

Terms of Reference (ToR) Annual Health Checkup Package

1. **Background:**

Good Neighbors International (GNI) has been working in Nepal since 2002 with the objective of improving lives of poor people, especially children through education, income generating activities, health services, child protection, disaster risk reduction, advocacy and network building. Currently, GNI Nepal has been operating its activities in 19 districts.

2. **Objective of the service:**

- For health benefit and welfare of GNI members
- Proper diagnosis of any health related issues in members so that precautionary and preventive measures can be exercised beforehand.

3. **Scope of the Work**

The health checkup service will be availed based on the specification and detail is mentioned in the Annex below. The service will be availed for the period of one year.

4. **Expected Deliverables**

- Reliable report of the assessment done with 100% accuracy.
- Prompt service and detailed physician consultation.
- Proper customer service for all procedural communication.
- Precautionary and preventive measures for any kind of ailment for GNI members if any.

5. **Budget and Mode of Payment:**

The health institutions shall submit financial proposal in details i.e. Applicable VAT/taxes at the time of proposal submission.

- a. The payment shall be made only to the account of the health institution's name.
- b. The payment will be made through Account Payee Cheque.

6. **Acceptance of ITB**

All the rights to accept or to reject the proposal, with or without any obligations, shall be reserved by GNI Nepal. If deemed necessary, the service provider shall be asked for modifications.

7. Management of the Service:

The selected health institutions shall be accountable for the deliverable of the expected quality and standard within the stipulated time.

8. General Qualification of the Health Institutions:

All the private health institutions registered under the authorized Government bodies of Nepal Government should have the experience in the related field is eligible to apply for the project. The health institutions with expertise as outlined below:

- a) Health institutions should have PAN, Company registration, VAT registration and Tax clearance certificates etc.

9. Documents to be Submitted by the Health Institutions:

The application shall contain following documents:

- A. Price quotation with individual item and specification
- B. Details of the health institutions
 - a) A copy of organization/firm registration
 - b) A copy of Tax clearance certificate (076/077)
 - c) VAT and PAN registration
 - d) Company Profile

Interested health institutions are requested to submit the bid in a sealed envelope clearly marked with **“Bid for Annual Health Checkup Package”** by 17:00 Hrs (Nepal Time) 7th March, 2021 at GNI Nepal Ekantakuna, Lalitpur Nepal.

GNI Nepal reserves all rights to make the final decision regarding selection of the health institutions without any obligations.

ANNEX I:

Specification for Annual Health Checkup

SN	Name of the lab test or investigation to be done	Category of staff to be covered		
		Male	Female	
1	Complete Blood Count (CBC)	√	√	
2	Erythrocyte Sedimentation Rate (ESR)	√	√	
3	Fasting Blood Sugar	√	√	
4	Hba1c	√	√	
5	Lipid Profile	√	√	
	Total Cholesterol	√	√	
	HDL	√	√	
	LDL	√	√	
6	Triglyceride	√	√	
	Uric Acid	√	√	
	Kidney Function Test	Creatinine	√	√
		Urea	√	√
Sodium		√	√	
Potassium		√	√	
Liver Function Test		SGOT (AST)	√	√
	SGPT (ALT)	√	√	
	Alkaline Phosphatase	√	√	
	Total bilirubin	√	√	
	Total Protein	√	√	
	Albumin	√	√	
	Gamma GT	√	√	
10	Thyroid Function Test (TFT)	√	√	
	TSH	√	√	
	Free T3	√	√	
	Free T4	√	√	
11	Urine Examination	√	√	
12	Stool Examination with Occult Blood	√	√	
13	Ultrasound abdomen/pelvis	√	√	
14	Ultrasound Breast	X	√	
15	ECG	√	√	
16	X-ray	√	√	
17	Pap Smear Test	X	√	
18	Gynecologist Consultation	X	√	
19	Internal Medicine - Endocrinologist Consultation	√	√	
20	Skin Consultation	√	√	

Annex II
Financial Proposal/Bidding Form

S.N.	Specification of the Items	Number	Unit Rate with VAT	Total Amount in NRs.
1	Annual Health Checkup Package for male	76		
2	Annual Health Checkup Package for female	22		
Grand Total Amount				

Name of Service Provider:

Date:

Contact No:

Company Stamp: