

# Call for Expression of Interest for engagement opportunities with WHO Mozambique

## Objective of the EOI

The World Health Organization (WHO) who has had presence in Mozambique since 1976 is pleased to announce a Call for Expression of Interest (EOI) to collaborate on various thematic areas critical to advancing public health in Mozambique.

Through this EOI, WHO aims to identify potential partners that could be engaged once funding is secured. We seek organizations that possess the expertise, resources, and commitment to address key health challenges and promote sustainable health outcomes.

WHO's core areas of work include coordination, development of policies and guidelines, surveillance and data management, capacity building, improving quality of care and strengthening service delivery and access to care. To achieve these objectives effectively, WHO is interested in establishing strategic partnerships with health organizations and NGOs already operating in Mozambique.

These partnerships will help leverage existing technical expertise, operational networks, and resources to strengthen health systems, support evidence-based decision-making, improve data collection and analysis, build healthcare workforce capacity, and promote equitable access to quality health services.

## Selected thematics for the EOI

Over the years, WHO's presence in Mozambique has been instrumental in supporting the Ministry of Health (MISAU) across key domains including health systems strengthening, disease prevention and control, emergency preparedness and response, and health promotion.

Building on this long-standing collaboration, WHO is seeking partners to support activities in Cabo Delgado Province, particularly in the districts of Muidumbe, Nangade, Macomia, and Quissanga.

The current Call for EOI aims to identify partners with operational experience in these districts to support the following areas:

- Mental Health and Psychosocial Support (MHPSS),
- Infection Prevention and Control (IPC), and Epidemic prone disease case management
- Community engagement and health promotion
- Support to mobile clinics and mobile brigades
- Monitoring and evaluation tools and systems, for improving quality of care.
- WASH (Water, Sanitation and Hygiene) in health facilities
- Emergency care and referral systems

Organizations with demonstrated field presence, humanitarian response experience, and technical expertise in these areas are strongly encouraged to express their interest.

**Timeline of the project :** 6 Months

**Budget envelope:** 50'000 to 250'000 USD

## Application deadline and requirements

Interested applicants must meet the eligibility criteria's and submit their applications for consideration **by 22:00 PM (Maputo time) on 31<sup>th</sup> May 2026.**

Submission shall be submitted by email in one zipped folder named by the submitting organization full dossier of application (see below for further details). Addressed to: [procurement-mz@who.int](mailto:procurement-mz@who.int) (only electronic submissions, no paper will be received). For any inquiries concerning this Request for Expression of Interest, please contact **Florence ERB** at [erbf@who.int](mailto:erbf@who.int).

## Eligibility Criteria's:

1. Non-Governmental Organizations, universities and research institutes that are legally registered in Mozambique are invited to participate in this expression of interest.
2. Presence in Mozambique for at least 2 years and active programmes/projects in the selected thematics (see above).
3. Legal capacity to enter a contract and is registered as a legal entity in Mozambique
4. Not appear on the UN Security Council Sanctions list
5. Accept the WHO Code of Conduct
6. Is not engaged with the tobacco industry or non-state actors that work for further interests of the tobacco industry
7. Is not engaged with arms industry or any entity involved in the manufacture, sale or distribution of arms and any affiliate of such entity
8. Must submit and complete all the forms listed below and pass the WHO Due Diligence Process.
9. Relevant HR capacity and expertise on ground.

## Ineligible applicants

- Political parties or military organizations their subsidiaries or affiliates
- Entity engaged with the tobacco industry or non-state actors that work for further interests of the tobacco industry.
- Entity engaged with arms industry, or any entity involved in the manufacture, sale or distribution of arms and any affiliate of such entity.
- Organizations whose board members are mentioned in the UN Security Council consolidated list
- Organizations that promote or engage in illegal activities or anti-democratic activities
- Any entity affiliated with WHO employees

**Application dossier:** To be deemed eligible for the pre-qualification process, partner organizations are required to submit all the below listed documents **by 22:00 PM (Maputo time) on 31<sup>th</sup> May 2026.**

## Application dossier:

To be deemed eligible for the pre-qualification process, partner organizations are required to submit all the below listed documents **by 22:00 PM (Maputo time) on 31<sup>th</sup> May 2026**.

Requested documents	WHO forms
<p><b>Cover Letter</b> addressed to the WHO Representative in Mozambique. Please ensure to indicate contact details of the primary contact person for further communication and potential follow-up.</p>	n/a (partner template)
<p><b>Concept Note:</b> WHO invites potential partners to prepare a concept note outlining the activities and areas where they see synergies with WHO's priorities.</p> <p><b>As this is not a precise call for funding, but rather a general information gathering exercise, we request each concept note to be <u>limited to two pages per thematic area</u>.</b> Potential partners should include the following information in their concept notes:</p> <ol style="list-style-type: none"> <li>1. <b>Organization Overview:</b> Brief introduction to your organization, and key areas of expertise.</li> <li>2. <b>Relevant experience:</b> Description of relevant current or past projects related to the thematic area(s) of interest, highlighting <u>key achievements, outcomes, impact, and specific geographic locations of implementation</u>.</li> <li>3. <b>Proposed project ideas:</b> Outline proposed activities and interventions that align with WHO's thematic priorities, demonstrating how these will address key health challenges.</li> <li>4. <b>Synergies with WHO:</b> Explanation of how the proposed activities would complement WHO's work, including potential areas for collaboration and the added value the organization would bring to WHO-led initiatives.</li> <li>5. <b>Resources and Capacity:</b> Information on the resources and capacity your organization can bring to the partnership, including <u>existing technical expertise, personnel, and infrastructure</u>.</li> <li>6. <b>Budget:</b> A detailed indicative budget outlining the main budget categories and associated activities should be included. The budget should clearly specify estimated costs by category (e.g., personnel, operational costs, training, equipment, logistics, monitoring and evaluation) and demonstrate how resources will be allocated to support the proposed activities.</li> </ol> <p>We encourage you to provide <b><u>concise and concrete activities</u></b> that will help us understand the potential for collaboration, and the added value that your organization can bring to the partnership. Please ensure that each thematic area of interest is addressed in a separate concept note (maximum of 2 pages</p>	n/a (partner template)

per thematic area).	
<b>Grantee Technical Assessment Questionnaire</b>	<i>See annex below</i>
<b>Checklist Initiating Engagement with NSAs during Emergencies</b>	<i>See annex below</i>
<b>Applicant Organization Profile</b>	<i>See annex below</i>
<b>Copy of the entity's founding document (e.g. statutes, by-laws);</b>	n/a (partner template)
<b>Copy of registration certificate in Mozambique</b>	n/a (partner template)
<b>Tobacco and Arms Declaration signed and recently dated</b>	<i>See annex below</i>
<b>Copy of two last annual reports</b>	n/a (partner template)
<b>Copy of internal regulations (rules of procedures)</b>	n/a (partner template)
<b>Audited Financial Statements</b>	n/a (partner template)

## EVALUATION AND ENGAGEMENT PROCESS

Applications will be assessed by WHO to identify civil society organizations (CSOs) with the mandate, capacity, and comparative advantage to contribute effectively to the achievement of results aligned with the strategic priorities outlined in WHO's current Country Cooperation Strategy.

WHO reserves the right to undertake a physical capacity assessment of the applicants and field projects during the evaluation, if deemed necessary. After careful evaluation applicants considered for engagement will be contacted for further course of actions.

It should be noted however that participation to this Call for Expression of Interest does not guarantee the CSO will be selected for partnership with WHO.

### Important Notice:

This EOI does not constitute a solicitation. WHO reserves the option to not extend an invitation to every implementing partner that submits an EOI. While we appreciate your interest, please note that responding to this EOI does not automatically guarantee consideration for the solicitation if it is issued.

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## Annex 1 – Information on WHO programmes in selected thematics

### 1. Mental Health

WHO's involvement in mental health in Mozambique is indeed multifaceted and strategic. We are collaborating closely with the government to strengthen governance structures, ensuring that mental health receives the prioritization it deserves within national health policies. This includes advocating for adequate resource allocation and building capacity for mental health services, especially at the grassroots level, to enhance accessibility and reach underserved populations.

Additionally, we are leading tailored promotion and prevention strategies to raise awareness, reduce stigma, and foster mental well-being through community-based interventions. Our efforts also focus on developing networks of community-based services critical for delivering quality mental health care across the country, with a particular emphasis on reaching rural and marginalized communities.

Through the WHO Quality Rights Initiative, we provide vital resources and training to implement a human rights-based and recovery-oriented approach to mental health care in Mozambique. By integrating these principles into mental health services, we ensure that individuals with mental health needs receive respectful and effective care, supporting their journey to recovery and well-being.

Furthermore, we are committed to addressing mental health concerns among adolescents and youth in Mozambique. We support the Ministry of Health in strengthening mental health services and quality control tailored to this demographic, conduct evaluations, update strategies, and adapt guidelines to ensure comprehensive mental health support across various settings. These concerted efforts reflect WHO's dedication to promoting mental health and well-being in Mozambique through comprehensive and targeted interventions.

The WHO plays a crucial role in the Mental Health and Psychosocial Support (MHPSS) interventions during emergencies. After a crisis, timely MHPSS is vital to alleviate acute stress symptoms and prevent long-term mental health issues. Emergency situations call for a range of MHPSS strategies to meet diverse needs, as highlighted by [the Sphere standards](#) and [the Inter-Agency Standing Committee \(IASC\) Guidelines on MHPSS in Emergency Settings](#). These guidelines emphasize intersectoral actions ranging from community-led support to formal services integrated within health systems.

WHO will work with MoH on the new STEPS survey that will incorporate among-other vital data on mental health and suicide as key non-communicable disease risk factors. By including these aspects alongside other critical factors like heart disease, stroke, cancer, chronic respiratory disease, diabetes, and violence and injury (including sexual and gender-based violence), the survey aims to provide a comprehensive understanding of population health and health behavior. This holistic approach enables evidence-based decision-making and targeted public health interventions, ensuring a more effective strategy in addressing mental health challenges and reducing the incidence of suicide.

Conducting a cost analysis on the provision of services for Early Childhood Development (ECD) within health facilities, mental health and psychosocial well-being of children and adolescents, as well as substance use interventions in Mozambique, is essential. This analysis should not only assess the direct costs associated with these services but also consider the cost of inaction.

The cost analysis aims to evaluate the financial resources required to deliver quality ECD services, mental health support, and substance use interventions effectively. It should encompass expenses related to staff training, infrastructure, equipment, medication, and outreach programs. Additionally, the analysis should factor in the potential economic impact of improved ECD, mental health, and substance use services on long-term health outcomes and productivity.

By quantifying the costs and benefits of investing in these areas, policymakers and stakeholders can make informed decisions about resource allocation, prioritize interventions, and advocate for increased funding and support. This analysis is crucial for ensuring sustainable and impactful health programs that address the holistic well-being of children, adolescents, and the broader community in Mozambique.

## 2. Health Emergencies (Cabo Delgado):

In the midst of Mozambique's conflict-ridden Cabo Delgado region, the World Health Organization (WHO) has become a pivotal force in addressing the pressing health challenges faced by its inhabitants. The area has been deeply affected by ongoing armed conflict and violence, resulting in widespread displacement, loss of livelihoods, and increased vulnerability, especially among women, children, and marginalized communities. This complex humanitarian crisis has heightened existing health disparities and created an urgent demand for healthcare services and support.

Amid these tumultuous conditions, WHO has taken proactive measures to address the immediate health needs in Cabo Delgado. Their efforts include the provision of emergency medical supplies, deployment of healthcare personnel to bolster frontline services, improvement of epidemiologic surveillance systems and implementation of vaccination campaigns aimed at preventing disease outbreaks among displaced populations. Collaborating closely with local health authorities and partners, WHO is also working to establish temporary healthcare facilities and ensure the continuity of essential health services despite the ongoing conflict. WHO wants to increase the monitoring and quality control of health activities in emergency contexts non governmental organizations can play an important role for on the job training and hand on monitoring while working in close collaboration with WHO and MoH.

Recognizing the multitude of challenges facing Cabo Delgado, WHO has identified several priority programs for immediate action. One crucial focus area is the improvement of maternal health services. This involves enhancing the quality of obstetric care, including antenatal and intrapartum care, postpartum support for adolescents and young women, and early detection of issues such as fistulas, particularly in hard-to-reach areas.

Another critical initiative is centered on safe abortion practices. WHO intends to implement comprehensive training programs, such as VCAT (Values Clarification and Attitude Transformation), along with behavioral change interventions. WHO teams on the field are spearheading these efforts. There is also a proposal to establish a hotline specifically tailored to address the needs of these conflict-affected areas, potentially in collaboration with partners supporting similar hotlines.

In parallel, WHO is focusing on improving Water, Sanitation, and Hygiene (WASH) facilities in Cabo Delgado. This includes initiatives to enhance access to safe water sources, sanitation facilities, and hygiene education, particularly in health facilities, displacement camps and vulnerable communities. By reducing the risk of waterborne diseases, WHO aims to improve overall health outcomes in the region.

Addressing mental health and psychosocial support is another crucial aspect of WHO's strategy in Cabo Delgado. Given the significant impact of conflict-related trauma and stress, WHO plans to strengthen mental health services quality and access by providing training for professionals, promoting community-based psychosocial support programs, and raising awareness to reduce stigma and foster resilience among the population.

Through close collaboration with local authorities, humanitarian partners, and community organizations, WHO is striving to ensure a coordinated and integrated response to health emergencies and humanitarian needs in Cabo Delgado. By strengthening health systems, improving access to essential healthcare services, and promoting resilience, WHO's efforts are instrumental in supporting the health and well-being of the population amidst the ongoing conflict.

### 3. Climate Change and Health

Mozambique stands as one of the world's most vulnerable countries to the repercussions of climate variability and persistent climate change. This vulnerability is intricately tied to its geographical positioning within the inter-tropical convergence zone, exposing it to extreme weather events. The pervasive poverty, coupled with the climate sensitivity of key socio-economic sectors, amplifies the challenges faced. Furthermore, the concentration of the population in rural and coastal areas magnifies the impact of climate-related disruptions, making communities more susceptible. This vulnerability is exacerbated by overwhelmed essential public services and infrastructure, rendering them incapable of adequately meeting basic social needs, such as water, sanitation, and hygiene. In this complex landscape, the adverse effects of climate change further underscore the urgency for comprehensive and resilient socio-economic and environmental strategies in Mozambique.

Statistics from Inform Risk Management Index 2022 indicate that among 191 countries, Mozambique is considered high risk and is ranked as the 19th highest risk country, 46th in terms of risk and exposure, 11th in terms of vulnerability and 31st in terms of lack of capacity to deal with the impact. Furthermore, the vulnerability and adaptation assessment of health, including health determinates to climate change conducted in 2019, by MOH in collaboration with WHO, showed that of the 161 districts in the country, the adaptive capacity of 51 and 63 districts was low and very low, respectively to address the impact of climate change on health in Mozambique.

WASH service in the country is not optimal which contributed to diseases burden. According to the Global Joint WHO/ UNICEF (2022) progress report for Water, Sanitation and Hygiene, the coverage level is low with high urban and rural disparities. The national basic water for drinking and sanitation were 56% and 43% respectively (JMP, 2022). The basic hygiene and basic waste management services in rural areas were 40% and 29% respectively (JMP, 2022).

In collaboration with Mozambique's Ministry of Health (MoH), National Institute of Health (INS) and various partners, WHO has made significant strides in strengthening Health System Resilience to Climate Change Impact. Notably, the piloting of the Early Warning and Alert Response System (EWARs) at the national health observatory and in four provinces has enabled the monitoring of climate-sensitive diseases. Furthermore, WHO Country Office (WCO) supported the development of a Climate, Health, and Environment Research Agenda 2022-2030. Five thematic areas were identified namely Water, Sanitation and Hygiene (WASH), Climate Change and Health, Air Pollution, Food safety and Occupational Health and Safety Overall. Regarding to the health care waste management, in collaboration with MoH, WCO trained 12 health facilities focal persons of environmental health. WHO Health Care Waste Management training package and MoH health care waste management guidelines were used for this training including management of waste from COVID-19 isolation and treatment health care facilities.

WHO's efforts in enhancing Water, Sanitation, and Hygiene (WASH) in Health Care Facilities have been instrumental. Through capacity building initiatives in 25 districts, utilizing rapid water quality field test kits for microbiological and physicochemical assessments, significant improvements have been achieved. Partnerships with the MoH, UNICEF, and other stakeholders have led to the adoption of the Global WASH in Health Care Facility improvement tool, training of national experts, and the training of health professionals on WASH practices.

A key focus area has been made on enhancing the environmental sustainability of health care facilities. Capacity building programs for 38 experts from Mozambique and other Lusophony countries have equipped them with the skills to undertake resilience and environmental sustainability assessments. Additionally, the piloting of Early Warning, Alert, and Response systems for climate-sensitive diseases in seven districts has strengthened preparedness and response measures.

WHO's commitment to training and capacity building is evident in initiatives such as the training of technicians from 43 Health Care Facilities in Zambezia Province on using the WASH FIT tool and developing improvement plans. This targeted approach ensures that health professionals are equipped with the necessary knowledge and skills to deliver high-quality health services.

In 2021, WHO in collaboration with Provincial Health Service and Provincial Health Directorate of Cabo Delgado (SPS/DPS), built capacity on Water safety plan for 37 technicians from 17 districts of the province and 6 WASH partners working in the province. This training introduced Water safety plan manual: step-by-step risk management for drinking-water suppliers developed by WHO and International Water Association in 2009. In order to facilitate the implementation of Water Safety plan and strengthening drinking Water Quality Monitoring with focus on cholera prone districts, WHO provided 3 rapid field drinking water quality test kits and 20 poll testers for residual free chlorine (FRC).

Through strategic partnerships, capacity building initiatives, and innovative programs, Mozambique has indeed made commendable progress in addressing environmental health determinants and climate change impacts. However, several gaps and challenges persist, necessitating further initiative. There is a need to increase awareness among decision-makers, the health workforce, and other stakeholders about the importance of environmental health determinants, including climate change. Insufficient awareness has led to lower priority and commitment to addressing these critical issues.

The country faces challenges in terms of weak technical, institutional, and resource capacity to integrate environmental health determinants into other public health programs and relevant sectors. Strengthening capacity is essential to mainstream these concerns effectively. The absence or weakness of multi-sectoral coordination for environmental health determinants, including climate change, hinders comprehensive and coordinated efforts. Improved coordination among various sectors is crucial for addressing these complex challenges holistically.

Addressing these gaps requires collaborative efforts, enhanced capacity building, and strengthened coordination mechanisms. WHO and its partners' continued engagement and support can play a pivotal role in overcoming these challenges and advancing Mozambique's resilience in health care systems.

In Mozambique, comprehensive efforts are underway to promote drinking water safety and hygiene practices, particularly focusing on behavior change at various levels of society. Initiatives include piloting climate-resilient Water Safety Plans for water utilities and community supplies, procuring portable water quality test kits for monitoring and enhancing institutional capacity for water quality control and disease surveillance. Additionally, health promotion programs target behavior change in areas like hand washing and sanitation practices, emphasizing their importance in preventing waterborne diseases and improving overall health outcomes.

Simultaneously, the implementation of the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) is improving the quality of healthcare service delivery. Through capacity building, assessment of healthcare facilities, development of improvement plans, and promoting safe waste management practices, Mozambique is taking significant steps towards enhancing the safety and sustainability of its water and sanitation systems. Awareness campaigns, advocacy activities, and training initiatives further reinforce these efforts, ensuring widespread understanding and adherence to recommended measures for sanitation and hygiene across communities, schools, workplaces, and other relevant settings.

Additionally, WHO will continue supporting the MoH on Strengthening the Resilience of the Mozambique Health System to Climate Change Impacts and the implementation of COP 26.

## Annex 2 - Grantee Technical Assessment Questionnaire

### Grantee Questionnaire for Technical Assessment

Name and contact details of the Organization, including website:					
Name/ short description of the project for which financial support is sought from WHO:					
Officer responsible for this proposal (including contact details):					
<b>A) Programmatic review</b>					
<b>1. Current Programmes and partners</b>	<b>Comments</b>				
1.1 Please list and give a short description of the programmes that your organization is currently working on					
1.2 In what locations are your current programmes?					
1.3 Please list the institutions/ organizations that your Organization is currently working with, including contact details.					
1.4 Please list your current and past donors					
1.5 Do you have references from any of your current / past partners (donors, other partners)?  If so, please provide details					
<b>B) Administrative review</b>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>n/a</th> <th>Brief description / comments</th> </tr> </thead> </table>	Yes	No	n/a	Brief description / comments
Yes	No	n/a	Brief description / comments		
<b>2. Organizational Structure and Staffing</b>					
2.1 Is the Organization registered as not-for-profit in the country of operation? Elsewhere?	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				

2.2 Does the Organization have a written constitution (by-laws)?				
2.3 Is the organizational structure of the accounting / finance department appropriate for carrying out all necessary tasks? Does the organizational structure provide clear lines of reporting and accountability? If so, please describe  <i>Attach an organization chart if available</i>				
2.4 Do you have training policies for accounting/ finance staff? Are necessary training undertaken to keep staff skills up to date? If so, please provide details				
2.5 Has there been significant turnover in staff in the past five years? If this is a problem, what steps are being taken to address this issue?				
<b>3. Accounting Policies and Procedures</b>				
<i>3.a General</i>				
3.1 Do you have an accounting system that allows for proper recording of financial transactions from WHO, including allocation of expenditures in accordance with the agreed grant budgets?				
3.2 Are controls in place concerning preparation and approval of transactions, ensuring that all transactions are correctly approved and adequately supported?				
3.3 Is the chart of accounts adequate to properly account for and report on activities and grant budgeted expenditure categories?				
3.4 Are accounts reconciled monthly? Are explanations provided for significant reconciling items?				
3.5 Are all accounting and supporting documents retained for a minimum of 5 years in a system that allows ready access to users?				
3.6 Do you have policies and procedures for tracking and reporting grant funds provided by WHO? If so, please describe				
<i>3.b Segregation of duties</i>				
3.7 Are the following functional responsibilities performed by different units or individuals: (a) authorization to execute a transaction; (b) recording the transaction; and (c) custody of assets involved in the transaction?				
3.8 Are the functions of ordering, receiving, accounting for and paying for goods and services appropriately segregated?				

3.c Budgeting				
3.9 Do your budgets include technical and financial targets?				
3.10 Are actual expenditures compared to the budget with reasonable frequency? Are explanations required for significant variations from the budget?				
3.11 Are approvals required prior to significant variations from the budget?				
3.d Payments				
3.12 Do invoice processing procedures provide for: <ul style="list-style-type: none"> <li>• Comparison of invoice quantities, prices and terms with those indicated on the purchase order and with records of goods actually received?</li> <li>• Checking the accuracy of calculations, if any?</li> <li>• Certification of receipt of delivery of goods/ services?</li> </ul>				
3.13 Do controls exist for preparation and approval of payroll expenditures? Are changes properly authorized? If so, please describe				
3.e Policies and procedures				
3.16 Do you have an accounting manual to ensure control of assets and the proper use of funds? Are internationally accepted accounting standards followed? If so, which standard?				
3.17 Do you have written policies and procedures that cover all routine financial management and related administrative activities? Please describe.				
3.18 Are instructions and manuals available and easily accessible to the relevant staff?				
3.f Cash and banks				
3.19 Who are the authorized signatories on the bank accounts that are used for WHO resources? How many signatories are on the bank account and how many are required to execute transactions?				
3.20 Are bank accounts and cash books reconciled monthly? Are explanations provided for significant and unusual reconciling items?				
3.21 Are cash and checks maintained in a secure location, e.g. a locked safe? Who has access to the secure location?				
4. Audit				

