

TERMS OF REFERENCE

For

CONSULTANCY SERVICES TO CONDUCT HEALTH FACILITY ASSESSMENTS IN SELECTED DISTRICTS OF KHYBER PAKHTUNKHWA.

1. INTRODUCTION

The Khyber Pakhtunkhwa Human Capital Investment Project (KP HCIP)

The Government of Pakistan, through the support of the World Bank i.e. Khyber Pakhtunkhwa Human Capital Investment Project (Health Component), is intending to improve primary healthcare services (PHC) in the province. The Khyber Pakhtunkhwa Human Capital Investment Project is an International Development Association Project funded by the World Bank.

The project's objective is to improve the availability, utilization, and quality of primary healthcare services in selected districts in Khyber Pakhtunkhwa (KP), namely Haripur, Nowshera, Peshawar, and Swabi; in order to ensure the quality of health care and a continuum of services. The project will also support the strengthening of secondary health care facilities and referral systems.

Project interventions will focus on improving the utilization of PHC and as the first point of entry in close proximity to where people live and work, including women and refugees. More specifically, the project intends to:

- I. Strengthen the infrastructure, equipment, human resources, medicines, and healthcare commodities at Basic Health Units (BHUs) and Rural Health Centers (RHCs) according to the KP Minimum Health Services Delivery Package (MHSDP), Essential Health Services Package (EHSP), and Infrastructure Standards i.e. the adoption of climate-resilient and environmentally friendly designs, including solar panels to promote energy efficiency, as well as disabled-friendly access, such as ramps for wheelchairs, to the extent possible. Standardized signage and branding templates will be used for improved visibility and accountability of the facilities and better information dissemination to the patients. and including the provision of:
 - a) Effective antenatal care (ANC), delivery care, and postnatal care (PNC);
 - b) Immunization services;

- c) Nutrition;
 - d) Family Planning services;
 - e) Prevention, screening, and management of Non-Communicable Diseases (NCDs);
- II. Enhance the competency of PHC service providers as one of the key pillars of quality service delivery, by providing necessary training using standard clinical protocols and training packages as applicable for PHC service delivery;
- III. Strengthen governance and regulatory mechanisms and provide necessary support to the provincial government to adopt/implement appropriate policies, standards, guidelines and clinical protocols for PHC service delivery; and
- Promote community engagement and accountability to motivate demand for PHC services.

Project Results Chain

Inputs	Outputs
<p style="text-align: center;">Physical Infrastructure</p> <p>Construction, repair, up-gradation of renovation of health facilities</p>	<p>Readiness of health facilities to deliver high-quality primary health care services and respond to the COVID-19 crises</p>
<p style="text-align: center;">Equipment and Commodities</p> <p>Adequate supply of drugs, commodities, and equipment for health facilities</p>	
<p style="text-align: center;">A System for Managing Human Resources and Contracts</p> <p>Adequate human resources with appropriate skill-mix for managing health facilities as well as a system for managing HR including contracts</p>	
<p style="text-align: center;">Data Management</p> <p>Capacity building of the health workforce in data management and analysis</p>	
<p style="text-align: center;">Outsourcing of services</p> <p>Improve quality of clinical (e.g., Referral & EMR) & non-clinical service (e.g., janitorial & Security) via private sector engagement</p>	
<p style="text-align: center;">Hospital Mgmt. Information system (HMIS)</p> <p>Automate hospital processes (e.g., HMIS) and improve monitoring/data collection via IT solutions</p>	
<p style="text-align: center;">Establishment & Strengthening of ICU facilities for COVID-19</p>	

2. OBJECTIVES OF THE SURVEY (KP HCIP HEALTH COMPONENT)

The objectives of the assessment will be:

- The strengthening of physical infrastructure of healthcare facilities to promote deliverance of quality health care
- To assess all Primary Healthcare Facilities (RHCs and BHUs) to determine the availability (of human resources, equipment, supplies, materials, and medicines), functioning (of infrastructure and ancillary services), utilization, and quality of health services as defined in the Essential Health Services Package (EHSP) and Minimum Service Delivery Standards; as part of efforts to towards achieving Universal Health Coverage (UHC).
- To assess the readiness of facilities to deliver the EHSP. The indicators will be as follows:
 - filled posts index
 - staff presence index
 - medicines availability
 - essential equipment availability /functionality
- To assess Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) and related services at healthcare facilities. In order to ensure the continuum of care for Maternal, Newborn and Child Health (MNCH) services, the sub-component will support the creation of a network of facilities based on geographic distribution, with strengthened referral systems and transportation arrangements in place such that obstetric complications can be referred to secondary facilities where CEmONC is available. The sub-component will also provide support for the improvement of selected secondary facilities within the established network, to ensure 24/7 CEmONC is made available, including life-saving health services such as caesarean sections and blood transfusions;
- To develop baseline information for each facility with regards to EHSP and standards;
- To assess the progress made on Reproductive Maternal Newborn Child Health (RMNCH) service availability and utilization (24/7 where applicable) at the health facilities;
- To assess the knowledge and skills of health service providers in terms of EHSP and standards for identifying the gaps (needs assessment) to establish a baseline for training requirements;
- To conduct patient/client exit interviews within the public sector facilities, assessing the health-related needs of the communities and their satisfaction with public sector facilities;
- To conduct in-depth interviews with the different levels of the staff for identifying specific needs relevant to the facility and views on how to improve given their local perspective.

- To assess the health facility health management information system (HMIS) and linkages to the district and provincial HMIS and need for capacity building.

3. THE PURPOSE AND SCOPE OF THE STUDY

The purpose of this consultancy service is to collect baseline information on the quality of healthcare services as well as to take stock of the infrastructure and the availability of equipment, medicines, etc. as mentioned in the project result chain above. The areas to be covered in the survey for assessment are as follows:

1. BHUs & RHCs survey for-

- a) Determine the quality and space issue, healthcare facilities.
- b) Also address where expansion could be practicalize if it is needed, and who owns the land where expansion may take place.
- c) Staff capacity to ensure primary healthcare services including obstetric and neonatal care, and as part of the BHU & RHC 24/7 operations as per MHSDP/EHSP.
- d) Clinical knowledge assessments and observations of the medical personal
- e) Infrastructure capacity as per Climate Resilient Infrastructure standards.
- f) Bio medical Equipment capacity as per EHSP & MHSDP including waste disposal receptors on-site (bins) classified according to the type of waste, health care waste management facilities as part of the equipment (incinerators, sharp boxes), etc.
- g) Drug availability (presence of required list of unexpired tracer drugs at the BHU/RHC level)
- h) Support required to ensure 24/7 BHU & RHC operations as per HR norms of the KP Health Department.
- i) The status of hospital/healthcare waste management (HCWM), and infection prevention and control (IPC) for the 4 Districts as per Hospital Waste Management Rules 2005, EPA guidelines & World Bank guidelines including International Standards, Important aspects to be considered include:

- Assessment of HCWM procedures, practices (from generation till final disposal), formal systematic processes for implementation of HCWM mechanisms (dedicated personnel with proper job descriptions/Hospital Waste Management Team under HWM Rules 2005, training plans for HCWMP, records maintenance, budgetary provisions) and assessments for monitoring and supervision mechanisms for HCWMP.
 - Assessment of PPE and related equipment/tools requirements for all staff including workers directly involved in segregation, handling, disposal, transport of waste.
 - Identification of certified companies for clearance of recyclable and reusable waste
 - This should include the segregation, handling, collection, and transportation of waste.
 - Propose different type of waste management modus operandi keeping in view the need of Health department as well as the sustainability & exit strategy to the project.
- j) Health facility referral system- document the actual practice
- k) The status of the laboratory and pharmaceutical services in the 4 Districts including outsourcing of services
- l) District Disease Surveillance & Response Units
- Real-time support available at BHUs & RHCs
- m) The status of auxiliary services including security and janitorial services- document the actual practice as well as propose viable solutions and also includes;
- Sanitation facilities (for instance, sewerage facilities, standard latrine structures, final disposal of wastewater)
 - Safety measures including fire safety, emergency preparedness and response, operations and management (O&M).
- n) Assessment of roads between health facilities classified as, BEmONC

and CEmONC facilities

- o) Health Facility Management and Finances- including governance structures, revenues, and expenditures.

2. Health promotion activities

- a) MNCH
- b) Nutrition
- c) Reproductive Health & Family Planning
- d) Non-Communicable Diseases

3. Training of healthcare providers and capacity building of Health Dept. staff.

4. Quality Improvement Initiatives in Primary Healthcare Facilities (including BHUs & RHCs) of selected Districts, and Patient/Client Exit Interviews on patient satisfaction.

5. Design and evaluation methodology for the assessment of healthcare facilities for improvement and upgrading as per TORs mentioned below under the project of the World Bank.

6. Determine the need for training of healthcare providers and capacity building of Health Dept. staff through the survey.

4. PRINCIPLES UPON WHICH THE HEALTH FACILITY ASSESSMENT WILL DESIGNED AND IMPLEMENTED

- It should provide objective, quantifiable data which can be used to provide a comparison year on year.
- Data collection tools must be comprehensive and not subject to interpretation/distortion by data collectors.
- It should be based on simple assessment tools which, in subsequent years, can be administered easily by data collectors.
- District level segregated results should be available.

5. DELIVERABLES/OUTPUTS

The overall responsibilities of the consultant firm will include:

- (i) developing a survey implementation plan – constituting the field plan (specifying the survey organization), field manual (describes the procedures of the data collection process), and data management plan.
- (ii) developing the sampling frame for the baseline of the healthcare facilities
- (iii) designing/adapting/refining (as appropriate) the baseline survey questionnaires
- (iv) arranging for the questionnaires to be translated into relevant languages
- (v) pre-testing the questionnaires
- (vi) incorporating changes into the questionnaires after pre-testing the questionnaires
- (vii) hiring and training the field supervisors and enumerators
- (viii) planning the fieldwork logistics
- (ix) conducting a pilot survey and revising the questionnaire based on the findings of the pilot survey
- (x) preparing survey implementation and questionnaire documentation e.g. enumerator supervision manuals, etc.
- (xi) supervising the survey implementation and ensuring the quality of research
- (xii) developing the data entry program, supervising the project database, and arranging for data cleaning and entry
- (xiii) analyzing and reporting the findings of the survey and providing datasets and final documentation.
- (xiv) physically visiting each health care facility for assessment as per the agreed questionnaire.
- (xv) phased approach of data submission will be adopted if allowed by the PMU (e.g. district by district) so that the survey results can be used immediately.

6. EXPERIENCE/QUALIFICATIONS

To support this intervention, KP-HCIP invites eligible consulting firms (“Consultants”) to indicate their interest in providing the Services. Interested Consultants should provide information demonstrating that they have the required qualifications and relevant experience to perform the services.

7. ELIGIBILITY CRITERIA

- 5 years overall relevant experience in monitoring, assessing, validation/verification of indicators, and evaluating public and/or private sector community development and facility-based social service programs of scale. Experience in health facility assessments based on results achievements as relevant to the TORs will be preferred (Letter of Incorporation of firms will be required)
- Documented experience in developing indicators as mentioned in the scope of work and systems measuring target achievements of large-scale community-based development and facility-based social services programs.
- Verifiable statistical, research, monitoring and evaluation expertise, as relevant to the TORs.
- Documented experience in preparing quality reports which are concise to allow policy and technical decisions.
- Should have completed at least two similar projects of comparable scale and complexity (project completion certificates required)
- Should have an overall HR that substantially corresponds to areas covered on ToRs (See Team of Key Experts in ToRs). [Specific CVs and nomination not required at shortlisting stage, However for management staff mentioned in technical evaluation proforma, firms are supposed to attached CVs.]

8. PROPOSED METHODOLOGY

The tool should be implemented using a three-stage process.

- **Stage 1** is an interview with the head of the health facility or a senior health facility staff member. This interview will be comprised of Parts A-C & G of the tool. Interview of health facility staff will be conducted as per following;
 - Upper Tier i.e. Managers
 - Middle Tiers i.e. Supervisors
 - Lower Tier i.e. Staff
 - Interview of some patients
 - Interview of Households in the near catchment area

- **Stage 2** is a physical assessment of the health facility and the equipment available. This will comprise Parts D to G of the tool. This should be done jointly by two individuals accompanied by a senior facility staff member.
- **Stage 3** is individual interviews with relevant facility staff members. This will comprise Part G for the tool. Part G should be completed with each relevant staff member. Relevant staff are to be identified during Part B & C of the assessment.

8.1 Tool Contents

The assessment is broken down into the following sections:

Part A: General Information

- Facility basic information
- Opening hours
- Referral capacity/system
- Utilization rates
- Interviewer details
- Health Facility Management and Finances- including governance structures, revenues, and expenditures

Part B: Service Availability

- Types of services offered
- Bed availability
- Quality Improvement Initiatives in Primary Healthcare Facilities (including BHUs & RHCs) of selected Districts, and Patient/Client Exit Interviews on patient satisfaction.
- Health promotion activities
 - MNCH
 - Nutrition
 - Reproductive Health & Family Planning
 - Non-Communicable Diseases

Part C: Staffing

- General staff numbers
- Specialist staff numbers

Part D: Infrastructure and Support Services

- i. Communications
- ii. Health Management Information Systems
- iii. Power supply
- iv. Solar panel
- v. Water
- vi. Fencing
- vii. Infection Prevention and Control measures in place
- viii. Hospital Waste and Wastewater Disposal
- ix. Roof structure
- x. Building by building breakdown
 - a. Free Space of new construction if required
 - b. Sanitation facilities (for instance, sewerage facilities, standard latrine structures, final disposal of wastewater)
 - c. General
 - d. Ceilings
 - e. Walls
 - f. Floors
 - g. Windows
 - h. WASH Facilities
 - i. Electrical system
 - j. Fire extinguisher & Safety measures including fire safety, emergency preparedness and response, operations and management (O&M).

Part E: Laboratory, Services and Diagnostic Equipment

- i. Delivery room equipment
- ii. Sterilization equipment
- iii. Eye health equipment
- iv. Laboratory equipment
- v. Imaging equipment
- vi. Medical storage

Part F: Pharmaceutical Supplies and basic commodities

Part G: Training Needs including clinical knowledge assessment.

Part H: Assessment of roads between health facilities classified as, BEmONC and CEmONC facilities

Part I: The status of auxiliary services including security and janitorial services- document the actual practice as well as propose a viable solution.

9. TIMELINE (FINAL FIELD WORK PLAN)

The activity shall be conducted & concluded **within 2 months** after issuing task order/assignment order including inception meeting and submission of final results in report form. The field procedure plan should outline in detail all aspects of the field work to be conducted by the Survey Firm, including:

- Final updated Gantt Chart
- Composition of a field team
 - Number of enumerators
 - Number of field-supervisors
 - Number of field data entry agents
 - Qualifications, training of each
- Expected tasks, responsibilities and schedule of delivery of each member of the team
- Number of days per facility
- Transportation and lodging logistics
- Sample Control File for data collection in each facility
- Protocol for confirming that the location has been correctly identified
- Supervision and spot check plans to ensure adherence to data collection protocols and confirm the quality of data collection and entry, including a minimum of [10%] of re-visits to a random sample of the evaluation sample to confirm the validity of the data
- Protocols and procedures for addressing data inconsistencies/miss-reporting when identified
- Protocols for Computer Assisted Field Entry (CAFE), whereby questionnaires are captured and validated immediately following the paper and pencil survey, and the results transmitted back to the field teams to conduct quality checks as needed.

