World Health Organization

Strengthening Medical Waste Management and AMR Prevention in Indonesia through National Guidelines, IEC Materials, Curriculum Revision, and Capacity Building

Request for Proposals (RFP)

Proposal Reference

RFP 050-2026

Country Office/Unit Name

WHO Indonesia/HPN-HEN/HSS-AMR

Issued on

Monday, August 3, 2026

Closing date

Tuesday, August 18, 2026

Closing Time

12:00 mid-day

Time Zone

Jakarta Time

Section 1: Cover Letter

Dear Proposers,

The World Health Organization, hereinafter referred to as WHO, hereby invites prospective Proposers to submit a proposal in accordance with the General Conditions of Contract and the Terms of Reference as set out in this Request for Proposal (RFP).

To enable you to submit a proposal, please read the following attached documents carefully.

Contents:

If you are interested in submitting a proposal in response to this RFP:

1. Please acknowledge receipt of this RFP by completing and returning the Letter of Intent in Annex A, indicating your intention to submit a proposal or not, no later than Tuesday, August 11, 2026

2. Please submit any requests for clarification no later than Thursday, August 13, 2026

3. Please prepare your proposal in accordance with the requirements and procedures outlined in this RFP and submit it no later than Tuesday, August 18, 2026

All WHO vendors are required to comply with the United Nations Supplier Code of Conduct. We encourage all Proposers to join the United Nations Global Compact and support the Women's Empowerment Principles (WEP).

We look forward to receiving your competitive proposals.

Section 2: General Instructions to Proposers

GENERAL	
1. About WHO	The World Health Organization (WHO) was established in 1948 as a specialized agency of the United Nations. The objective of WHO (www.who.int) is the attainment by all peoples of the highest possible level of health. "Health", as defined in the WHO Constitution, is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. WHO's main function is to act as the directing and coordinating authority on international health work.
2. Scope	Proposers are invited to submit a proposal in line with the Terms of Reference (Section 5) and the requirements of this RFP, including any written amendments. A summary of the scope is provided in Section 3: Specific information to this RFP.
3. Interpretation of the RFP	This RFP is conducted in accordance with Policies and Procedures of WHO, a summary of which is accessible at WHO's website: WHO Procurement: principles and processes Any proposal submitted will be regarded as an offer by the proposer and does not constitute or imply the acceptance of the proposal by WHO. WHO is under no obligation to award a Contract to any proposer as a result of this RFP.
4. Eligible Proposers	Proposers shall have the legal capacity to enter into a binding contract with WHO. All WHO suppliers must abide to the UN Supplier Code of Conduct, which is available at the following link: UN Supplier Code of Conduct Proposers must submit a signed Annex F: Self-Declaration form included in this RFP. Proposers will be excluded if: • They are bankrupt, undergoing court administration, have suspended business, are under creditor arrangements, or in similar situations under national law. • They or individuals with decision-making power have been found guilty of fraud, corruption, involvement in criminal organizations, money laundering, terrorism-related offenses, child labor, or human trafficking. • They or such individuals have been found guilty of financial irregularities. • They misrepresent or fail to provide required information under this RFP or during evaluation. • They have a conflict of interest, as determined solely by WHO. This includes associations with firms involved in preparing specifications for this procurement or any other conflicting situation. • They appear on sanction or ineligibility lists, including the UN Security Council, UN Ineligibility List, World Bank's non-responsible vendors list, or World Bank ineligible firms and individuals list. WHO may also exclude proposers for other reasons, at its discretion.
SOLICITATION DOCUMENTS	
5. Clarification of solicitation documents	Proposers may request clarifications on any of the RFP documents no later than the date and time indicated in Section 3: Specific Information to this RFP. Any request for clarification must be sent in writing in the manner indicated in Section 3: Specific Information to this RFP. Explanations or interpretations provided by personnel other than the named contact person will not be considered binding or official. WHO will provide the responses to clarifications through the method specified in Section 3: Specific Information to this RFP. No individual presentations or meetings with Proposers will be allowed before the proposal submission deadline. From the issuance of this RFP until final selection, contact with WHO officials is not permitted, except through formal queries as outlined, or if WHO initiates a presentation or meeting as per the RFP terms.
6. Amendment of solicitation documents	WHO may, at any time before the closing date for submission of proposals, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) proposer, modify the RFP by written amendment. Amendments will be made available to all prospective Proposers. If the amendment is substantial or for other reasons, WHO may extend the Deadline for submission of proposals.
PREPARATION OF PROPOSALS	
7. Cost of preparation of the proposal	The proposer shall bear all costs related to the preparation and/or submission of the proposal, regardless of whether its proposal is selected or not. WHO shall not be responsible or liable for those costs, regardless of the conduct or outcome of the procurement process.

8. Language	The proposal, as well as any and all related correspondence exchanged by the proposer and WHO, shall be written in the language(s) specified in Section 3: Specific Information to this RFP.
9. Documents comprising the bidders' proposal	The proposal shall comprise of the forms requested in Section 7: Returnable forms as well as any associated documentation requested in the RFP
10. Technical proposal format and content	The proposer must submit a technical proposal addressing all requirements in Section 4 Evaluation Criteria attaching the forms provided in Section 7 Returnable Forms and responding to RFP requirement as described in Section 5 Terms of Reference. The technical proposal shall not include any price or financial information. A technical proposal containing material financial information may be declared non-responsive.
11. Financial proposal	The financial proposal shall be prepared using the form provided in Section 7 and taking into consideration the requirements in the RFP. The proposal shall list all major cost components associated with the services, and the detailed breakdown of such costs. Any output and activities described in the technical proposal but not priced in the financial proposal, shall be assumed to be included in the prices of other activities or items as well as in the final total price. Prices and other financial information must not be disclosed in any other place except in the financial proposal.
12. Prices, Duties and taxes	WHO is entitled to tax exemption by reason of the Privileges and Immunities it enjoys, subject to the conditions included in the WHO General Terms and Conditions in Section 6. During bidding, vendors must submit prices excluding taxes. However, in jurisdictions / countries where VAT is mandatory, as evidenced by the vendor, the selected vendor will include VAT on invoices to WHO. Procurement team in the Country Office will handle the tax exemption recommendation with the relevant authorities in accordance with applicable tax laws and procedures in that jurisdiction / country. Any quantity or other discounts (e.g.: volume discounts) shall be clearly indicated. Prices quoted by the Proposer shall be fixed during the bidder's performance of the contract. Any adjustment or revision to the prices shall only be made effective upon agreement based on written amendment signed by both parties.
13. Currencies	Prices may be quoted in US Dollar, or any currency of the bidder's choice, unless otherwise stipulated in Section 3 Information Specific to the RFP. However, for the purposes of comparison of all offers, WHO will convert the currency quoted in the offers to USD, in accordance with the UN Operational Rate of Exchange on the closing date for bid submission specified in Section 3: Specific information about this RFP.
14. Proposal validity period	Proposals shall remain valid for the period specified in Section 3: Specific information about this RFP commencing on the deadline for submission of proposals. A proposal valid for a shorter period may be rejected by WHO and rendered non-responsive. During the proposal validity period, the proposer shall maintain its original proposal without any change, including the availability of the key personnel, the proposed rates and the total price. In exceptional circumstances, prior to the expiration of the proposal validity period, WHO may request Proposers to extend the period of validity of their proposals.
15. Joint Venture, Consortium or Association	Two or more entities may form a joint venture or consortium and submit a joint proposal offering to jointly provide the services described in the proposal. 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
16. Only one proposal	Each proposer, including individual members of any Joint Venture, may submit only one proposal—either independently or as part of a Joint Venture. Proposals will be rejected if any of the following apply:

	• They share at least one controlling partner, director, or shareholder. • One has received a direct or indirect subsidy from another. • They have the same legal representative for this RFP. • They are related in a way that gives access to or influence over another's proposal. • They are subcontractors to each other, or a subcontractor also submits a separate proposal as a lead proposer. • Key personnel are proposed in more than one team (this does not apply to subcontractors appearing in multiple proposals).
17. Alternative proposals	Unless otherwise specified in Section 3: Specific information to this RFP, alternative proposals shall not be considered. If submission of alternative proposal is allowed in Section 3: Specific information about this RFP, a proposer may submit an alternative proposal but only if it also submits a proposal conforming to the RFP requirements. Where the conditions for its acceptance are met, or justifications are clearly established, WHO reserves the right to award a contract based on an alternative bid.
18. Pre-proposal conference	When appropriate, a pre-proposal conference will be held at the date, time, and location specified in Section 3: Specific information to this RFP. If marked as mandatory, non-attendance will result in ineligibility to submit a proposal. If not mandatory, non-attendance will not lead to disqualification.
19. Site inspection	If specified in Section 3: Specific information to this RFP, a site inspection will be held at the indicated date, time, and location, following the given instructions. If marked as mandatory, failure to attend will render a proposer ineligible. If not mandatory, non-attendance will not lead to disqualification. Proposers are responsible for their own visa arrangements. The site inspection is for background information only, and any information provided is not binding unless confirmed by WHO in writing.
SUBMISSION AND OPENING OF PROPOSALS	
20. Instruction for proposal submission	The proposer shall submit a complete proposal in the format and with the documents required in Section 3: Specific information to this RFP, using the delivery method specified therein. Submission of a proposal implies that the proposer has accessed, read, understood, and agrees to comply with WHO's General and Contractual Conditions in Section 6.
21. Deadline for proposal submission	Complete proposals must be received by WHO in the manner, and no later than the date and time, specified in Section 3: Specific information to this RFP. In case of any doubt regarding the time zone, Proposers should refer to Section 3: Specific information to this RFP. It is the sole responsibility of Proposers to ensure their proposal is received by the stated deadline. Late submissions will not be possible or accepted. Proposers are strongly advised to take all necessary steps to ensure timely submission. WHO accepts no responsibility for proposals that are delayed due to technical issues and will consider only the actual date and time of receipt. WHO may, at its discretion, extend the proposal submission deadline by amending the solicitation documents in accordance with Clause 6 (Amendment of solicitation documents) of Section 2. In such cases, the new deadline will apply to all Proposers.
22. Withdrawal, substitution and modification of proposals	The proposer may withdraw its proposal any time after the proposal's submission and before the tender closing date of the proposals, provided a written and signed notice of the withdrawal is received by WHO prior to the closing date for the submission of proposals. No Proposal may be withdrawn in the interval between the closing date for submission of proposals and the expiration of the proposal validity period.
23. Proposal opening	Proposals will be opened after the deadline for proposal submission by the bid opening committee There will be separate proposal openings for technical and financial proposals. The opening panel will open only the financial proposals of suppliers who meet the minimum criteria of the technical evaluation.
EVALUATION OF PROPOSALS	
24. Evaluation of proposals	WHO shall evaluate a proposal using only the methodologies and criteria defined in this RFP. No other criteria or methodology shall be permitted.

	WHO shall conduct the evaluation solely on the basis of the submitted technical and financial proposals. Evaluation of proposals shall be undertaken in the following steps: (i) preliminary examination. (ii) evaluation of minimum eligibility and qualification (if pre-selection is not done) / mandatory requirements (iii) evaluation of technical proposals on weighted scoring; and (iv) evaluation of financial proposals.
25. Preliminary examination	WHO shall examine the proposals to determine whether they are complete with respect to minimum documentary requirements, whether the documents have been properly signed, and whether the proposals are generally in order, among other indicators that may be used at this stage. WHO reserves the right to reject any proposal at this stage. Technical proposals found to contain financial proposal or pricing information will be rejected.
26. Evaluation of eligibility and qualification	Eligibility and qualification of the proposer will be evaluated against the minimum eligibility and qualification requirements specified in Section 4: Evaluation Criteria and in Clause 4 (Eligible Proposers) in Section 2.
27. Evaluation of technical and financial proposals	After the preliminary evaluation, the panel will assess technical proposals based on their responsiveness to the Terms of Reference and other RFP documents, using the evaluation criteria, sub-criteria, and point system in Section 4: Evaluation Criteria. Proposals that do not meet the minimum technical score will be considered non-responsive. Only the financial proposals of technically qualified Proposers will be opened and evaluated in the second stage. If required, WHO may invite technically responsive Proposers for a presentation, with conditions provided in the RFP. Presentations may be held at WHO offices or via tele/videoconference. The applicable evaluation method is indicated in Section 3: Specific information about this RFP, typically the combined scoring method based on both technical and financial scores.
28. Clarification of proposals	WHO may request clarifications or additional information in writing from Proposers at any stage of the evaluation. Responses must not alter the substance or price of the proposal, except to confirm corrections of any arithmetical errors identified by WHO, as outlined in the General Instructions to Proposers.
29. Nonconformities, reparable errors and omissions	Provided that a proposal is substantially responsive, WHO may request the proposer to submit the necessary information or documentation within a reasonable period in order to rectify nonmaterial nonconformities or omissions in the proposal related to documentation requirements. Such omission shall not be related to any aspect of the price of the proposal. Failure of the proposer to comply with the request may result in the rejection of its proposal. For financial proposals that have been opened, WHO shall check, and correct arithmetical errors as follows: a) if there is a discrepancy between the unit price and the line item total that is obtained by multiplying the unit price by the quantity, the unit price shall prevail and the line item total shall be corrected, unless in the opinion of WHO there is an obvious misplacement of the decimal point in the unit price; in which case, the line item total as quoted shall govern and the unit price shall be corrected; b) if there is an error in a total corresponding to the addition or subtraction of subtotals, the subtotals shall prevail, and the total shall be corrected; and c) if there is a discrepancy between words and figures, the amount in words shall prevail, unless the amount expressed in words is related to an arithmetical error, in which case the amount in figures shall prevail. If the proposer does not accept the correction of errors, its proposal shall be rejected, and its proposal security may be forfeited.
AWARD OF CONTRACT	
30. Award criteria, award of Contract	Before the expiration of proposal validity, WHO will award the Contract to the qualified proposer based on the criteria set out in the tender document.

	WHO reserves the right to: a) award the Contract to any proposer, even if not the lowest. b) award separate contracts for different parts, components, or items to one or more proposers, even if not the lowest. c) accept or reject any proposal or cancel the entire solicitation process at any time before award, without liability or obligation to inform proposers of the reasons. d) award the Contract based on WHO's specific objectives to the proposer whose offer best meets the Organization's needs. e) decide not to award any contract.
31. Right to vary requirements at time of award	At the time the Contract is awarded, WHO reserves the right to revise the scope of the work or to increase or decrease the quantity of services originally specified in Section 5: Terms of Reference / Schedule of requirements, and without any change in the unit prices or other terms and conditions of the proposal and the solicitation document.
32. Notification of award	Prior to the expiration of the period of proposal validity, WHO will notify the successful proposer in writing via email or via a notification from e-tendering system. After signing the contract with successful vendor, the unsuccessful vendors will be sent a regret notification.
33. Payment terms	Full payment of 100% is due within 30 days following receipt and acceptance of services, upon receipt of the invoice.
34. Debriefing	WHO does not routinely offer debriefings to unsuccessful bidders. However, for tenders over $300,000 or complex tenders, WHO may provide a debriefing upon written request. The request must be submitted within 30 calendar days of receiving the notification of non-award. The debriefing aims to highlight the strengths and weaknesses of the proposer's submission to help improve future proposals. It will not include discussion of other proposals or comparisons. Debriefings will be conducted only through in-person meetings, teleconference, or videoconference.
35. Proposal complaint	When a supplier believes that WHO did not follow its own procurement rules, the supplier may choose to raise a formal complaint. The Procurement Complaint Mechanism is only available to suppliers who: • Participated in a competitive procurement process and were not awarded a contract; and • The value of the contract award is higher than US$ 300,000. A formal complaint must be submitted in writing within one month of the notification of the outcome of the competitive bidding process, to the following email address: procurementcomplaint@who.int and must include the minimum information detailed on the WHO website (WHO Procurement: frequently asked questions).
36. Publication of Contract award	WHO publishes on its contract awards webpage the list of contracts for acquired goods and services of a value of USD 25 000 or more. This information is published with due observance of the requirements of confidentiality and security. Further procurement data about WHO can be obtained through WHO's Procurement Report or at UNGM's Annual Statistical Report on UN Procurement..
37. Performance Security	This is not mandatory; however, if specified in Section 3: Specific information to this RFP, the successful Proposer must provide a performance security in the stated amount and form within the specified timeframe after receiving the contract from WHO.

Section 3: Specific Information to this RFP

The following specific information shall complement, supplement or amend the provisions in Section 2: General Instructions to Proposers. In case there is a conflict, the provisions herein shall prevail over those in Section 2: General Instructions to Proposers.

Instructions to Bidders article	**Specific Instructions / Requirements**
Scope of RFP and Intention to Bid **(Article 2)**	The reference number of this Request for Proposal (RFP) is RFP 050-2026 The services include the Strengthening Medical Waste Management and AMR Prevention in Indonesia through National Guidelines, IEC Materials, Curriculum Revision, and Capacity Building as further described in Section 5 of this RFP. The purpose of this RFP is to establish Contract
Clarification of the RFP **(Article 5)**	a) **Contact details for clarification of solicitation documents** should be sent to WHO by: Select which applies ☒ **Email** address wpinobids@who.int **b) Deadline for submitting requests for clarifications/questions:** **Date:** 18 August 2026 **Time** 12:00 Noon **City and Country**: Jakarta, Indonesia Responses to requests for clarification will be communicated in writing by WHO to all bidders via same medium as stated above.
Language of the RFP **(Article 8)**	Language of this proposal shall be in English
Currency of proposal (preferred) **(Article 13)**	Prices included in the proposal shall be preferably quoted in IDR
Proposal validity **(Article14)**	120 days from the deadline for proposal submission.
Alternative proposals **(Article 17)**	Shall not be considered.
Pre-proposal conference **(Article 18).**	Will be held but not mandatory The pre-proposal conference will be held on: Date/Time: Friday, August 07, 2026 / 09:00 AM (Jakarta, Indonesia Time) Location: Online via Microsoft Teams Meeting Registration Link (required): Pre-Proposal Conference RFP 050-2026 – Fill in form Contact/email: Procurement Team / wpinoprocurement@who.int
Site Inspection **(Article 19)**	A site inspection will not be held.
Instructions for submission of Proposals **(Article 20)**	Allowable manner of submitting proposals: ☒ **Email**: wpinobids@who.int The submitted technical and financial proposal shall be in reference to the enclosed Terms of References and budget component. A technical and financial proposal should be submitted separately in 2 emails stating in the subject the following reference number: RFP 050-2026. Submission of proposal can only be done electronically by email to: wpinobids@who.int (including any other email address in the submission may disqualify the bid): o All information and documentation related to the technical proposal only containing forms (B,C,D, F and section 5.10) in the first email under the subject “TECHNICAL PROPOSAL - (Company Name) – RFP 050-2026”.

Instructions to Bidders article	Specific Instructions / Requirements
	o Please send a second email containing the financial proposal only uncluding form E and H under the subject “FINANCIAL PROPOSAL - (Company Name) – RFP 050-2026” 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. **ATTENTION: Proposals which do not comply with the selected method of submission may be rejected.**
Deadline for proposal submission **(Article 21)**	Public proposal opening will not be held **CLOSING DATE: 18 August 2026** **CLOSING TIME: 12:00 mid-day**
Evaluation of technical and financial proposals **(Article 24)**	Evaluation will be based on the combined scoring method using a distribution of 70% : 30% of Technical Proposal to Financial Proposal respectively. This means that Technical Proposal will take 70%. and Financial Proposal will take 30% To be technically compliant, Proposers must obtain a minimum threshold of 70% of maximum points.
Performance Security (Article 37)	Not Required

Section 4: Evaluation Criteria

[Note to Procurement / Responsible Officer: Adjust the criteria below and the required documents as necessary.] Please ensure the technical criteria are as specific and measurable as possible to support objective evaluation. If using terms like 'quality' or 'appropriateness,' please define them clearly and link them to concrete, observable indicators. Please delete this paragraph before finalising

The evaluation criteria are divided into two.

A- Technical Evaluation Criteria Weighing 70%
B- Financial Evaluation Criteria Weighting 30%

A- TECHNICAL EVALUATION CRITERIA

The technical evaluation criteria will follow the process below

1. Preliminary examination.
2. Evaluation of minimum eligibility and qualification/mandatory requirements.
3. Technical Proposal Weighted Scoring.

1. Preliminary examination

WHO shall examine the proposals to determine whether they are complete with respect to minimum documentary requirements, whether the documents have been properly signed, and whether the proposals are generally in order, among other indicators that may be used at this stage. WHO reserves the right to reject any proposal at this stage. Technical proposals found to contain financial proposal or pricing information will be rejected

2. Minimum eligibility and qualifications (Mandatory Requirements)

The vendors proposals will be assessed on pass and fail methodology and failure in any of the criteria may exclude the vendor for consideration at next stage of weighted scoring. WHO deserves the right to seek clarification when a proposal contains unclear or ambiguous information that makes it difficult to evaluate the submission fairly against the published technical criteria.

Item	Minimum eligibility and qualifications (Mandatory Requirement)	Required supporting documents	Pass /Fail?
1.	**Corporate status of the company**: The proposer is a legally registered entity in Indonesia or has an authorized local representative.	Vendor to provide proof of registration or accreditation in form of incorporation certificate, trading licences by filling the form in **Annex D**	
2.	**Vendor Eligibility:** Vendor is not suspended, nor otherwise identified as ineligible, by any UN Organization, the World Bank Group or any other International Organization in accordance with Section 2: Clause 4.	Vendor to declare that its company is eligible by filling the form in **Annex D**	
3.	**Conflict of Interest:** The Proposer must have no conflict or perceived conflict of interest	Vendor to declare that he has no conflict / perceived conflict of interest by filling the form in Annex E	
4.	**Bankruptcy**: Proposer has not declared bankruptcy, is not involved in bankruptcy or receivership proceedings, and there is no judgement or pending legal action against the vendor that could impair its operations in the foreseeable future	Vendor to declare that he has no conflict / perceived conflict of interest by filling the form in Annex E	
5.	**Non-performing contracts and History of Litigation**: Vendor must declare that during the last 3 years, that its company has no non-performing contracts because of its company's default and that its company has no consistent history of court/arbitral award decisions against itself.	Vendor to declare that its company is eligible by filling the form in Annex D	
6.	**Company / Experience**- The proposer must have minimum ten years of relevant	Company should provide a list of relevant projects that should	

	experience (*For Joint Venture/Consortium/Association, all Parties cumulatively should meet the requirement).*	demonstrate at least seven years of relevant experience. Please fill form D	
7.	**Past performance**: The proposer must submit at least: a) a list of relevant project contracts along with the link to the project report, relevant/ comparable contracts and b) at least one reference letter for related services.	Company/respondent should provide relevant or related to the waste management reference letters related to the current project, Fill form D for the list of relevant projects	

N.B Failure in any of the above mandatory criteria will result in the vendors proposal not being considered for weighted Scoring.

3. Weighted Scoring Criteria

Vendors who pass the preliminary and minimum eligibility requirements will have their proposals evaluated using a weighted scoring system, depending on the quality and clarity of the submitted proposal. Each proposal will be assessed against the set criteria, and a weighted score will be calculated to determine the most technically and/or financially advantageous offer.

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. As indicated, these points or even the criteria can be changed depending on the RFP requirements

The scoring scale per criteria was defined as follows:

Criteria evaluated as:	Based on the following supporting evidence:	Corresponds to the % of maximum score
Excellent and fully detailed	Excellent evidence of ability to exceed requirements	100%
Substantially detailed	Good evidence of ability to exceed requirements	90%
Averagely detailed	Satisfactory evidence of ability to support requirements	70%
Marginally detailed	Marginally acceptable or weak evidence of ability to support requirements	40%
Very minimally detailed	Lack of evidence to demonstrate ability to comply with requirements	10%
No submission	Information has not been submitted or is unacceptable	0%

Weighted Criteria and maximum Score for each criteria is as follows.

No.		Category	Max Points
1.		**QUALITY OF THE TECHNICAL PROPOSAL**	**40**
	a.	Proposed methodology and approach with reference to objectives as mentioned in the Terms of Reference, namely to: 1. Develop situation analyses and recommendations by assessing the current policies, practices, and identifying challenges in medical waste management and AMR at both healthcare facility and community levels 2. Develop a comprehensive draft of national guidelines on medical waste management integrating with AMR prevention at the healthcare facility and community levels 3. Review and Revision of the Curriculum and Training Module for Health Workers on Medical Waste Management Integrating AMR 4. Development of IEC Materials on AMR and Medical Waste Management	10 10 10 5
	b.	Include a detailed timeline for each of the output	5
2.		**ORGANIZATIONAL CAPACITY**	**15**
	a.	Institution operating in the field of environmental health, healthcare waste management, antimicrobial resistance, infection prevention and control. Proven experience in undertaking	5

		situational assessment, guideline and curriculum development for waste management, environmental health or AMR, training implementation, and production of high-quality technical and IEC outputs..	
	b.	Proven experience in producing high-quality technical documents in both Bahasa Indonesia and English.	5
	c.	Proven experience in engaging with all relevant national and subnational stakeholders, including Ministry of Health, Ministry of Environment, healthcare facilities.	5
3.	**KEY PERSONNEL**		**15**
	a.	The team personnel meet all the qualifications specified in the TOR.	5
	b.	The team composition aligns with the composition specified in the TOR.	5
	c.	The team members have proven ability to work with relevant stakeholders and to work collaboratively within a multidisciplinary team.	5
TECHNICAL PROPOSAL			**70**
BUDGET PROPOSAL			**30**
TOTAL MARKS			**100**

NOTE

a) A minimum of 70% is required to pass the technical evaluation. Non-technically compliant proposals will not be opened for financial evaluation

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

B- FINANCIAL EVALUATION

Once the technical evaluation is finalized, all evaluation panel members will sign the technical evaluation report. Only financial proposals from bidders who meet the minimum technical score, as indicated above, will be opened and evaluated. Proposals that do not meet the minimum technical threshold will be rejected.

