

Implementation of Public Awareness Campaigns in High Risk Provinces, Afghanistan

Request for Proposals (RFP)

Bid Reference

WHO/AFG/2018/RFP/014

Unit Name

WHO Afghanistan / EHA



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1. INTRODUCTION

1.1 Objective of the RFP

The purpose of this Request for Proposals (RFP) is to enter into a contractual agreement with a successful bidder and select a suitable contractor to carry out the following work: The campaigns main objective is promote health of the populations in the targeted provinces by increasing their awareness to practice hygienic and preventive measures to protect themselves against infectious diseases and outbreaks. The targeted beneficiaries are the general public irrespective of their gender, age, ethnicity and religion.

WHO is an Organization that is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are, therefore, requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service.

1.2 About WHO

1.2.1 WHO Mission Statement

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

1.2.2 Structure of WHO

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

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

The WHO Secretariat consists of some 7,600 staff at the Organization's headquarters in Geneva, in the six regional offices and in countries. The Secretariat is headed by the Director-General, who is appointed by the WHA on the nomination of the Executive Board. The current Director-General is Dr Margaret Chan. The head of each regional office is a Regional Director. Regional directors are appointed by the Executive Board in agreement with the relevant regional committee.

1.2.3 Description of Cluster/Service/Unit

In response to protracted emergency in Afghanistan with ongoing conflicts and recurrent natural disasters, WHO Emergency Humanitarian Action (EHA) is leading the health emergency preparedness and response in line with the overall



Humanitarian Response Plan in the country. As part its strategic priorities, WHO is supporting Awareness Campaigns in High Risk Provinces with reportedly higher cases of waterborne and infectious diseases as well as outbreaks.

1.3 Definitions, Acronyms and Abbreviations

HF: Health Facility

DoPH: Directorate of Public Health

HPD: Health Promotion Department

DEWS: Disease Early Warning System

ToR: Terms of Reference

WASH: Water Sanitation and Hygiene

EHA: Emergency and Humanitarian Action

CHS: Community Health Supervisor

CHW: Community Health Worker

ST: School teacher

AWD: Acute Watery Diarrhea

2. DESCRIPTION OF SUBJECT / PRESENT ACTIVITIES

2.1 Overview

Due to the pressing necessity to increase public awareness on waterborne diseases and other preventative infections, WHO Emergency Humanitarian Action program worked with DEWS and Health Promotion Departments of MoPH to identify the high risk provinces with reportedly higher cases of waterborne diseases, infectious diseases and outbreaks. The awareness campaigns will target the given provinces to increase the awareness of general public and to advocate for preventive and hygienic behaviors than that of curative approaches.

2.2 Objectives of the activity

The campaigns main objective is promote health of the populations in the targeted provinces by increasing their awareness to practice hygienic and preventive measures to protect themselves against infectious diseases and outbreaks. The targeted beneficiaries are the general public irrespective of their gender, age, ethnicity and religion

2.3 Activity coordination

The firm must coordinate with HPD and line DoPHs and WHO office during the implementation of the campaigns. The firm is also responsible to report the progress of the activity bi-weekly (two times a month)



3. REQUIREMENTS

3.1 Introduction

WHO requires the successful bidder, the Contractor, to carry out task: ... *same as 1.1 above.*

3.2 Characteristics of the provider

3.2.1 Status

The provider shall be a *Humanitarian Agency* institution operating in the field of *conducting campaigns and raising awareness* with proven expertise in *Health related awareness campaigns.*

3.2.2 Accreditations

An accreditation (*firm previous experiences at nature of similar activities and preferably owns experience with GoA*) or an on-going accreditation process by a certified accreditation body will be an asset.

3.2.3 Previous experience

Previous work with WHO, other international organizations and/or major institutions in the field of: *the firm to please share any document for previous experience.*

Proven experience in: *Conducting awareness campaigns including trainings, media broadcasting, distribution of printing materials etc*

3.2.4 Logistical capacity

The bidder should make sure if they can conduct the campaign in the given provinces/districts and can provide logistical support for the implementation of the project. Further details please the attached ToR.

3.2.5 Staffing

The description of this part is elaborated in details in the ToR attached.

3.3 Work to be performed **Same as 1.1 above**

3.3.1 Key requirements

Prequalification Criteria: Any bidding entity not meeting the following least criteria will be automatically excluded during the evaluation of offers:

- a. The entity must be legally registered under Afghanistan's laws with valid operating permit to execute service delivery and financial transactions.*
- b. The contractors must demonstrate that they are financially capable of carrying out the work.*



- c. *The contractor should possess the technical ability and technical expertise to perform the campaigns and has relevant past experience in successful implementation of campaigns in the country.*
- d. *Statement of Understanding: the bidder must demonstrate that it understands the projects completely and has willingness to work in the given locations. Please refer to the ToR for the exact locations.*
- e. *Existence of organizational profile (Please attach the company profile)*
- f. *Completeness of the proposal against the RFP*
- g. *On-time submission of the RFP. Any late submission will disqualify the offeror*
- h. *Have identical experience with GoA, Multinational companies / NGOs / Agencies and preferably UN with clean past financial records.*

3.3.2 Reporting requirements

- *The contracting party is required to submit bi-weekly progress report to Kabul office and final report upon completion of the work.*

3.3.3 Finance and accounting requirements

The contractor should have financial stability and financial accountability.

3.3.4 Performance monitoring

The campaigns will be closely monitored by the line DoPHs.

3.3.5 Further Capacities

Expertise in WASH

4. INSTRUCTIONS TO BIDDERS

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

4.1 Language of the Proposal and other Documents

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

4.2 Intention to Bid

No later than 18 April 2018 the bidder shall complete and return by email to WHO to the following address: emacoafgwr@who.int



1. The RFP **WHO/AFG/2018/RFP/014** Acknowledgement form, attached hereto as Annex 1, signed as confirmation of the bidder's intention to submit a bona fide proposal and designate its representative to whom communications may be directed, including any addenda; and
2. The RFP **WHO/AFG/2018/RFP/014** Confidentiality form, attached hereto as Annex 2, signed.

4.3 Cost of Proposal

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

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

4.4 Contents of the Proposal

The proposals must offer the total requirement as described in the ToR. Proposals offering only part of the requirement may be rejected. Please refer to the ToR for the required parts to be included in the proposal

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

4.5 Joint Proposal

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

4.6 Communications during the RFP Period

A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than 2 working days prior to the closing date for the submission of offers.:

Email for submissions of all queries mashahids@who.int
(use subject: Bid Ref. **WHO/AFG/2018/RFP/014**)

The **WHO Afghanistan / EHA** Team at WHO will respond in writing (via email only) to any request for clarification of the RFP that it receives by the deadline indicated above. A consolidated document of WHO's response to all questions (including an explanation of the query but without identifying the source of enquiry) will be sent to all prospective bidders who have received the RFP. Questions are to be submitted following the format of the form "Questions from Bidders", attached hereto as Annex 4.

There shall be no individual presentation by or meeting with bidders until after the closing date. From the date of issue of this RFP to the final selection, contact with WHO officials concerning the RFP process

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shall not be permitted, other than through the submission of queries and/or through a possible presentation or meeting called for by WHO, in accordance with the terms of this RFP.

