <li>• Educational Background: <b>25 points</b> <ul style="list-style-type: none"> <li>o M.Sc. (Statistics) = 25 points</li> <li>o B. Sc. (Statistics) = 17.5 points</li> </ul> </li> <li>• Years of Experience: <b>25 points</b> <ul style="list-style-type: none"> <li>o 5 Years and above = 25 points</li> <li>o 4 Years = 22.5 points</li> <li>o 3 Years = 17.5 points</li> <li>o 2 Years = 10 points</li> <li>o 1 Years = 2.5 points</li> <li>o &lt; 1 Years = 0 points</li> </ul> </li> <li>• Number of projects with public health data analysis: <b>20 points</b> <ul style="list-style-type: none"> <li>o 5 Projects and above = 20 points</li> <li>o 4 Projects = 18 points</li> <li>o 3 Projects = 14 points</li> <li>o 2 Projects = 8 points</li> <li>o 1 Projects = 2 points</li> <li>o &lt; 1 Projects = 0 points</li> </ul> </li> </ul>





A minimum of 490 points out of 700 are required to pass the technical evaluation and qualify to compete in the financial evaluation.

#### Required Supporting Documents:

The following documents must be submitted to Establish Qualification of Proposers (In 'Certified True Copy' only)

- Registration Certificates/Trade License, TIN Certificates etc.
  - Company Profile with list of projects being undertaken/complete
  - Management Structures and quality assurance mechanism, Internal oversight
  - Organogram and roles and responsibilities with risk mitigation matrix
  - The previous project contracts with reports which are relevant to the field implementation of water safety plan and/or any other relevant public health program.
  - CVs of the experts outline his/her education, other qualification (training), experience (list of works, period, name of client and value, relevant professional backgrounds, including copies of accreditations/publications (if any) covering the capability/strength under technical evaluation part.
- Evidence need to be provided for each of the items as mentioned in evaluation criteria of each category

Any other documents such as accreditation

#### Financial Evaluation

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

#### Financial Scoring and Weighting System:

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

$$p = y (\mu/z)$$

Where:

p = points for the financial proposal being evaluated;

y = maximum number of points for the financial proposal;

μ = price of the lowest priced proposal;

z = price of the proposal being evaluated.

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

#### 5.4 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.





## 6. AWARD OF CONTRACT

### 6.1 Award Criteria, Award of Contract

WHO reserves the right to

- Award the contract to a bidder of its choice, even if its bid is not the lowest;
- 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;
- 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;
- 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;
- 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.**

### 6.2 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.

### 6.3 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.

### 6.4 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.

### 6.5 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.





## 6.6 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.



## 7. 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:

- d. the Contract shall include a detailed budget;
- e. the Contractor shall be held to submit a financial statement together with each invoice;
- f. 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;
- g. payment by WHO shall be subject to satisfactory performance and the acceptance of the Contractor's financial statements;
- h. 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
- i. consistent with section 7.3, (Audit and Access), 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.

### 7.1 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.





## 7.2 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.

## 7.3 Audit and Access

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

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

- iii. the Contractor's books, records and systems (including all relevant financial and operational information) relating to the Contract; and
- iv. 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.

## 7.4 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.

## 7.5 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.

#### 7.6 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.

#### 7.7 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.

#### 7.8 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.

#### 7.9 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.

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#### 7.10 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.

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#### 7.11 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.

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#### 7.12 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.

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#### 7.13 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.

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#### 7.14 Place of Performance

The place of performance of the work under the Contract shall be as mentioned in section 3.3.2 above.

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#### 7.15 Language

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

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#### 7.16 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.

#### 7.17 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 7.5 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.

#### 7.18 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:

- At will with the provision of thirty (30) days prior notice in writing; and
- 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.





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### 7.19 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 7.17 (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.

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### 7.20 Surviving Provisions

Those rights and obligations of the Parties as set forth in sections 7 and 8 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.

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### 7.21 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.

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### 7.22 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.

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### 7.23 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.





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**7.24 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.

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**7.25 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.

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**7.26 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.

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**7.27 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.

#### 7.28 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.

#### 7.29 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.

#### 7.30 Anti-Terrorism and UN Sanctions; Fraud and Corruption

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

- (i) it is not and will not be involved in, or associated with, any person or entity associated with terrorism, as designated by any UN Security Council sanctions regime, that it will not make any payment or provide any other support to any such person or entity and that it will not enter into any employment or subcontracting relationship with any such person or entity;
- (ii) it shall not engage in any illegal, corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract; and
- (iii) the Contractor shall take all necessary precautions to prevent the financing of terrorism and/or any illegal corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract.

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

#### 7.31 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.

#### 7.32 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.

### 7.33 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 persons engaged by the Contractor to perform any services under the Contract.

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

For purposes of the Contract, the term "WHO Policies" means collectively:

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

### 7.34 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 on Sexual Exploitation and Abuse Prevention and Response and/or sexual harassment and other types of abusive conduct as described in the WHO Policy on Preventing and Addressing Abusive Conduct by any of its employees and any other persons engaged by it to perform the work under the Contract; and (ii) promptly report to WHO and respond to, in accordance with the terms of the respective Policies, any actual or suspected violations of either Policy of which the Contractor becomes aware.

### 7.35 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.

### 7.36 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.

### 7.37 Breach of Essential Terms

The Contractor acknowledges and agrees that each of the provisions of section 7.30 (Anti-Terrorism and UN Sanctions; Fraud and Corruption), section 7.31 (Ethical Behaviour), section 7.32 (Officials not to Benefit), section 7.33 (Compliance with WHO Codes and Policies), and section 7.36 (Zero tolerance for sexual exploitation and abuse, sexual harassment and other types of abusive conduct), section 7.35 (Tobacco/Arms Related Disclosure Statement) and section 7.36(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.



## 8. PERSONNEL

### 8.1 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.

### 8.2 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.

### 8.3 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.

### 8.4 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.




**9. LIST OF ANNEXES & APPENDICES**

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

<b>Annex 8</b>	<b>Bidder's Statement of Conformity</b>
<b>Appendix 2</b>	<b>Title</b>
<b>Appendix 3</b>	<b>Title</b>



Request for Proposals: RFP/BAN/2023/002

**Annex 1: Acknowledgement Form** (Ref. Paragraph 4.2)

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

The Bid Reference: RFP/BAN/2023/002 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 30/01/2023 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/2023/002****Annex 2: Confidentiality Undertaking** (Ref. Paragraph 4.6)

1. The World Health Organization (WHO), acting through its Department of WHO BAN CDS, has access to certain information relating to RFP 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 [Title of the RFP] 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:
  - was known to the Undersigned prior to any disclosure by WHO to the Undersigned (as evidenced by written records or other competent proof);
  - was in the public domain at the time of disclosure by or for WHO to the Undersigned;
  - becomes part of the public domain through no fault of the Undersigned; or
  - 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:**

<b>Entity Name:</b>	
<b>Mailing Address:</b>	
<b>Name and Title of duly authorized representative:</b>	
<b>Signature:</b>	
<b>Date:</b>	



Country/Unit Name WHO BAN CDS

Request for Proposals: RFP/BAN/2023/002

**Annex 3: Proposal Completeness Form** (Ref. Paragraphs 4.4 & 4.6)

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
4.12.2 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 4.8).

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/2023/002

**Annex 4: Information about Bidder**

RFP Ref. If applicable	Information required
	<b>1. Company Information</b>
	<b>1.1 Corporate information</b>
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 <sup>1</sup>
	<b>1.2 Legal Information</b>
	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	<b>2. Experience and Reference Contact Information</b>
	<b>2.1 Relevant Contractual relationships</b>
	2.1.1 Relevant Contractual projects (with other UN agencies or Contractors)
	<b>2.2 Relevant Project Names</b> ( <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 <sup>rd</sup> 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	<b>3. Staffing information</b>
	<b>3.1 Number and Geographical distribution of staff</b>
	3.1.1 Staff turnover rate for the past three years
	<b>3.2 Staff dedicated to the Project</b>
	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	<b>4. Proposed sub-contractor arrangements including sub-contractor information</b> ( <i>as above for each sub-contractor</i> )

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



**Annex 5: Acceptance Form** (Ref. Paragraph 4.6)**TO BE SUBMITTED IN SEPARATE ENVELOPE THAN TECHNICAL PROPOSAL)**

(No information related to the financial costs of this work should be contained in the technical proposal)

**Financial proposal can be requested:**

Either on one of the table below, in which case (i) tick the first box and (ii) use/customize one of the tables below.  
Or in a separate sheet, in which case (i) tick the second box; (ii) customize second table below keeping just the headers;  
and (iii) keep the second paragraph below

The Undersigned, ....., confirms to have read, understood and accepted the terms of the Request for Proposals (RFP) No. RFP/BAN/2023/002, 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.

The breakdown/itemized amounts for each of the deliverables must be completed in a separate sheet, which must be attached as part of the Financial proposal. The bidder must ensure that the amount of each Deliverable or of the total amount is identical in the supporting breakdown/itemized amounts sheet and in Annex 5 below. In case of inconsistency between those two documents, the most favorable terms to WHO in either the breakdown/itemized amounts sheet or the Annex 5 shall prevail.

Item	Cost (Indicate CURRENCY)
<b>Deliverable 1: ...</b>	
Project Manager costs	
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
<b>Deliverable 1 Costs</b>	<b>0.00</b>
<b>Deliverable 2: ...</b>	
Project Manager costs	
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.	0.00
Other Costs (please itemize and specify whether there are one-time or recurring costs)	0.00
<b>Deliverable 2 Costs</b>	<b>0.00</b>
<b>Deliverable 3: ...</b>	
Project Manager costs	
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.	0.00
Other Costs (please itemize and specify whether there are one-time or recurring costs)	0.00
<b>Deliverable 3 Costs</b>	<b>0.00</b>
<b>Deliverable 4: ...</b>	
Project Manager costs	
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.	0.00
Other Costs (please itemize and specify whether there are one-time or recurring costs)	0.00
<b>Deliverable 4 Costs</b>	<b>0.00</b>
<b>TOTAL PROJECT COSTS</b>	<b>0.00</b>

The enclosed Proposal is valid for \_\_\_\_\_ days from the date of this form (Ref. Paragraph 4.8).

Agreed and accepted, in (....) original copies on \_\_\_\_\_ Date \_\_\_\_\_





Country/Unit Name WHO BAN CDS

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:

6. 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;
7. 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;
8. 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;
9. 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;
10. 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;
11. 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;
12. 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;
13. 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;
14. it adheres to the UN Supplier Code of Conduct;
15. 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.

<b>Entity Name:</b>	.....
<b>Mailing Address:</b>	..... ..... .....
<b>Name and Title of duly authorized representative:</b>	.....
<b>Signature:</b>	.....
<b>Date:</b>	.....





Request for Proposals: RFP/BAN/2023/002

**Annex 7: Questions from Bidders** (Ref. Paragraph 4.6)

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:

**Annex: 8**

To  
Administrative Officer  
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