IOM Mission – (Afghanistan)

***Call for Expression of Interest***

1 ***Timeline***

|  |  |
| --- | --- |
| Call for Expression of interest ID # |  |
| Posted (date) | 25 May 2022 |
| Clarification Request Deadline | 30 May 2022 |
| Application Deadline | 5 June 2022 |
| Notification of Results  | 10 June 2022 |
| Implementation Start Date | 15 June 2022 |
| Implementation End Date | 31 August 2022 |
|  |  |

2 ***Locations***

1. Herat Province,
2. Kandahar province
3. Helmand province
4. Nimroz provinces

3 ***Sector(s) and area(s) of specialization***

Migration Health Unit, Emergency preparedness and response COVID 19- Hospital support

4 ***Issuing Agency***

IOM

5 ***Project Background***

The COVID-19 pandemic continues to pose a significant challenge to the health and wellbeing of Afghans, considering the country’s underdeveloped and fragile health systems, general living conditions and high rates of poverty. The recent announcement of severe funding cuts to the health system will have long-lasting implications, as organizations and donors’ step in to try and fill the gap. The high trends of cross-border mobilities with the neighboring countries, on-going dynamic and deteriorating security environment significantly impact all health indicators. Low testing capacity and vaccination rates for COVID-19, a reluctance on the part of community members to be tested, and socio-cultural norms have combined to further deter health seeking behavior. Afghanistan’s history of protracted violence has had a direct impact on the physical and mental health status of affected populations and compromises the overall functional capacity of health care services especially in remote/rural areas. This is also characterized by significant increases in the number of war trauma cases. The country also suffers from a high burden of Communicable Diseases (CDs) like tuberculosis and increasing prevalence of Non-Communicable Diseases (NCDs). Afghanistan also faces more challenges in its response to the increasing needs for emergency health services due to the upheaval in August 2021.

With 179,267confirmed COVID-19 positive cases, and 7,690 causalities and less than 4,710,456 persons fully vaccinated , as reported by the Ministry of Health (MoPH)/ and World Health Organization (WHO), Afghanistan is one of the countries at heightened risk for a potential fourth wave of the pandemic. The public health system is already fragile due to lack of funding, widespread insecurity and economic downturn. Limited resources for testing also deter people accessing health services. Due to limited public health resources, lack of people coming forward for testing, as well as the absence of a national death register, confirmed cases of and deaths from COVID-19 are likely to be underreported overall in Afghanistan. Despite the new surge, widespread complacency and failure to follow public health advice in Afghanistan is creating grave risks in the community with people generally not observing physical distancing or mask-wearing protocols. As part of the IOM mission to deliver health care services in emergencies. IOM in collaboration with the Ministry of Public Health (MoPH), propose to support the COVID-19 response activities in the COVID-19 hospitals in Herat, Kandahar, Helmand provinces. This support by IOM will include both technical, operational and financial support. IOM will deliver the support to these COVID-19 Hospitals through the recruitment of local Implementing Partners (IPs) in the mentioned provinces. IOM in coordination with MoPH make a call for advertising RFP/EOI aiming to receive applications from the interested local implementing partners who meet the requirement. The implementing partners will be selected based on certain criteria in close consultation with MOPH.

To ensure that the beneficiaries receive quality services, and that the selected IPs implement the project activities efficiently, and within the agreed timeframe maintaining the highest level of transparency and accountability, IOM in consultation with the MoPH agreed to develop a Joint Technical Review and Monitoring Committee to assess, evaluate and select the successful Expression of Interests/ project proposals submitted by the local Implementing Partners to IOM and MoPH.

6 ***Expected Results***

|  |  |
| --- | --- |
| **N°** | **Deliverable and expected Results** |
|
| **D-1** | **Inception phase**  |
| 1 | Orient stakeholders on revision in project implementation plan |
| 2 | Functionalize the agreed COVID-19 hospitals and Vaccination Teams  |
| **D-2** | **To Manage cases and isolate of COVID-19 suspected and confirmed cases:** |
| 1 | Maintain the COVID-19 Specific hospital at provincial level |
| 2 | Provide remuneration, risk benefit, food cost and other benefits ( approved guideline) |
| 3 | Manage running cost – including winterization, renovation and maintenance of the isolation ward |
| 4 | Implement WHO guideline for case management  |
| 5 | Prevent potential transmission of infection to other patients and staff |
| 6 | Perform timely transfer of specimens according to standard guideline |
| **D-3** | **Vaccination Activities** |
| **1** | Administer the COVID-19 vaccine through the MHT |
| **2** | Follow up vaccine derived adverse effects after vaccination and report to PPHD for appropriate management |
| **D-4** | **Infection prevention and control measures at the health facility level/hospital level** |
| 1 | Triage, applying standard precautions for all patients, and enhance administrative control |
| **D-5** | **Strengthening Reporting** |
| 1 | Submit Monthly Activity Progress Report. |
| 2 | Submit Monthly Financial Report. |
| 3 | Submit daily reporting as per the surveillance guideline of COVID-19. |
| 4 | Provide any other reports as needed to the MoPH/ IOM |
| **D-6** | **Supervision and monitoring**  |
| 1 | Conduct regular supervisory visits from different component of project at HF and community level |
| 2 | Conduct monitoring visit by Kabul Main office ( at least once per month) |

7 ***Other Information***

Project workplan:

A detailed action plan is required to be develop by the applying implementing Partner for an initial duration of 3 months based on the objective and requirements of the project objectives/ activities mentioned in the background partof the RFP. The proposed workplan needs to be realistic and adhere to the implementation timeframe.

8 ***Selection Criteria***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Criteria  | sub-criteria | (A) | (B) | (C) | BXC= Total Points |
| Maximum Point | Points attained by applicant | Weight |
| Specific experience and expertise relevant to the assignment | Legally Registered with GovLicense is validHealth BackgroundRegistered with MOPHDoes the organization has past experience in the target provinces | 100% |   | 50% |   |
| Technical approach and methodology – understanding nature and scope work | Quality of the proposal Does the organization superficially develop the goal and objective based on TOR?Does the organization develop Project Log frame in quality?Is there a complete implementing methodology? | 100% |   | 30% |   |
| Implementation (work) plan and management plan | Quality of the workplan Value for money | 100% |   | 20% |   |
| Grant score all Criteria  |   | 300 |   | 100% |   |

9 ***Attachments***

|  |  |
| --- | --- |
| Description | URL |
| ANNEX A – Terms of Reference | (Insert link) |
| ANNEX B - Implementing Partner References Checklist | (Insert link)  |
| ANNEX C - Implementing Partners General Information Questionnaire  | (Insert link) |
| ANNEX D - Concept Note Template | (Insert link)  |
| *ANNEX - E Financial and Narrative Reporting Templates* | (Insert link)  |
| *ANNEX F - Project Implementation Agreement Template*  | (Insert link)  |

10 ***For more information on this partnership opportunity, and to apply, please visit***

 (Insert IOM website portal)

The organizations responding to this call need to demonstrate their capacity to implement all listed activities as a single package. Partial applications for individual activities will not be considered.

IOM reserves the right to cancel/reduce the scope of planned activities or to introduce new/broaden the scope of the existing activities. Selected Implementing partner needs to be ready to develop a detailed budget based on submitted proposal in two weeks upon receiving the notification from IOM.

All applicants will receive written notification, within the two weeks after the deadline for the submission of Concept Note, of the outcome of the selection process. Should an applicant request further clarification, IOM will provide a response explaining the transparency and integrity of the selection process undertaken.

IOM reserves the right to decline disclosure of the specificity of decision derived by the IOM mission due to reasons related to confidentiality.

IOM reserves the right to accept or reject any Expression of Interest, and to annul the selection process and reject all Expression of Interest at any time, without thereby incurring any liability to the affected Implementing Partners.

For more information, please contact IBRAHIMKHAIL Ahmad Shah, sending email to aibrahimkhail@iom.int

**Expression of Interest submission guidelines**

This document contains instructions on the preparation and submission of the Application including Annex A: IP Information.

1. The Application must be submitted either by hand or through mail in sealed envelope to IOM with office address at Iomkabulmhu@iom.int no later than 5 June 2022 at 23:59 pm of deadline of submission. Late Application will no longer be considered.
2. A detailed description must be provided on how the requirements specified in the Call for Expression of Interest (CEI) issued by IOM will be matched by the capabilities, experience, knowledge and expertise of the Implementing Partners
3. The Application must be submitted in one original and one copy and envelop must be marked “Original” and “Copy” as appropriate. If there are any discrepancies between the original and the copy the original governs. Both envelopes shall be placed in an outer envelope and sealed. The outer envelope shall be labeled with the submission address, reference number and title of the Project and name of the Implementing Partner.
4. The Application must be submitted in the English language and in the format prescribed by IOM within the CEI. All required information must be provided, responding clearly and concisely to all the points set out. Any application which does not fully and comprehensively address this CEI requirements may be rejected.
5. The Application document should comprise of the following:
	1. Cover Letter;
	2. Duly accomplished application documentation as outlined within the CEI signed on all pages by the Implementing Partner’s Authorized Representative; and
	3. Any other relevant documents
6. Applications may be modified or withdrawn in writing, prior to the closing time specified in this Request for EoI. Applications shall not be modified or withdrawn after the deadline.
7. The Implementing partner shall bear all costs associated with the preparation and submission of the Application and IOM will not in any case be responsible and liable for the costs incurred.
8. IOM at no occasion will ask an application fee from Implementing Partners.
9. All information given in writing to or verbally shared with the Implementing Partners in connection with this CEI is to be treated as strictly confidential. The Implementing Partner shall not share or invoke such information to any third party without the prior written approval of IOM. This obligation shall continue after the selection process has been completed whether or not the Implementing Partner application is successful.
10. IOM will treat all information (or that marked proprietary/sensitive/financial) received from Implementing Partners as confidential and any personal data in accordance with its Data Protection Principles.
11. The Implementing Partner by submitting an application gives consent to IOM to share information with those who need to know for the purposes of evaluating and managing the proposal.
12. IOM reserves the right to accept or reject any Application, and to cancel the process and reject all Applications, at any time without thereby incurring any liability to the affected Implementing partner or any obligation to inform the affected Implementing partner of the ground for IOM’s action.

**Annex B\_-IMPLEMENTING PARTNER REFERENCES CHECKLIST**

The below information is requested to be include in the response to the CEI issued by IOM:

**TABLE 1 – MAIN IMPLEMENTING PARTNER EXPERIENCE IN LAST THREE YEARS (free format)**

• Starting Month/ Year

• Ending Month / Year

• Donor / Lead partner

• Description of projects

• Contract Amount

Remarks ( Provide documentary evidence)

**TABLE 2 – SIMILAR EXPERIENCE IN LAST THREE YEARS (free format)**

• Year

• Donor / Lead partner

• Description of projects

• Contract Amount

• Remarks (Provide documentary evidence (\*))

**TABLE 3 – LIST OF KEY STAFF MEMBERS (free format)**

• Name

• Designation Qualification

• No. of Years of Experience

Provide an organizational chart and detailed CVs for key management and personnel in the Organization

**TABLE 4 – ANY OTHER INFORMATION (free format)**

In addition to the required information, Implementing Partners may provide any other related documents

IOM Mission – (Afghanistan)

IOM Call for Expression of Interest ID#:

**Annex C -Implementing Partners General Information Questionnaire**

|  |  |
| --- | --- |
| Call for Interest ID number: |  |
| Full name of the Organization and abbreviation: |   |
| Address and e-mail of contact person: |   |
| Date of completion: |   |
| Existing partnership with IOM? |   |
| If yes, when did the cooperation with start? |   |
|  |  |
| **A. BACKGROUND AND GOVERNANCE**  |
| Is your organization legally registered in the country(ies) of implementation? If yes, please provide registration number/proof. If not, please explain.  |  |
| What is the status of the organization (e.g. IO/iNGO, NGO, etc)?  |  |
| Does the organization produce an annual audited financial statement that is publicly available? If not please explain.  |  |
| Does the organization`s management or ownership have any affiliation to IOM that would result in a conflict of interest?  |  |
| Who has influence over the organization? |   |
| When was the Organization founded? |  |
| When was the Organization last assessed by IOM or another UN entity?  |   |
| Date of last external evaluation and the name of the evaluator. Can the evaluation be shared with IOM? |   |
| **B. Organizational Structure**  |
| Is an updated organizational structure/chart and the CVs of key personnel attached to the application? |  |
| Where does the organization work in the country and what is its in-country structureand field presence? |   |
| How many staff members work in the country office/programme? |   |
| Are the all the main operational functions adequately staffed and resourced (finance, logistics, implementation, M&E)? |  |
| Does the organization have personnel guidelines? |  |
| Does the organization have personnel security procedures? |  |
| **C. EXTERNAL ENGAGEMENT AND INFLUENCE** |   |
| **Networks and coordination** |  |
| Is the organization involved in networking with other Civil Society Organizations, humanitarian organizations or networks? If yes, please provide details.  |  |
| Does the organization coordinate its work with other Civil Society Organizations (local, national, international)? If yes, please provide details. |  |
| How does the organization interact with beneficiaries and communities? |  |
| Does the organization coordinate with the government/authorities? |  |
| Does the organization engage in public or political processes (i.e. national and local government policy or budget discussions / decisions) |  |
| **Information and advocacy** |  |
| Does the organization produce information materials regularly? If yes, please describe. |  |
| Does the organization hold public events for fundraising or other purposes? If yes, please describe. |  |
| Does the organization work through the media? |  |
| Does the organization use advocacy as a foundation of its work? If yes, please describe. |  |
| Does the organization perform any lobbying activities? If yes, please describe. |  |
| **C. PROGRAMMATIC CAPACITY** |   |
| Does the organization have a stated mission and vision? Please provide the link if publicly available. |   |
| What are the target group(s)/ beneficiaries of the organization? |   |
| What is the geographical focus of the organization? |   |
| What is the programmatic focus of the organization? |   |
| Does the organization have a documented risk register and a risk management process? |  |
| **Does the organization:** |  |
| Uphold and abide by the humanitarian principles? |  |
| Support the provision of impartial assistance solely based on needs? |  |
| Operate independently without the imposition of a political agenda? |  |
| Uphold a do-no-harm approach? |  |
| Have a long-term plan/strategy in place? |  |
| Have a framework for Accountability to Affected Populations? |  |
| Have a Code of Conduct or other ethics policy? |  |
| Have policies and procedures to prevent sexual exploitation and abuse? |  |
| **D. FINANCIAL CAPACITY** |  |
| What donors are currently supporting the organization’s programmatic activities? |   |
| What is the current overall budget for the organization’s activities? |   |
| Has the organization faced any liquidity or solvency related challenges during the past three years? If yes, how was it resolved?  |   |
| **Accounting system** |  |
| Does the organization have detailed policies documenting its accounting standards, rules and procedures?  |  |
| Which accounting standards the organization follows (IPSAS; IFRS, national)?  |   |
| Which accounting software does the organization use and is it integrated with other functions (e.g. HR, procurement, etc.)?  |   |
| What is the document retention policy in relation to accounting and supporting documents? How does the organization ensure a safety of archives from theft, fire, flooding etc.? Were there any challenges faced in this respect during the last three years? |   |
| Are all costs booked in the organizations accounts in a timely manner? |  |
| Can the organization provide periodic financial reports at the project level? |  |
| **Financial control** |  |
| Does the organization have its own bank account registered in its own name? |  |
| Does the organization have established internal audit functions?  |  |
| Is there a regular requirement for external audit on the companies accounts and if yes, is it carried out in a timely manner? |  |
| Does the organization comply with the audit recommendations received? |  |
| What are the main characteristics of the internal control system in place? Were there any challenges faced in this respect during the last three years? |   |
| How does the organization ensure sufficient segregation of duties?  |   |
| Is there a system in place to avoid double reporting of expenses to donors? Des the organization have a project accounting solution in place to facilitate related controls?  |   |
| **Cost effectiveness** |  |
| Is the organization cost conscious? What principles are followed to minimize costs? |  |
| Are quotations or invoices collected before purchases are made? |  |
| **E. PROCUREMENT AND SUPPLY CHAIN CAPACITY** |  |
| Describe the logistical setup of the organization. |   |
| Does the organization have and follow counterterrorism policies requiring systematically vetting partners and suppliers against recognized lists of terrorists? |  |
| **Procurement** |  |
| Does the organization have clear procurement regulations? If yes, please share a copy.  |  |
| Was the organization's procurement policy reviewed and accepted by other organizations and/or donors? |  |
| Does the organization have a clear policy for segregation of duties and delegation of authority in the procurement process? |  |
| Does the organization have (and use) a procurement plan? |  |
| Does the organization uses ERP system to post procurement transactions? |  |
| **Asset and warehouse management** |  |
| Does the organization have an asset database? |  |
| Does the organization have established protocols for handing over, write-off, sales and disposals of assets? |  |
| Does the organization have procedures for managing stocks and warehouses? |  |

I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name/ Signature/ Date