

Terms of Reference (TOR) for Annual Health Checkup Package

1. Background

Good Neighbors International (GNI) has been working in Nepal since 2002 for improving the lives of poor people, especially children through child protection, education, income generation, health services, water, sanitation and hygiene, disaster risk reduction/climate change adaptation, and advocacy programs. Currently, GNI Nepal serves marginalized, vulnerable, and poor children, families, and communities in 20 districts across Nepal.

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 Vendor 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 service provider/firm's name.
- b. The payment will be made through Account Payee Cheque or online system.

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 service provider/firm shall be accountable for the deliverable of the expected quality and standard within the stipulated time.

8. General Qualification of the service provider/firms:

All the private service provider/firm 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 service provider/firm with expertise as outlined below:

- a) Service Provider/firm should have PAN, Company registration, VAT registration and Tax clearance certificates etc.

9. Documents to be Submitted by the Service Provider/Firm

The application shall contain following documents:

- A. Price quotation with individual lab test or investigation and consultations
- B. Details of the service provider/firm
 - a) A copy of organization/firm registration
 - b) A copy of Tax clearance certificate (078/079)
 - c) VAT and PAN registration
 - d) Company Profile

Interested and eligible Service Provider/Firm are requested to submit the sealed bid through hand delivery to Good Neighbors International Nepal Ekantakuna, Lalitpur or email to procurement@gninepal.org clearly marking the subject with **“Bid for Annual Health Checkup Package”** till June 15, 2023, **17:00 Hrs** (Nepali Time). For Electronic (email) submission, financial proposal shall be submitted in PDF format protected with a password. The password shall be sent via email only upon request from procurement/logistics dept.

GNI Nepal reserves all rights to make the final decision regarding selection of the service provider/firm 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	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	√	√
	Triglyceride	√	√
6	Uric Acid	√	√
7	Kidney Function Test	√	√
	Creatinine	√	√
	Urea	√	√
	Sodium	√	√
	Potassium	√	√
8	Liver Function Test	√	√
	SGOT (AST)	√	√
	SGPT (ALT)	√	√
	Alkaline Phosphatase	√	√
	Total bilirubin	√	√
	Total Protein	√	√
	Albumin	√	√
9	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	√	√
21	CEA	X	√
22	PSA	√	X
23	Eye Checkup	√	√

Annex II
Financial Proposal/Bidding Form

S.N.	Specification of the Items	Qty.	Unit Rate with VAT	Total Amount in NRs.
1	Annual Health Checkup Package for Male	73		
2	Annual Health Checkup Package for Female	18		
Grand Total Amount				
Amount in word				

Name of Service Provider/Firm:

Date:

Contact No:

Company Stamp: