

## REQUEST FOR PROPOSALS (RFP)

**Service Required:** Seeking a company to conduct a national assessment of the Private Sector working within Afghanistan's health sector.

**RFP #** 217657.IAD.002

**Services Required:** *This Request for Proposal (RFP) is issued to select the best candidate to implement an assessment of Afghanistan's Health System Value Chain.*

**Proposal Validity Period:**      **90 Days**

**Date of Issuance:** January 17, 2018

**Deadline for Questions:** January 31, 2018

**Closing Date:** February 15, 2018

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## PART 1 – INSTRUCTIONS FOR BIDDERS

As this is a USAID--funded Program, all bidders are required to follow USAID Procurement Regulations and Laws including the Procurement Integrity Act 41 U.S.C. §423. All bidder details will be kept confidential.

Attached are the following documents to assist in the preparation and submission of a proposal:

Part 2:	Terms of Reference
Part 3:	Conditions of Proposal
Part 4:	Proposal Evaluation Criteria
Part 5:	Technical Proposal Format
Part 6:	6.1 Cost Proposal Format 6.2 Budget Narrative
Part 7:	RFP - Detailed

Attachment One: Work Plan Template

Attachment Two: Competitive neutrality

Attachment Three: FGGO Business Partner Code of Conduct

Any Proposal received by FGGO will be on the basis that all terms and conditions in this Proposal document and the briefing guidelines are understood and accepted by the bidder.

Proposals should be submitted in English to the contact persons identified on this cover page of the RFP.

1. Application should be separated into two parts:

- a) Technical Proposal
- b) Cost Proposal

2. Technical Proposal should be typed in Arial, font size 10. Technical Proposal and relevant appendices should be submitted together as a PDF File. The PDF file should be zipped/compressed in a folder and titled.

3. The Cost Proposal should be submitted as an Excel document, with the budget narrative (Arial, font size 10) in a PDF file. The files should be zipped/compressed in a folder and titled.

Submission of Questions: Questions regarding any aspects of this RFP may be submitted via email to **(Najimia Amarkhail)** no later than **January 31, 2018**. No questions will be answered over the phone or in person; all questions must be in writing.

Proposals are due on February 15, **2018**. Please address your questions to the email address: **[Najimia.amarkhail@thepalladiumgroup.com](mailto:Najimia.amarkhail@thepalladiumgroup.com)**, submit your proposal in hard copy sealed envelope to HSR , office at address: House No.315, Beside German Clinic, 3rd Ansari Watt, Shahre Naw, Kabul, Afghanistan

## PART TWO – TERMS OF REFERENCE

### **Background:**

This Request for Proposal (RFP) is issued to select the best possible candidate to implement one of the most impactful assessments ever undertaken within Afghanistan's Health System Value Chain.

USAID's Health Sector Resiliency program (HSR) has been tasked with conducting a national assessment of the private sector working within Afghanistan's health sector.

The assessment RFP reflects a holistic and strategic approach that is designed to reach throughout the value chain of the health system and identify/enable changes that will improve patient care through systemic improvements across the private sector.

HSR seeks the best possible ideas and recommendations that will meet the purpose, timeframes and outcomes outlined below.

### **Scope of Work**

The assessment will include the primary elements the value chain of the health system. It is designed to assess the current state and to identify the GAPS, barriers and constraints that are impacting the delivery of quality health care, products and services. It will enable changes that will improve patient care through systemic improvements across the private sector thus simulating quality improvement, investment and growth.

The assessment reflects a holistic and strategic approach that will reach throughout the value chain of the health system. It is designed to assess the current state and to identify the GAPS, barriers and constraints that are impeding the delivery of quality health care, products and services. It will enable changes that will improve patient care through systemic improvements across the private sector thus simulating improved patient care, quality improvement, investment and growth.

The assessment will include the main population centers of Kabul, Herat, Kandahar, Nangarhar and Balkh. It will also both identify and include the surrounding rural and semi-rural catchment areas of each of these population centers in order to understand the flow of patients for various services as well as an analysis of the Outbound Medical Cost

The assessment contains two inter-related components. The first is an assessment of the private sector within the five main city areas and their respective catchment areas. This work will be based on (1) Physical GPS based grid-mapping of the five primary city areas, (2) Identification of all health related services (licensed and unlicensed) within the various sub-sectors of private for-profit sector such as hospitals, clinics, labs, pharmaceuticals, medicines, medical products and equipment, sole practitioners and medical education institutions, (3) Selection of a representative sample within each category for in-person interviews, (4) Transfer of this data into a HMIS database system, (5) Critical analysis of the data and intelligence derived and (6) production of a detailed report/analysis and recommendations.

The second component is the validation and analysis of the Outbound Medical Cost. Lack of quality essential secondary and tertiary care, leads to approximately US\$285<sup>1</sup> million being spent annually by Afghans seeking healthcare abroad. The work within this RFP would include the critical analysis of the destination, purpose, length of stay, number of individuals and money spent.

**At a strategic level, the outcomes will include:**

- Informing and influencing policy making and program planning
- Understand the current business enabling environment
- Instruct government
- Provide market data, GAP analysis, identify barriers and opportunities
- Inform and enable the private sector to engage and attract investment through direct investment, businesses to business (B2B) partnership, small and large-scale PPPs.

**The tactical outcomes include:**

- A real picture of the current problems and challenges.
- GPS mapping and database access that allow investors to analyse GAP / opportunities and private sector businesses to position their business relative to the competition and market needs.
- Impact of the catchment areas
- Outbound medical cost, destinations, duration and service performed
- Identification of types of services and products
- Information on existing/possible investments
- Ability of the patient to pay, determine actual vs perceived value for service
- Geographic distribution of services, market GAPS and needs
- Required quality improvements based on in-person interviews.
- GAP/opportunity analyses that includes workforce and quality of skills, education levels, services and products, geographic coverage of services, quality and improvements, staffing issues/requirements and equipment / technology needs.
- Information on disabled persons, elderly an mental health, including (1) Locations; (2) Services offered; (3) Needs; (4) Education of Staff and; (5) Facilities.
- Specific information on women, including (1) Individual – services offered, needs, education of staff, women owned business, women in senior positions, % make-up of total staff; (2) Facilities – waiting rooms, toilets, delivery rooms; (3) Family protection centres and sexual abuse policies.

**Eligibility**

The eligibility and selection of the company/organization to deliver against the RFP and final contact will be based on the following criteria:

1. Substantial and licensed presence in Kabul
2. High percentage of the use of local staff to conduct the work
3. 8-12 years of experience in Afghanistan
4. Health sector experience in Afghanistan and the region

5. Private Sector experience in Afghanistan
6. Analytical and data interruption against outcomes
7. Methodology, sampling techniques and analytical tools
8. Use of innovative solution and ideas
9. Quality control methods
10. Has successfully conducted similar assessments
11. Familiarity with USAID requirements
12. Key staff in the 5 main areas designated for the assessment
13. Ability to grid-map city areas and use of GPS mapping and recording
14. Technological solutions for data gathering, mapping and reporting
15. Ability to upload to the HMIS database
16. 3 references on a similar project
17. Time to complete
18. Value-for-money

**Timelines**

It is anticipated that the work would be completed within 3 to 4 months from the time of contract signing.

## PART THREE – CONDITIONS OF PROPOSAL

Eligibility: Non-governmental organizations, companies and individuals (partnering with an organization). Only one proposal submitted per organization.

### 1. Proposal Content

1.1 The proposal must contain the following:

- a) A cover letter to the Proposal for the activity (specify the Activity Name)
- b) A technical proposal
- c) A cost proposal




1.2 Every Proposal shall state in the submission:

- a) in the case of an individual, full or given names, surname, and address
- b) in the case of a business name, the names and address of all proprietors
- c) the full name of the company and the address of the registered office of the company and registered business number along with copy of business registration license.

### 2. Proposal Assessment Process

2.1 Proposal must comply with the requirements of the Terms of Reference (TOR). Compliance with the TOR will be determined solely by Palladium. Failure to submit a proposal including the information required by the TOR will factor into Palladium's assessment of the level of compliance of with the Request for Proposal and may result in rejection of the proposal. The detailed TOR is attached as Part 7 of this RFP.

2.2 The Palladium Group will evaluate proposals on the following basis:

-  a technical assessment;
-  a financial assessment;
-  other factors, which may impact on the Tenderer's performance

2.3 The Procurement Committee will assess Proposals based on the Proposal Evaluation Criteria specified in Part 4 of this RFP.

2.4 Palladium reserves the right:

- a) to accept or reject any proposal, and to annul the proposal process thereby rejecting all proposal, at any time prior to the award of contract
- b) to cancel or vary the Request for Proposal process at any time whether before or after the closing date
- c) to reject any proposal that does not adhere to the structure and content requirements as outlined in this Request for Proposal.
- d) to accept proposals for the whole or any part of the requirement
- e) to negotiate with the most favorable bidder on the cost proposal
- f) to require any additional certifications and vary the language in the final sub agreement template.

- 2.5 Palladium shall not be bound by any oral advice given or information furnished, but shall be bound only by written advice or information.
- 2.6 The conduct of this Request for Proposal shall not be construed in any way as a legally-binding agreement between Palladium and another Party or the acceptance of any liability by Palladium.
- 2.7 A proposal will not be considered in a case where the bidder or a representative of the bidder gives or offers anything to an employee or agent of Palladium as an inducement or reward, which could in any way tend to influence the actions of that employee or agent.
- 2.8 Bidders will develop all proposals and in the event of a successful bid and eventual contract perform all activities in accordance with Palladium's Business Partner Code of Conduct, included here in Attachment Six.

### 3. Evaluation of Proposal

- 3.1 An Internal Procurement Committee will evaluate proposals according the following criteria:

#### Technical:

- The Technical Assessment of the Tender will account for 80% of the overall score using the following formula:

$$\text{Technical Score} = \frac{\text{Bidder's Weighted Technical Score (out of 100)}}{\text{Highest Weighted Technical Score (out of 100)}} \times 80\%$$

- The Procurement Committee, in assessing the technical part of the Tender, will consider the Selection Criteria specified in Part 4 of this RFP.

#### Cost: Value for Money

- Following consideration of the technical merit of the proposals, a like-for-like price assessment will be undertaken by Palladium of the proposals assessed as technically suitable. The like-for-like price assessment will represent 20% of the overall score.
- The following formula for the scoring and ranking of proposals on the basis of price and value for money will be used:

$$\text{Price - Value for Money Score} = \frac{\text{Bid Price of Lowest Priced Technically Acceptable Bid}}{\text{Bidder's Bid Price}} \times 20\%$$

- Bidders should note that financial submissions for those proposals assessed by the Procurement Committee as not technically acceptable will not be subject to financial assessment.

### 4. Acceptance of Proposals

- 4.1 Palladium is not bound or required to accept the lowest priced Tender or any Tender.
- 4.2 A Tender will not be deemed to be accepted unless and until a Contract based on the Contract Conditions and acceptable to Palladium, is signed by Palladium.
- 4.3 Palladium reserves the right to enter into negotiation with any other Tenderer if contract negotiations cannot be concluded with the preferred Tenderer.

### 5. Lodgment of Proposals

5.1 It is the responsibility of the bidder to ensure that the proposal is received at Palladium by the closing date and time prescribed in this Request for Proposal. A proposal lodged after the closing date is a late proposal and may be excluded from consideration at Palladium's sole discretion.

5.2 Palladium will not consider or entertain any queries about a decision to assess or reject a late Proposal.

5.3 Proposals are to be in English and all pricing and costs are to be in US Dollars.

## **6. Bidder Costs**

6.1 Bidders are responsible at their own cost for:

- a) making all arrangements and obtaining and considering all information relating to the Terms of Reference.
- b) the preparation, delivery and lodgment of their proposals
- c) costs associated with any issues that may arise, including disputes, related to the proposal process

## **7. Confidentiality**

7.1 Bidders must keep any discussions or contact with Palladium in connection with the Invitation to proposal and any Contract negotiations, strictly confidential and shall not disclose such information to any third party.

## **8. Request for Information**

8.1 Any prospective bidder may within a reasonable time before the closing date request information on any point of clarification in this Request for Proposal. The information requested shall be given in writing by Palladium as soon as practicable, and where in the opinion of Palladium the information could have an effect on other bidders, that information shall be given in writing to all known prospective bidders.

## **9. Bidder Acceptance of Conditions**

9.1 A proposal lodged in response to this Request for Proposal does so with agreement to these Conditions of Proposal unless any departures from these Conditions are detailed in the proposal submission. Palladium reserves the right to reject or accept any departure from these Conditions of Proposal, and thereby determine that the proposal submission is non-conforming for that reason.



## PART FOUR- PROPOSAL EVALUATION CRITERIA

The following selection criteria will be used:

<b>Technical</b>		
I.	Organizational experience	10 pts
II.	Consultant/Staff experience/Staff plan	30 pts
III.	Technical design (ie: Approach and methodology, study design, etc.)	40 pts
IV.	Work plan/Timeline and Implementation Methodology	20 pts
Minimum technical score: 70		
<b>Cost</b>		
Cost effectiveness – Value for money		
The weights given to the Technical and Cost Proposals are: T =80% [0.8], and C = 20% [0.2]		

\*The proposal submission format must clearly address the criteria above as this will impact on the assessment process.

## PART FIVE – TECHNICAL PROPOSAL FORMAT

Document Section	Check List Y/N
1. Table of Contents, including page numbers	
2. Full contact details of key person in the firm	
3. Letter of Submission on letterhead signed by the authorized representative acknowledging agreement to the terms and conditions of the RFP and certifying that all information offered in the submitted proposal are true, accurate, and complete (1 page)	
4. An executive summary (max. 1 page)	
5. Background of the organization's relevant work (max. 1 page per example experience, max. 2 pages)	
6. Background of consultants' relevant work (max. 2 pages) <ul style="list-style-type: none"><li>Narrative description of each consultants' relevant work</li></ul>	
7. Approach and Methodology (max. 10 pages, including charts and tables)	
8. Work plan (max. 2 pages) <ul style="list-style-type: none"><li>Table template - must specify number of in-country field days per consultant.</li><li>Narrative – provide narrative description or explanation as necessary in addition to the table</li></ul>	
9. CV's of key proposed staff (max. 2 pages per CV)	

10. Annex: Letter of commitment from any subawardee or partners proposed;  
and additional appendices as necessary

## PART SIX – COST PROPOSAL FORMAT

**\*Section six is attached separately. Please provide a detailed budget and budget narrative for planned work. Prices should be inclusive of any applicable taxes.**

## PART SEVEN – DETAILED TOR

Attached

**AFGHANISTAN's HEALTH SECTOR**  
**NATIONAL PRIVATE SECTOR ASSESSMENT**  
**RFP - REQUEST FOR PROPOSAL**

*This Request for Proposal (RFP) is issued to select the best candidate to implement an assessment of Afghanistan's Health System Value Chain.*

USAID's Health Sector Resiliency program (HSR) has been tasked with conducting a national assessment of the private sector working within Afghanistan's health sector.

The assessment reflects a holistic and strategic approach that will reach throughout the value chain of the health system. It is designed to assess the current state and to identify the gaps, barriers and constraints that are impeding the delivery of quality health care, products and services. Eventually it is foreseen that a better understanding of the private sector will enable changes that improve patient care through systemic improvements across the private sector thus simulating improved patient care, quality improvement, investment and growth.

The assessment will include the main population centers of Kabul, Herat, Kandahar, Nangarhar and Balkh. It will both identify and include the surrounding rural and semi-rural catchment areas of each of these population centers to understand the flow of patients for various services as well as an analysis of the outbound medical cost.

The assessment contains two interrelated components. The first is an assessment of the private sector within the five main city areas and their respective catchment areas. This work will be based on (1) Physical GPS-based grid-mapping of the five primary city areas (2) Identification of all health related services (licensed and unlicensed) within the various sub-sectors of private for-profit sector such as hospitals, clinics, labs, pharmaceuticals, medicines, medical products and equipment, sole practitioners and medical education institutions (3) Selection of a representative sample within each category for in-person interviews (4) Transfer of this data into a HMIS database system (5) Critical analysis of the data and intelligence derived and (6) Production of a detailed report/analysis and recommendations.

The second component is the validation and analysis of the outbound medical cost. Lack of quality essential secondary and tertiary care leads to approximately US\$285<sup>1</sup> million being spent annually by Afghans seeking healthcare abroad. The work within this RFP would include the critical analysis of the destination, purpose, length of stay, number of individuals and money spent. This analysis will contribute to understanding of specific GAPS in services and the quality of healthcare and identify areas of opportunities for private sector investment and governmental planning.

This RFP seeks the best possible ideas and recommendations that will meet the purpose, timeframes and outcomes outlined below.

Response to the RFP shall be no later than 15 February 2018. It should include a response to all categories listed as well as representative pricing. During this RFP stage this information will be used for comparative

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<sup>1</sup>MoPH, NHA, 2012

assessment and final candidate selection. The final price will be developed and agreed during final negotiations.

## **I. BACKGROUND**

Afghanistan's population, estimated to be approximately 30 million, suffers from some of the worst health indicators in the world, because of more than 30 years of war and insecurity. There is evidence that significant, rapid progress has been made since 2003, due in part to innovative service delivery strategies implemented by the Ministry of Public Health (MoPH), with the support of its partners. The implementation of the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) are examples of such successes. However, less attention and resources have focused on the secondary and tertiary health care services, due to the high cost of service provision and the need for substantial investment, which are unaffordable for the Government of Afghanistan.

According to the National Health Account 2014, total health expenditure (THE) in 2014 was about US\$1.99 billion, an increase of approximately 32 percent compared to the previous round of data gathering (2012); government expenditure on health was around US\$97 million while total out of pocket (OOP) spending was 72 percent (US\$1.4 billion) of THE. As shown below, the total health market has expanded considerably, between 2008 and 2014.

**Table 1: Total Health Expenditures in Afghanistan 2008 vs 2014<sup>2</sup>**

Indicator	2008	2014
THE (Public and Private)	US\$1 billion	US\$1.99 billion
THE per Capita	US\$41.73	US\$70.9
THE as % of GDP	10.0%	9.5%
OOP as % of THE	75.0% (US\$782 million)	72% (US\$1.4 billion)
OOP Amount per Capita	US\$31	US\$51

Source: Afghanistan National Health Accounts, 2014

The private health sector has grown rapidly since 2003 and played a significant role in the provision of health services in Afghanistan. Key players in the private for-profit sector include private hospitals, clinics, diagnostic centers, pharmaceuticals, sole practitioners (doctors, nurses and midwives), medical education institutions as well as providers of all related products and services including food stuff.

The number of private health facilities increased from 14 in 2004 to 360 in 2017<sup>3</sup> and in the period 2008–2014, the number of private laboratories grew from 491 to 789, and private pharmacies from 9,231 to 10,473.<sup>4</sup> Currently, there are 360 private drug producers and importers, hundreds of private diagnostic centers, and about 130 private health education institutions in Afghanistan. To ensure the safety of Afghan citizens, the MoPH, as the lead ministry and steward of the health sector, has the responsibility to regulate the private health sector and develop health regulations and standards and put them into practice through effective implementation and monitoring plans that are mapped to the appropriate laws and regulations.

This RFP outlines the requirements identified of the current situation of the private health sector regulation, and the proposed framework and recommendations for improving quality in various sub-sectors of private for-profit sector such as hospitals, clinics, labs, pharmaceuticals (medicines, medical products and equipment), sole practitioners and medical education institutions.

## **I. RATIONALE**

Like other low-income countries, Afghanistan faces challenges in the private health sector. Including:

- Low standards of care;
- Substandard physical infrastructure;
- Shortage of a pipeline of qualified employees and senior management staff;

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<sup>2</sup> Afghanistan National Health Accounts, 2014.

<sup>3</sup> MoPH Licensing Department, 2017

<sup>4</sup> MoPH Licensing database, 2015.

- Poor facilities, equipment or inappropriate technology;
- Quality products and services and poor culture of quality;
- “Patient-drain” via travel to other countries for health services;
- Medical malpractice and negligence and a lack of a formal system to allow for the “Voice of the Patient”;
- Weak Record keeping and data collection (HMIS); and
- Inability to attract financial investments

These issues in the private health sector are partly caused by a lack of formal linkages to the national education system to educate and train across the “health sector value-system”, as well as the lack of formalized and verifiable training and certification, and accreditation of health facilities at critical steps in the service delivery chain. Further, insecurity affects the enabling environment for private sector investment and growth and leads to brain-drain of qualified professionals.

According to the literature reviews discussed at the Knowledge Event and Policy Course (27 May – 1 June 2013)<sup>5</sup>, “Engaging the private sector to Achieve Health System Goals: Private Hospitals and the Private Sector as Partners for Universal Health Care Coverage: Policies, Strategies and Tools”, there are challenges globally for engaging the private sector for health system goals. These challenges are categorized in to four major themes;

- Quality; includes variable quality of private sector – health professionals, practice, equipment and facilities, the regulatory framework for quality is inadequate and there are informal untrained careers.
- Access; more private hospitals located in urban areas than rural areas, patients seek care directly from hospitals instead of consulting primary care practitioners, inadequate referral systems for different levels of care and inadequate referral systems between public and private sector.
- Equity; differential access of rural/urban population to healthcare, poor spend a disproportionate percent of income on healthcare and private sector access is mainly for the affluent.
- Efficiency; excessive use and unnecessary care in fee-for-service system, supplier-induced-demand and poor allocative efficiency in mixed health systems arising from duplication of care in public and private systems.

## V. PURPOSE and OUTCOMES

The assessment reflects a holistic and strategic approach that will reach throughout the value chain of the health system. It is designed to assess the current state and to identify the gaps, barriers and constraints that are impacting the delivery of quality health care, products and services. It will enable changes that will improve patient care through systemic improvements across the private sector thus simulating quality improvement, investment and growth.

**At a strategic level, the outcomes will include:**

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<sup>5</sup> Knowledge Event and Policy Course, 27 May – 1 June 2013, Hong Kong

- Inform and influence policy making and program planning
- Understand the current business enabling environment
- Instruct government
- Provide market data, conduct gap analysis, and identify barriers and opportunities
- Inform and enable the private sector to engage and attract investment through direct investment, businesses to business (B2B) partnership, and small and large-scale PPPs.

**The tactical outcomes include:**

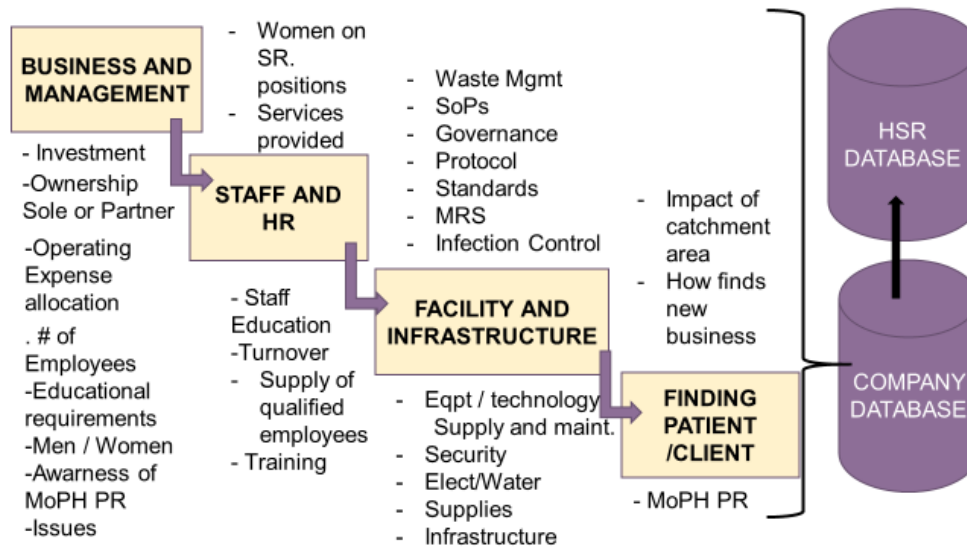
- A picture of the current problems and challenges
- GPS mapping and database access that allow investors to analyze gaps/opportunities, and private sector businesses to position their business relative to the competition and market needs
- Impact of the catchment areas
- Outbound medical cost, destinations, duration and service performed
- Identification of types of services and products
- Information on existing and possible investments
- Ability of the patient to pay and determine actual vs perceived value for service
- Geographic distribution of services, market gaps and needs
- Required quality improvements based on in-person interviews
- GAP/opportunity analyses that includes workforce and quality of skills, education levels, services and products, geographic coverage of services, quality and improvements, staffing issues/requirements and equipment/technology needs.
- Information on disabled persons, elderly and mental health, including (1) Locations; (2) Services offered; (3) Needs; (4) Education of Staff and; (5) Facilities.
- Specific information on women, including (1) Individual – services offered, needs, education of staff, women owned business, women in senior positions, % make-up of total staff; (2) Facilities – waiting rooms, toilets, delivery rooms; (3) Family protection centers and sexual abuse policies.

## **VI. ASSESSMENT ARCHITECTURE**

The assessment is designed to consider each element of the business: business and management, staffing and HR, facility and infrastructure and new growth business. For each element, representative question areas are provided. It is expected that the submitter will provide additional thoughts, questions and categories.



## Private Sector Assessment Assessment Architecture



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## VII. SCOPE and METHODOLOGY

The focus areas of the assessment will be the five main population areas of Kabul, Herat, Kandahar, Nangarhar and Balkh, and the surrounding semi-rural and rural catchment areas.

There are two interrelated components within the assessment.

### Component 1

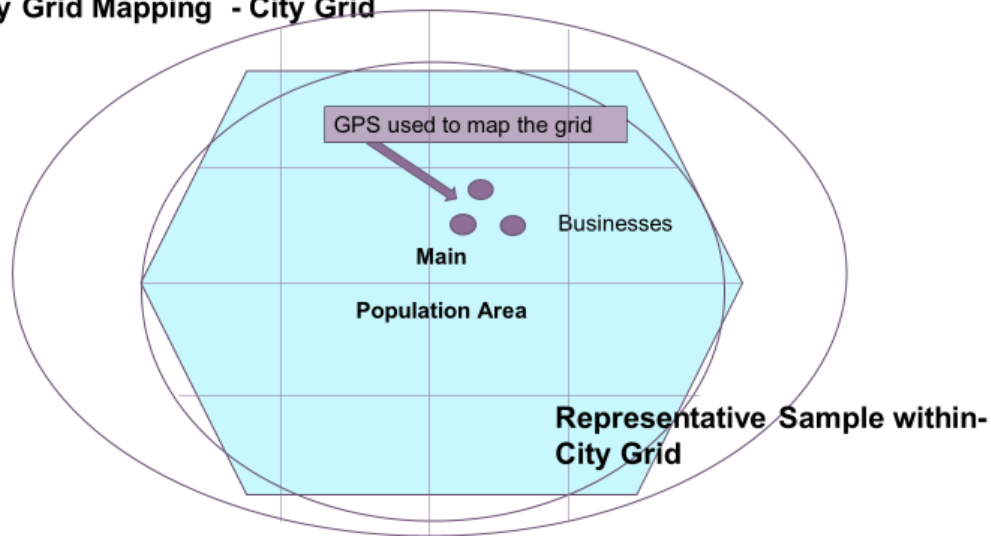
The first is an assessment of the private sector within the five main city areas.

This work will be based on -

- (1) Physical GPS based grid-mapping of all licensed and unlicensed healthcare services and facilities across the five primary city areas.

## Private Sector Assessment

### Survey Grid Mapping - City Grid



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(2) Based on the grid-mapping, identification of all health-related services (licensed and unlicensed) within the various sub-sectors of private for-profit sector such as hospitals, clinics, labs, pharmaceuticals, medicines, medical products and equipment, sole practitioners and medical education institutions.

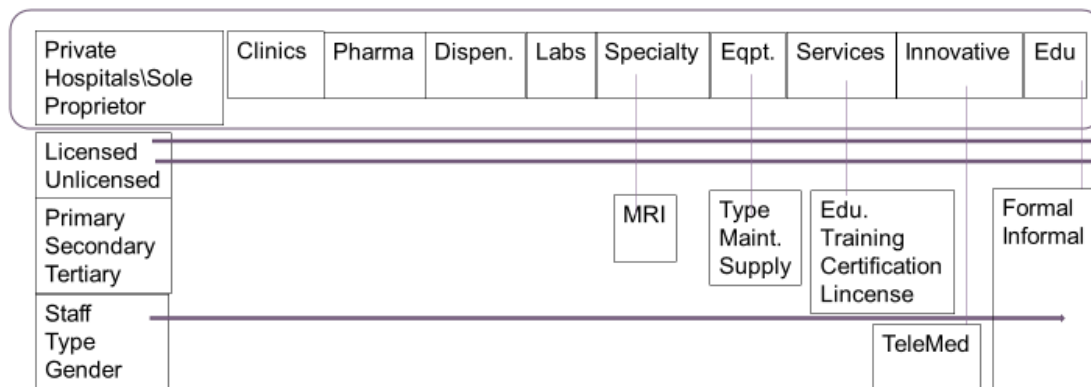
## Private Sector Assessment

### Methodology

**Scope-** The 5 main populations areas and surrounding catchment areas

**Frame -** Private Sector Health Care Value Chain System

**Grid identification, on-the-ground mapping and in-person surveys.**



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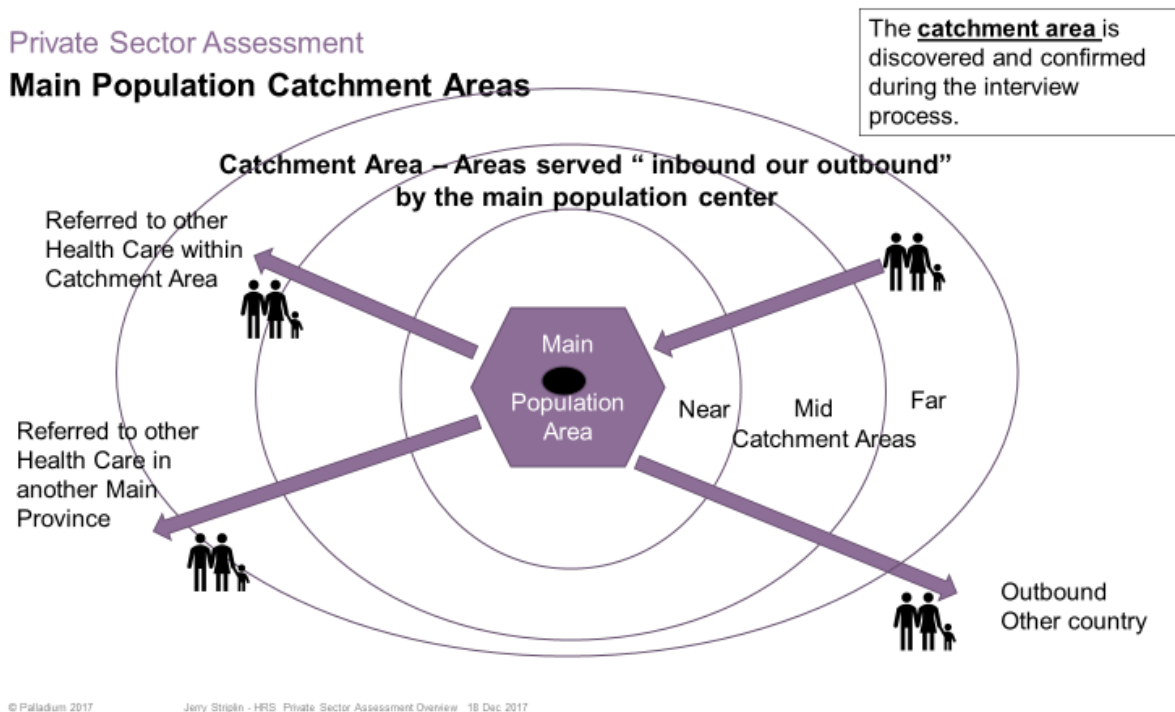
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(3) Selection of a representative sample within each category for in-person interviews, including but not limited to individuals, representatives of patient groups, nursing councils, private sector councils and associations.

*Please note: The selection of the location and number to be interviewed as well as the survey questions will be jointly developed and approved as part of the final contract negotiations.*

The in-person interviews will also contain questions that allow for the identification of inbound and outbound patient traffic within the catchment area as well as services for which patients leave either the individual population center's catchment area or seek services outside of the country entirely.



(4) Transfer of this data into a HMIS database system. The database currently exists and has been developed by HRS in conjunction with the MoPH. The transfer of data will be discussed in detail at the time of final contract negotiation.

Following the identification and mapping:

- (5) Critical analysis of the data and intelligence derived and
- (6) Production of a detailed analysis, reports and presentations on the findings and recommendations

## Component 2

The second component is the validation and analysis of the outbound medical cost. The study should determine (1) the primary purposes for which patients seek treatment abroad; (2) the typical profiles of those who seek treatment abroad vs. domestically; and (3) costs associated with individuals leaving Afghanistan for quality essential secondary and tertiary care treatment in another country. It is believed that this leads to approximately US\$285<sup>6</sup> million being spent annually by Afghans seeking healthcare abroad. The work within this RFP would include validation and critical analysis of the destination, purpose, length of stay, number of individuals and money spent. This analysis will contribute to understanding specific GAPS in services and the quality of healthcare, identify areas of opportunities for private sector investment and governmental planning. It is recognized that this data may be obtained through numerous sources including interviews within Afghanistan. Due to cost constraints, it is not anticipated that external visits will be included in the assessment. HSR would look forward to the RFP presenting the best solution to this complex problem.

## **VI. INDICATIVE TIMEFRAMES**

It is anticipated that the work would be completed within three to four months from the time of contract signing.

## **VII. REPRESENTATIVE PRICING**

Representative pricing should be provided in the response to the RFP. It should include the same category of elements and cost categories that will be used in the final price. During the RFP stage this information will be used for a comparative assessment and candidate selection. The final price will be developed and agreed during final negotiations.

## **VIII. SELECTION CRITERIA**

The selection of the company to deliver against the RFP and final contract will be based on the following:

- Substantial and licensed presence in Kabul
- High percentage of the use of local staff to conduct the work
- 8-12 years of experience in Afghanistan
- Health sector experience in Afghanistan and the region
- Private sector experience in Afghanistan and in the region
- Analytical and data interruption against outcomes
- Methodology, sampling techniques and analytical tools
- Use of innovative solutions and ideas
- Quality control methods
- Successful completion of similar assessments
- Familiarity with USAID requirements
- Key staff in the five main areas designated for the assessment
- Ability to grid-map city areas and use of GPS mapping and recording

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<sup>6</sup>MoPH, NHA, 2012

- Technological solutions for data gathering, mapping and reporting
- Ability to upload to the HMIS database
- Three references on a similar project
- Time to complete
- Value-for-money
- Representative Pricing

#### **IX. RESPONSE**

Responses to this RFP should be sent by email to: PLEASE SEE SECTION ONE OF THE RFP

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No later than: PLEASE SEE SECTION ONE OF THE RFP

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Questions and request for clarifications may be sent to:

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