

**PRE-CONFERENCE MEETING MINUTES FOR PROCUREMENT OF
CONSULTANCY SERVICES TO CONDUCT HEALTH FACILITY
ASSESSMENTS IN SELECTED DISTRICTS OF
KHYBER PAKHTUNKHWA.**

The Chair welcomed all the participants.

The Project Director PMU KP HCIP (Health) briefed the forum regarding the contents of EOI and asked the participant firms to put forward their queries and suggestions for changes/deficiencies in the EOI.

Following queries were recorded and entertained from audience/ representatives of firms by the Committee members unanimously and responses given to all queries as mentioned against each:

S.No	Name of Firm	Queries	Response of PMIU
1.	M/S Associates in Development Pvt Ltd. Islamabad, Pakistan	<ol style="list-style-type: none"> 1. As per the TORs "the activity shall be conducted & concluded within 2 months". This is too short a timeline given the scope of work, which includes training of staff, pilot-test, revision of tools, etc. We feel that all of this cannot be completed in less than 3 months at the least. 2. We understand that the assignment will include a carpet coverage of all PHC facilities in the target districts. This means a sample size of around 180-200 BHUs/RHCs. Please confirm if this is correct. 	<ol style="list-style-type: none"> 1. As most firms requested an extension of time, the timeline will be extended to 3 months. However, firms should ensure that a phased submission of results can be achieved. 2. Yes 3 & 4. The presentation of the firms' methodology should demonstrate their understanding of the scope of works and of

		<ol style="list-style-type: none"> 3. The shortlisting criteria given in the TORs includes "Presentation on Methodology that how survey will be designed and executed inline to the details mentioned in ToRs" - is this required at the EOI stage? 4. Typically, approach and methodology is provided at the RFP stage. However, if this is required at this stage kindly: <ol style="list-style-type: none"> a. provide some clarification on how the Approach and Methodology will be marked. b. We would also like to request a deadline extension, so that firms can develop a robust methodology in light of responses to queries. 5. The consulting firm is required to develop "the sampling frame for the baseline of the healthcare facilities". Can you please clarify what is expected under this activity. 6. The allocated budget is not given in the procurement plan. Can you please share an indicative budget ceiling. 7. Projects "completed in the last five years along with Copies of latest annual reports/evaluation reports" are required as per shortlisting criteria. As most donors are unwilling to share reports publically, can you please confirm if firms can provide copies of contract, invoicing emails, details of focal person or other such evidence. 	<p>the TORs in order to aid selection of the best firm.</p> <p>See 1.1 above. The timeline will be extended to 9th December 2021.</p> <ol style="list-style-type: none"> 5. This will be required at RFP stage and not at this stage. 6. USD 200,000/- Dollar 7. See 1.1 above.
2.	EY Ford Rhodes Eagle Plaza, 75-West, Fazal-ul-	<ol style="list-style-type: none"> 1. Kindly share estimated number of Basic Health Units (BHUs) and Rural Health Centers (RHCs) in total four districts and will these BHUs and RHC covered on sample basis or 100%. 	<ol style="list-style-type: none"> 1. 180 to 200 HCF 2. Engaged firm will develop this tool in consultation with management of KP-

	<p>Haq Road, Blue Area, P.O.Box 2388., 44000, Islamabad, Pakistan</p>	<p>It is important to understand to estimate level of efforts and associated costs.</p> <ol style="list-style-type: none"> 2. Is there any developed tools that engaged firm will utilize for facility assessments for BHUs and RHCs or engaged firm will develop this tool in consultation with management of KP-HCIP. 3. Kindly clarify “Capacity building of the health workforce in data management and analysis” as we understand the overall mandate of this engagement is facility assessment in selected BHUs and RHCs instead capacity building of their staff. 4. Kindly clarify “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” as this is very general statement to assess knowledge and skills. Please explain specifically about the requirements. 5. What is alternative of Project Completion Certificate as normally client don’t provide this despite of efficient completion of the project. Should we present engagement letter or contract first page in case completion certification is not available for verifiable evidence? 6. Kindly clarify that whether survey will cover quantitative aspects, or it will also cover qualitative aspects. 7. Considering the ground reality and volume of the activity, the two months’ time will not be sufficient, can you please reconsider the overall project timeline. 8. 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". What 	<p>HCIP based on internationally recognized facility assessment tools such as Service Availability and Readiness Assessment (SARA) and Service Delivery Indicators (SDI) in compliance with WHO, World Bank & KP standards.</p> <ol style="list-style-type: none"> 3. It is not capacity building of staff rather identifying the capacity building needs of healthcare staff in relevant HCF on the basis of which recruitment, training modules & sessions, and other health workforce capacity building activities will be arranged. 4. As explained in point 3 for example, diagnostic and treatment capacity of key health conditions and adherence to clinical guidelines. 5. These were required to assess the satisfactoriness of previous product, however other methods of evaluation could also be considered. 6. RFP stage question and will be addressed there. 7. See 1.1 above. 8. All staff of HCF as per MHSDP/EHSP aligned with WHO, WB and other international standards
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3.	<p>Oxford Policy Management Ltd. Plot 271, Street 1 (Off North Service Road), Sector I-9/3, Islamabad 44000, Pakistan.</p>	<ol style="list-style-type: none"> 1. The two-month time limit of the project should be increased to three months because the activities will include an inception phase that will involve coordination with PMU on pre-testing, translation, and piloting the questionnaire. 2. The methodology could be shifted from the EOI to the RFP stage. 3. It will be beneficial that during the RFP stage, the scope of work for the training need assessment and capacity building is defined. 	<ol style="list-style-type: none"> 1. See 1.1 above. 2. See 1.3 & 4 above. 3. This is a field work activity and will be required at RFP stage but at this stage the PMU will only assess the level of understanding of the ToRs by the firms.
4.	<p>EHSAR Foundation</p>	<ol style="list-style-type: none"> 1. The duration of the assignment should be extended up to three months instead of two months. 2. The INCEPTION phase should not be included in the assignment duration/ life. 3. Approach and methodology should exclude at the EOI stage, Firms will submit the completed project list/credential list 4. The majority of donors did not provide the completion certificate, as discussed in the conference the firms will provide the final invoice /Report/agreement as evidence of completed assignments. 	<ol style="list-style-type: none"> 1. Agreed as discussed in preceding comments 2. Not agreed as the timeline already increased from 2 months to three months. 3. These were required to assess the satisfactoriness of previous product, however if there is any other mean so could be considered.

5.	Front Desk Officer APEX Consulting Pakistan.	Can you Please Guide either Vendor/Firm have to submit only EOI part (i.e. including Strengths, Experience and Capabilities of Firms) or Methodology (i.e. Sample size etc.) and Financial is also required. Also please guide a bit about Presentation on methodology Part as mentioned in TORs Serial no 12. (I.e. Shortlisting Criteria).	Financial quotation is not required at this stage and remaining queries are already addressed in preceding paras. The presentation of the firms' methodology should demonstrate their understanding of the scope of works and of the TORs in order to aid selection of the best firm.
6.	Fincon Services	<ol style="list-style-type: none"> 1. Need confirmation of whether this is a EOI or RFP as it is mentioned in Tors that we have to submit methodology? 2. Is there possibility of Joint venture with other organizations? 3. Do we need to attach CVs of key persons if not then how do we show management capacity? 4. Can you tells us some more details about methodology part whether we have to submit it separately or as a part of EOI? 	<ol style="list-style-type: none"> 1. See 1.3 & 4 above. 2. Yes Joint ventures are allowed and criteria for joint venture is given in EOI i.e. Form-5. 3. Yes CVs of key personnel is required to indicate management capacity. 4. This should be submitted with EOI. See 1. 3 & 4 above.
7.	UHY Hassan Naeem & Co	In the aforesaid TOR's Evaluation Criteria for shortlisting Point 2 (Number of health-related projects), you asked for the annual report/ Evaluation reports. we need clarification whether you are asking for the reports given to clients or you require an experience certificate from the client or otherwise just to explain the scope of work, if you are asking for the reports then with due respect we aren't able to provide you those reports as we are in agreement with our clients to maintain their confidentiality and as per Code of ethics we are not allowed to do the same.	Experience certificate from client and scope of work done would be enough for assessment of relevance of experience in projects already carried out by firm. For more detail elaboration a list is annexed with Revised ToRs for submission of aforementioned documents as mentioned at form-4 of EOI.

Addition in ToRs & Scope of Survey from PMIU side:

1. The location of all health facilities in each district should be shown on digital maps (If digital maps are not available then physical maps of each district should be prepared by the consultants showing the location of all health facilities. Scale of maps to be agreed) and all information on the present condition of the health facilities, the services that they provide, the population that they serve, etc. must be included.
2. The selected firm will be required to provide the geographical area and the overall population that each facility serves; the distance to any other health facility in the area; if it is a BHU, the distance to the nearest RHC for referrals; and the distance to secondary health care facilities of the HCF Network for referrals for 24/7 Comprehensive Emergency Obstetric and Neonatal Care (CEmONC). Condition surveys of all facilities will be carried out under a separate contract. However, at this stage the consultants should carry out preliminary condition surveys of all health facilities and record the overall condition of each facility i.e. good condition, maintenance only required; acceptable condition but minor repairs required; poor condition and major repairs required; very bad condition and major repairs or replacement required. The consultants should also state whether there are dependable water and electricity supplies and whether there are functioning toilets for both male and female staff and patients. A checklist for infrastructure and equipment should be prepared as stated in the ToRs.

Note:

All information given here in the Preconference meeting minutes shall be considered additional part of the ToRs of EOI, if not found in ToRs.