4.7 Submission of Proposals

The bidder shall submit the complete proposal to WHO **no later than 21/04/2018 at 13:00 hours** time (“the closing date”), as follows:

- **2 hard copies, labelled "Master Copy" and "Copy" at the following address: WHO Afghanistan, UNOCA, Jalalabad Road, Pule Charkhi, Kabul Afghanistan**
Bid Ref: **WHO/AFG/2018/RFP/014**

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

Each proposal should include the signed Proposal Completeness Form (attached hereto as Annex 3) and supporting documents, as well as the signed Acceptance Form (attached hereto as Annex 5).

Each proposal shall be marked Bid Ref: **WHO/AFG/2018/RFP/014** and be signed by a person or persons duly authorized to represent the bidder, submit a proposal and bind the bidder to the terms of the RFP.

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

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

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

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

4.8 Period of Validity of Proposals

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

4.9 Modification and Withdrawal of Proposals

The bidder may withdraw its proposal any time after the proposal's submission and before the closing date for submission of proposals, provided that written notice of the withdrawal is received by WHO via mail or email as provided in section 4.7 above, prior to the closing date.

No proposal may be modified after its submission, unless WHO has issued an amendment to the RFP allowing such modifications (see section “Amendment of the RFP”).



No proposal may be withdrawn in the interval between the closing date and the expiration of the period of proposal validity specified by the bidder in the proposal in accordance with section “Period of Validity of Proposals”

4.10 Receipt of Proposals from Non-invitees

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

4.11 Amendment of the RFP

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

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

4.12 Proposal Structure

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

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

4.12.1 Acceptance Form

The bidder’s proposal must be accompanied by a transmittal letter (in the form of Annex 5, attached) signed by a duly authorized representative of the bidder and stating:

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

4.12.2 Executive Summary

The bidder’s proposal must be accompanied by an Executive Summary/Proposed Solution.

4.12.3 Information about Bidders

Bidders should include the following information in their bids. Bidders who are individuals should include in their bids the information that is relevant to individuals.

Information about Bidders	
1	Company Information
1.1	Corporate information



Information about Bidders	
1.1.1	Company mission statement
1.1.2	Service commitment to customers and measurements used
1.1.3	Organization structure
1.1.4	Geographical presence
1.1.5	Relevant experience (include description of those parts of your organization that would be involved in the performance of the work)
1.2	Staffing information
1.2.1	Number and Geographical distribution of staff
1.2.2	Number of consultants employed on similar projects in each of the past three years
1.2.3	Staff turnover rate for the past three years
1.3	Audited financial statements for the past three (3) years
1.4	Legal information
1.4.1	History of Bankruptcy
1.4.2	Pending major lawsuits and litigations in excess of USD 100,000 at risk (indicate particularly those by licensees or patent infringement)
1.4.3	Pending Criminal/Civil lawsuits
1.5	Relevant Contractual relationships
1.5.1	Relevant Contractual projects (with other UN agencies or contractors)
1.6	Proposed sub-contractor arrangements including sub-contractor information (as above for each sub-contractor)
2	Experience and Reference Contact Information (list and provide at least five (3) relevant projects completed within the past five years of the issuance of this RFP that demonstrate the contractor's ability to satisfactorily perform the work in accordance with the requirements of this RFP). Provide the following information of the given 3 projects preferably in a tabulated format
2.1	Project Name
2.1.1	Project Description
2.1.2	Status (under development/implemented)
2.1.3	Reason for Relevance (provide reason why this project can be seen as relevant to this project)
2.1.4	Roles and responsibilities (list and clearly identify the roles and responsibilities for each participating organization)
2.1.4.1	Client Role and Responsibility
2.1.4.2	Contractor Role and Responsibility. Previous contractor role in project
2.1.4.3	Third party contractors Role and Responsibility. Previous specified 3 rd party role in project.
2.1.5	Team members (indicate relevant members of the team that will also be used for this project)

4.12.4 Proposed Solution

N/A



4.12.5 Approach/Methodology

The bidder should describe the approach for the campaigns implementation. In addition, a comprehensive project timeline has to be amended in this section if varies than that of proposed in the ToR.

4.12.6 Proposed Time line

01-May-2018 to 31-June-2018

4.12.7 Financial Proposal

The financial proposal is the grand total of the Budget Sheets (Annex 2) which entails all the costs associated including but not limited to admin cost, logistic cost, periderms, transportation, trainings, training venue, stationary, printings, installation, labor cost, taxes and all other associated costs.

4.13 Conduct and Exclusion of Bidders

All bidders must adhere to the UN Supplier Code of Conduct, which is available at the following link: https://www.un.org/Depts/ptd/sites/www.un.org.Depts.ptd/files/files/attachment/page/2014/February%202014/conduct_english.pdf

Bidders will be excluded if:

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

WHO may decide to exclude bidders for other reasons.

5. EVALUATION OF PROPOSALS

5.1 Preliminary Examination of Proposals



WHO will examine the proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the proposals are generally in order. Proposals which are not in order as aforesaid may be rejected.

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

5.2 Clarification of Proposals

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.

5.3 Evaluation of Proposals

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

The technical and financial evaluations of proposals will be accomplished by WHO staff which will evaluate all proposals having passed the Preliminary Examination of Proposals.

Technical Weighting:	Statement of understanding 10% Methodology 10% Work Plan 5% Management Team 5% Technical Skills 10% Past performance 5% Relevant Experience 15%
	60% of total evaluation
Financial Weighting:	40% of total evaluation

5.3.1 Technical Evaluation

The technical evaluation of the proposals will include:

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

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.



5.3.2 Financial Evaluation

During the Financial Evaluation, the price proposal of all bidders who have passed the Technical Evaluation will be compared, according to the following scoring and weighting system. **40% Financial Proposal. Completeness of BoQ items priced.**

5.4 Bidders' Presentations

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

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

6. AWARD OF CONTRACT

6.1 Award Criteria, Award of Contract

WHO reserves the right to

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

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

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

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

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



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

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

6.4 WHO's Right to enter into Negotiations

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

6.5 Signing of the Contract

Within 30 days of receipt of the contract, the successful bidder shall sign and date the contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice.

6.6 Publication by WHO of Contract awards

WHO reserves the right to publish (e.g. on the procurement page of its internet site) or otherwise make public information regarding contracts awarded, including contractors' names and addresses, a description of the goods or services provided and their value.

7. GENERAL AND CONTRACTUAL CONDITIONS

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

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

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

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

facilitate financial reporting and audit, the Contractor shall keep systematic and accurate accounts and records in respect of the work.

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

7.1 Conditions of Contract

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

7.2 Responsibility

The Contractor will be responsible to ensure that the work performed under the Contract meets the agreed specifications and is completed within the time prescribed. The Contractor shall facilitate the operational audit related to the execution of the work and the compliance with the obligations set forth in the Contract, by persons so designated by WHO. In this regard, the Contractor shall make all relevant operational information, without restriction, available to persons so designated by WHO and provide satisfactory explanations to all queries arising in connection therewith.

7.3 Source of Instructions

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

7.4 Warranties

The Contractor warrants and represents to WHO as follows:

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



obligation on WHO's part to make any additional payments whatsoever to any party.