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

Section 5: Terms of Reference - Services

5.1 Introduction

WHO is seeking for a qualified, eligible and competent proposer for the Strengthening Medical Waste Management and AMR Prevention in Indonesia through National Guidelines, IEC Materials, Curriculum Revision, and Capacity Building.

Background

Healthcare waste management is a critical public health and environmental priority in Indonesia. Around 15% of healthcare waste is hazardous and may contain infectious, toxic, chemical, or radioactive materials. When not properly segregated, handled, treated, and disposed of, such waste can increase the risk of disease transmission, occupational exposure, environmental contamination, and harm to healthcare workers, patients, waste handlers, sanitation workers, informal waste pickers, and communities.

In Indonesia, increasing healthcare service use, expanded universal health coverage, and public health emergencies have contributed to higher volumes and more complex streams of medical waste. Ministry of Health Decree No. 3 of 2026 on Disease Control reinforces the importance of medical waste management as part of disease prevention, health security, environmental health, and community-level risk reduction, including waste generated from home-based care, self-medication, and decentralized service delivery.

Medical waste management is also relevant to antimicrobial resistance (AMR). Waste containing antibiotic residues, resistant bacteria, and hazardous substances can contribute to environmental contamination and may create conditions that support the emergence and spread of resistant microorganisms. Strengthening medical waste management therefore contributes to AMR prevention and control within a One Health approach that links human, animal, and environmental health.

Despite existing regulations and technical instruments, implementation gaps remain. Policies and standards are often fragmented across sectors, and practices vary across regions and facility types. Key challenges include inconsistent waste segregation, limited standard operating procedures, occupational safety gaps, constrained access to licensed treatment facilities, dependence on third-party service providers, weak monitoring and supervision, and limited capacity among healthcare workers, environmental health staff, and waste handlers- also contribute to increased risks of AMR.

At community level, practical guidance remains limited for the safe disposal of sharps, infectious waste, pharmaceutical products, and antimicrobial medicines. Low public awareness and the mixing of medical waste with household waste increase risks for sanitation workers, informal waste pickers, households, and the environment. Clear operational guidance and user-friendly communication materials are therefore needed for both healthcare facility and community settings.

The Ministry of Health requires integrated technical support to develop national medical waste management guidelines, produce IEC materials, revise the existing curriculum and training module with AMR integration, validate the materials through pre-testing and stakeholder consultation, disseminate the outputs, and build implementation capacity through training. This activity will support safer healthcare delivery, stronger disease prevention, AMR risk mitigation, and more sustainable and climate-resilient health systems in Indonesia.

5.2 Characteristics of the Contractor is

5.2.1 Status

The Proposer shall be a Non-Profit company/entity operating in the field of environmental health, healthcare waste management, antimicrobial resistance, infection prevention and control

5.2.2 Accreditations

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

5.2.3 Previous experience

The implementation of this integrated activity requires the engagement of a qualified institution with proven expertise in environmental health, healthcare waste management, antimicrobial resistance, infection prevention and control, curriculum development, health communication, stakeholder

engagement, training implementation, and production of high-quality technical and IEC outputs. The recruited institution will provide technical, operational, and coordination support to develop and validate the national guidelines, revise the curriculum and training module, develop IEC materials, support dissemination, and conduct training in close coordination with the Ministry of Health and WHO.

5.2.4

Mandatory:

- Strong technical expertise in healthcare waste management, including operational practices at healthcare facility and community levels with Minimum five (5) years of demonstrated experience in healthcare waste management, at national or subnational levels
- Proven track record in developing national guidelines, technical standards, policy documents, or strategic frameworks, particularly in the health or environmental sector
- Experience in conducting situational assessments, stakeholder consultations, and technical discussions related to healthcare waste management or similar health care waste management issues
- Experience applying international technical frameworks and guidelines, including those from the World Health Organization (WHO) or other relevant institutions, is strongly preferred
- Demonstrated experience in developing Information, Education, and Communication (IEC) materials or similar communication products for public health programs.

Desirable:

- Established professional networks with relevant national and subnational stakeholders, including Ministry of Health, Ministry of Environment, healthcare facilities, and other related institutions.
- Demonstrated ability to coordinate effectively with the Ministry of Health (MoH), WHO Indonesia, and other competent authorities involved in health care waste management and AMR.
- Capacity to organize and facilitate technical meetings, workshops, and stakeholder consultations in offline, online, or hybrid formats.
- Proven capability to manage project implementation effectively, including planning, coordination, and timely delivery of outputs
- Proven ability to produce high-quality technical documents, including guidelines, reports, and IEC materials in both English and Bahasa Indonesia

5.2.5 Staffing

To complete the assignment effectively, the contractor must deploy a core team with the following qualifications and experience:

The institution shall propose a multidisciplinary team with complementary expertise, including at minimum:

1. Team Leader (Healthcare Waste Management Expert)

- Advanced degree (Master's or higher) in environmental health, public health, or a related field, preferably with strong healthcare waste management background.
- Minimum 10 years of progressive professional experience in environmental health and/or healthcare waste management and AMR (facility and community level)
- Proven experience in leading complex national-level assignments, including development of guidelines, policies, or technical standards
- Strong understanding of institutional and regulatory frameworks related to healthcare waste management and environmental protection
- Experience in identifying policy gaps and aligning technical recommendations with existing regulatory systems
- Ability to support the integration of guidelines into national policy frameworks and implementation mechanisms
- Experience in working with government institutions and supporting policy development processes especially with the Ministry of Environment and Ministry of health
- Demonstrated experience in coordinating multidisciplinary teams, managing deliverables, and ensuring quality assurance of outputs
- Strong facilitation and communication skills to engage with government institutions, technical experts, and stakeholders
- Responsible for overall technical direction, coordination, quality control, and timely delivery of all outputs

- Advanced degree in public health, health policy, law, or a related field
- Minimum 5 years of professional experience in health policy, regulatory analysis, or governance.

2. AMR Specialist

- Bachelor's or Master's degree in Public Health, Microbiology, Pharmacy, Medicine, or related field.
- Minimum 5 years of experience in antimicrobial resistance (AMR), infection prevention and control (IPC), or related public health programs.
- Strong understanding of AMR policies, national action plans, and global frameworks (e.g., WHO AMR strategies).
- Familiarity with the environmental aspects of AMR, including waste management and transmission pathways.
- Strong analytical and technical writing skills.

3. Environmental Health / Epidemiologist / Infection Prevention and Control (IPC) Specialist

- Advanced degree in epidemiology, public health, or a related field
- Minimum 5 years of experience in epidemiology, infection prevention and control (IPC), or public health programs
- Strong understanding of health risks associated with medical waste, including infectious, hazardous, and environmental exposures
- Strong technical expertise across the healthcare waste management chain, including waste segregation, collection, storage, transportation, treatment, and final disposal
- In-depth knowledge of national regulations and international standards (e.g., WHO guidelines) related to medical waste management Proven experience in drafting, reviewing, or analyzing policies, regulations, or national guidelines in the health or environmental sector
- Ability to analyze potential transmission pathways and propose mitigation measures related to medical waste handling
- Experience in supporting development of evidence-based recommendations for public health safety
- Familiarity with healthcare facility practices and surveillance systems is an advantage
- Experience with community health programs and risk communication.
- Understanding of household-level medical waste risks (sharps, infectious waste, pharmaceuticals)

4. Curriculum Development Specialist

- Bachelor's degree in Public Health, Nursing, or Education.
- Minimum 3 years of experience in training program development or curriculum design for health professionals.
- Knowledge of infection prevention and control (IPC), AMR, or waste management topics.
- Experience in adult learning methods and developing practical training materials.
- Ability to collaborate with technical experts and adapt training materials for different facility levels.

5. Health Communication / IEC Media Specialist

- Degree in communication, public health, or a related field
- Minimum 5 years of experience in health communication, behavior change communication, or IEC development
- Proven experience in designing communication strategies and developing IEC materials for public health programs
- Strong ability to translate complex technical content into clear, concise, and audience-appropriate messages
- Experience in audience segmentation, message development, and selection of appropriate communication channels
- Ability to ensure consistency between technical guidelines and communication materials
- Experience working with government programs, campaigns, or development partners is an advantage
- Responsible for development of key messages, communication frameworks, and content for IEC materials

6. Graphic Designer / Multimedia Specialist

- Degree or professional certification in graphic design, visual communication, multimedia, or a related field
- Minimum 3–5 years of experience in graphic design and multimedia production

- Proven experience in designing IEC materials such as posters, infographics, social media content, and publication layouts
- Strong skills in visual communication and the ability to translate technical content into engaging and easy-to-understand visual formats
- Proficiency in design software (e.g., Adobe Illustrator, InDesign, Photoshop, or similar tools)
- Experience in layouting technical documents, including guidelines and reports
- Ability to produce high-quality outputs in print-ready and digital formats
- have capability of putting guidelines into an online format.
- Responsible for visual design, layout, and final production of IEC materials and guideline documents

7. Administrative Staff

- Diploma or Bachelor's degree in Administration, Management, Public Health, or related field.
- Minimum 2 years of experience in administrative and logistical support for projects or programs.
- Ability to manage documentation, financial records, and reporting requirements.
- Good organizational and time management skills.
- Proficiency in Microsoft Office (Word, Excel, PowerPoint).

5.2.6 Work to be performed

Under the overall supervision of the WHO Representative to Indonesia and day-to-day supervision and guidance by the Team Lead for Healthier Population and NCDs, the bidder are expected to perform specific duties and with the following objectives:

- To develop situation analysis to assess current policies, practices, implementation gaps, and capacity needs in medical waste management at healthcare facility and community levels, including linkages with AMR prevention.
- To develop comprehensive national medical waste management guidelines based on the situation analysis that provide clear, practical, and standardized operational guidance for healthcare facility and community settings, aligned with national regulations, Ministry of Health Decree No. 3 of 2026, relevant MoH policies, WHO best practices, and AMR prevention principles,
- To revise the existing medical waste management curriculum and training module by integrating AMR-related content, environmental transmission pathways, and risk mitigation measures.
- To develop audience-specific IEC materials that translate technical guidance into clear, user-friendly, and behaviour-oriented messages for healthcare facilities and communities.
- To validate and finalize the guidelines, curriculum, training module, and IEC materials through consultations, pre-testing, and stakeholder feedback.
- To disseminate the guidelines and IEC materials and conduct training for healthcare waste management personnel to promote safe, effective, and sustainable implementation.

Expected Outputs

1. Situation analysis and gap assessment report, including actionable recommendations to the national and local government for guideline development, IEC materials, curriculum revision, and capacity building.
2. National guidelines on medical waste management covering healthcare facility and community settings, with publication-ready layout and supporting presentation materials.
3. Revised medical waste management curriculum and training module integrating AMR prevention and environmental risk mitigation.
4. IEC package on medical waste management and AMR, including posters, infographics, SOP visual summaries, community signage, slides, and other digital or print-ready materials.
5. Validated and finalized guidelines, curriculum, module, and IEC materials informed by pre-testing and stakeholder consultations.
6. National dissemination workshop and training conducted, with workshop proceedings, training report, evaluation results, lessons learned, and recommendations.

Implementation Plan

Step 1. Develop situation analyses and recommendations by assessing the current policies, practices, and identifying challenges in medical waste management and AMR at both healthcare facility and community levels

This step aims to obtain a comprehensive understanding of current policies, practices, challenges, and gaps in medical waste management at healthcare facility and community levels, including AMR-related environmental risks, as the basis for guideline development, curriculum revision, IEC development, and capacity building.

The activities include:

- **Desk review** of relevant policies, regulations, existing technical documents and current practices at health care facility and community levels (which can be derived from SIKELIM and STBM data), as well as stakeholder mapping to identify key actors in medical waste management and AMR. The desk activity will also include the best practices from other countries. WHO guidance in medical waste management and national regulations will be used as main references to develop the situation analysis framework. *(internal activity conducted by the consultant team, with regular consultations and coordination with WHO and the Ministry of Health core team)*.
- **Stakeholder consultation meeting** to gather inputs on current practices, challenges, and needs, involving relevant ministries/agencies *(e.g., Ministry of Health, Ministry of Environment and Forestry)*, provincial/district health offices, healthcare facilities (hospitals and primary healthcare centers), professional associations, waste management service providers, and development partners. The situation analysis will assess the extent to which current policies and practices are already aligned with WHO standards and MoH regulations, and at the same time identify implementation challenges — including knowledge, attitudes, and practices (KAP) at both facility and community levels.*The meeting will be conducted in Jakarta in a hybrid format. (one time with maximum 30 participants)*
- **Expert consultation meeting** involving technical experts, academia, and practitioners in medical waste management, environmental health, AMR, and Infection Prevention and Control (IPC) to validate key issues and identify feasible solutions. *The meeting may be conducted hybrid in Jakarta* (one time with a maximum of 30 participants).
- **Develop actionable recommendations** to address gaps identified in the situation analyses, including defining priority areas for national guidelines development (to be further elaborated in STEP 2) and determining the appropriate depth and scope of each section, this includes identifying needs for IEC materials and capacity-building interventions. Validation meetings will be conducted to finalize the priority recommendations. This activity will be led internally by the consultant team, with regular consultations and coordination with WHO and the Ministry of Health core team. *(internal activity conducted by the consultant team, with regular consultations and coordination with WHO and the Ministry of Health core team).*
- **Compilation and synthesis of findings** from the desk review and consultations, including internal technical discussions and consolidation of inputs to support the development of the guidelines *(internal activity conducted by the consultant team with regular consultations and coordination with WHO and the Ministry of Health core team)*.

This step will produce:

- Situation analysis and gap assessment report.
- Policy and technical recommendations for guideline development, curriculum revision, IEC materials, and training implementation.

Step 2. Develop a comprehensive draft of national guidelines on medical waste management integrating with AMR prevention at the healthcare facility and community levels

This step aims to develop a comprehensive, practical, and evidence-based draft of national guidelines on medical waste management and integrating AMR prevention, environmental transmission pathways, risk mitigation measures, and operational practices for healthcare facility and community settings, aligned with national priorities and international standards.

The activities include:

- **Technical working meeting** to develop the framework and outline of the guidelines, including agreement on scope, structure, key components, and integration of AMR prevention principles. The framework will define how the guidelines address antimicrobial residues, resistant microorganisms, environmental contamination pathways, and risk mitigation measures across healthcare facility and community settings. *The meeting will involve relevant ministries/agencies (e.g., Ministry of Health, Ministry of Environment and Forestry), AMR and environmental health experts, IPC specialists, and representatives from healthcare facilities i (one-time offline and one-time online meeting with maximum of 30 participants).*
- **Preparation of draft guidelines** based on inputs from previous consultations and discussions, including internal technical drafting, content development, and review processes. The draft will incorporate AMR-related content, including safe handling of antimicrobial and pharmaceutical waste, prevention of environmental contamination, mitigation of exposure to resistant organisms, linkage with IPC practices, and alignment with the National Action Plan on AMR. The guidelines will be equipped with the job-aid tools for example (e.g., checklists and quick reference guides), standardized monitoring tools-WASHFIT, supervision checklists, and facility-level implementation toolkits designed for direct use in healthcare settings) *(Internal activity conducted by the consultant team with regular consultations and coordination with WHO and with possible consultation with WPRO/HQ and the Ministry of Health core team).*
- User Testing **workshop** to consolidate inputs and refine the draft guidelines through structured discussions and technical review, including review of AMR-related sections and their practical application in healthcare facility and community settings. *The workshop will involve relevant ministries/agencies, AMR experts, IPC experts, environmental health experts, and key stakeholders (including health care facilities, community representatives) and will be conducted in a hybrid format in Jakarta.* (five times with a maximum of 30 participants).
- **Revision and improvement of the draft guidelines** based on feedback from the drafting workshop, including internal review and quality assurance processes to ensure that AMR prevention, environmental health, IPC, and medical waste management components are technically sound and coherently integrated. *(internal activity conducted by the consultant team with regular consultations and coordination with WHO and the Ministry of Health core team).* Two times online meeting

This step will produce:

- A finalized draft of the national medical waste management guidelines covering healthcare facility and community levels and integrating AMR prevention, environmental transmission pathways, antimicrobial and pharmaceutical waste management, IPC linkages, and risk mitigation measures, complete with a clean, publication-ready layout.

Step 3 Review and Revision of the Curriculum and Training Module for Health Workers on Medical Waste Management Integrating AMR

This step aims to review and strengthen the existing curriculum and training module on medical waste management by integrating antimicrobial resistance (AMR) aspects, particularly environmental transmission pathways and risk mitigation measures, adjusted with the draft of the national medical waste management guidelines covering healthcare facility and community levels.

The activities include:

- **Desk review** of existing curriculum to identify gaps with the national regulations on medical waste management and AMR and the draft of the national medical waste management guidelines covering healthcare facility and community levels.
- **Initial technical consultation** with the Ministry of Health core team and WHO to agree on scope, key components, and approach for curriculum revision *(one-time, online meeting).*
- **Conduct of technical working group meetings** *(three times, offline meetings)* involving technical experts and relevant stakeholders to discuss key issues, structure, and integration of AMR content.

- **Preparation of draft revised curriculum and training module** based on inputs from consultations and discussions, including internal drafting, content development, and review processes (internal activity conducted by the consultant team with regular consultations and coordination with WHO and the Ministry of Health core team) .
- **Conduct an expert consultation workshop** (one-time, offline) to review and refine the draft curriculum.

This step will produce:

- Draft revised curriculum and training modules (for participants and facilitators) integrating AMR
- Situation analysis and gap assessment summary

Step 4. Development of IEC Materials on AMR and Medical Waste Management

This step aims to develop effective, user-friendly, and audience-specific Information, Education, and Communication materials to support dissemination and implementation of the national guidelines, curriculum, and training module, while promoting awareness of the linkage between medical waste management and AMR prevention.

The activities include:

- **Technical meeting** to identify key messages and communication needs based on the draft guidelines, curriculum, and module, with target audiences including healthcare workers, waste handlers, facility managers, community health workers, households, and local governments. *The meeting will involve relevant ministries/agencies (e.g., Ministry of Health), health communication experts, and technical experts, and will be conducted online (two times).*
- **Development of key messages, communication strategy, and audience segmentation** by translating technical guidance into simplified, clear, actionable, and behaviour-oriented messages tailored to different audiences. *(Internal activity conducted by the consultant team with regular consultations and coordination with WHO and the Ministry of Health core team).*
- **Conduct of three (3) content development workshops** (offline) involving relevant stakeholders to agree on messaging, target audience, and formats of IEC materials.
- **Design and production of IEC materials**, including posters, infographics, SOP visual summaries, community signage, presentation slides. The product should be delivered as digital content in editable, print-ready, and optimized digital formats, including a searchable online version. *(internal activity conducted by the consultant team with regular consultations and coordination with WHO and the Ministry of Health core team)*.
- **Internal technical and communication review** to ensure accuracy, consistency with the guidelines and curriculum, MoH branding compliance, accessibility, and suitability for low-bandwidth dissemination channels. *(internal activity conducted by the consultant team with regular consultations and coordination with WHO and the Ministry of Health core team)*.

This step will produce:

- Complete IEC package on medical waste management and AMR prevention (editable and organized by target audience and material type), with details below:

Complete IEC package including:

- Posters, infographics, SOP summaries, slides, signage, PSA scripts

All files in:

- Editable + final formats
- Organized folder structure:
- By target audience (HCF / Community)

- By material type

Specification of the IEC materials :

1. General Requirements

- All IEC materials must be:
  - Evidence-based and aligned with the validated medical waste management guidelines
  - Audience-specific (HCF workers vs community level)
  - Clear, actionable, and behavior-oriented (not only informative)
  - Compliant with MoH branding and accessibility standards
- Deliverables must be provided in:
  - Editable source files (e.g., AI, INDD, PPT, PSD)
  - Final formats (PDF, PNG, JPEG)
  - Optimized versions for digital dissemination (e.g., WhatsApp, social media, presentation)

2. Technical Design Specifications

a. Poster (HCF and Community)

- Size:
  - A4 and A3 formats (print-ready)
  - Digital version optimized for mobile (e.g., 1080 x 1920 px where relevant)
- Resolution:
  - Minimum 300 dpi (print), 72–150 dpi (digital)
- Content structure:
  - Headline (clear key message)
  - Visual illustration (step-by-step or behavior-focused)
  - Minimal text (max. 50–80 words per poster)
- Branding:
  - MoH logo placement in accordance with MoH brand rules (visible and consistent)

b. Infographics (HCF and Community)

- Format:
  - Vertical format preferred (for social media/phone display)
- Size:
  - 1080 x 1920 px or square (1080 x 1080 px)
- Content:
  - Maximum 5–7 key points per infographic
  - Use icons and diagrams instead of text-heavy blocks
- Language:
  - Bahasa Indonesia (primary), English (if required)
- Accessibility:
  - Font size must be readable on mobile (e.g., minimum equivalent of ~55 px for subtitles in digital content)

c. SOP Visual Summaries (for HCF)

- Format:
  - Poster or single-page quick reference guide
- Content:
  - Step-by-step workflow (e.g., segregation → storage → transport → disposal)
  - Use flow diagrams or pictograms
- Design:
  - Color-coded by waste category (e.g., infectious, sharps, chemical)
- Usability:
  - Must be usable directly in healthcare settings (practical, concise)

d. Community Signage

- Format:

- Simple visual signage (printable and digital)
- Content:
  - Behaviour prompts (e.g., “Do not mix medical waste with household waste”)
- Design:
  - Highly visual, minimal text, culturally appropriate symbols

3. Language and Communication Standards

- Materials must:
  - Use plain language (non-technical)
  - Be culturally appropriate for Indonesia
  - Apply gender-inclusive and risk communication principles where relevant
- Language:
  - Bahasa Indonesia

4. Branding and Quality Assurance

- All materials must:
  - Follow MoH branding guidelines (logo use, fonts, colors)
  - Undergo internal technical and communication review before finalization
  - Final product based on feedback from WHO and MoH

5. Digital Optimization Requirements

- Materials must be optimized for:
  - Mobile viewing (smartphones)
  - Dissemination via:
    - WhatsApp
    - Social media
    - Presentation screens
- File sizes should be:
  - Compressed without significant quality loss
  - Suitable for low-bandwidth environments

- Editable and final IEC files organized by target audience and material type.

Step 5. Integrated Pre-testing, Validation, and Finalization

This step aims to validate and finalize the draft national guidelines, curriculum, training module, and IEC materials to ensure their technical accuracy, clarity, relevance, feasibility, and applicability across healthcare facility and community settings before dissemination and implementation.

The activities include:

- **Preparation of pre-testing tools, validation approach, facilitation guides, and feedback forms.**
  (internal activity conducted by the consultant team with regular consultations and coordination with WHO and the Ministry of Health core team)

- **Conduct of integrated pre-testing in selected locations**, including Tangerang, Bekasi, and Bogor, to test the usability of the curriculum, training module, and IEC materials and gather implementation feedback from diverse healthcare facility contexts. 2 days visits to each selected location, One day meeting with relevant government, clinics and pharmaceuticals (with maximum of 20 participants); One day meeting with community representatives (maximum 15 participants)
- **Collection and analysis of feedback** on clarity, technical accuracy, feasibility, usability, communication effectiveness, and relevance for healthcare facility and community audiences.
  (internal activity conducted by the consultant team with regular consultations and coordination with WHO and the Ministry of Health core team)

- **Revision, refinement, and finalization** of the national guidelines, curriculum, training module, and IEC materials based on pre-testing findings and stakeholder recommendations.

This step will produce:

- Validated and finalized national guidelines, curriculum, training module, and IEC materials.
- Summary of pre-testing findings, user feedback, workshop proceedings, and consolidated recommendations.

Step 6. Conduct a National Workshop for Provincial and District/Municipal Health Offices and relevant governments to disseminate guidelines and IEC materials.

This step aims to disseminate, present, on medical waste management and IEC materials t in order to ensure their relevance, feasibility, and acceptability among key stakeholders.

The activities include:

- **Preparation of workshop materials**, including development of presentation content, summary of key components of the draft guidelines, and IEC materials for dissemination *(internal activity conducted by the consultant team).*
- **Development of workshop agenda**, **facilitation plan, and discussion framework** to ensure structured and productive engagement *(internal activity conducted by the consultant team with regular consultations and coordination with WHO and the Ministry of Health core team).*
- **National workshop** to present and disseminate the draft guidelines and IEC materials. The workshop will involve representatives from relevant ministries/agencies (e.g., Ministry of Health, Ministry of Environment and Forestry), provincial and district health offices, healthcare facilities (hospitals and primary healthcare centers), professional associations, academia, waste management service providers, and development partners. The workshop will be conducted in Jakarta and may be organized in a hybrid format (maximum 30 participants)

This step will produce:

- Documented proceedings and summary of workshop discussions
- Consolidated recommendations for the action plan

Step 7. Training Implementation and Capacity Building

This step aims to strengthen the knowledge and capacity of healthcare waste management personnel to implement safe, effective, standardized, and sustainable medical waste management practices aligned with the finalized guidelines and AMR prevention principles.

- Preparation of training plan, agenda, facilitation approach, learning materials, and evaluation tools based on the finalized curriculum, module, guidelines, and IEC materials.
- Coordination with the Ministry of Health, WHO, provincial health offices, and relevant stakeholders for participant selection, logistics, and training arrangements.
- Conduct a national-level training (1 day online, 4 days offline, 30 participants) representing 30 provinces of Indonesia, consisting of healthcare waste management personnel, AMR committee personnel, and healthcare facility management, using lectures, group discussions, case studies, practical exercises, and application of IEC materials.
- Pre-test and post-test evaluation to assess knowledge improvement and training effectiveness.

- Development of training report, including participant feedback, evaluation results, lessons learned, and recommendations for scale-up and sustainability.

This step will produce:

- National training completed with training report and evaluation results.
- Improved knowledge and capacity of healthcare waste management personnel to implement safe medical waste management and AMR prevention measures.