- Paper questionnaire and data transmission protocols

This Field Work Plan should be presented to the PMU for comment, and revised as necessary prior to commencing field work. The Survey Firm must then implement the survey, adhering as closely to the plan as conditions allow. As field conditions dictate significant changes to these plans, the Survey Firm's Field Supervisors are obliged to inform the Evaluation Team via the Survey Firm's management, in the form of a written report or progress report.

10. REPORTING

Bi-weekly progress reports of the PHC facility assessment successfully completed. The Survey Firm should also budget for a two-three day meeting for all supervisors, interviewers and data entry agents *to meet after field work begins*. A good point in time is *2-3 weeks into field work*. This meeting should give the team an opportunity to discuss any problems related to supervision, field work organization, skip patterns and data entry issues for the progress report.

11. PAYMENT

The payment will be paid in three parts, one may be advance at the time of submission of some identified deliverables or completion of stage 1 up-to 10%. And 40% may be paid at the time of final report and last 50%% may be paid when approved by PMU and reviewed by WB as decided. The detail disbursement table of payment with deliverables will be provided to the shortlisted firms with RFP.

The PMU in consultation with Bank will closely monitor this activity and randomly validate/verify the findings/assessment/results of HCF for authentication & quality reporting.

12. Shortlisting Criteria

Evaluation Criteria for Shortlisting	Maximum Points
<p>Experience:</p> <p>Only Firms having Five years of experience of Health Facility assessment surveys are eligible. Non provision of the same shall lead to disqualification of firm/ consulting organization.</p>	Mandatory
<p>Number of health related projects</p> <p>Total number of similar nature related projects completed in the last five years along with Copies of latest annual reports/evaluation reports.</p> <p>Each project will be scored as under:</p> <ol style="list-style-type: none"> I. For project providing comprehensive health care facility services as per our ToRs covering 80% of our scope- 5 II. For health care facility services as per our ToRs covering 50% of our scope -3 III. For health care facility services as per our ToRs covering 30% of our scope -2 <p>Marks for each project will be added to come to the final score in the category.</p>	20
<p>Funds Management capacity:</p> <p>Fund managed by the firm in a project scored at serial No 2 :</p> <ul style="list-style-type: none"> • Rs 1,000,000-----5,000,000 = 1 mark /project. • Rs 5,000,001----20,000,000 = 3 marks / project. • >20,000,001-----onwards = 5 marks / project 	20
<p>Financial Capabilities</p> <p>Turnover in Millions of Last one year (Attached Audit Report)</p> <p>Rs. 200 million onwards =10 marks Rs. 100 million to Less than 200 M = 7 marks Rs. 20 Million to Less than 100 million =4 marks</p>	10

<p>Management capacity:</p> <ul style="list-style-type: none"> a. Team Leader/Survey Coordinator with at least 5 years of experience in Survey 3 Marks b. Public Health Specialist With experience of at least 5 years in survey conductance 3 Marks c. Public Health Analyst with experience of at least 2 years in surveys conductance 2 marks d. Research Associate with experience of at least 2 years 2 Marks 	10
<p>Presence at International, National, provincial and local level.</p> <ul style="list-style-type: none"> I. International Level = 10 marks II. National Level = 5 III. Provincial Level = 3 IV. Regional/Divisional Level = 2 	10
<p>Presentation on Methodology that how survey will be designed and executed inline to the details mentioned in ToRs.</p> <ul style="list-style-type: none"> • Excellent.....30 Marks • Good 20 Marks • Fair 10 Marks • Fail 0 Marks <p>Note: The firm shall be also bound to provide in writing the Proposal on Methodology. Based on TORs not more than 10-pages methodology is to be submitted by each applicant. These will be ranked on the basis of comparison amongst the bidders and will be graded accordingly.</p>	30
<p>Minimum qualifying score 50 out of 100</p>	100

FORMAT AND SIGNING OF EOI APPLICATION

- A. Applicant shall submit their EOI Application in the Forms provided in Appendix-1 and in line with the other instructions mentioned in this EOI document.
- B. EOI Application shall consist of the following document:
 - I. Details of Applicant as per Form-1
 - II. Net Worth & Turnover as per Form-2
 - III. Details of Relevant Experience as per Form-3
 - IV. Comments & Suggestion on TORs from Bidders Form-4
 - V. JV agreement as per Form-5
 - VI. Conflict of Interest Form-6 (To be submitted on Judicial Stamp Paper of worth 100/- PKR)
- C. EOI Application shall be signed and stamped on each page initialed by a person duly authorized to sign on behalf of Applicant. The EOI Application shall be in hardbound/ spiral binding form with all pages numbered serially. In case of JV partner, the power of attorney shall be attached as per the Form-5. The JV partners will not change at the time of bidding. The allowed number of JV partner for the services will be one.

SEALING AND MARKING OF EOI APPLICATION

- A. EOI Application shall be submitted in a sealed envelope containing the EOI Application and the following written on the top:

Consultancy services to conduct health facility assessments in selected districts of Khyber Pakhtunkhwa
- B. Sealed envelope containing the EOI Application shall be addressed to:

Project Director HCIP KP Health Khyber Pakhtunkhwa, Health Sector Reform Unit
HRD building Khyber Road, Peshawar.
- C. Envelope containing the EOI Application shall indicate the name, address and contact number of the applicant.

Appendix-1: Format for Submitting EOI Application

From – 1: Details of the Applicant

Sr. No.	Name and Legal status of applicant	Particulars Required	Document Required
1.	Name of Applicant		
2.	Legal status of applicant (Sole Proprietorship, Private Limited or AOP)		
3.	Date of incorporation/ registration		Enclose certified copy of certificate of incorporation/ registration
4.	In case of Joint Venture, only one firm shall join as partner. Moreover, a partner firm can form JV with only one Lead Bidder in this project		Relevant Documents must be attached.
5.	The firm / partner firm (in case of JV) should be a legal entity having registered <ul style="list-style-type: none"> • NTN, GST Certificate of FBR. • KP Revenue Authority registration for services Tax Number. 		Proof to be submitted in the form of valid certificates.
6.	Income Tax Returns of Lead Bidder/JV Partner (For JV, each partner should submit its Income Tax Returns Separately).		Proof to be submitted in the form of FBR generated tax returns.
B	Contact Details of Applicant -		
1.	Name and Designation of Authorized Contact Person		
2.	Postal Address		
3.	Telephone Number		
4.	Mobile No.		
5.	E-Mail		
6.	Website		
C	Brief Description of Applicant		
1.	Organization profile	Enclose Details	Company profile must be attached.
2.	Management Structure	Enclose Details	Organogram of firm must be attached in addition to brief bios of the project staff.
3.	Main Line of Business	Enclose Details	Past Performance certificates as explained in this EOI
	Status	Eligible/Not Eligible	

Signature of the Bidder:

Stamp of Bidder:

From-2: Criteria of Net Worth & Turnover

A	Turnover PKR	Required Documents
1	Annual Turn Over of lead bidder/JV Partner for any of the last two Financial Years accumulatively i.e.	To be verified from the submitted Income Tax Returns from FBR/ Audit Reports
	Status	Eligible/Not Eligible

Note: Values should be duly certified by statutory body like Chartered Accountant or Independent Auditors who are competent to do so as recognized by the Govt.

Signature of the Bidder:

Stamp of Bidder:

Form-3: Relevant Experience

(Separate sheet to be filled for each Project)

S.N	Particulars	
1	Name of Project/ Facility	
2	Date of Establishment	
3	Project Cost (In Millions)	
4	Role of Applicant Owner Operator Service Provider	<i>Explain the Role of Applicant</i>
5	Years of Experience as Owner/Operator/ Service Provider	

Note: - Applicant shall submit supporting documents/ evidence e.g. completion certificate/ copy of contract agreement/certifications etc. for size of the project / services offered in support of relevant experience claimed in the above Form-3.

a) Only those assignments shall be considered for which consultant has provided services as lead member (in case that work has been done by a Joint Venture).

b) Each assignment shall be supported by following details:

i) Name of Overall assignment: _____

ii) Location of Overall assignment: _____

iii) Owner's Name and Address: _____

iv) Completion (Actual/Estimated vis-a-vis Stipulated): _____

v) Description of assignment: _____

vi) Description of Services provided by the firm:

c) Decision of Evaluation committee in ascertaining "similar nature" and "similar assignment" will be final.

Signature of the Bidder:

Stamp of Bidder:

Form-5

Comments & Suggestion from Bidders on Terms of Reference

Form-5: JV Agreement

Power of Attorney

(To be submitted on stamp paper of worth Rs. 100 duly notarized by oath commissioner)

KNOW ALL MEN BY THESE PRESENTS that by this Power of Attorney (“Power of Attorney”), [Insert Name of JV Partner] having its registered office [address of JV Partner], does hereby nominate, appoint and authorize [Lead bidder Authorize Name] of [Lead Bidder Name] having its registered Head Office [Address of Led Bidder] hereinafter referred to as the "Attorney", to do in our name and on our behalf the following:

- I. Sign and submit to PMU KP HCIP, of the Government of Khyber Pakhtunkhwa, or its authorized nominee the for Expression of Interest in response to the Expression of interest documents dated [Insert Last date of submission] issued by PMU KP HCIP (Health) and all other documents and instruments required to submit the Application for expression of interest.
- II. Execute all such deeds, documents and instruments as may be considered necessary and expedient in relation to the foregoing; and
- III. Do and carry out all other actions as may be required by PMU KP HCIP (Health), of the Government of Khyber Pakhtunkhwa & World Bank Regulation in connection with the Expression of interest process as a whole;
- IV. To immediately notify PMU KP HCIP (Health), of the Government of Khyber Pakhtunkhwa in writing of any impending or actual revocation as well as any change in the terms of this Power of Attorney.

We, [Insert Name of JV Partner] do hereby ratify and confirm whatsoever the Attorney shall do by virtue of these presents and further agree that whatever the Attorney shall do or cause to be done pursuant to this Power of Attorney shall be binding on [Insert Name of JV Partner]

Furthermore, each provision of this Power of Attorney is severable and distinct from the others. The invalidity, illegality or unenforceability of any one or more provisions of this Power of Attorney at any time shall not in any way affect or impair the validity, legality and enforceability of the remaining provisions hereof.

IN WITNESS WHEREOF, we have executed this POWER OF ATTORNEY as of [Insert Date]
[Insert Name of JV Partner]

By:

Designation:

NIC No.

WITNESSES:

Witness 1:

Name:

Address:

NIC No.:

Witness 2:

Name:

Address:

NIC No.:

Form-6: Conflict of Interest

- a. The consultant is required to provide professional, objective and impartial advice, at all times holding the Procuring Entity's interests paramount, strictly avoiding conflicts with other assignments or his/its own corporate in without any consideration for future work.
- b. The consultant shall be under obligation to disclose to the Procuring Entity any situation of actual or potential conflict that impacts its/his capacity to serve the best interest of its client/ Procuring Entity. Failure to disclose such situations may lead to the disqualification of the consultant or termination of its/his contract during execution of the assignment.
- c. Where there is any indication of conflict of interest exists or may arise, it shall be the responsibility of the Bidder to inform the PE, detailing the conflict in writing as an attachment to this Bid.
- d. A Conflict of Interest is where a firm involved in the proposal has or may be perceived to have a personal interest in ensuring that a particular Bidder is successful, Actual and potential conflicts of interest must be declared by a firm involved in a Bid process.
- e. PE shall be the final arbiter in case of potential conflict of interest, Failure to notify PE of any potential conflict of interest will invalidate any verbal or written agreement.
- f. For conflict of interest all applicable laws & regulation of World Bank shall also be enforced.