3) The deliverables shall not violate any copyright, patent right, or other proprietary right of any third party and shall be delivered to WHO free and clear of any and all liens, claims, charges, security interests and any other encumbrances of any nature whatsoever.

4) The Contractor, its employees and any other persons and entities used by the Contractor shall not violate any intellectual property rights, confidentiality, right of privacy or other right of any person or entity whomsoever.

5) Except as otherwise explicitly provided in the Contract, the Contractor shall at all times provide all the necessary on-site and off-site resources to meet its obligations hereunder. The Contractor shall only use highly qualified staff, acceptable to WHO, to perform its obligations hereunder.

6) The Contractor shall take full and sole responsibility for the payment of all wages, benefits and monies due to all persons and entities used by it in connection with the implementation and execution of the Contract, including, but not limited to, the Contractor's employees, permitted subcontractors and suppliers.

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

7.5 Legal Status

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

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

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

7.6 Relation Between the Parties

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

7.7 No Waiver

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

7.8 Liability

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

7.9 Assignment

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

7.10 Officials not to Benefit

The Contractor warrants that no official of WHO has received or will be offered by the Contractor any direct or indirect benefit arising from the Contract or the award thereof. The Contractor agrees that breach of this provision is a breach of an essential term of the Contract.

7.11 Indemnification

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

7.12 Contractor's Responsibility for Employees

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

7.13 Subcontracting

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

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



7.14 Place of Performance

The place of performance of the work under the Contract shall be Kapisa, Khost, Kunar, Paktia and Parwan provinces. For detailed locations, please refer to the ToR.

7.15 Language

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

7.16 Confidentiality

1) Except as explicitly provided in the Contract, the Contractor shall keep confidential all information which comes to its knowledge during, or as a result of, the implementation and execution of the Contract. Accordingly, the Contractor shall not use or disclose such information for any purpose other than the performance of its obligations under the Contract. The Contractor shall ensure that each of its employees and/or other persons and entities having access to such information shall be made aware of, and be bound by, the obligations of the Contractor under this paragraph. However, there shall be no obligation of confidentiality or restriction on use, where: (i) the information is publicly available, or becomes publicly available, otherwise than by any action or omission of the Contractor, or (ii) the information was already known to the Contractor (as evidenced by its written records) prior to becoming known to the Contractor in the implementation and execution of the Contract; or (iii) the information was received by the Contractor from a third party not in breach of an obligation of confidentiality.

2) The Contractor, its employees and any other persons and entities used by the Contractor shall furthermore not copy and/or otherwise infringe on copyright of any document (whether machine-readable or not) to which the Contractor, its employees and any other persons and entities used by the Contractor have access in the performance of the Contract.

3) The Contractor may not communicate at any time to any other person, Government or authority external to WHO, any information known to it by reason of its association with WHO which has not been made public except with the authorization of WHO; nor shall the Contractor at any time use such information to private advantage.

7.17 Title Rights

1) All rights pertaining to any and all deliverables under the Contract and the original work product leading thereto, as well as the rights in any non-original material incorporated therein as referred to in section 7.4.2 above, shall be exclusively vested in WHO.

2) WHO reserves the right to revise the work, to use the work in a different way from that originally envisaged or to not use the work at all.

3) At WHO's request, the Contractor shall take all necessary steps, execute all necessary documents and generally assist WHO in securing such rights in compliance with the requirements of applicable law.

7.18 Termination and Cancellation

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

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

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

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

7.19 Force Majeure

No party to the Contract shall be responsible for a delay caused by force majeure, that is, a delay caused by reasons outside such party's reasonable control it being agreed, however, that WHO shall be entitled to terminate the Contract (or any part of the Contract) forthwith if the implementation of the work is delayed or prevented by any such reason for an aggregate of thirty (30) days. Such termination shall be subject to payment of an equitable part of the Contract sum and/or other reasonable charges. In the event of such termination, the Contractor shall, in accordance with the ownership rights referred to in section 7.17 Title rights, deliver to WHO all work products and other materials so far produced.

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

7.20 Surviving Provisions

Those rights and obligations of the Parties as set forth in sections 7 and 8 that are intended by their nature to survive the expiration or earlier termination of the Contract shall survive indefinitely. This includes, **but is expressly not limited to**, any provisions relating to WHO's right to financial and operational audit, conditions of contract, warranties, legal status and relationship between the parties, breach, liability, indemnification, subcontracting, confidentiality, title rights, use of the WHO name and emblem, successors and assignees, insurance and liabilities to third parties, settlement of disputes, observance of laws, privileges and immunities, no terrorism or corruption, foreign nationals and compliance with WHO policies.

7.21 Use of WHO name and emblem



Without WHO's prior written approval, the Contractor shall not, in any statement of an advertising or promotional nature, refer to the Contract or its relationship with WHO. In no case shall the Contractor use the name or emblem of the World Health Organization, or any abbreviation thereof, in relation to its business or otherwise.

7.22 Publication by WHO of Contract awards

WHO reserves the right to publish (e.g. on the procurement page of its internet site) or otherwise make public the Contractor's name and address, information regarding the Contract, including a description of the goods or services provided under the Contract and the Contract value.

7.23 Successors and Assignees

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

7.24 Payment

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

7.25 Title to Equipment

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

7.26 Insurance and Liabilities to Third Parties

The Contractor shall provide and thereafter maintain:

- (i) insurance against all risks in respect of its property and any equipment used for the execution of the Contract;
- (ii) all appropriate workmen's compensation insurance, or its equivalent, with respect to its employees to cover claims for personal injury or death in connection with the Contract; and

(iii) liability insurance in an adequate amount to cover third party claims for death or bodily injury, or loss of or damage to property, arising from or in connection with the performance of the work under the Contract or the operation of any vehicles, boats, airplanes or other equipment owned or leased by the Contractor or its agents, servants, employees, partners or sub-contractors performing work in connection with the Contract.

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

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

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

7.27 Settlement of Disputes

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

7.28 Observance of Laws

The Contractor shall comply with all laws, ordinances, rules, and regulations bearing upon the performance of its obligations under the terms of the Contract.

7.29 Authority to Modify

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

7.30 Privileges and Immunities

Nothing in or relating to the Contract shall:

- be deemed a waiver of any of the privileges and immunities of WHO in conformity with the Convention on the Privileges and Immunities of the Specialized Agencies approved by the General Assembly of the United Nations on November 21, 1947 or otherwise under any national or international law, convention or agreement; and/or
- be construed as submitting WHO to any national court jurisdiction.

7.31 No Terrorism or Corruption



The Contractor warrants that:

(i) it is not and will not be involved in, or associated with, any person or entity involved in terrorism, that it will not make any payment to any such person or entity and that it will not enter into any employment or subcontracting relationship with any such person or entity; and

(ii) it shall not engage in any illegal, corrupt, fraudulent, collusive or coercive practices in connection with execution of the Contract.

The Contractor agrees that breach of this provision is a breach of an essential term of the Contract.

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

8. PERSONNEL

8.1 Approval of Contractor Personnel

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

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

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

8.2 Project Managers

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

by such party during the course of the project and the other party shall be entitled to rely on such information as conveyed by the Project Manager.