5.3 Key requirements

No	Output / Deliverables	Tentative Date
1	Submission of first report as Situation analysis and gap assessment tools (in English and Bahasa)	31 January 2027
2	Submission of second report as per the terms of reference & deliverable, includes - Situation analyses and gap assessment report (in English and Bahasa) - Draft National medical waste management guidelines (in English and Bahasa) - Draft revised curriculum and training module - Draft IEC package - IEC Pre-testing report	30 June 2027
3	Submission of third report as per the terms of reference & deliverable The output of step 6 and 7 which are : - National dissemination workshop and training report (in English and Bahasa) - Final report	30 September 2027

Inputs

WHO and MoH will provide the contractor with relevant documents and background materials necessary to carry out the assignment. This includes relevant regulations, WHO technical guidelines, result of relevant routine MoH-waste management report. WHO and MoH will designate focal points who will be available for technical discussions, clarification of expectations, and review of draft outputs throughout the duration of the contract. These focal points will provide timely feedback on key deliverables, including draft report, final report, and dissemination materials.

5.4 Place of Performance

The contractor may be based anywhere in Indonesia; however, preference will be given to those located in the Greater Jakarta Area to facilitate effective coordination and timely onsite meetings with WHO Indonesia and MoH. While most project activities may be conducted from the contractor's office or remotely, regular in-person meetings, stakeholder consultations, and consensus-building sessions will be expected to take place at MoH office, WHO office or other designated venues within Jakarta. All travel and related expenses for the contractor's team members to attend these activities are the responsibility of the contractor and will not be covered by WHO. This preference is intended to ensure smoother logistical arrangements, reduce travel time and costs, and enable more frequent and efficient face-to-face engagement with key stakeholders, thereby supporting timely decision-making, fostering stronger collaboration, and minimizing potential delays in project implementation

5.5 Timelines

- Estimated Start Date: 1 October 2026
- End Date: 30 September 2027
- The total timeline for the project is 11 months, 4 weeks

5.6 Reporting requirements

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

Formal reporting (by VC and in the format of a technical report) is expected upon delivery of each deliverable (see above).

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

5.7 Finance and accounting requirements.

Payments will be released by WHO against the satisfactory and timely production of deliverables.

5.8 Performance monitoring

The Contractor will be evaluated on institutional capacity, the quality of the technical proposal, and key personnel, including:

- 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.

5.9 Further Capacities

N/A

5.10 Format of the Bidders Proposal

The proposal from the Proposer should include among others the following information

5.10.1 Executive Summary

The bidder's proposal must be accompanied by an Executive Summary (of 50 pages maximum) introducing the proposed solution and approach / methodology.

5.10.2 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 5.3 above), including performance indicators and quality control methods.

5.10.3 Proposed Solution

Bidders are requested to clearly describe their proposed solution for implementing the CRESHCF assessment in Indonesia, in line with the requirements and expected outputs outlined under Section 5.3. The proposed solution should present a strategic and results-oriented approach, demonstrating how the bidder will deliver a validated national baseline, integrate assessment results into the SIKELIM platform, and translate findings into actionable policy and planning inputs. Bidders should explain how their approach ensures national representativeness, data quality, and effective stakeholder engagement, including coordination with the Ministry of Health and WHO. The proposal must also identify key implementation risks, such as delays in facility participation, data quality or completeness issues, and capacity constraints, and outline clear mitigation measures, including quality assurance mechanisms, monitoring arrangements, and contingency actions to ensure timely delivery of outputs.

5.10.4 Proposed Timeline

Bidders are requested to submit a detailed and realistic project timeline that clearly demonstrates how the activities and deliverables described under Section 5.3 will be implemented within the timelines specified in Section 5.5. The timeline shall present all major phases, key activities, milestones, and corresponding deliverables, including dependencies and critical paths where relevant. The proposed schedule should reflect a logical sequencing of activities, from inception, methodology finalization, capacity building, data collection and validation, analysis, consultation, to dissemination, while ensuring timely production of all contractual outputs. The timeline must be submitted in MS Project (MPP), Excel (XLS), or PDF format and should clearly indicate start and end dates for

each activity, roles and responsibilities, and key review and approval points. Bidders should also demonstrate how the proposed timeline accounts for potential implementation risks and contingencies to ensure adherence to agreed deadlines.

Section 6: General Conditions of Contract

6.1 General Conditions of the Contract for the Agreement for the Performance of Work (APW)

In the event of an Agreement for the Performance of Work (APW) is the resultant contract type, the General Conditions attached to the APW will be applicable and can be downloaded on the link below.

https://www.who.int/publications/m/item/general-and-contractual-conditions.

6.2 General Conditions of the Contract for the Technical Services Agreement (TSA)

In the event of a Technical Services Agreement (TSA) is the resultant contract type, the General Conditions attached to the TSA will be applicable and can be downloaded on the link below.

https://www.who.int/publications/m/item/tsa-general-conditions

6.3 Failure to access the general Conditions of Contract

In case the proposer fails to access and download the above General conditions, please contact us at the email procurement@who.int and the pdf copy will be sent to you

6.4 General conditions of the contract that will apply to this RFP

For this RFP, the following general conditions of the Contract will apply

Select One:

☒ General Conditions of the Contract for the Agreement for the Performance of Work (APW)

☐ General Conditions of the Contract for the Technical Services Agreement (TSA)

6.5. Acceptance of the general Conditions of Contract

By submitting a proposal in response to this RFP, the proposer confirms that they have accessed, read, understood, and accepted the General Terms and Conditions. The proposer further acknowledges that, if awarded the contract, these General Conditions shall apply.

Section 7: Returnable Forms

The following forms must be submitted with the vendor's proposal. Failure to submit the mandatory completed forms may result in proposal rejection.

These forms include.

Nature of Form	Name of the Form
Mandatory	**Annex A: Letter of Intent**
Mandatory:	**Annex B: Confidentiality Undertaking**
Mandatory	**Annex C: Proposal completeness form**
Mandatory	**Annex D: Proposers Information.**
Mandatory	**Annex E: Financial Proposal Form**
Mandatory	**Annex F Self Declaration Form**
Optional	**Annex G CV Template**

Annex A: Letter of Intent

Please acknowledge receipt of this RFP by completing this form and submitting it under the "Correspondence" tab of UNGM by the date specified, in the Letter of Invitation or through the email indicated in the RFP

From: [Company] UNGM Number: Insert UNGM number

Subject RFP reference: RFP 050-2026

Check the appropriate box	Description
☐	**YES**, we intend to submit a proposal.
☐	**NO**. We are unable to submit a competitive proposal for the requested services at this time.

If you selected NO above, please indicate the reason(s) below:

Check applicable	Description
☐	The requested services are not within our range of supply.
☐	We are unable to submit a competitive proposal for the requested services at this time.
☐	The requested services are not available at this time.
☐	We cannot meet the requested terms of reference.
☐	The information provided for proposal purposes is insufficient.
☐	Your RFP is too complicated.
☐	Insufficient time is allowed to prepare a proposal.
☐	We cannot meet the delivery requirements.
☐	Sustainability criteria/requirements are too stringent (if applicable).
☐	We do not export.
☐	We do not sell to the UN.
☐	Your requirement is too small.
☐	Our capacity is currently full.
☐	We are closed during the holiday season.
☐	We had to give priority to other clients' requests.
☐	The person handling proposals is away from the office.
☐	We cannot adhere to your terms and conditions e.g. payment terms, request for Performance Security etc. *(please provide details below):*
☐	We would like to receive future RFPs for this type of service.
☐	We do not wish to receive RFPs for this type of service.
☐ **Other reasons**	Click or tap here to enter text.

Annex B: Confidentiality Undertaking

1. The World Health Organization (WHO), acting through its Department / Business centre of Healthier Population and NCD Unit/Environmenal Health has access to certain information relating to Strengthening Medical Waste Management and AMR Prevention in Indonesia through National Guidelines, IEC Materials, Curriculum Revision, and Capacity Building 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 Strengthening Medical Waste Management and AMR Prevention in Indonesia through National Guidelines, IEC Materials, Curriculum Revision, and Capacity Building Project ("the Purpose"), provided that the Undersigned undertakes to treat the Information as confidential and proprietary, to use the Information only for the aforesaid Purpose and to disclose it only to persons who have a need to know for the Purpose and are bound by like obligations of confidentiality and non-use as are contained in this Undertaking.

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

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

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

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

7. Notwithstanding any specific provision herein, this Undertaking and any dispute arising therefrom or relating thereto shall be governed by general principles of law, to the exclusion of any single national system of law. Any dispute arising from or relating to the Undertaking, including its validity, interpretation, or application, shall, unless amicably settled, be subject to conciliation. In the event 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 parties 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 parties shall accept the arbitral award as final.

8. Nothing in this Undertaking shall constitute or be deemed to constitute a waiver of any of the privileges and immunities enjoyed by WHO under any source of law, or as a submission to the jurisdiction of any national court or tribunal.

Acknowledged and Agreed:

Company Name:	Company name
Mailing Address:	Indicate your address.
Name and Title of duly authorized representative:	Indicate name and title of your authorized representative
Signature:	
Date:	Select date from drop down

Annex C: Proposal Completeness Form

To be filled by the vendor and submitted as guided. Please ensure Forms in the technical proposal must be separated from forms to be submitted in the financial proposal.

Form	Requirement	Completed in full (Yes/No)
Annex A	**Letter of Intent** ***To be submitted before the closing date either by email or via In-tend Correspondence tab***	☐ Yes ☐ No
Annex B	**Confidentiality undertaking form** To be part of technical proposal	☐ Yes ☐ No
Annex C	**Proposal completeness form** To be part of technical proposal	☐ Yes ☐ No
Annex D	**Information about Proposer** To be part of technical proposal	☐ Yes ☐ No
Annex E	**Financial Proposal** To be part of financial proposal	☐ Yes ☐ No
Anne F	**Self-Declaration Form** To be part of technical proposal	☐ Yes ☐ No
Section 4: Technical Evaluation Criteria	**Technical Proposal**, including: - Executive Summary, - proposed solution, - approach/methodology, - timeline. - CV Personnel Please provide all information including relevant attachments to make a robust proposal To be part of technical proposal	☐ Yes ☐ No
Form G	**Joint venture Form** To be part of technical proposal	☐ Yes ☐ No

Company Name:	Company name
Mailing Address:	Indicate your address.
Name and Title of duly authorized representative:	Indicate name and title of your authorized representative
Signature:	
Date:	Select date from drop down

N.B Combining or misplacement of proposals i.e. financial documents in technical envelope and technical documents in financial envelope may lead to the rejection of the proposal.

a) If Submission of proposals is via a dedicated email, please first send the technical proposal only containing forms (B, C, D F and section 5.10) in the first email under the subject “TECHNICAL PROPOSAL”. Please send a second email containing the financial proposal only including forms E and H under the subject “FINANCIAL PROPOSAL”

b) If the submission is via In-Tend, please upload the technical proposal and all technical forms in the Technical Envelope. Upload the Financial proposal and all financial forms. In the Financial Envelope

Annex D: Proposer Information

RFP Reference	RFP 050-2026
Legal name of proposer	Click or tap here to enter text.
Legal address, city, country	Click or tap here to enter text.
Website	Click or tap here to enter text.
Year of registration	Click or tap here to enter text.
Proposer's Authorized Representative information	Name and Title: Click or tap here to enter text. Telephone numbers: Click or tap here to enter text. Email: Click or tap here to enter text.
Legal structure	Choose an item.
No. of full-time employees	Click or tap here to enter number.
No. of staff involved in similar contracts	Click or tap here to enter number.
Are you a UNGM registered vendor?	☐ Yes ☐ No If yes, insert UNGM Vendor Number
Years of supplying to UN organizations	Click or tap here to enter text.
Are you a WHO vendor?	☐ Yes ☐ No
Countries of operation	Click or tap here to enter text.
History of Bankruptcy	☐ Yes ☐ No If yes, explain in a separate sheet

History of Non-Performing Contracts

☐No non-performing contracts during the last 3 years			
☐ Contract(s) not performed in the last 3 years			
Year	Non- performed portion of contract	Contract Identification	Total Contract Amount (current value in US$)
		Name of Client: Address of Client: Reason(s) for non-performance:	

Litigation History and Legal Information

☐ No litigation history for the last 3 years			
☐ Litigation History as indicated below			
Year of dispute	Amount in dispute (state currency)	Contract Identification	Total Contract Amount (state currency)
		Name of Client: Address of Client: Matter in dispute: Party who initiated the dispute: Status of dispute: Party awarded if resolved:	

Previous Relevant Experience

Please list only previous similar assignments successfully completed in the last 3 years.

List only those assignments for which your company was legally contracted or sub-contracted by the Client or was one of the Consortium/JV partners. Assignments completed your Company's individual experts working privately or through other firms cannot be claimed as the relevant experience of the Company, or that of the Company's partners or sub-consultants, but can be claimed by the Experts themselves in their CVs. The Company should be prepared to substantiate the claimed experience by presenting copies of relevant documents and references if so requested.

The vendors are required also to provide the below details in their proposals in the chronological order indicated.

Project name & Country of Assignment	Client & Reference Contact Details	Contract Value	Period of activity and status	Types of activities undertaken and role (Contractor, sub-contractor or consortium member)

☐ Attached are the Statements of Satisfactory Performance from the Top 3 (three) Clients or more.

Annex E: Financial Proposal Form

Note: The inclusion of any financial information in the Technical Proposal may lead to disqualification of the Proposer

Currency of the proposal: Click or tap here to enter text.

Financial proposal can be requested:

- Either on one of the tables below, in which case (i) tick the first box and (ii) use/customize one of the tables below.
- Or in a separate excel 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, [Company] confirms to have read, understood and accepted the terms of the Request for Proposals (RFP) No., 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 Title of the RFP in accordance with the terms of this RFP and any corresponding contract between WHO and the Undersigned, for the amount(s) specified in the attached Excel file (Budget Template – Cost Breakdown).

The enclosed Proposal is valid for ---- days from the date of this form (Ref. Article 14 of Section **Error! Reference source not found.**).

Agreed and accepted on Select the date.

Company Name:	Company name
Mailing Address:	Indicate your address.
Name and Title of duly authorized representative:	Indicate name and title of your authorized representative
Signature:	
Date:	Select date from drop down

Annex F: Self Declaration Form

Applicable to private and public companies

[Company] (the "Company") hereby declares to the World Health Organization (WHO) that:

a. it is not bankrupt or being wound up, having its affairs administered by the courts, has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning the foregoing matters, and is not in any analogous situation arising from a similar procedure provided for in national legislation or regulations.

b. it is solvent and, in a position, to continue doing business for the period stipulated in the contract after contract signature, if awarded a contract by WHO.

c. it or persons having powers of representation, decision making or control over the Company have not been convicted of an offence concerning their professional conduct by a final judgment.

d. it or persons having powers of representation, decision making or control over the Company have not been the subject of a final judgment or of a final administrative decision for fraud, corruption, involvement in a criminal organization, money laundering, terrorist-related offences, child labour, human trafficking or any other illegal activity.

e. it is in compliance with all its obligations relating to the payment of social security contributions and the payment of taxes in accordance with the national legislation or regulations of the country in which the Company is established.

f. it is not subject to an administrative penalty for misrepresenting any information required as a condition of participation in a procurement procedure or failing to supply such information;

g. it has declared to WHO any circumstances that could give rise to a conflict of interest or potential conflict of interest in relation to the current procurement action.

h. it has not granted and will not grant, has not sought and will not seek, has not attempted and will not attempt to obtain, and has not accepted and will not accept any direct or indirect benefit (finanical or otherwise) arising from a procurement contract or the award thereof.

i. it adheres to the UN Supplier Code of Conduct.

j. it has zero tolerance for sexual misconduct (an all-inclusive term which includes sexual exploitation, sexual abuse, sexual harassment, and all forms of prohibited sexual behaviour), harassment and other types of abusive conduct and has appropriate procedures in place to prevent and respond to sexual misconduct (an all-inclusive term which includes sexual exploitation, sexual abuse, sexual harassment, and all forms of prohibited sexual behaviour), 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.

Company name	[Company]
Mailing address	Click or tap here to enter text.
Name and Title of authorized representative	Click or tap here to enter text.
Signature	
Date	Click or tap to enter a date.

Annex G: CV Template

In addition to the required information stated in Section 4 Evaluation Criteria, please refer to below format in preparing CVs of proposed personnel.

Name of Personnel	[Insert]
Position for this assignment	[Insert]
Nationality	[Insert]
Language proficiency	[Insert]
Year of Experience Related to this RFP	[Insert]
Project Experience / Portfolio Related to this RFP	*[Describe the position in the project, the time of project assignments, tech stack and the scope of project work]*
Tech Stack/Technical Skills	[Insert]
Education/ Qualifications	*[Summarize college/university and other specialized education of personnel member, giving names of schools, dates attended, and degrees/qualifications obtained.]*
	[Insert]
Professional certifications	*[Provide details of professional certifications relevant to the scope of services]*
	Name of institution: [Insert] Date of certification: [Insert]
Employment Record/ Experience	*[List all positions held by personnel (starting with present position, list in reverse order), giving dates, names of employing organization, title of position held and location of employment. For experience in last five years, detail the type of activities performed, degree of responsibilities, location of assignments and any other information or professional experience considered pertinent for this assignment.]*
	[Insert]
References	*[Provide names, addresses, phone and email contact information for two (2) references]*

	Reference 1:[Insert]
	Reference 2:[Insert]
	List of Relevant Publication 1:[Insert] 2:[Insert]

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe my qualifications, my experiences, and other relevant information about myself.