



Invitation for Expression of Interest (IEOI) – Individual Consultant

Invitation for Expression of Interest

Date 7 August 2025

EVALUATION OF HEALTH SECTOR INTERVENTIONS BY THE ISLAMIC DEVELOPMENT BANK

1. The Islamic Development Bank (IsDB) has approved an administrative budget for financing consulting services (the Services) for the above project. The Terms of Reference (TOR) of the Services is in Appendix A. The Services will be provided by consulting firm. IsDB will select and engage the Consultant in accordance with the IsDB Corporate Procurement Policy (Policy).
2. IsDB now invites Expression of Interest (EOI) from potential individual applicants for consideration by IsDB in determining a shortlist of candidates to be invited to submit proposals. Depending on the number of the EOIs received and the qualifications of the applicants, IsDB may or may not short list all potentials who have submitted EOIs.
3. Applicants who wish to submit an EOI should complete the EOI Form in Appendix B and submit it through IsDB's online IEOI facility or by email, fax or courier to the following authorized representative of IsDB:

Consultant Selection Panel
Islamic Development Bank
Email: Designated email address

Appendix A: Terms of Reference

Appendix B: EOI Form

Appendix A

TERMS OF REFERENCE

INDEPENDENT EVALUATION DEPARTMENT

AUGUST 2025

1. BACKGROUND OF THE HIRING DEPARTMENT

1.1. The Independent Evaluation Department (IEvD) undertakes both independent macro-level evaluation work (e.g., corporate, country, sector, thematic strategies, and process evaluations) and project-level evaluations covering both Member Countries (MCs) and operations funded by the Bank in Non-Member Countries. It undertakes thorough reviews and analyses to assess the developmental effectiveness of interventions by the Islamic Development Bank (IsDB) and their alignment with the Bank's strategy. The Department draws lessons from evaluation studies and participates in the dissemination of knowledge within IsDB and in the MCs to contribute to the improvement of developmental effectiveness, ensuring that evaluation recommendations are considered in the IsDB's policies, strategies, and operations.

1.2. As part of its 2025 work plan, the IEvD will undertake a comprehensive evaluation of IsDB's health sector interventions implemented between 2015 and 2024, with a view to analyzing the robustness of the IsDB Health Sector Policy and Strategy, examine the extent to which health projects and programs have adhered to this policy and strategy, and evaluate the effectiveness and efficiency of their implementation. It will also assess the quality-of-service delivery, the achievement of intended outcomes relative to initial targets, and the sustainability of the results achieved.

2. OVERVIEW OF THE HEALTH SECTOR IN ISDB MEMBER COUNTRIES

2.1. Health is a fundamental pillar of human capital and a key driver of economic growth and sustainable development. As both an outcome and an enabler, health, together with education, enhances individual capabilities, fosters productivity, supports employment, and promotes social advancement. A healthy population is essential for sustaining development, as it enables societies to respond to challenges with resilience, innovation, and adaptive capacity. Considering the vital role of health in achieving sustainable development, countries must adopt and implement effective policies, strategies, programs, and projects to build a strong health system that ensures the population's health security.

2.2. Globally, four dimensions of health preparedness are used to measure and analyze the health standard of countries. These are health capacity, health investment, health outcome, and government effectiveness. These dimensions are interrelated in the sense that health outcome could depend on health capacity, and health capacity depends on health investment and government effectiveness. A combined analysis of these four dimensions creates a composite index that reflects the sum of the overall achievement (robustness) of the health sector in the countries.

2.3. Healthcare, as a public good, requires strong governance and substantial public investment to be effective. However, IsDB MCs lag significantly behind global standards in key health indicators. Their average government health expenditure is only 2.6% of GDP, far below the WHO-recommended 5% and the global average of 6.5%, reflecting limited prioritization of health. Government effectiveness is also low, with an average percentile rank of 32.3 compared to 48.1 globally. These deficiencies contribute to weak health capacity and preparedness, as shown by low scores on the Global Health Security Index and Sustainable Development Goals (SDG) 3 achievement, highlighting the urgent need for improved investment and governance in the health sector.

2.4. An IsDB report released in 2021¹ analyzed health preparedness of IsDB MCs based on the four dimensions. Accordingly, it ranked the top five MCs with the highest overall achievement or robustness in the health sector which were UAE with overall score of 6.67 (or 83.38%), Qatar with 5.95 (74.42%), Saudi Arabia with 5.73 (71.68%), Malaysia with 5.71 (71.41%) and Maldives with 5.71 (71.32%). On the other hand, five MCs with the lowest overall health sector robustness are Yemen with 1.56 (19.48%), Nigeria with 1.16 (14.50%), Guinea-Bissau with 1.08 (13.45%), Chad with 0.54 (6.74%) and Somalia with 0.33 (4.12%). In all, 36 MCs achieved below 50% health sector robustness while 21 of them achieved 50% and above.

2.5. The interrelatedness and varied efficiency effects of the dimensions connote that a country may have very high scores in some dimensions but if combined with low scores in other more critical dimensions, achieves lower than expected overall robustness score. For instance, Maldives has the highest health investment score at 1.99 but low government effectiveness and moderate health capacity, leading to a moderate health outcome of 1.84 out of 3, which translates into 61.3% and overall robustness score of 5.71 (71.32%). Conversely, the UAE and Qatar, with lower health investments than Maldives, but with a combination of strong government effectiveness and high health capacity leading to higher outcome manifesting into highest overall health sector robustness of 6.67 (83.38%) and 5.95 (74.42%) respectively. The analysis further revealed that 32 MCs are moderately prepared for health emergencies, while the other 25 MCs are least prepared.

2.6. IsDB MCs face significant health capacity and outcome challenges compared to global and Emerging Markets and Developing Economies (EMDE) averages. Their average health capacity score is 35.16, below the world average of 40.2, with major weaknesses in disease prevention, reporting, and health system infrastructure. While a few countries like Malaysia and Indonesia show higher preparedness, many others, such as Somalia and Yemen, rank among the least prepared globally. The IsDB MCs collectively exhibit the lowest average SDG 3 Index score, at 56.72, underscoring considerable challenges in achieving health-related SDGs. On average, IsDB MCs fall behind both global and EMDE benchmarks, with a life expectancy of 69.2 years, a maternal mortality ratio of 265 per 100,000 live births, an infant mortality rate of 32.7 per 1,000 live births, and an under-five mortality rate of 44.3 per 1,000 live births. These outcomes reflect the compounded effects of chronic underinvestment, weak health system capacity, and governance deficits in many member countries.

¹ IsDB Institute Economic Research and Statistics Division (2021). COVID-19 Pandemic and the Economies of IsDB Member Countries: Impacts and Prospects.

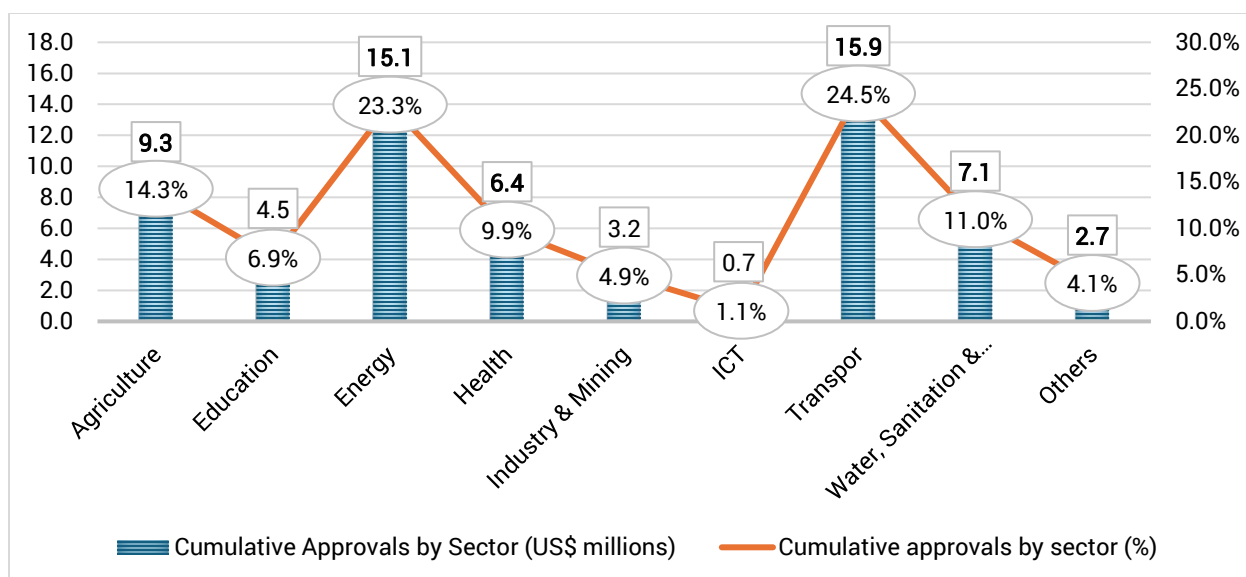
2.7. However, these aggregate figures mask significant heterogeneity across the IsDB membership. For example, Malaysia and Turkey report life expectancies exceeding 75 years and have made strong advances in universal health coverage, while countries such as Chad, Somalia, and Afghanistan continue to face critical health system fragility, with maternal mortality ratios exceeding 400 per 100,000 and life expectancy falling below 60 years. Similarly, while countries like Jordan and Tunisia have relatively low child mortality rates and robust primary healthcare systems, others such as Niger and Sudan still struggle with high infant and under-five mortality rates due to weak service delivery and limited access to essential care. Recognizing this diversity is essential for effective health sector support. Interventions must be context-specific, considering the unique needs, capacities, and institutional realities of each country to equitable and sustainable health outcomes across the IsDB MCs.

2.8. Many MCs are struggling with insufficient health systems in terms of physical infrastructure and human resources in preventing and reporting the emergence of pathogens as well as lacking the capability of detective and preventive measures. Therefore, a country could have high health spending with poor health outcomes if the spending neither translates to good health capacity nor is supported by effective governance.

3. ISDB INTERVENTIONS IN THE HEALTH SECTOR

3.1. In recognition of the crucial role of health as a key component of human capital in achieving sustainable development, which is in tandem with the key mandate of the IsDB in supporting social and economic development in member countries, the IsDB has accorded high priority to the health sector. Since inception, the IsDB cumulative approvals for financing health projects in member countries from its Ordinary Capital Resource (OCR) have reached USD 6.4 billion out of total approvals of USD 64.9 billion (see chart 1). The cumulative approvals for health sector projects are about 9.9% of total cumulative approvals and are the fifth largest after transportation with USD 15.9 billion (24.5%), energy with USD 15.1 billion (23.3%), Agriculture with USD 9.3 billion (14.3%), followed by water, sanitation and urban services with USD 7.1 billion (11%).

Figure 1: Cumulative IsDB Approvals by Sector since Inception (1975-2024)