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

8.3 Foreign Nationals

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

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

8.4 Compliance with WHO's Policies

The Contractor shall at all times comply with and ensure that the Contractor and each of its partners, subcontractors and their employees and agents comply with any applicable laws and regulations and with all WHO policies and reasonable written directions and procedures relating to: (i) occupational health and safety, (ii) security and administrative requirements, including, but not limited to computer network security procedures, (iii) sexual harassment, (iv) privacy, (v) general business conduct and disclosure, (vi) conflicts of interest and (vii) business working hours and official holidays.

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

8.5 Ethical Behaviour

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

By entering into the Contract, the Contractor acknowledges its acceptance of the UN Supplier Code of Conduct, and expressly agrees to adhere to the principles, and meet the standards, set forth therein.

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

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





9. LIST OF ANNEXES

Annex 1	Acknowledgment Form
Annex 2	Confidentiality Undertaking
Annex 3	Proposal Completeness Form
Annex 4	Questions from Bidders
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Annex 9	
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Annex 11	



Request for Proposals: **WHO/AFG/2018/RFP/014**

Annex 1: Acknowledgement Form

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

Office EHA department_

Attn: WHO Kabul office

(Title) Admin Office, EHA

World Health Organization

WHO Afghanistan, UNOCA, Jalalabad Road, Pule Charkhi, Kabul Afghanistan

Bid Ref: **WHO/AFG/2018/RFP/014**

Intention To Submit A Proposal

We hereby acknowledge receipt of the RFP. We have perused the document and advise that we intend to submit a proposal **on or before 21/04/2018 at 13:00 hours WHO Afghanistan, UNOCA, Jalalabad Road, Pule Charkhi, Kabul Afghanistan time.**

Non-Intention To Submit A Proposal

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

(insert reason here)

Bidder's Contact Information is as follows:

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

Request for Proposals: WHO/AFG/2018/RFP/014
Annex 2: Confidentiality Undertaking

1. The World Health Organization (WHO), acting through its Department of Enter Text , has access to certain information relating to Enter Text which it considers to be proprietary to itself or to entities collaborating with it (hereinafter referred to as "the Information").
2. WHO is willing to provide the Information to the Undersigned for the purpose of allowing the Undersigned to prepare a response to the Request for Proposal (RFP) for the Enter Text 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; or
 - b) was in the public domain at the time of disclosure by WHO; or
 - 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 to WHO.
4. At WHO's request, the Undersigned shall promptly return any and all copies of the Information to WHO.
5. The obligations of the Undersigned shall be of indefinite duration and shall not cease on termination of the above mentioned RFP process.
6. Any dispute relating to the interpretation or application of this Undertaking shall, unless amicably settled, be subject to conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, with the rules of arbitration of the International Chamber of Commerce. The parties shall accept the arbitral award as final.

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



Request for Proposals: WHO/AFG/2018/RFP/014

Annex 3: Proposal Completeness Form

Section	Requirement	Completed in full (Yes/No)

The enclosed Proposal is valid for _____ days from the date of this form.

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

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

Request for Proposals: **WHO/AFG/2018/RFP/014****Annex 4: Questions from Bidders** (see Paragraph Communications during the RFP Period)

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



Request for Proposals: WHO/AFG/2018/RFP/014

Annex 5: Acceptance Form

The Undersigned,, confirms to have read, understood and accepted the terms of the __ (Title) __ Request for Proposals (RFP) No. WHO/AFG/2018/RFP/014, 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 WHO/AFG/2018/RFP/014 in accordance with the terms of this RFP and any corresponding contract between WHO and the Undersigned, for the following sums:

Table with 2 columns: Item, Cost (Indicate Currency). Rows include One-Time Costs-Amend as appropriate, Total Proposed Manpower Costs by Phase, Total Proposed On-Time Cost (0.00), Recurring Costs, and Total Proposed Recurring Cost (0.00).

The enclosed Proposal is valid for _____ days from the date of this form

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

Form with 5 rows for signature: Entity Name, Mailing Address, Name and Title of Duly authorized representative, Signature, Date.

Terms of Reference

Implementation of Public Awareness Campaigns in High Risk Provinces

1. Introduction

Health reports in Afghanistan demonstrates that health sector in the country has considerably improved during the last two decades. A recent review conducted by the World Bank indicates that many key health indicators had improved more rapidly in Afghanistan than in most other countries that had started at a similar level of development. Besides the tangible improvements in the sector, the health situation in the country remains volatile due to a number of contributing factors prominently due to prevailing security situation, health coverage, accessibility, health workers capacity, limited financial resources, lack of awareness and accessibility.

Lack of awareness is one of the underlying causes of poor health situation and outbreaks particularly in rural areas where safe water sources and sanitation facilities are immensely lacking. The overall situation of water supply and sanitation in Afghanistan is one of the poorest in the world with 68 percent of Afghans without access to improved sanitation and nearly 45 percent still using unimproved water sources (HNO 2018). The inaccessibility to safe water resources and sanitation facilities coupled with lack of awareness exacerbates the situation.

Due to the pressing necessity to increase public awareness on waterborne diseases and other preventative infections, WHO Emergency Humanitarian Action program worked with DEWS and Health Promotion Departments of MoPH to identify the high risk provinces with reportedly higher cases of waterborne diseases, infectious diseases and outbreaks. The awareness campaigns will target the given provinces to increase the awareness of general public and to advocate for preventive and hygienic behaviors than that of curative approaches.

2. Project Goal

The campaigns main goal is promote health of the populations in the targeted provinces by increasing their awareness to practice hygienic and preventive measures. The targeted beneficiaries are the general public irrespective of their gender, age, ethnicity and religion.

3. Project Objectives

The main objectives of the campaigns are:

- Training of Community Health Supervisors (CHSs) of each targeted province on the pertinent campaign topics
- Cascading training of Community Health Workers (CHWs) and School Teachers of each targeted province on the pertinent campaign topics
- Dissemination of awareness messages, brochures and posters to local communities by CHWs and School Teachers.
- Air broadcasting of awareness messages on local TVs and Radios.

4. Identification of High risk provinces

A collaborative process supported by DEWS and HPD departments of MoPH was conducted to identify the high risk provinces with reportedly higher cases of waterborne and infectious diseases as well as outbreaks. After the provinces were identified, HPD colleagues were deployed to each of the given provinces for pre-planning and collection of information for the campaigns. With support from the relevant DoPHs, the following information was collected for each of the targeted province:

- Identification of Districts to be targeted
- Number of CHSs to be trained
- Number of CHWs and School Teachers to be trained
- Quantities of printing materials required
- Collection of quotations for local media broadcasts (local TVs and Radios)

See **Error! Reference source not found.** for the details of the collected information.

5. Proposed Technical staff

- a) **National Campaign Coordinator:** The National coordinator is Primary focal point and responsible person for planning and implementation of all 5 campaigns in the targeted province. All provincial coordinators are required to report to the National coordinator. The National coordinator should closely follow with all provinces on the planned activities and make sure that the campaigns are conducted as per the work plan.
- b) **Provincial Campaign Coordinator:** provincial campaign coordinator is the primary focal point for the campaign at provincial level and is responsible for the planning and implementation of all campaign activities at provincial level.
- c) **Facilitators:** At least 5 facilitators are required to conduct two days trainings for the CHSs at provincial level. The facilitators should at least have a bachelor degree in Medical and have enough grasp of the relevant campaign topics.
- d) **District monitors:** One monitor should be assigned per district to monitor and supervise the *One day trainings* to CHWs/STs and all other processes. Based on the number of CHSs per district, the district monitor is responsible to visit each site within the district where trainings to CHWs/ST are conducted.
- e) **Media Monitors:** Based on the number of local media at each province to be contracted, 1 to 2 media monitors should hired to monitor the broadcastings based on the contracted broadcasting schedule. The template will be shared with the successful bidder.

6. Campaigns Key Activities

a) Coordination

The contactor should consider separate campaign coordinators for each province to coordinate the whole campaign process as described below. The campaign coordinator is primary focal point to implement the campaign in the province and administrate the whole process. He/she is in charge for both technical and financial parts of the campaign in the province.

- *Preliminary meeting:* The Service Provider hereinafter called contractor should conduct a preliminary meeting with HPD/MoPH and EHA/WHO Office to share the proposed methodology

for implementation of the campaigns in all five provinces and seek the agreement of all parties on the proposed approach. During this meeting the contractor should collect all required material for printing, broadcasting and trainings from HPD for further use.

- *Coordination meeting*: Consequently the contractor (provincial coordinators) should visit each province and share the plan with relevant DoPHs. Through these visits the Provincial Coordinator should work with DoPHs/BPHSs on the details of the plan e.g. agreement on the dates of the campaign, training venues, list of CHSs, list of CHWs/School teachers, stationary required (one notebook/pen per CHS/CHW/ST and one flipchart/marker per CHS), refreshment, monitoring individuals, media broadcast contracting, dissemination of printing materials and etc.

b) Printing materials

As detailed in **Error! Reference source not found.**, before the campaigns start; the contractor should make sure that all printing materials (brochures and posters) for each province are printed out and are transported to the line DoPHs for further distribution. The brochures and posters for each topic in both Dari/Pashto languages are already designed by HPD and the complete package can be collected from HPD. Though the total number of printings required are provided in **Error! Reference source not found.**, the number of brochures/posters to be printed in Dari and/or Pashto has to be determined by the contractor based on the native languages of the targeted districts.

The brochures and posters should duly meet the specifications provided below:

Brochures: 15*8 inch, 150 GSM art paper, Double sided, quadrfold, no lamination

Posters: A3, art paper, 130 GSM art paper with lamination, single sided, portrait

The brochures and posters has to be handed over to each CHS during the training to further disseminate the material to their line CHWs and School teachers. Each CHW and School teacher is required to distribute 100 brochure and 10 posters for each topic to the pertinent beneficiaries. The CHWs and STs should be guided where to stick the posters e.g. prominent points at HF, schools and other

c) Media broadcasting/monitoring

Media Broadcasting: During the visit to each DoPHs for coordination meeting; the contractor should meet each Media as determined in the **Error! Reference source not found.** for each province and sign the contract for TV and Radio broadcasts. The contract should also include the detailed broadcasting schedule for each TV/Radio (*the template will be shared with the successful bidder*). The broadcasting period is considered 10 days for each media and the total durations for each station is determined in the Annex 1. All broadcastings has to be aired during prime times also called golden time and should be mentioned in the contract. The primary scope is to make sure that the broadcasted awareness messages reach maximum number of audience during peak hours. For TV 6-10pm is prime time while for Radio 7-10am is considered to be the prime time for media broadcasting. One minute spots for each topic both for TV and Radio has already been developed by HPD and therefore the same material should be used and supplied to the media for broadcasting during signing the contract. The complete package for Radio/TV spots for each topic in both Pashto/Dari languages can be collected from HPD. Same as printing materials, the contractor should consider the language balance during the broadcasting of sport and should make sure it is proportional to the number of Pashto/Dari speakers of targeted audience.

Media Monitoring: Based on the number of media contracted in each province, the contractor should hire 1 to 2 media monitors to oversee the broadcasts based on the broadcasting schedule. Any incompliance with the agreed broadcasting schedule should be immediately communicated by the monitor with the campaign coordinator of the pertinent province. The Monitor/s should submit the signed monitoring reports of each media to the campaign coordinator once the broadcastings are concluded.

d) Training material

The contractor is responsible to develop training materials for CHSs and CHWs/ST trainings based on the material provided by HPD. The facilitator for each province is responsible to provide presentations if applicable and flip charts for delivery to CHSs. The CHSs are subsequently responsible to cascade the training materials in flip charts to train their related CHWs.

e) Training of CHSs (ToT)

As an initial step for the commencement of the campaign is to conduct trainings for Community Health Supervisors at DoPHs of each targeted provinces. As set forth during the Coordination Meeting the contractor should determine the exact number of CHSs and the dates of the training. The contractor should also make all necessary provisions such as **venue arrangements, training agenda, training material, stationary, refreshment** and all other required provisions. It is highly recommended to consider the facilitators from Health Promotion Department as they already conducted the pre-planning in the given provinces. The training of CHSs is considered two days with the first day to be focused on the mandatory topic as per **Error! Reference source not found.** as well as other relevant hygiene promotion topics such as hand washing, purification of water, chlorination, food hygiene, personal hygiene, environmental hygiene and etc. The second day of the training should focus on the cascading trainings to CHWs/School teachers. The facilitator is responsible to well orient the CHSs on how to plan their trainings for CHWs/STs. During the second day the CHSs should also be given time to copy the necessary messages into their flip charts for their presentations to the CHWs/STs during the cascading trainings. In addition, the facilitator should distribute the printing materials to each CHS for further dissemination to their CHWs/STs. Each CHW/ST should receive 100 brochures/10 posters for distribution to local communities and attachment to walls of public facilities respectively. During the training each CHS is required to submit the list of their CHWs/ST to the facilitator/campaign coordinator so that cascading trainings to be planned accordingly. During the training, the facilitator and/or campaign coordinator should also distribute print outs of blank attendance sheets and perdiems sheets with CHSs to be filled during the cascading trainings.

f) Cascading Training of CHWs

The contractor should conduct cascading training in districts for the CHWs/STs facilitated by the trained CHSs in the pertinent HFs where CHSs are belonging. The CHSs with the support from the contractor are responsible to make the arrangements for the cascading trainings. Each CHS should invite its CHWs along with the School Teachers and conduct a one day training for sharing the messages already prepared in the flip charts. The CHSs should also distribute the printed materials (100 brochures/10 posters) to each CHW/ST for further dissemination to general public.

g) Monitoring of Cascading trainings of CHWs

During the coordination meeting with DoPHs, the *Provincial Campaign Coordinators* should work with DoPHs to develop a monitoring mechanism for the cascading trainings at district level. One monitor

could be assigned per district to monitor and supervise the One day trainings to CHWs/STs and all other processes. The monitor for each district is responsible for the following tasks:

- Monitor the cascading trainings for CHWs/STs at district level
- Monitor the attendance sheets
- Based on the attendance sheet, distribute perdiems of CHWs/CHSs
- Report back to provincial coordinator and handover the attendance sheets and per diem sheets along with remaining balance (if any).

h) Dissemination of awareness messages

This is the most essential phase of the awareness campaign. The trained CHWs/ST should further disseminate the awareness messages to local communities and students. The CHWs/ST should also distribute the brochures and posters (100 brochures/10 poster per CHW/ST) to the targeted beneficiaries. CHWs are also required to share key messages in community Shuras, Emams, and other public gatherings. Similarly School Teachers are required to disseminate the messages with students in classrooms and mount the posters on the walls their surrounding schools/learning institutions.

7. Deliverables/Reporting

Reporting: The successful bidder is required to submit bi-weekly (after every two weeks) reports to WHO Office detailing on the progress made against the work plan. The reports should include the details of the activities completed, ongoing and planned with dates and timeline. The report should also include photos of the activities performed. E.g. trainings, broadcasting, etc

Letters of verification: Upon completion of the campaigns, a separate confirmation letter from each DoPH should be issued with brief notes on the names of targeted districts, total number of CHS trained, total number of CHWs/ST trained, total number of printing materials distributed, total minutes of awareness messages broadcasted etc.

Final technical report: The contractor is responsible to deliver a consolidated detailed technical report of all five campaigns and detail on the approaches used to attain the campaign goal/objectives as described above. The topics to be detailed are inclusive but not limited to the followings:

- *Table of contents*
- *Abbreviations*
- *Background*
- *Goal/Objective of the campaign*
- *Targeted population (total number of beneficiaries disaggregated by gender including general public, CHSs, CHWs, School teachers)*
- *Targeted Provinces/Districts (Identification procedure)*
- *Approach*
- *Campaign activities description*
- *Photo gallery*
- *Recommendations*
- *Annexes*

Financial report: The financial report should include all the financial transactions made during the campaign implementation. The documents to be submitted are inclusive but not limited to the followings:

- *Bills for print outs/transportation*
- *Media broadcast contracts (varied by DoPH)*
- *Attendance sheets (each page should be verified by facilitator, head of HF, monitor, DoPH)*
- *Periderm sheets (each page should be verified by facilitator, head of HF, monitor, DoPH)*
- *Refreshment bills verified*
- *Stationary bills varied*
- *Refund balances (transfer slips confirmation)*

8. Instruction to Bidders:

The interested bidders are requested to submit the following documents along with any other documentation as described in the RFP.

Technical Proposal:

The proposals must offer the total requirement as described below. Proposals offering only part of the requirement may be rejected. The following parts are to be included in the technical proposals:

- a) Company profile
- b) Valid government issued license
- c) Statement of understanding the work completely and willingness to work in the given locations
- d) Brief Methodology/Approach of implementing the campaigns in the given 5 provinces (2-3 pages)
- e) List of awareness campaigns conducted previously
- f) Project staffing with CVs

Financial Proposal:

The BoQs are provided in the Annex 2 to this document. The bidders are required provide fill in the budget sheets for each provincial campaigns as well as the summary sheet which sums all the provincial budgets. Each provincial budgeting sheet includes the following three parts:

Part 1. Campaign activities: which includes all the costs related to trainings of CHSs and CHWs/STs. The budgeting for this part is already provided based on WHO standards.

Part 2. Communication Material: This includes both printing of brochures/posters as well local mass media broadcasting. During the preplanning visits (described above) all the quotations for local mass media is collected and are available. The quotations will be handed over to the successful bidder to establish contracts with the local Medias. IN this part, the bidder is required to provide unit costs for printing of brochures/posters and its transportation to the DoPHS and subsequently to the districts for distribution to general public.

Part 3. HR and Administration: As detailed above the bidder should consider a provincial campaign coordinator who is the primary focal point and responsible for the planning and implementation of all campaign activities at provincial level. In addition, campaigns monitors at district level should also be considered to monitor and oversee the **one day trainings** at district level for CHWs/CHSs. In this part, the bidders should also include the administrative costs needed for the implementation of the provincial campaign.

Annexes

Annex 1: Information collected during pre-planning

Annex 2: Budget sheets

Annex 1: Information collected during pre-planning visits

Province name	Campaign Topic	Targeted Districts	No of CHSs to be trained	No CHWs/school teachers to be trained		Printing materials required		Roundtrip transportation per CHS to center of province AFN	Media Broadcastings
				CHWs	School teachers	Brochures	Posters		
1. Kapisa	ARI (Pneumonia)	Mahmod Raqi	4	146	16	16200	1620	200/day	Kapisa Meli Radio=100 min
		Hese Awal	4	124	16	14000	1400	600	
		Hese Dowom	3	116	10	12600	1260	600	
		Kohband	1	38	3	4100	410	600	
		Nijrab	5	192	15	20700	2070	600	
		Training of Kochi	1	22	0	2200	220	600	
		Total	18	638	60	69800	6980		
2. Khost	ARI (Pneumonia) Measles	Khost	4	116	5	12100	1210	200/day	Zarghon TV=100 min Zhman TV= 100 min Chinaar Radio= 100 min Nan Radio= 200 min <i>half of the contracted minutes for each topic</i>
		Zazai Madian	1	44	5	4900	490	600	
		Tani	3	85	5	9000	900	600	
		Sepra	2	38	5	4300	430	600	
		Mosa Khil	3	58	5	6300	630	600	
		Mandozi	1	41	5	4600	460	600	
		Ali Shir	1	38	5	4300	430	600	
		Nader Shah kot	2	59	5	6400	640	600	
		Sabori	2	60	5	6500	650	600	
		Baak	1	38	5	4300	430	600	
		Gurbaz	1	26	5	3100	310	600	
		Kalandar	1	43	5	4800	480	600	
		Dwamanda	1	24	5	2900	290	600	
		Gulan camp	1	34	5	3900	390	600	
Total	24	704	70	77400	7740				
3. Kunar	Measles	Asad Abad	1	55	12	6700	670	200/day	Zala TV=50 min
		Wata Pur	2	60	12	7200	720	1000	Kunar Meli TV=50 min
		Saukai	2	51	12	6300	630	1000	Zala Radio =100 min
		Dare peej	2	38	12	5000	500	1000	Kunar Meli Radio =100 min
		Narang	2	25	12	3700	370	1000	Khkula Radio =100 min
		Total	9	229	60	28900	2890		Badlon Radio =100 min
4. Paktia	AWD/dehydration	Gardez	2	99	5	10400	1040	200/day	Paktia Meli TV =50 min Paktia Meli Radio =100 min Paktia Ghag Radio =100 min
		Ahmad abad	2	31	5	3600	360	800	
		Sayed Karam	3	57	5	6200	620	1000	
		Mirzaka	1	40	5	4500	450	1200	
		Ahmad Khil	1	36	5	4100	410	1500	
		Zazai Aryon	1	60	5	6500	650	2000	
		Laja Mangal	2	30	5	3500	350	1000	
		Chamkani	2	47	5	5200	520	1000	
		Dand patan	1	36	5	4100	410	2000	
		Shawak	1	25	5	3000	300	1500	
		Wozay Zadran	1	7	5	1200	120	2000	
		Zurmat	6	75	5	8000	800	1500	
		Jani Khil	1	24	5	2900	290	2500	
Total	24	567	65	63200	6320				
5. Parwan	AWD/dehydration	Charikar (Center)	6	190	12	20200	2020	200/day	Elham TV =50 min Jahan TV=50 min Dunyaee Naween Radio =100min Shahr ba Shahr Radio =50 min Elham Radio =50 min
		Saidkhil	4	116	8	12400	1240	600	
		Salang	3	62	6	6800	680	600	
		Bagram	6	152	12	16400	1640	600	
		Shinwari	2	34	4	3800	380	600	
		Siya Gerd	5	88	10	9800	980	600	
		Shekhali	3	66	6	7200	720	600	
		Surkh parsa	3	60	6	6600	660	600	
		Jabal Saraj	5	124	10	13400	1340	600	
		Koh Safi	1	18	2	2000	200	600	
Total	38	910	76	98600	9860				

AWD: Acute Watery Diarrhea

Annex 2: Budget Sheets (to be filled by bidders)

Province: Kapisa										
No Districts: 5										
Campaign topic: ARI (Pneumonia) (One topic)										
SN	Part 1. Campaign activities	Unit	Number of Participants		Days	Perdiem per day	Total Perdiem	Total Transport Cost	Sub Total	Remarks
			(Resident)	(Non Resident)							Over Night	Round Trip	Sub Total per activity
1	Facilitator for ToT	Person	0	1	3	3,300	9,900	600	10,500	
2	Resident CHS participatns of the ToT	Person	4	0	2	1,500	12,000	1,600	13,600	Two days training for CHSs local transport 200/day
3	Non-Resident CHS participatns of the ToT	Person	0	14	3	2,750	115,500	8,400	123,900	Two days training for CHSs Roundtrip Transport 600/CHS
4	Training/ orientation of community Health Workers (CHWs)	Person	638	0	1	500	319,000	0	319,000	including 22 Kochi CHWs
5	Training/orientation of school teachers	Person	60	0	1	500	30,000	0	30,000	
6	Facilitator for training of community health workers and school teachers	Person	18	0	1	1,500	27,000	0	27,000	One day training/orientation to CHW and ST by CHSs, but in some district may be two days
7	Refreshment	LS							51,340	For number 1-6
8	Stationary including notebooks, pen, one flip chart and marker per CHS	LS							25,670	For number 1-6
Subtotal 1									601,010	
Part 2. Communication Material		Unit	QTY	Unit Cost						
1	Kapisa Meli Radio	Minute	100	200					20,000	10 times a day of each topic for 10 days
2	Print Brochures: 15*8 inch, 150 gsm art paper, Double sided, quadrifold, no lamination	Each	69,800							100 brochure/topic will be distributed per each CHW
3	Print posters: A3, art paper, 130 gsm with lamination, single sided, portrait	Each	6,980							10 Poster/topic will be distributed per CHW
4	Transportation and distribution cost of printed materials to districts	LS	1							
Subtotal 2										
Part 3. HR and Administrviion cost		Unit	QTY	Unit Cost						
1	Provincial coordinator	Person	1							Responsible for overall campaign activites at provincial level
2	District campaign monitor	Person	5							To monitor campaigns at district level. See details in the ToR narrative
3	Monintor for media broadcasting	Person	1							Monitor media broadcasting for 10 days based on broadcasting schedule
4	Total Adminisrative cost of the campaign	LS	1							All administrave cost to be included
Subtotal 3										
Total= subtotal 1 + subtotal 2 + subtotal 3										

Province: Khost
Districts: 14
Campaign topic: ARI (Pneumonia), Measles (two topics)

SN	Part 1. Campaign activities	Unit	Number of Participants		Days	Perdiem per day	Total Perdiem	Total Transport Cost	Sub Total	Remarks
			(Resident)	(Non Resident)							Over Night	Round Trip	Sub Total per activity
1	Facilitator for ToT	Person	0	1	3	3,300	9,900	1,400	11,300	
2	Resident CHS participatns of the ToT	Person	4	0	2	1,500	12,000	1,600	13,600	Two days training for CHSS local transport 200/day
3	Non-Resident CHS participatns of the ToT	Person	0	20	3	2,750	165,000	12,000	177,000	Two days training for CHSS Roundtrip Transport 600/CHS
4	Training/ orientation of community health workers (CHWs)	Person	704	0	1	500	352,000	0	352,000	
5	Training/orientation of school teachers	Person	70	0	1	500	35,000	0	35,000	
6	Facilitator for training of community health workers and school teachers	Person	24	0	1	1,500	36,000	0	36,000	One day training/orientation to CHW/ST by CHSS
7	Refreshment	LS							60,990	For number 1-6
8	Stationary including notebooks, pen, one flip chart and marker per CHS	LS							30,495	For number 1-6
Subtotal 1									716,385	
Part 2. Communication Material		Unit	QTY	Unit Cost						
1	Print Brochures: 15*8 inch, 150 gsm art paper, Double sided, quadrifold, no lamination	Each	77,400							100 brochure will be distributed per each CHW
2	Print posters: A3, art paper, 130 gsm with lamination, single sided, portrait	Each	7,740							10 Poster will be distributed per each CHW/ST
3	Transportation and distribution cost of printed materials to districts	LS	1							
4	Zarghon TV	Minute	100	200					20,000	50 minutes of each topic in 10 days
5	Zhman TV	Minute	100	400					40,000	50 minutes of each topic in 10 days
6	Chinaar Radio	Minute	100	130					13,000	50 minutes of each topic in 10 days
7	Nan Radio	Minute	200	50					10,000	100 minutes of each topic in 10 days
Subtotal 2										
Part 3. HR and Administrvion cost		Unit	QTY	Unit Cost						
1	Provincial coordinator	Person	1							Responsible for overall campaign activites at provincial level
2	District campaign monitor	Person	14							To monitor CHWs/ST trainings at district level. See details in the ToR narrative
3	Monintor for media broadcasting	Person	2							Monitor media broadcasting for 10 days based on broadcasting schedule
4	Total Adminisrative cost of the campaign	LS	1							All adminisrative cost to be included
Subtotal 3										
Total= subtotal 1 + subtotal 2 + subtotal 3										

Province: Kunar
Districts: 5
Campaign topic: Measles (one topic)

SN	Part 1. Campaign activities	Unit	Number of Participants		Days	Perdiem per day	Total Perdiem	Total Transport Cost	Sub Total	Remarks
			(Resident)	(Non Resident)							Over Night	Round Trip	Sub Total per activity
1	Facilitator for ToT	Person	0	1	3	3,300	9,900	2,000	11,900	
2	Resident CHS participatns of the ToT	Person	1	0	2	1,500	3,000	400	3,400	Two days training for CHSs local transport 200/day
3	Non-Resident CHS participatns of the ToT	Person	0	8	3	2,750	66,000	8,000	74,000	Two days training for CHSs Roundtrip Transport: 1000/CHS
4	Training/ orientation of community health workers (CHWs)	Person	229	0	1	500	114,500	0	114,500	
5	Training/orientation of school teachers	Person	60	0	1	500	30,000	0	30,000	
6	Facilitator for training of community health workers and school teachers	Person	9	0	1	1,500	13,500	0	13,500	One day training for CHWs/ST by CHSs
7	Refreshment	LS					0		23,690	For number 1-6
8	Stationary including notebooks, pen, one flip chart and marker per CHS	LS					0		11,845	For number 1-6
Subtotal 1									282,835	
Part 2. Communication Material		Unit	QTY	Unit Cost						
1	Print Brochures: 15*8 inch, 150 gsm art paper, Double sided, quadrifold, no lamination	Each	28,900							100 brochure will be distributed per each CHW/ST
2	Print posters: A3, art paper, 130 gsm with lamination, single sided, portrait	Each	2,890							10 Poster will be distributed per CHW
3	Transportation and distribution cost of printed materials to districts	LS	1							
4	Zala TV	Minute	50	1390					69,500	50 minutes of each topic in 10 days
5	Kunar Meli TV	Minute	50	600					30,000	50 minutes of each topic in 10 days
6	Zala Radio	Minute	100	417					41,700	100 minutes of each topic in 10 days
7	Kunar Meli Radio	Minute	100	300					30,000	100 minutes of each topic in 10 days
8	Khkula Radio	Minute	100	55					5,500	100 minutes of each topic in 10 days
9	Badlon Radio	Minute	100	60					6,000	100 minutes of each topic in 10 days
Subtotal 2										
Part 3. HR and Administrviiion cost		Unit	QTY	Unit Cost						
1	Provincial coordinator	Person	1							Responsible for overall campaign activites at provincial level
2	District campaign monitor	Person	5							To monitor CHWs/ST trainings at district level. See details in the ToR narrative
3	Monintor for media broadcasting	Person	2							Monitor media broadcasting for 10 days based on broadcasting schedule
4	Total Administrative cost of the campaign	LS	1							All administrave cost to be included
Subtotal 3										
Kunar Total= subtotal 1 + subtotal 2 + subtotal 3										

Province: Paktia
Districts: 13
Campaign topic: Acute watery diarrhea/dehydration (One topic)

SN	Part 1. Campaign activities	Unit	Number of Participants		Days	Per diem per day	Total Per diem	Total Transport Cost	Sub Total	Remarks
			(Resident)	(Non Resident)							Over Night	Round Trip	Sub Total per activity
1	Facilitator for ToT	Person	0	1	3	3,300	9,900	700	10,600	
2	Resident CHS participatns of the ToT	Person	2	0	2	1,500	6,000	800	6,800	Two days training for CHSs local transport 200/day
3	Non-Resident CHS participatns of the ToT	Person	0	22	3	2,750	181,500	30,300	211,800	Two days training for CHSs The breakdown for transportation is provided in the annexes
4	Training/ orientation of community health workers (CHWs)	Person	567	0	1	500	283,500	0	283,500	
5	Training/orientation of school teachers	Person	65	0	1	500	32,500	0	32,500	
6	Facilitator for training of community health workers and school teachers	Person	24	0	1	1,500	36,000	0	36,000	
7	Refreshment	LS							54,940	For number 1-6
8	Stationary including notebooks, pen, one flip chart and marker per CHS	LS							27,470	For number 1-6
Subtotal 1									663,610	
Part 2. Communication Material		Unit	QTY	Unit Cost						
1	Print Brochures: 15*8 inch, 150 gsm art paper, Double sided, quadrifold, no lamination	Each	63,200							100 brochure will be distributed per each CHW/ST
2	Print posters: A3, art paper, 130 gsm with lamination, single sided, portrait	Each	6,320							10 Poster will be distributed per each CHW
3	Transportation and distribution cost of printed materials to districts	LS	1							
4	Paktia Meli TV	Minute	50	250					12,500	50 minutes of each topic in 10 days
5	Paktia Meli Radio	Minute	100	60					6,000	100 minutes of each topic in 10 days
6	Paktia Ghag Radio	Minute	100	75					7,500	100 minutes of each topic in 10 days
Subtotal 2										
Part 3. HR and Administrvion cost		Unit	QTY	Unit Cost						
1	Provincial coordinator	Person	1							Responsible for overall campaign activites at provincial level
2	District campaign monitor	Person	13							To monitor CHWs/ST trainings at district level. See details in the ToR narrative
3	Monintor for media broadcasting	Person	1							Monitor media broadcasting for 10 days based on broadcasting schedule
4	Total Adminisrative cost of the campaign	LS	1							All administrave cost to be included
Subtotal 3										
Total= subtotal 1 + subtotal 2 + subtotal 3										

Province: Parwan
Districts: 10
Campaign topic: Acute watery diarrhea/dehydration (One topic)

SN	Part 1. Campaign activities	Unit	Number of Participants		Days	Perdiem per day	Total Perdiem	Total Transport Cost	Sub Total	Remarks
			(Resident)	(Non Resident)							Over Night	Round Trip	Sub Total per activity
1	Facilitator for ToT	Person	0	1	3	3,300	9,900	600	10,500	
2	Resident CHS participatns of the ToT	Person	6	0	2	1,500	18,000	2,400	20,400	Two days training for CHSS local transport 200/day
3	Non-Resident CHS participatns of the ToT	Person	0	32	3	2,750	264,000	19,200	283,200	Two days training for CHSS Roundtrip Transport 600/CHS
4	Training/ orientation of community health workers (CHWs)	Person	910	0	1	500	455,000	0	455,000	
5	Training/orientation of school teachers	Person	76	0	1	500	38,000	0	38,000	
6	Facilitator for training of community health workers and school teachers	Person	38	0	1	1,500	57,000	0	57,000	
7	Refreshment	LS							84,190	For number 1-6
8	Stationary including notebooks, pen, one flip chart and marker per CHS	LS							42,095	For number 1-6
Subtotal 1									990,385	
Part 2. Communication Material		Unit	QTY	Unit Cost						
1	Print Brochures: 15*8 inch, 150 gsm art paper, Double sided, quadrifold, no lamination	Each	98,600							100 brochure will be distributed per each CHW/ST
2	Print posters: A3, art paper, 130 gsm with lamination, single sided, portrait	Each	9,860							10 Poster will be distributed per each CHW
3	Transportation, distribution and displaying cost of awareness materials to districts	LS	1							
4	Elham TV (golden) 5pm-9pm	Minute	50	1500					75,000	50 minutes of each topic in 10 days
5	Jahan TV	Minute	50	1500					75,000	50 minutes of each topic in 10 days
6	Dunyae Naweem Radio (Golden) 7am-9am	Minute	100	80					8,000	100 minutes of each topic in 10 days
7	Shahr ba Shahr Radio (Golden) 7am-9am	Minute	50	450					22,500	50 minutes of each topic in 10 days
8	Elham Radio (Golden) 6pm-9pm	Minute	50	300					15,000	50 minutes of each topic in 10 days
Subtotal 2										
Part 3. HR and Administrviion cost		Unit	QTY	Unit Cost						
1	Provincial coordinator	Person	1							Responsible for overall campaign activites at provincial level
2	District campaign monitor	Person	14							To monitor CHWs/ST trainings at district level. See details in the ToR narrative
3	Monintor for media broadcasting	Person	2							Monitor media broadcasting for 10 days based on broadcasting schedule
4	Total Administrative cost of the campaign	LS	1							All administrave cost to be included
Subtotal 3										
Total= subtotal 1 + subtotal 2 + subtotal 3										

Budget summary sheet		
S/N	Activity name	Total budget requested
1	Kapisa awareness campaign	
2	Khost awareness campaign	
3	Kunar awareness campaign	
4	Paktia awareness campaign	
5	Parwan awareness campaign	
6	National Coordinator	
Grand-Total		

Important Note: For financial proposal, all the sheets in Annex 2 should be filled and submitted. This includes the five pages of provincial budget sheets and the Budget Summary Sheet.