

Request for Proposal (RFP) # 1424

Issuance Date: Aug 14, 2022

Closing Date: Aug 21, 2022

Advertise:

Jhpiego is seeking for qualified vendors to obtain proposal(s) for procurement of mobile health services in five cities (Kabul, Kandahar, Herat, Balkh, and Nangarhar). Please see Annex B for more details.

Annex A: Vendor registration form

Annex B: Scope of Work

Applicant Illegibility:

- The potential vendors must be registered with the government of Afghanistan and have a valid AISA or Business license. A Vendor's current, valid AISA or Ministry of Commerce Business License must be attached with its proposal.
- The potential vendors should provide an Official Bank Account with the same name as it is stated in Vendor's AISA or business license.
- The potential vendors should accept tax withholding based in Afghanistan Tax Law.
- All the cost should be stated in Local currency (AFN).
- Vendor to submit an acknowledgment letter signed by their organization head that they accept payments via bank transfer. Unavailability of such letter will disqualify the vendor from further evaluation

Selection Criteria: (please see the last page of Annex B)

- **Meeting the technical criteria, shortest delivery time and lowest price**

Please also submit a copy of company's updated business license, official bank account (with the same name as it is stated in business license) and a copy of tax identification number (TIN) letter.

Important Note: If the above-mentioned documents are not submitted along with the proposal, the proposal will be disqualified and will not be further evaluated.

The Price from those vendors who considered technically acceptable and meet or exceed the minimum required scores. Jhpiego will award a fixed price purchase order resulting from this solicitation to the responsible Vendor/s whose proposal conforming to this solicitation will be most advantageous to the project, price and other factors considered.

Jhpiego anticipates that this RFQ will result in a single award to a single Vendor; however, Jhpiego reserves the right to make multiple awards, if it is in the best interest of the project.

Penalty Charges: Jhpiego will add a clause to the purchase order as the result of this RFQ and may deduct a sum up to 1% of the Purchase Order total value for each day of delay beyond the agreed delivery time until the actual goods/service received.

Payment: Jhpiego will only make payment to the selected vendor's-maintained Bank Account after the delivery and acceptance of the required Goods/Services by Jhpiego.

Proposal Submission in Hard Copy:

Vendors are requested to submit their complete proposal to Jhpiego office in hard copy by no later than Aug 21, 2022, (3:00 p.m. Kabul, Afghanistan local time).

Jhpiego office located in Wazir Akbar Khan Street 15 roundabout, next to the Grill restaurant, in front of AWCC office.

No Proposal will be accepted if submitted in soft copy.

Email address for inquires and questions: Af.procurement@jhpiego.org

Proposals received after the RFQ deadline will be considered late and will be not be evaluated.

Issuance of this RFQ does not constitute an award commitment on the part of Jhpiego or any other organization/associated agency, nor is it commitment to pay for any cost(s)/liability (ies)/loss (es) incurred in the preparation or submission of response. The organization reserves the right to reject, with or without assigning any reason, any or all response(s), if such action is considered to be in the best interest of the project/organization.

No employee is authorized to negotiate or promise work on behalf of Jhpiego. Selected vendors will have an official Purchase Order with Jhpiego with authorized signatures.

Note: Tax will be withheld from all contractors for such procurement with a specified rate as per "Article- 72" of the Afghanistan Income Tax Law, 2009. Seven percent (7%) of the gross amount will be withheld if the contractor does not hold/submit a business license, and Two percent (2%) will be withheld if the contractor has/submits a business license. The withheld tax per the law will be remitted to the Tax Office in the name of company".

Yours Sincerely,

Jhpiego Corporation
Urban Health Initiative Project
Chief of Party

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VENDOR

Company name: _____

Representative name: _____

Signature & Stamp _____

Date: _____

Annex (A)
Vendor Registration Form

| | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 1. | Name of Firm/Company as described in the license/work-permit | | |
| 2. | Status of Organization (Proprietorship/Pvt./Public Ltd.) | <input type="checkbox"/> Proprietorship <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Other | If Other, Please Specify _____ |
| 3. | Year Business Establishment | | |
| 4. | Name of Proprietor/Director | | |
| 5. | Address of Main Office | | |
| 6. | Contact Details (every cell must be filled) | Contact Person Designation Phone No Fax No E-Mail ID | |
| 7. | Nature of Business | <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Other | If Other, Please Specify _____ |
| 9. | Is the Firm or person registered with the Government and or professionally licensed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Please Attach Copy of Registration |
| 10. | List of major products or services | 1. 2. 3. 4. | |
| 11. | Tax Identification Number (TIN): Please attach your TIN No. | TIN: | |
| 12. | Official Business Bank Account Information in the name of Company (every cell must be filled) and please attach a copy of your bank details. | Beneficiary Name: Bank Name: Account No: Branch: SWIFT Code: | |

Note: Vendors must fill the required information's; incomplete info will lead to bid disqualification from the proceedings. Please also attach a copy of business license, official bank account detail and a copy of TIN letter.