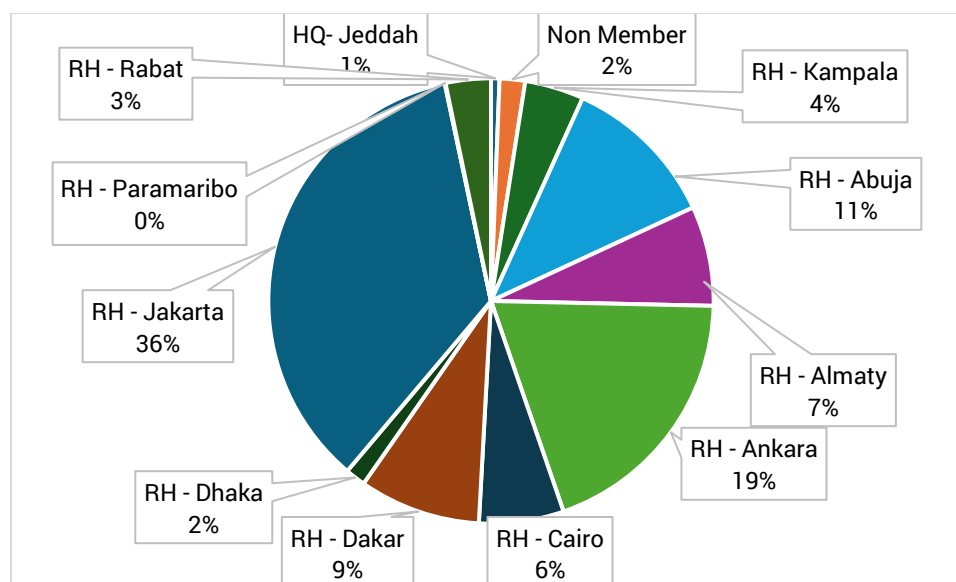


3.2. The coverage of this evaluation will be health sector approvals for the period between 2015 and 2024. As Table 1 illustrates, IsDB approved a total of 271 health sector interventions (including 54 projects and 217 grant operations) during the period (2015-2024) at a total amount of USD 3.76 billion. A sub-sector classification in terms of total approved amount is illustrated at the table below.

Table 1: Subsector Approvals of Health Sector Interventions 2015-2024

No	Sub Sector	No. of Projects	No. of Grant Operations	Approved Amount (USD Million)
1.	Health institutions	7	37	1,538
2.	General health services	26	121	1,352
3.	Drugs and Vaccine production	7	11	391
4.	Primary and rural health	7	16	323
5.	Relief Emergencies Supplies	6	35	134
6.	Relief Health	1	4	20
	Grand Total	54	217	3,758

Figure 2: Regional Hub Analys of Health Sector Interventions 2015-2024



3.3. Regional analysis shows that Jakarta Regional Hub accounted for the largest share, managing approximately 36% of total approved health financing, largely driven by significant investments in Indonesia. This was followed by the Ankara and Almaty hubs, which accounted for roughly 19% and 11%, respectively, reflecting substantial engagement in Eastern Europe and West and Central Africa region.

3.4. Approximately 2% were allocated to non-member countries, highlighting IsDB's inclusive approach and its responsiveness to global health crises, particularly through emergency response and technical cooperation initiatives. These interventions in non-member states often target fragile or underserved contexts and reflect IsDB's broader humanitarian mandate and global solidarity, especially during pandemics and disaster relief efforts.

3.5. A 2017 "Synthesis Report on Evaluation of IDBG Interventions in the Health Sector" recommended developing health sector policies and guidelines to link financing to high-impact interventions, undertaking thorough assessments with effective policy dialogue, ensuring accurate feasibility studies before approval to guarantee sustainability, enhancing capacity building of executing agencies, and implementing appropriate strategies for recruitment and retention of medical personnel. As a response to the main recommendation, the IsDB Health Sector Policy was developed in December 2019 to guide IsDB interventions in the health sector with the theme "Affordable quality health services for human development".

3.6. The Health Sector Policy was formulated around six pillars that align with SDG-3 and are consistent with the OIC Strategic Health Program of Action (SHPA) 2014-2023, the President's Five-Year Program (P5P), and IsDB's 10-Year Strategy (10YS). The policy is anchored on five mandatory enablers to ensure effective operationalization and implementation.

3.7. The six pillars focus on the followings: (1) target vulnerable and poor populations, (2) prioritize strengthened primary healthcare delivery and prevention, (3) support national health financing initiatives to achieve universal health coverage, (4) impact-investment to achieve "Health-in-All-Policies," (5) innovative financing for health projects and programs, and (6) improve IsDB governance and capacity building for health.

3.8. The five enablers are: equity to leave no one behind, partnership and improved collaboration, research and development, regional and country differentiation, and sustainable solutions.

4. PURPOSE AND OBJECTIVES OF THE ASSIGNMENT

4.1. The primary purpose of this assignment is to conduct a comprehensive assessment of IsDB's interventions in the health sector, over the period 2015-2024, which encompasses policies, strategies, programs, projects, and operations, and assess their implementation and results. The evaluation aims to generate evidence on the relevance, effectiveness, efficiency, and sustainability of IsDB's health sector investments, while identifying lessons and recommendations to enhance future support in the sector. The specific objectives of this evaluation include the following:

- i. Evaluating the alignment of the IsDB health policy and strategy and IsDB's operations and initiatives in the health sector with the health needs of MCs and the consistency of IsDB interventions in the sector with IsDB vision, mission, policies, and strategies.
- ii. Examining the effectiveness and implementation of the Bank's interventions in the sector.
- iii. Reviewing the efficiency of the Bank's interventions,
- iv. Assessing the sustainability of the Bank's interventions, and
- v. Identifying gaps in policies, guidelines, strategies, and implementation mechanisms, if any, with the view of drawing lessons and recommendations to enhance the future IsDB Group's interventions in the sector.

5. SCOPE OF THE EVALUATION

5.1. The evaluation will cover all relevant policies, strategies and projects, operations, grants/technical assistance (TA), and programs approved during 2015–2024. It will cover the full portfolio of 271 health sector interventions (including 54 projects and 217 grant operations) amounting to USD 3.76 billion and assess the scope and strategic alignment of interventions during this period. The evaluation will review all relevant documents of health projects interventions and prepare specific number (3-4) of country case studies for an in-depth assessment. This will take the cognizance of the synthesis report on evaluations of IsDB Interventions in the health sector conducted in 2017, which covered the period 1976 to 2014, in addition to other relevant IEvD evaluative work including 18 Project Performance Evaluation Reports (PPERs), 15 Project Completion Report Validation Notes (PCR-VNs), and 3 program

evaluations. Member Country Partnership Strategies (MCPS) of the countries selected for case study will also be reviewed.

5.2. Furthermore, the consultant is expected to analyze the findings of the Corporate Evaluation on the COVID-19 Strategic Preparedness and Response Program (CEE-SPRP), which evaluated the Bank's agility, coordination, and effectiveness in responding to the pandemic. These evaluations, taken together, will serve as a critical evidence base to inform the current health sector evaluation, ensuring alignment with institutional learning and broader strategic directions.

5.3. As part of the process of this evaluation exercise, it will be necessary to engage all relevant stakeholders both within and outside the IsDB. In the IsDB, units that are related to policy and strategy formulation as well as those involved in the conceptualization, design and implementation of projects and programs with focus on health would need to be engaged to understand their perspectives and the level of internal coordination between them. Outside the IsDB, the relevant government institutions (e.g. Ministry of health) and executing agencies will be engaged to understand the extent of their appreciation of the delivery efficiency and effectiveness of the projects and projects. In addition, selected targeted beneficiaries and vendors/contractors would need to be engaged to obtain their feedback.

5.4. The evaluation will be structured around the OECD-DAC evaluation criteria: relevance, effectiveness, efficiency, and sustainability. It will assess the changes before and after the approval of the IsDB Health Policy in 2019 and the IsDB five-year implementation strategy (2020 -2025) that was subsequently formulated. In the process, the evaluation would leverage internal data sources such as the Operations Management System (OMS) and resources from economic research and statistics department of the IsDB Group Chief Economist. The comparison between before and after the IsDB Health policy will provide useful insights into the extent to which policies and strategies were relevant to the conceptualization, design and implementation of health sector interventions.

6. MAIN TASKS OF THE CONSULTANT

6.1. The objective of the consultant assignment is to support the IsDB evaluation team in collecting the necessary data and information and carrying out analyses to prepare a comprehensive evaluation report on the IsDB's health sector interventions. The content of the evaluation report should be supported by solid information, statistics, documented references, infographics and pictures from selected representative projects from country case studies. The consultant is expected to collect all relevant information from the appropriate sources to process and present it in the reports in the form of charts, tables, and graphs.

6.2. The main tasks expected from the consultants include:

- i. Review relevant documentation related to IsDB's health sector interventions, including project appraisal reports, completion reports, evaluation reports, strategic and policy

documents, and operational guidelines, with a particular focus on the selected case study countries and intergration to the report.

- ii. Support the design and implementation of data collection tools such as questionnaires, interview guides, and surveys, ensuring alignment with the evaluation framework and objectives.
- iii. Conduct a comprehensive review, analysis, and synthesis of previous evaluations—including Project Performance Evaluation Reports (PEERs), Synthesis Reports, Country Assistance Evaluations (CAEs), and Cluster and Corporate Evaluations to identify key findings, lessons learned, and recurring themes, and to ensure their integration into the final evaluation report.
- iv. Benchmark IsDB's health sector interventions, strategies, and evaluation practices against those of peer multilateral development banks and other relevant international institutions, to draw comparative insights and highlight areas for alignment with global best practices.
- v. Conduct interviews with key stakeholders, collect and analyze data, including information on the socio-economic outcomes and impact of IsDB-supported health sector projects within the case study countries.
- vi. Collaborate with national counterparts, including ministries and executive agencies, to ensure the timely submission of responses to pre-mission questionnaires.
- vii. Participate in three field missions (7–10 working days each) with the IEvD evaluation team to selected Member Countries. These missions will include visits to selected project sites to observe implementation progress and collect field-based evidence to inform the evaluation.
- viii. Contribute to the synthesis of findings from field missions, provide input to case study reports and overall evaluation analysis, and provide additional data, clarifications, or analysis as needed to support the finalization of the evaluation report.
- ix. Lead the drafting of the evaluation report, including the initial draft and subsequent revised versions, in close coordination with the IEvD team. Also prepare the Evaluation Dissemination Note (EDN) and PowerPoint presentation, summarizing key findings, lessons learned, and strategic recommendations for internal and external audiences.
- x. Carry out any additional tasks deemed necessary by the IEvD evaluation team.

7. DELIVERABLES OF THE CONSULTANT

7.1. The consultant will work with the IsDB designated evaluation team to conduct this health sector evaluation. The deliverables of this consultancy shall be in English except for the questionnaire which could be in the working language of the selected countries for the case study.

7.2. The consultant will be responsible for producing the following deliverables:

- a) Finalize the **draft approach paper** prepared the IEvD evaluation team that will be submitted to the IEvD for endorsement detailing: (i) the approach and methodology of the evaluation including the methodology for data collection and analysis as well as detailed evaluation

questions; (ii) a Theory of Change for health sector interventions of IsDB and Evaluation Framework (iii) a desk review of the related documents; (iv) proposed schedule/work plan of the evaluation activities, (v) schedule for the meetings and the field visit for the country case studies, (vi) data collection tools; and (vii) the questionnaires for the stakeholders and other tools.

- b) Three **Comprehensive Back-To-Office Reports (BTOR)**, each prepared within one week after each of the respective field mission, reflecting the main key findings, lessons learned, and recommendations.
- c) **Draft Country Case Study Reports (V0.1)** to be submitted to the IEvD four (4) weeks after completion of the respective field missions for review and comments. The IEvD will provide feedback to the consultant after receiving the draft reports. Based on this feedback, the consultant should submit updated draft reports (V0.2) within seven (7) working days. The report template will be discussed during the preparation stage for the approach paper.
- d) **A draft Evaluation Report (V0.1)** is to be submitted to the IEvD 6 (six) weeks after receiving the IEvD feedback on the countries' case studies reports for review and comments. After examining the draft report, the IEvD will provide feedback to the Consultant. The Consultant must submit an updated draft report (V0.2) within fifteen (15) working days, incorporating the IEvD's feedback. Subsequently, the IEvD will share the revised draft report and the updated country case study reports with the relevant IsDB departments for their comments. The report template will be reviewed during the preparation of the approach paper.
- e) **A final Report**, including a recommendation and follow-up matrix, will be handed over to the IEvD within 3 (three) weeks after receiving comments on the draft report (V0.2). The final report should be approximately 25-30 pages, excluding annexes.
- f) **A Synthesis Note** on the Evaluation Report for dissemination focusing on the results, lessons learned, and recommendations. A sample will be provided by IEvD.
- g) **A concise PowerPoint presentation**, reflecting the contents of the Evaluation Report.

8. DURATION OF AND PAYMENT FOR THE ASSIGNMENT

8.1. The Consultant is expected to commence the assignment tentatively by September 2025. The distribution of the working days during the period will be flexible. The consultant will be paid a lump sum amount of USD 50,000. This amount has been established based on the understanding that it includes all the consultants' allowances and benefits, accommodation, health insurance, and travel costs for three field missions, as well as any tax obligations and any related cost items that may be imposed on the consultant. Apart from the field missions, the consultant will have the flexibility of working home-based.

8.2. Breakdown of payments:

- 30% upon submission and acceptance by IEvD of deliverable (a)
- 40% upon submission and acceptance by IEvD of deliverables (b), (c), and (d).
- 30% upon submission and acceptance by IEvD of deliverables (e), (f), and (g).

9. EXPRESSION OF INTEREST

9.1. IEvD invites eligible consultants to express their interest in providing the services above. Interested consultants must provide the following:

- i. Information on availability for providing the requested services.
- ii. Curriculum Vitae, including relevant publications and assignments; and
- iii. Sample of similar works, certificates of assignments, and related references.

9.2. Interested candidates are requested to submit their Expression of Interest (EOI) through the IsDB Procurement System using the email provided in the consultancy announcement. Template and instructions for submitting the EOI will be provided in the invitation for Expression of Interest (EOI).

10. QUALIFICATION

10.1. The required qualifications for the consultant include: (i) a relevant academic background in health, public policy, development economics, or other fields related to international development, with a minimum of a Master's degree; (ii) at least ten years of experience in the design, implementation, and evaluation of development projects or programs, preferably in the health and social sectors; (iii) demonstrated expertise in evaluation methodologies, including familiarity with OECD-DAC criteria, theory-based and mixed-methods approaches, and experience conducting evaluations for multilateral development institutions; (iv) proven ability to synthesize findings from diverse sources, including project documents, previous evaluations, and stakeholder consultations, and to translate evidence into actionable insights; (v) strong analytical, writing, and communication skills in English, with a track record of authoring high-quality reports and knowledge products for technical and policy audiences; and (vi) proficiency in standard computer applications, including word processing, data analysis, and presentation tools (e.g., Microsoft Office Suite), with familiarity in using data collection platforms and qualitative analysis software considered an asset.

11. EVALUATION PROCESS

11.1. After receiving the Expressions of Interest (EOIs), Curriculum Vitae (CVs), and supporting documents, a Consultant Selection Panel (CSP) appointed by the IsDB will evaluate all submissions. The panel will assess candidates based on their educational qualifications, relevant work experience, research orientation, exposure to IsDB and/or peer developmental institutions,

and language proficiency. A shortlist of qualified candidates will be created following IsDB procurement procedures. The following table will be used as a guide for the evaluation of the submitted Expression of Interest.

Table 3: Criteria for the Technical Evaluation of EOIs

Criteria	Total Points (Out of 100)
Consultant Qualification: Educational Degrees (Relevant Master 10; Relevant PhD 15)	15
Relevant Specific Experience (4 points for each year of relevant experience): At least 8 years of experience in health and evaluation standards, methods, and terminology	50
Having a research orientation (demonstrated concretely by relevant publications) to work more effectively on the assignment.	10
Exposure to IsDB and/or peer developmental institutions.	10
Language (English and French/Arabic): Excellent English = 10 Pts Excellent French/Arabic = 5 Pts	15
Total	100

11.2. Shortlisted consultants may be invited for a virtual interview to evaluate their suitability for their role.

11.3. This is a Fixed Budget-Based Selection. The IsDB, as the Client, will select the Consultant that submits the highest-ranked Technical Proposal without exceeding the budget indicated in the REOI, and will invite that Consultant to negotiate the Contract.

12. CONFLICT OF INTEREST

12.1. According to IsDB rules, the consultant must not have been involved in the design and/or implementation, supervision, and coordination of and/or have benefited from the program/project (or theme) under evaluation. The consultant will be requested to sign a declaration that s/he has not been involved in any of the relevant activities in any capacity.

13. EOI Submission for the assignment :

13.1 Important Consultant instruction: It is essential for all consultants to adhere to the designated email address provided below for any questions, queries, and proposal submissions. Emails sent to any other address listed below may not be acknowledged or considered as a submission from the consultant.

13.2 Deadline for EOI/Proposal Submission: 24 August 2025

13.3 Contact for Clarification Email: General - BCC2025-048 EVALUATION OF HEALTH
SECTOR INTERVENTIONS BY THE ISLAMIC DEVELOPMENT BANK

704895cc.isdb.org@emea.teams.ms

13.4 Expression of Interest Submission Email: EOI Submission - BCC2025-048
EVALUATION OF HEALTH SECTOR INTERVENTIONS BY THE ISLAMIC
DEVELOPMENT BANK _ 704895cc.isdb.org@emea.teams.ms

Appendix B
Expression of Interest (EOI) by Applicant

[Copy the Name of the Assignment/Project from the IEOI]

Date: _____

Consultant Selection Panel
Islamic Development Bank
Email: Designated email address

I have read carefully your Invitation for Expression of Interest for the captioned assignment/project and find the Terms of References (TOR) and Scope of Work match my skill mix and experiences for providing the services required in the TOR. I would like to express my interest for our firm being considered for the Shortlist. I understand that IsDB does not have an obligation that I must be shortlisted.

I have attached to this EOI supporting documents highlighting the relevant expertise and Experience for your consideration. Some of the key information is highlighted below:

Personal Profile

Nationality:
Date of Birth:
Permanent Address:
Phone No.:
Email:

Past Consultancy Assignment References

[Notes to consultant: Please select most relevant consultancy assignments you have recently completed to demonstrate your technical qualifications and experience.]

Period	Client	Project	Country	Your role (As lead consultant or as member of a team?)	Value of the Contract

III. Availability

I shall be available for the services from _____ to _____.

IV. Eligibility Declaration

I, the undersigned, certify to the best of my knowledge and belief:

☐ I have read terms of reference (TOR) and Scope of Work (Appendix A), for this assignment.

☐ I confirm that the project references submitted as part of this EOI accurately reflect the experience of myself.

☐

I confirm that I have never been convicted of an integrity-related offense or crime related to theft, corruption and fraud.

☐ I understand that any misrepresentations that knowingly or recklessly mislead, or attempt to mislead may lead to the automatic rejection of the proposal or cancellation of the contract, if awarded, and may result in further remedial action, in accordance with IsDB's Integrity and Anti-corruption Policy.

Name of the Applicant :

Signature: