

**TERMS OF REFERENCE
REQUEST FOR PROPOSALS**

For in-country customs clearance, warehousing, transportation, installation and training of Cold Chain Equipment in Vietnam.

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1. BACKGROUND AND OBJECTIVE

Based on experience gained from Gavi funded Cold Chain Equipment Optimization Platform (CCEOP), the selection of a domestic refrigerator installation and logistic service provider as well as training of health facility staff in preventive maintenance and proper use of the cold chain equipment (i.e. “service bundle”) are essential in ensuring the sustainable operation of the cold chain equipment. Based on the need to strengthen the cold chain system, especially the refrigeration equipment at the commune level where vaccination sessions including COVID-19 vaccination take place, the Government of Vietnam requested UNICEF to procure the following equipment and associated service bundle:

Power source	Type	Storage volume	Total, Qty	Spare parts, number of sets per 10 CCE	Unloading point
Electricity	Refrigerator TCW 4000 AC, B Medical (with voltage stabilizer and temperature monitoring device)	240 liters	40	4	Hai Phong
Electricity	Refrigerator TCW 4000 AC, B Medical (with voltage stabilizer and temperature monitoring device)	240 liters	40	4	Ho Chi Minh City
Total quantity			80	8	
Electricity	Refrigerator TCW 80 AC, B Medical (with voltage stabilizer and temperature monitoring device)	80 liters	22	2	Hai Phong
Electricity	Refrigerator TCW 80 AC, B Medical (with voltage stabilizer and temperature monitoring device)	80 liters	38	4	Ho Chi Minh City
Total quantity			60	6	

A distribution list with details of the health facilities, as defined and approved by Vietnam Ministry of Health, is provided in Annex D.

The objective of this request for proposal is to identify local contractor(s) able to provide the service bundle in Vietnam for the planned implementation schedule of **maximum 2 months**.

2. SCOPE OF WORK

2.1. Supply model

As per the supply model defined for this project, the local contractor and UNICEF will need to coordinate the supply chain for the CCE as per below.



National Institute of Hygiene and Epidemiology (NIHE) is the consignee and responsible for supporting the Local Contractor during the customs clearance process.

The Local Contractor is responsible for the customs clearance process to receive and deliver goods to in-country warehousing, distribution, installation and training of equipment at health facility level.

2.2. Bidders best value supply model

In addition to the supply model described under 2.1, bidders may propose an alternative supply model if it might represent better value for money based on their experience and capacity in providing the required services.

2.3. Contracting modalities

A UNICEF Corporate Contract for Services will be issued as a result of the evaluation and award process under the present request for proposal. UNICEF General Terms and Conditions for Services applies (Annex A).

2.4. Implementation timelines

The entire distribution, installation and training is foreseen to be completed **within a period of 02 months or less**, from the service contract placement date. A detailed implementation schedule will be agreed between the Local Contractor, MoH Vietnam and UNICEF. A shorter implementation timeframe is considered an advantage.

The implementation schedule is a contractual document and provides high level timelines. These timelines may require review, due to reasons outside of the Local Contractor's control (for example delays in custom clearance). The Local Contractor must advise UNICEF Vietnam if such review is required and should include justification and documentation thereof. UNICEF Vietnam has the ultimate decision to update/revise the implementation schedule in agreement with the Vietnam Project Management Team (PMT).

2.5. Service requirements

a) In-country logistics and distribution (mandatory)

The Local Contractor shall be responsible for handling customs clearance and picking up the consignments **within one month** upon arrival of the goods at the primary port area.

The distribution list with details of the health facilities, as defined by MoH Vietnam in collaboration with UNICEF Vietnam, is provided in **Annex D**. The in-country logistics and distribution include various activities (warehousing, logistics, transportation, etc.) in connection with delivery of CCE to the individual health facility, including unpacking of the equipment and verification that the correct equipment quantities have arrived on site and are not damaged.

The Local Contractor shall be responsible for sharing the implementation schedule with UNICEF Vietnam; to be further distributed to district/commune health facilities. Depending on the overall project scope, it might be advisable to contact with district/commune EPI staff before the distribution in the respective area starts. Purpose of these contacts is to ensure a smooth implementation and to minimise deviations, through review

of the implementation schedule, verifying ODP details such as site readiness and accessibility, contact details, discussion on current security situation and other details as applicable.

Furthermore, the Local Contractor shall contact each installation site (provincial and district health facilities) mentioned in the distribution plan (Annex D), to reconfirm the readiness to receive the equipment and the availability of health facility staff during installation, training and for signature of completion reports as per paragraph 2.5 (d). This will allow the Local Contractor to proactively discuss with MoH and UNICEF the possibility of reprioritizing installation sites depending on the site readiness and avoid deviation costs and unnecessary delays.

Therefore, it is expected that the Local Contractor should at least confirm the following requirements:

- Accurate CCE deployed to correct site as per the Distribution List;
- Facility is open and operational when CCE is planned for delivery;
- Facility is accessible to install equipment;
- Site is ready to receive goods:
 - There is a designated space in the facility to install the CCE;
 - Entry door dimensions sufficient for receiving CCE;
 - Electrical sockets are installed and functional (if applicable);
- Appropriate MoH staff is available during installation and training.

At the final destination, the equipment shall be unpacked in presence of (a) Local Contractor representatives / installation technicians and (b) a health facility authorized person to control the correct and complete delivery of all items based on packing lists. This additional control is necessary to identify – in case of damages or losses – whether the incident happened during transport.

The Local Contractor shall obtain a delivery receipt at health facility signed by the authorized official for each cold chain unit delivered. It must be clearly pointed out, that from the moment of reception signature and stamped, responsibility for CCE is transferred to national authorities.

The Local Contractor shall assume full responsibility and obtain necessary insurance coverage for the CCE in their custody from the time of hand-over of the CCE after customs clearance is completed, until the responsibility of the CCE is transferred to the MoH by obtaining a duly signed delivery receipt by relevant authorities. Bidders are requested to provide a detailed description of the insurance coverage in their technical proposals.

b) Installation (mandatory)

The Local Contractor shall be responsible for correct assembly and installation of all CCE:

- Connection of mains powered refrigerators with voltage regulators and power outlets;
- Temperature monitoring devices (30-day temperature logger) must be activated and put into the right place of each refrigerator;
- Installation of all equipment needs to follow national regulations.

Installation manuals describing installation procedures shall be included as part of the technical proposal.

The Local Contractor shall ensure that the equipment is installed without delay upon arrival to the health facility in consideration of local security conditions. If specific theft-prevention installation accessories are required/ recommended, these need to be covered in detail under the technical and financial proposals.

In cooperation with MoH Vietnam and the successful bidder, UNICEF will develop a deviation protocol to establish communication routes and levels for coordination/approval in case of changes to the initial

requirements (distribution list, installation requirements) or timelines. Furthermore, a list of district health officers and their contact details is available and shall be provided by UNICEF together with the resulting contract to the awarded supplier.

c) Training (mandatory)

The Local Contractor shall prepare and conduct:

Health facility training. Basic handling and user level maintenance training on the equipment installed including monitoring and recording of temperature readings of 30-day temperature logger. This training needs to be provided at the time of installation for all applicable CCE categories to the responsible personnel at the health facility, and any other person nominated by the MoH present on that day. The training should include basic preventive maintenance procedures, including but not limited to, what to do in case of malfunction (temperature is too high/low). By end of the training, Health worker should be able to know what to do in case the refrigerator is not working, including whom to call. Training materials suggested for this purpose (either leaflets, power point presentation, videos etc.) shall be provided as part of the technical proposal;

Program/contents of training shall be described in the technical proposal. The financial proposal shall not include any costs for training facilities, daily substance allowance or travel costs for the participants.

Note: The training report must include a list of trainees.

d) Functionality test (mandatory)

After successful installation, the Local Contractor shall carry out a functionality test (pre-commissioning) at each health facility. The functionality test shall be conducted under participation of respective health facility personnel and the functionality test report be signed by the local contractor's technician. Bidders are requested to include a detailed description of the functionality test as well as a checklist / report in their technical proposal – one for each different type of equipment, as applicable.

Once the installation, training and functionality test have been concluded, the local contractor shall obtain an Installation checklist (Annex E), signed by the local contractor's technician and the designated authorities at the respective health facility. One set of signed Annex E and functionality test report should remain with the health facility, one set with the local contractor. If needed, handwritten copies shall be made and signed by both parties.

Signed Annex E and functionality test report along with Annex H co-signed by LSP and PMT/CO (batch validation form) shall be required for payment and reporting purposes, along with photographic evidence as follows:

- Health facility from the outside (with HF name or another indicator such as GPS coordinates);
- Installed refrigerator;
- Serial number / plaque of the refrigerator;
- Temperature display of refrigerator showing specified temperature (as per technical proposal);
- Display of the 30 DTR – if applicable.

As per WHO PQS guidelines, final commissioning of the equipment will be done by the health worker after the equipment is running at stable temperature for at least 30 days.

UNICEF reserves the right to appoint an independent inspection company to conduct a post-delivery inspection in any number of locations, either during or after installation, to verify the works performed and functionality of the CCE.

e) Warranty and performance monitoring (mandatory)

In addition to the minimum WHO PQS warranty requirements (two years), projects require:

- i) Immediate repair or swop out of the non-functioning equipment;
- ii) Warranty commencement from the date of installation.

These warranty terms supersede the warranty terms in the existing LTAs for immunisation refrigerators and freezers.

During the warranty duration, suppliers shall submit an annual report to MoH and UNICEF with country and model specific information on product failure. This report should include but not limited to root cause analysis of product failure as well as corrective and preventive actions (CAPA) taken.

f) After-sales services (confirmed)

Bidders are requested to propose options and related cost for after sales service maintenance set up covering a period of up to ten years. This should include an outline of recommended maintenance schedules, monitoring set up and service arrangements. Bidders shall elaborate on the mechanisms of providing access to after-sales services and potential extended warranties, including description of facilities already available, or otherwise efforts undertaken to establish access to such services when required.

The after-sales services component is not part of the mandatory service bundle as proposed in Annex C. Costs for these services shall be included in the financial proposal as an additional costing document. This component will be presented as an option to the MoH Vietnam to support the definition of the long term national maintenance strategy. Hence, the bidder shall provide a contract outline that can be shared with the MoH for subsequent deliberations as required.

3. QUALIFICATION REQUIREMENTS

3.1. Bidder eligibility

Bidders shall be able to provide the full range of mandatory services, required under the present ToR (reference point 2.5. Service requirements).

In order to be eligible to participate in the present bid, a bidder may not have a conflict of interest with any other parties in the bidding process and may not be listed as suspended on United Nations Global Marketplace (<http://www.ungm.org>), UN 1267 list, UNDP list, WBG list and similar lists.

3.2. Local agent requirements

It is required that the Local Contractor holds a valid agreement with the refrigerator manufacturer to act on behalf of the manufacturer as representative for Vietnam, to ensure necessary warranty and potential after-sales-services. Full details of the authorized agent (name, address, email, phone, key contact person) need to be communicated as part of the technical proposal.

All entities involved in the implementation of the contract shall be identified in the technical proposal.

The entity responsible for installation should:

- Hold necessary permits required in Vietnam to conduct such business in accordance with the country law;

- Have an office located in Vietnam with modern communication facilities such as phone (local number) and email;
- Have the capacity to ensure the security and integrity of goods until handed over to MoH Vietnam;
- Be knowledgeable, efficient and competent in installation, repair, maintenance, servicing of proposed CCE;
- Have an adequate number of technical personnel and technicians with technical experience;
- Have proven experience in supply of similar services over the last 5 years. At least 3 case studies / reference projects have to be provided in the technical proposal (name of client, title of project, year scope and duration, project end result, reference / contact person);
- Have as least the Level 1 registration at the United Nations Global Marketplace (<http://www.ungm.org>).

4. PAYMENT TERMS AND SCHEDULE

UNICEF standard payment terms are 30 days Net, which shall be understood as:

- Service Bundle (present solicitation for proposal): 30 days Net from receipt of invoice including supporting documents confirming successful installation of CCE as outlined under paragraph 2.5 (d)
 - Signed installation checklist (Annex E)
 - Signed functionality test report
 - Photographic evidence
 - Co-signed batch validation form by LSP and PMT/UNICEF CO (Annex H).

Normal payment schedule for the service bundle is per 100 CCE units fully installed. Depending on the scope of the overall project, the bidder may include alternative payment schedules in their proposal (for example per 80 or 140 CCE units fully installed).

5. TECHNICAL PROPOSAL

The technical proposal (Annex F) shall be submitted separately from the financial proposal (separate email). The Technical Response Sheet shall be submitted as (a) signed hard copy (PDF) and (b) soft copy (open word file).

No pricing information should be mentioned in the technical proposal as this can invalidate the bid.

6. FINANCIAL PROPOSAL

The financial proposal shall be submitted separately from the technical proposal (separate email). The commercial response sheet (Annex C) shall be submitted as (a) signed hard copy or PDF and (b) open excel file.

The currency of the proposal must be in **Viet Nam Dong (VND) and invoicing will be in the same currency.** All prices/rates quoted must be exclusive of all taxes as UNICEF is a tax-exempted organization.

Price proposals should be detailed and aligned to the deliverables as requested under the present TOR and in line with the technical proposal.

Bidders must assess all risks involved with the distribution, installation and training of the CCE and calculate appropriate contingency costs in their financial proposal for eventual deviations, the works must be completed as part of a lump sum contract. The total amount agreed in the UNICEF contract shall be therefore considered the maximum compensation and no additional fees shall be paid to complete the works as agreed in the Terms of Reference, unless specifically agreed in the deviation protocol (e.g. additional units with pole or ground mounted solar panels, outside the approved ODP).

NB: The probability of eventual deviations is almost non-existent and minimized by the Project Management Team (PMT) diligent efforts to coordinate inputs and activities on the ground among the following parties:

- Local Contractor (as authorised by the contractor)
- UNICEF Country Office
- Ministry of Health / Ministry of Finance and Customs Authorities as applicable.

The main role of the PMT is to provide guidance on how to mitigate and manage risks related to delays, or other unplanned deployment issues based on their knowledge of the local context and past experiences. The PMT shall work closely with all stakeholders to assess potential risks and proposed an approach to manage them before they become deviations.

7. EVALUATION METHODOLOGY

All Proposals will be first evaluated for compliance with the requirements of the present solicitation. Failure to comply with mandatory requirements (referred to in connection with “must”, “shall”, “should”) or any of the terms and conditions contained in this solicitation, may result in a response or proposal being disqualified from further consideration.

The evaluation methodology is based on a combined score for services (as per LTAs for service bundle) and equipment (based on existing LTAs for immunization refrigerators/freezers). Award recommendations is based on the principle of overall best value for equipment and services.

Proposals from bidders are assessed using a two-step process (a) technical and (b) financial evaluation.

a) Technical Evaluation (max 60 points)

	Evaluation Criteria	Max Attainable points
1	PROJECT PLAN	5
2	LOCAL AGENT / SUBCONTRACTOR INFORMATION	12
3	TIMELINES AND MILESTONES	5
4	IN-COUNTRY LOGISTICS	10
5	INSTALLATION / FUNCTIONALITY TEST	10
6	TRAINING	3
7	WARRANTY & PERFORMANCE MONITORING	5
8	QUALITY ASSURANCE & RISK MANAGEMENT	10
	Total	60

Proposals must receive a minimum of 42 points for the technical evaluation to be considered for the financial evaluation.

b) Financial evaluation (max 40 points)

As a first step, financial proposal received under the present solicitation (Annex C, service bundle total cost) will be evaluated against UNICEF benchmark costs. UNICEF will request bidders, which prices are substantially above the benchmarks, to review the quoted prices. The bidder will be given minimum 3 working days to revert with potential revised quotation.

All quotations will be evaluated by categories based on the financial proposal of the present solicitation (Annex C, service bundle total cost) plus the cost of offered equipment as per corresponding LTA.

The maximum number of 40 points will be allotted to the lowest price proposal among those passing technical evaluation. All other price proposals will receive points in inverse proportion to the lowest price:

$$\text{Score for price X} = \frac{\text{Max. Score for price} \times \text{Price of lowest priced}}{\text{Price of proposal X}}$$

Evaluations will be carried out for each of the categories separately. For the award recommendation, UNICEF will consider the best overall combination of evaluation results per category including applicable discounts.

8. REPORTING REQUIREMENTS AND KEY PERFORMANCE INDICATORS (KPIs)

Upon contract award for one or more categories, the Local Contractor shall propose an implementation schedule to UNICEF and MoH as per paragraph 2.4 of this TOR. The finalized and agreed implementation schedule will be part of the resulting service contract, and the performance of the Local Contractor will be measured against this agreed schedule.

The Local Contractor shall provide detailed implementation progress updates to UNICEF Viet Nam, every two weeks, as per the agreed format in 'Reporting on Implementation Schedule Template' (Annex G).

The Local Contractor will be working directly with PMT in the country and shall agree on reporting structure for health facility deliveries and approved installations as per paragraph 2.5 (d).

9. LIST OF ANNEXES

- A. General Terms and Conditions (GTC)
- B. Terms of Reference (TOR)
- C. Commercial Response Sheet
- D. Distribution List (B Medical) / Operational Deployment Plan (ODP)
- E. Installation Checklist on-grid
- F. Technical Response Sheet
- G. Reporting on Implementation Schedule
- H. Batch Validation Form

Women-owned companies are encouraged to bid. Preference will be given to equally technically qualified women-owned companies.