Annex B: SCOPE OF WORK (PROVISION OF MOBILE HEALTH SERVICES IN FIVE CITIES IN AFGHANISTAN)

BACKGROUND

The USAID-funded Urban Health Initiative (UHI) Project has the mandate of increasing coverage of the underserved urban population in five cities in Afghanistan. UHI is focusing on strengthening facility-based care, using a network approach, for more services such as deliveries, cesarean sections, newborn care, and specialized consultations. At the same time UHI is implementing outreach strategies to provide basic care closer to the population, reducing barriers like transportation time and costs for the clients.

As part of its outreach activities, UHI wants to expand the access to health services in the cities of Kabul, Kandahar, Herat, Mazar-e-Sharif, and Jalalabad through mobile clinics which should operate in the most marginalized and under-served areas of these cities.

UHI supported similar services in Kabul in 2021 and early 2022 with encouraging results, including high levels of satisfaction of clients and the leaders of the communities served.

This request for proposal (RFP) aims to obtain proposals from potential interested organizations with experience in health service delivery for the provision of ambulatory health services (as indicated below) in the five cities mentioned above.

PURPOSE

Provide integrated primary care services to the population in Kabul, Kandahar, Herat, Mazar-e-Sharif, and Jalalabad (one mobile service in each city) through mobile services. 4 mobile services in Kabul, and 2 in each province.

ACTIVITIES

The mobile services will operate in selected marginal areas of the mentioned cities selected jointly with UHI, five days a week, during office working hours, and will provide basic consultation, mother and child care, TB screening, immunizations, family planning, first aid, and laboratory sample collections by professional health staff. Some basic medicines such as analgesics and vitamins will be provided for free if provided by UHI; for other medicines patients will receive prescriptions to buy the drugs. Patients in extreme poverty may receive other medicines such as antibiotics, also provided by UHI, as an exception and upon certification of the communal authorities. Patients that need it will be referred to appropriate health facilities. The provider may charge a nominal fee for the services ranging from AFG10 for consultations to AFG80 for more specialized diagnostic tests (like ultrasonography exams). The money from these fees will stay with the provider to make additional improvements to the services. The model should be flexible and allow for adjustment of services according to the need/demand. The average number of patients that will receive services is initially expected to be between 1,000 and 1,500 per month per mobile service unit.

The provider shall implement all of the activities, including: 1) development of a detailed operational plan that includes coordination with local authorities, coordination with health authorities, selection of locations and schedules, resources needed including a list of medicines, 2) initial mobile clinic set-up, including installations, equipment, and staff, and 3) operation of the mobile clinic.

PERIOD OF IMPLEMENTATION

The services will be provided for an initial period of four months which could be extended to up-to twelve months, starting approximately in October 2022.

COORDINATION

The provider should ensure coordination with health authorities and facility managers in the areas of operation of the mobile services.

The provider should also coordinate with the UHI technical team which will provide technical assistance to the mobile service and conduct periodic monitoring of services provided and collect client/ community feedback

The average number of patients that will receive services is expected to be between 1,000 and 1,500 per month per mobile service unit.

REPORTING

The provider will be responsible for submitting monthly reports on services provided, including number of clients, type of services received, disaggregated by sex and age.

PROPOSAL

Interested applicants should submit a detailed work plan for the design, setting-up, and operation of the mobile services as well as a cost proposal. Costs should include initial setting-up of the clinic and operation.

EVALUATION CRITERIA:

- Demonstrated experience in providing quality ambulatory health services in clinics or hospitals (20%)
- Experience providing health services in the selected cities (20%)
- Demonstrated knowledge of the health system and public and private institutions in the five cities selected (20%)
- Ability to provide a team of qualified service providers and support staff (25%)
- Previous experience providing mobile health services desirable (15%)