Memorandum of information European tender Feasibility studies for the Development of a Referral Hospital in Burkina Faso

Date: 2 april 2021

In this memorandum of information, the contracting authority provides answers to the questions asked and remarks posted in the context of the above-mentioned European tender. This memorandum of information forms an integral part of the tender document.

Question	Paragraph from the tender document	Question	Answer
1.		The consultant is asked to provide a supporting certificate for a contract for support and repatriation of services provided abroad by its employees. When does this certificate need to be provided? (Since it is not on the checklist)	The certificate needs to be provided after the winning party of this tender signs the contract of the assignment.
2.		Do the references and CV's submitted with the tender need to be signed?	Yes, The reference(s) must be signed by the referee (the client in question)
3.	**4.3.2.**	What are the core competences for the references specifically? Is there a maximum amount of references that can be provided?	There are four core competences mentioned in the tender document: ***Reference data (technical qualifications)*** The Tendering Authority has set the following core competences, which demonstrate experience with essential aspects of the assignment. Evidence (do not submit together with the Tender – only submit when requested by the Tendering Authority): You may not provide more than one reference for each core competence. If a single reference testifies to multiple competences that comply with the applicable requirements, then you can use the same reference for these different core competences. The reference(s) must be signed by the referee (the client in question) The references must also demonstrate that they have a value of at least 150.000 euro.

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			Maximum one reference per core competence, so maximum 4 references. (you can combine)
4.	**2**	Chapter 2: Description and objective of the assignment (Detailed tasks and deliverables) 1. According to the detailed tasks and deliverables, phases 1 and 2 are used to investigate the various options and solutions for the new CHR-U and the redevelopment of the existing CHR into a new function. In phase 1, the options for the new hospital and existing hospital will be identified, whereas in phase 2 the final configuration will be established. However, during phase 2 and phase 3 the text sometimes mentions 'variations' instead of 'selected variation' (see, for instance, deliverables 2.3, 2.5, 2.7 and 3.1). Is it correct to assume that there will be a decision on the preferred variation for the CHU and CHR directly after phase 1?	Your assumption is not correct. As mentioned in the forward of par. 2.8.2, during phase 1 the most promising options for each Public Health provision variation should be identified; these options will be in detail studied during Phase 2. However if the options for one variation are deemed not to be promising or realistic at all, then that should eb indicated at the end of phase 1. This could potentially result in only the options for 2 or only 1 variation to be studied in phase 2. At the end of phase 2 it is expected to have the proposed solution complete for the new CHR-U
5.		For deliverable 1.2 and 1.3 'Topographical and soil survey' (p. 17) only the topographical and hydrogeological situation is requested. Is no soil bearing capacity investigation required? This is normally executed by a geotechnical engineering firm. We would advise to include this in the requested tasks and deliverables.	Indeed the soil investigation is included although not explicitly mentioned. The list in the task description is not exclusive. In case you propose another list of tasks or you would like to precise further, please justify your approach in your offer.
6.		The preparation of the detailed design of the CHR-U is mentioned under deliverable 3.1 'Final Project Plan' (p. 25). Could you provide more information on whether an APD (Avant-Projet Détaillé / detailed design) is part of the requested consultancy services? We currently assume that an APS (Avant-projet Sommaire / preliminary design) is seen as the final deliverable of the feasibility study. If, however, an APD is required, please provide more details on the expected output of the consultancy services.	Indeed the "detailed design" of tasks 3,1 should be read as preliminary design Please refer to tasks 2.1-2.4.

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7.		Following deliverable 1.14 'Preliminary financing plan' (p. 22): is it expected that the consultant will actively pursue financing possibilities following the identification of financing possibilities, or will this be done by RVO and the Management Unit?	As explained in the task description, the consultant will have to identify the possibilities by actively reaching out to the actors active in the Health Sector as described in Annex 7, par. 4.4. The project coordination structure and RVO will nevertheless facilitate that. The promising & realistic financing possibilities, will define the how the final financing plan will eb developed during phase 2.
8.		Deliverable 4.2 'Procurement documents' (p. 27) mentions that "The Consultant will prepare, in collaboration with the CU, the Tender Documents and the Terms of Reference for all the construction, supervision, Technical Assistance to the Contracting Authority, and for the capacity building of the hospital staff necessary for the realisation of the new hospital". Is it correct to assume that this includes the following four separate tender documents: a. Construction (please see our remark on whether an APD is required, or if this will be part of the construction tender – design and build); b. Supervision; c. Technical Assistance to the Contracting Authority; d. Capacity building of hospital staff.	The 4 separate tender documents you mention forms the backbone structure of the eventual implementation project, but it is not necessarily the only option. We expect this to be proposed during the studies as part of task 3.1. It is possible that a tender can be prepared for the development of a service and related capacity building; take for example waste management, or medical equipment installation. The entire set of works and services necessary for the development of the new hospital shall be structured in the procurement plan of task 4.1.
9.	**4.2**	Deliverable 4.2 'Procurement documents' (p. 27) does not include a tender for equipment and furniture. Should this be part of the procurement documents?	Indeed. Please consider that the procurement documents should cover all the aspects studied.
10.	**3**	Requirements to this assignment Following RS11 (p. 34): is it possible to open a project office in Ouagadougou instead of Fada N'Gourma?	It is possible, however the consultant's presence in Fada N'Gourma is deemed necessary for the good completion of the study.

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		Chapter 4: Requirements concerning the Tenderer 8. In section 5.2.3 (p. 45) the profiles sought for the additional experts are described, including a description of an additional expert 'Topographer of BTS level'. In our experience with similar projects, the topographer is not involved as an individual expert, but is instead a local company or firm specialized in land surveying. a. Is it possible to propose a local firm specialized in land surveying / topography instead of an individual expert? b. If the topographer remains listed as an individual expert: the evaluation criteria mentions that the BTS topographer should have 'at least 5 similar projects to his credit'. Geotechnical investigations are standardized site investigations that obtain information on the physical properties of soil earthworks and foundations for structures and are not dependent on the type of structure to be established on the project site. Is it, in that sense, correct to assume that any type of p investigation project would classify as a 'similar project'?	Regarding the requirement for the Topographer: a. It is possible as long as the firm deploys a topographer that fulfils the requirements b. Indeed any type of investigation of a project of a comparable size is seemed as relevant.
11.		Could you provide more information about the reporting structure related to the organisation of the D2B studies (stakeholders as mentioned in section 2.9, p. 27)?	The PMU is the body that will facilitate the work of the consultant on a day-to-day basis and will be the liaison to all other stakeholders. The Technical Committee is the body that can provide input, clarify and explain technical questions and terms. The Review Committee is the body that is in charge of the studies; validation and approvals of scope, tasks and deliverables fall within the responsibilities of this Committee. For further details see the **Roles and Responsibilities** table of page 28.
12.		The requested expertise of the additional experts seems to be focussed on technical expertise (e.g. engineering disciplines). It seems that the requested consultancy	The team leader is expected to have the capacity and expertise of the public health aspects. In case you would like to propose an alternative team

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		services for phase 1 are focussed on public health / organization / capacity building aspects. Would it be possible to include additional experts with expertise in public health / health facility planning / data analysis, and present the CVs of these additional experts in our proposal?	composition, please feel free to do so while justifying your approach and harmonious collaboration of the team and stakeholders.