4.1 Are your financial statements audited regularly by an independent auditor? If so, please describe the auditor.				
4.2 Is the audit of your financial statements conducted according to international standards of auditing?				
4.3 Have there been any major accountability issues brought out in audit reports in the past three years?				
4.4 Have any audit recommendations made by the auditors in the past three years not yet been implemented?				
<b>5. Reporting and monitoring</b>				
5.1 Do you prepare financial statements specifically for WHO grants? If so, what is the frequency for these statements?				
5.2 Does your reporting system have the capacity to link financial information with information on the progress of technical implementation? Please elaborate.				
5.3 Do your financial reports compare actual expenditures with budgeted figures by expenditure category?				
5.4 Are financial reports prepared directly by an automated accounting system? If they are prepared using spreadsheets or other means please describe.				
<b>6. Information systems</b>				
6.1 Is your financial management system computerized?				
6.2 Do you have policies in place that restrict access to the computerized financial management system to appropriate staff?				
<b>7. Procurement</b>				
7.1 Do you apply procurement principles that promote broad participation from potential bidders? If so, please describe them.				
7.2 Do you have written procurement policies and procedures?  <i>If yes, please provide a copy. If not, please attach an outline of your tender procedures specifying methodology, thresholds, approval requirements.</i>				
7.3 Do you have a specific anti-fraud and corruption policy? If so, please describe it.				
7.4 Are exceptions to procedures documented and approved by the appropriate manager?				

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7.5 Do you have a procurement committee for review and approval of contracts? If so, please describe.				
7.6 At what value do you require written authorization from senior management for a purchase?				
7.7 How many staff give their approval before a contract is signed, a purchase is executed, or a payment is made?				

## Annex 3 - Checklist Initiating Engagement with NSAs during Emergencies

### **NON-STATE ACTORS ENGAGEMENT AS IMPLEMENTING PARTNERS UNDER FENSA DURING EMERGENCIES<sup>1</sup>**

#### ***FENSA Designated Focal Point checklist<sup>2</sup>***

##### **Basic list of documents required**

- Proposed draft agreement with the non-State actor
- The goals and objectives of the planned project and full details on the roles and responsibilities of the entity and those of WHO
- By-laws, sources of funding (list of donors and sponsors), list of names of members of the decision-making body (Board), certificate of registration
- List of recent and current partners;
- Latest financial statements showing funding and annual report and audit report if available
- The tobacco-arms disclosure statement signed, dated in the last calendar year and stamped

1. Official name (in English if available) and contact details of the non-State actor.	
2. Official name (in local language).	
3. Website.	
4. Officer from the non-State actor responsible for this proposal (including contact details).	
<b>Non-State actor simplified profile</b>	
5. Short description of the non-State actor.	
6. Is the entity registered in the country of operation? In another country? Please provide copy of the registration document.	
7. Is the registration limited in geographical scope and does it require the entity to obtain further approval of this project by the host authorities?	

<sup>1</sup> In accordance with SOPs governing WHO's engagements in emergency settings under FENSA, July 2018

<sup>2</sup> The template is intended solely for engagement with "implementing partners", August 2018

8. Does the entity have an official document stating its legal status? Please provide copy of the document.			
9. Please list the names and functions of the members of the main decision-making body(ies) of the entity (e.g. board, board of directors, executive board, executive committee, etc).			
10. Please list the current /past partners (donors, other partners) of the entity?			
11. Has the non-State Actor collaborated with WHO in the last 3 years (e.g. other Letter of Agreement, participation to WHO projects)? If yes, please provide details.			
<b>Self-assessment checklist for emergencies</b>	<b>Yes</b>	<b>No</b>	<b>Brief description / comments</b>
<i>On the proposed entity</i>			
12. Is the entity a regular member of the health cluster?			
13. Has the entity been satisfactorily engaged by another UN agency or international NGO in the last 12 months?			
14. Has the entity provided the set of supporting documents mentioned in questions 4 to 7 above ?			
15. Has the entity been in operation for at least 2 years?			
16. Please confirm that the names of the above mentioned members of the entity's main decision making body(ies) are not listed on any UN Security Council Official sanction list (Consolidated United Nations Security Council Sanctions List <a href="https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list">https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list</a> )			
17. Please confirm that the entity signed the tobacco-arms disclosure statement (without modification) during the current calendar year?			
18. Does the non-State actor have and has it had over the last four years any formal association, affiliation or links with the tobacco and/or arms industry			

