

# REQUEST FOR QUOTATION: RFQ-HCR-SYR-2024-59

## General Term Of Reference (ToR)

### Renovation of Five Primary Health Centers (PHC)

#### in Damascus and Rural Damascus Governorates

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#### **Background:**

UNHCR in Syria, in collaboration with Ministry of health and departments of health in Damascus and rural Damascus, is committed to supporting an upgrade and improvement of primary health care services delivered in five selected public primary health care centers (PHCs) to enable them to receive additional load of visitors “refugees and asylum seekers registered with UNHCR as part of the inclusion and integration of refugees and asylum seekers pilot project in Damascus and rural Damascus aiming at ensuring access of nearly 7500 refugees and asylum seekers on equal footing as the host community to the free of charge national package of preventive and curative services that include immunization, management of communicable and non-communicable diseases including mental health services, reproductive health, child health, nutrition, elderly and adolescent health services, in addition to basic investigations and medicine services. The targeted five public health centers cover, in their specified catchment areas, over 90,000 population of local communities, and receive an average of 12500 patients monthly. Additionally, with the current influx of displaced population from Lebanon, the minister of health issued a circular allowing free access of displaced Lebanese to the national health system including PHCs of MoH. Due to prolonged crisis, use, and limited resources for maintenance caused by the conflict, these facilities have deteriorated over time, leading to a decline in service quality and safety standards. The planned rehabilitation project aims to address these issues by focusing on civil and electrical maintenance, ensuring the centers can operate efficiently and safely. This project is part of UNHCR's global public health strategy and a broader commitment to strengthening health infrastructure in Syria and improving access to quality healthcare for all.

#### **Objective:**

Renovating of five Primary Health Centers to support efficiency and quality of health services delivery, optimizing the use of the allocated space, improving hygiene measures and infection control, enhance the access of people with disabilities, and increasing operational effectiveness by implementing all necessary measures to achieve optimal performance.

#### **Locations:**

- **Location 1: Abo Thar al-Ghafari Health Center in Damascus - (دمشق).**
- **Location 2: Jaramana Health Center in Rural Damascus – Jaramana (جرمانا).**
- **Location 3: - Jdaidet Artouz Health Center in Rural Damascus - Jdaidet Artouz (جديدة عرطوز).**
- **Location 4: Maarabani Health Center in Barzeh - Damascus - (برزة).**
- **Location 5: Saeeda Zeinab Health Center in Rural Damascus – Saeeda Zeinab (السيدة زينب).**

#### **General Term Of Reference (ToR):**

The project will be implemented through Direct Implementation (DI) in coordination with health ministry, and engagement with health entities. The qualified, capacitated bidder will be selected through tendering process.

All activities that will be carried out in each of the five health centers are clearly described in the technical Scope Of Works (SoWs) respectively in the tender document including Civil, Electrical, plumbing, sanitation and solarization works.

**Duration:**

The bidder have to present a clear time plans with and to define time frame for the project, including key milestones and deadlines.

The bidder have to be with a significant capacity to commence the renovation for the five centers simultaneously.

A separate time plan for each renovation projects need to be shared to ensure the progress of all centers to gather considering the work volume is varied from one center to other.

A shorter project timeline will be considered an advantage, while ensuring the preservation of the required quality standards.

**General Terms of Implementation:**

- 1- The contractor must assign a resident engineer as the technical director of the project to be the reference throughout the implementation of the project, and all the technical correspondences between the management and the contractor will be through him/her. The management may request an engineer of any specialty.
- 2- The contractor must review the quantities by visiting the site multiple times. S/he must provide his/her remarks on the project regarding the differences and mistakes in drawings, descriptions, and BoQs, within 15 days as of receiving the work order, otherwise s/he will be deemed responsible for all the mistakes appearing during the implementation as a result of that. The contractor's review of works will be deemed an acknowledgment form his/her part of the possibility of obtaining all materials by any means.
- 3- The contractor must provide all equipment and tools needed for the implementation of works according to the ToR.
- 4- The contractor must provide the surveying instruments needed to adjust vertical and horizontal angles and contour differences, and all needed equipment to verify the implementation of works as per the supervision request, and they will be returned to him/her after completing the works.
- 5- The contractor, at his/her own expense, must conduct all the necessary experiments on the material used by him/her, in addition to the necessary experiments on the worksite when the management deems needed.
- 6- The management approval on the materials to be used in the project should be obtained well before the actual need for them.
- 7- The management and supervision may examine, at the expense of the contractor, in any lab of their choice, samples from any of the materials supplied to them, whenever they deem necessary.

- 8- All basic modifications to the project must be carried out upon the approval of the management and the supervision. The management may oblige the contractor to implement all the works needed for the project to make it complete and in the best way possible.
- 9- Materials rejected by the management for being outside of specifications or failing to achieve the results of the experiments conducted on them, must be transferred at the contractor's own expense. In such a case, the delay in implementation is deemed unjustified.
- 10- Price inclusiveness means that the price of any item in the ToRs includes everything mentioned in this item, the construction details, and drawings of this item, regardless of the diversity of the works included in it and other works added to it, with all necessary tools, materials, transportation, spoilage, profits, machinery, wages, and other expenses, etc. to perfectly implement the work.
- 11- Everything mentioned in the technical ToRs for each item is the minimum required. Upon implementation, the terms of implementation in the technical ToRs on the construction of buildings issued by the Ministry of Construction and Development No. 435/1998, must be referred to.
- 12- The management is not committed to providing security service or warehouses for the contractor.
- 13- The contractor must remove the construction waste of his/her work outside the site to public landfills, regardless of its size and the cost of its removal, (as per the municipality recommendations). It is impermissible to compile it inside or outside warehouses, subject to removing it at his/her own expense, regardless of the cost.
- 14- The contractor must maintain and repair, at his/her own expense, any destruction or damage to any party in the site resulting from the implementation of his/her works, regardless of the maintenance or repair cost.
- 15- The contractor must implement the different works in successive stages according to the directives of the Supervision Body and the party benefitting from the rehabilitation. The work of the next stage must not be commenced unless all the works of the previous stage are completed.
- 16- The contractor must provide the tools required for the office work in the workshop.
- 17- The contractor must print drawings of all specialties of works implemented, showing all details, and places of hidden works. Two copies should be provided to the supervision. They should be provided on A2 paper copies at least, and soft copies. The drawings must be highly accurate.
- 18- The contractor must commit to clean and arrange the worksite after completing his/her works according to each stage, regardless of the size or cost. S/he is also responsible for continuously cleaning the locations outside his/her worksite if s/he caused their pollution.
- 19- When needed, the contractor must bring his/her own generators during power outage, as well as water and other requirements needed to carry out the assigned works.
- 20- The contractor must coordinate all specialties during the implementation and implement all works without causing contradiction among the specialties. The drawings attached to the study is deemed indicative ones, and the contractor must provide As Built drawings at the end of the project for all specialties of the implemented works, showing all the details and the places of hidden works. Two highly accurate paper copies and one soft copy must be provided for the Supervision Body.

**Monitoring, Evaluation, and Responsibilities:**

UNHCR, in collaboration with the Ministry of Health, will oversee the implementation and progress of the project to ensure compliance with the technical specifications outlined in the SoW. Any discrepancies identified must be promptly addressed by the contractor, who will be fully responsible for rectifying these issues at his own expense, without the option to claim additional costs for failures to meet the ToR conditions.

**Reporting:**

The successful bidder is required to submit progress reports on a daily, weekly, and monthly basis, detailing the status of the project and promptly notifying UNHCR technical team of any challenges encountered during the implementation phase.

**Warranty:**

To be indicated by the Bidders for civil works and electrical devices in his technical offer.

**HSE plan:**

Contractor shall submit a proposed comprehensive Safety plan, in conformance with the latest version of the Health, Safety and Environment at Work Act for UNHCR approval. Further, Contractor must submit his own HSE Plan (which must outline minimum materials and training for each site as well as hazardous materials handling and response plan) for approval by UNHCR. This should be clearly thought out and of sufficient details to indicate that the contractor is well versed in running safe and professional operations and has adopted a culture of safety as a part of doing business.

**House Keeping:**

Upon completion of all civil and electrical maintenance, renovation works, the contractor will be responsible for ensuring that all areas affected by the project are thoroughly cleaned and restored to their original condition. This includes removing any construction debris, cleaning floors, walls, and surfaces, and returning all furniture, equipment, and materials to their proper places. The contractor will ensure that no damage is caused to the health centers during the process and will conduct a final inspection with the project team to verify that the centers are fully operational for immediate use.

**Completion of Work and Project closure:**

At the completion of the renovation project, an official closure process will be in place to ensure all activities have been met and well documented. A dedicated committee, to be established by UNHCR, will oversee this process, facilitating the final review of project outcomes, financial audits.

**Payments:**

Payments will be released upon the successful completion of each location. The Contractor must provide UNHCR with a signed invoice detailing the value of completed works upon project completion in each location.

Payment Retention: 5% of the total project amount will be withheld from the Final Payment as a Retention Amount for a period of Defect Liability Period of (06) MONTHS after completion of the project.

Thank you.