**Expression of Interest (EOI)**

**APPLICATION FORM**

Common Unit to Manage the Global Fund (GFATM), invites Expression of Interest (EOI) from the National and International consultant firms who are on Active Taxpayers List of the their relevant revenue boards.

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **EOI No.** | **Description / Title** |
| 1. | CMU/006/2021 | Hiring of Services of Technical Assistance for Finalization of Prevalence Survey Protocols of National TB Prevalence Survey in Pakistan |

**Key requirements:**

1. Complete EOIs must be submitted through courier by/before 11:00 am on Tuesday May 18, 2021.
2. Applicant(s) should use Arial/Calibri font, 12 pt, in single spacing for the filling of application form.
3. Applicant(s) should observe the word limit; additional words outside the limit will be disregarded.
4. Applicant(s) must submit all required documents mentioned at S. No. 06 & 07 of application form.
5. EOIs must be submitted in accordance with selection criteria mentioned at Sr. No. o8 of this application form

EOIs/Application(s) review schedule:

|  |  |
| --- | --- |
| **Stage** | **Date** |
| **EOIs to be received by/before** | May 18, 2021 |
| **Tentative date for evaluation of EOIs** | May 30, 2021 |
| **Tentative date for Issuance of RFP to shortlisted applicants (After the approval of competent authority)** | June 04, 2021 |

# Information about the applicant (Organization):

|  |  |
| --- | --- |
| Name of Organization: |  |
| Full postal address, including country: |  |
| Area of expertise: |  |
| Overall relevant Experience in Years: |  |
| Website (if any): |  |
| Name of contact person: |  |
| Email: |  |
| Phone: |  |

# Information about key staff, Epidemiologist, Data management & Surveillance Specialist, Technical Advisor – TB Laboratory Expert or any other relevant expert in case of more than one person please add extra tables:

|  |  |
| --- | --- |
| Name |  |
| Qualification |  |
| Total Experience in years |  |
| Area of Expertise  Mention nature of experience and total year |  |
| Full postal address, including country: |  |
| Website (if any): |  |
| Email: |  |
| Phone: |  |
| Note: | Please attach resume of each key staff |

**3- Please provide detail of each public health related completed consultancies / project(s) as per following table. Please use one table for each project. You can add more table as per need:**

|  |  |
| --- | --- |
| Consultancy name: |  |
| Duration: |  |
| Geographical location / country of the project/consultancy: |  |
| Funding organisation and client: |  |
| Contact details of a reference at the funding organisation: |  |
| Relevance to this consultancy in terms of technical area with this EOI | 300 words max |

**4- Please provide detail of completed projects related to TB Prevalence Surveys designing, research and Monitoring. Please use one table for each project. You can add more table as per need:**

|  |  |
| --- | --- |
| Consultancy/Project name: |  |
| Duration: |  |
| Geographical location / country of the project/consultancy: |  |
| Funding organisation and client: |  |
| Total Cost of the assignment: |  |
| Contact details of a reference at the funding organisation: |  |
| Relevance to this consultancy in terms of technical area with this EOI | 300 words max |

**5- Additional capacity statement:**

#### Please include additional information to highlight your capacity to deliver the assignment required in this consultancy:

Maximum words: 1000 words

1. **Documents establishing eligibility to apply for EOI:**

|  |  |  |
| --- | --- | --- |
| **S#** | **Particular** | **Requirement(s)** |
| i. | Filled Signed and Stamped EOI Form | Please submit duly filled form in duplicate. Original & Copy |
| ii. | Legal Status of the organization | Please attach attested copy |
| iii. | Proof of active tax payer / equivalent certificate for an international organization. | Attach attested copy of proof |
| iv. | Profile of the firm/organization/company/institute having experience in public health. | Please attach a copy |

1. **Required documents for evaluation of EOI:**

|  |  |  |
| --- | --- | --- |
| **S#** | **Particular** | **Requirement(s)** |
| i. | Last two years audited financial statements | Please attach attested copies |
| ii. | List of overall projects completed.  With brief of project inclusive of duration and total cost of last five projects. | Please attach detailed list. |
| iii. | List of TB prevalence survey conducted  With name of procuring agency, donor, duration and total cost of the project. | Please attach detailed list |
| iv. | List of community-based survey in public health conducted With name of procuring agency, donor, duration and total cost of the project. | Please attach detailed list |
| v. | Organizational organogram | Please attach a copy |
| vi. | Brief profile of key staff with qualification, total experience in current organization, total relevant experience and individual’s skills etc. | Please submit list on company/firm’s letter head  and CVs. |

1. **Evaluation Criteria:**

Evaluation criteria for EOI is mentioned below:-

|  |  |  |
| --- | --- | --- |
| **S #** | **Required Criteria** | **Marks** |
|  | Registered Organization (local / international) | 05 |
|  | Previous TB Prevalence Surveys International Monitoring Experience | 15 |
|  | Experience in Designing TB prevalence survey | 15 |
|  | Working experience with international partners in Health sector | 10 |
|  | Previous experience in research on Regional National and TB Planning for surveys | 15 |
|  | International organization should have professional team of Senior Epidemiologist 8-10 years Public Health experience | 15 |
|  | International organization should have strong technical team of public health experts i.e., epidemiologist, laboratory specialist, bio-statistician etc. (Master / PhD in public health related fields) | 15 |
|  | Evidence through publications for engagement in international prevalence survey | 10 |

1. **Method of procurement:**

The only shortlisted applicants will be requested for the submission of technical and financial proposals at later stage. Procedure for Selection under the Quality Based Selection will be applied for the selection of an international/national organization/academic body/ university/ institute.

The EOI application form and above documents are available at [www.ntp.gov.pk](http://www.ntp.gov.pk)

1. **Submission Details:**

Please submit two set of EOIs along with required documents mentioned under serial no. 06 and 07 in separate sealed envelopes, clearly mentioning “EOI Number and title of the services.

Please also submit soft copy of filled EOI form and required documents at given below email address.

1. **Annexure(s)**

# Terms of Reference (ToRs) Pakistan National Tuberculosis Prevalence Survey-I

1. **Query/Clarification:**

Any query or clarification can be addressed through email i.e. [hamid@ntp.gov.pk](mailto:hamid@ntp.gov.pk)

1. **Postal Address:**

Procurement Officer

PSCM Unit CMU PR-GFATM, C-Block, EPI Building, Park Road Chak Shahzad, postal code 44000, Islamabad, Pakistan. Phone +92 51 8438081

|  |  |
| --- | --- |
| **Application Submitted by: (Name)** |  |
| **Designation:** |  |
| **Signature & Stamp** |  |