19. Has the non-State actor policies or activities that negatively affect human health and are not in line with WHO's policies, norms and standards, in particular those related to noncommunicable diseases and their determinants			
<b><i>On the proposed engagement</i></b>			
20. Please provide the title and a short description of the project proposal.			
21. Is this proposal an initial engagement with the entity and for a maximum of 3 months and US\$ 200,000?			
22. Please confirm whether the proposed engagement is in conformity with the WHO's Constitution, furthers the Organization's objectives as expressed in the General Programme of Work and Programme Budget and contributes to the advancement of public health.			
23. Please confirm that no reputational issues or risk have been identified in terms of: conflict of interest; undue or improper influence by the non-State actor; a negative impact on WHO's integrity, independence, credibility and reputation, and public health mandate; the use of the engagement to serve the interests of the non-State actor concerned, with limited or no benefits for WHO and public health; the 'whitewashing' of a non-State actor's image through an engagement with WHO; or a competitive advantage for a non-State actor.			
24. Please confirm that WHO's name, acronym and emblem or any abbreviation is and will not be used for, or in conjunction with, the entity's businesses and/or activities, or for commercial, promotional marketing or advertisement purposes. This includes the display of the WHO's name, acronym and emblem on any premises or space, communication material, social media tools or any other publication/advertisement issued by the entity.			

## Annex 4 - Applicant Organization Profile

Evaluation Area	Details
1. Legal status of NSA	
2. The composition of NSA's decision-making body (governance)	<p>NSA is governed by a .....;</p> <p>Names of the decision making body i.e. governing board/directors:</p> <ul style="list-style-type: none"> <li>• .....</li> <li>• .....</li> </ul>
4. The webpage	www.....org
5. Affiliation (parent entity, subsidiaries, or branches)	
6. Do you have a written policy and/or corporate mechanisms on preventing and responding to sexual exploitation, abuse, and harassment (PSEAH)? If yes, kindly provide it.	
6. Contact Persons, positions and contact details	

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## Annex 5 - Tobacco and Arms Declaration signed and recently dated

### TOBACCO /ARMS RELATED DISCLOSURE STATEMENT FOR NON-STATE ACTORS<sup>3</sup>

Pursuant the WHO Framework of Engagement with Non-State Actors, WHO does not engage with the tobacco industry or non-State actors that work to further the interests of the tobacco industry. WHO also does not engage with the arms industry<sup>4</sup>.

For the purposes of this statement:

-tobacco industry means any entity involved in the manufacture, sale or distribution of tobacco and related products, and any affiliate of such entity;

-and arms industry means any entity involved in the manufacture, sale or distribution of arms, and any affiliate of such entity.

This disclosure statement needs to be provided by any nongovernmental organization, private sector entity, philanthropic foundation and academic institution prior to engaging with WHO.

In view of the foregoing, please answer the following questions:

1. Is your entity, or was your entity over the last four years, part of the tobacco or arms industries (as defined above)?

Yes  No Unable to answer

2. To the best of knowledge, is your entity, or has your entity over the last four years, engaged in activities that are aimed at furthering or supporting the interests of the tobacco industry? This includes, but is not limited to, supply contracts, contract work, services and lobbying.

Yes  No Unable to answer

3. To the best of knowledge, does your entity currently, or did your entity over the last four years, have any other association or relationship with the tobacco industry (as defined above). This includes in particular investment interests (other than general mutual funds or similar arrangements whereby your entity has no control over the selection of the investments), commercial business interests, the provision or receipt of financial and/or other support.

Yes  No Unable to answer

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<sup>3</sup> Nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

<sup>4</sup> Paragraph 44, Framework of Engagement with Non-State Actors.

4. If you have answered yes to any of the above or are unable to answer one or more questions, please provide a general statement of explanation.

*Please note that the WHO Secretariat reserves the right to request additional information from your entity in this regard.*

*By providing this statement, your entity commits to promptly inform WHO of any change to the above information and to complete a new statement that describes the changes.*

Signature: \_\_\_\_\_  
(duly authorized representative)

Name and Title of duly authorized representative:

Name of entity:

Date: