

# Selection of Consultants

## Request for Proposal

(Direct RFP without EOI)

**RFP No.: DHS/MCH&FW/NHM/NDHM/39/2021/1796**

**Consulting Services for:** Selection of an Agency for running of Program Management Unit (PMU) to assist in National Digital Health Mission (NDHM) in Meghalaya

**Client:** Department of Health & Family Welfare (DoHFW), Government of Meghalaya

**Country:** India

**Issued on:** 2<sup>nd</sup> September, 2021

1	Name of Item	Selection of an Agency for running of Program Management Unit (PMU)
2	Cost of Tender Document	Rs. 500/- non refundable in the form of Demand Draft in favor of Mission Director, NHM, Meghalaya.
3	Earnest Money	Rs.3,00,000.00/- (Rupees Three Lakhs Only) in the form of Demand Draft/ BG in favor of Mission Director, NHM, Meghalaya.
4	Tender Documents	Can be downloaded from NHM Website.
5	Active dates for download of tender	<b>02-09-2021 to 16-09-2021 upto 16:30 hrs</b>
6	Pre Bid Meeting	<b>09-09-2021 15:00 hrs</b>
7	Last date of submission of Tender papers	<b>16-09-2021 upto 17:00 hrs</b>
8	Opening date of Tender (Technical Bid)	<b>17-09-2021 at 15:00 hrs</b>
9	Opening date of Financial Bid (only for qualified bidders).	<b>21-09-2021 at 15:00 hrs</b>

## Disclaimer

The information contained in this Request for Proposal (RFP) Document is being provided to interested bidders on the terms and conditions set out in this Tender. The purpose of this Tender Document (**hereinafter called RFP: Request for Proposal**) is to provide interested parties with information that may be useful to them in making their pre-qualification, technical and financial offers pursuant to this RFP.

This RFP includes statements, which reflect various assumptions and assessments arrived at by Government of Meghalaya (GoM) in relation to the Project. Such assumptions, assessments and statements do not purport to contain all the information that each Bidder may require. Each Bidder should, therefore, conduct its own investigations and analysis and should check the accuracy, adequacy, correctness, reliability and completeness of the assumptions, assessments, statements and information contained in this RFP and obtain independent advice from appropriate sources.

The Bidders shall bear all costs associated with or relating to the preparation and submission of its Bid including but not limited to preparation, copying, postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by the GoM or any other costs incurred in connection with or relating to its Bid. All such costs and expenses will remain with the Bidder and the GoM shall not be liable in any manner whatsoever for the same or for any other costs or other expenses incurred by a Bidder in preparation or submission of the Bid, regardless of the conduct or outcome of the Bidding Process.

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## Letter of Invitation

**Name of the Assignment:** Selection of an Agency for running of Program Management Unit (PMU) to assist in National Digital Health Mission (NDHM) in Meghalaya

**RFP Reference No:** DHS/MCH&FW/NHM/NDHM/39/2021/1797

**Location:** Shillong, Meghalaya, India

**Date:** 2<sup>nd</sup> September, 2021

Dear Mr/Ms:

The Department of Health & Family Welfare (DoHFW), Government of Meghalaya, intends to call proposals for Selection of an Agency for running of Program Management Unit (PMU) to assist in National Digital Health Mission (NDHM) in Meghalaya, the details of which are mentioned in our detailed proposal. A firm will be selected under Quality Cost Based Selection (QCBS) procedures and in a Full Technical Proposal (FTP) format and a separate Financial Proposal as described in this RFP.

Yours Sincerely

-sd-

Shri Ramkumar S, IAS  
State Mission Director  
National Digital Health Mission  
Email- [ramkumarsathurappan@gmail.com](mailto:ramkumarsathurappan@gmail.com)

## Background

1. In 2017, the Government of India announced National Health Policy (NHP) with the following goal: “The attainment of the highest possible level of health and wellbeing for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence.”
2. The NHP had prescribed specific goals for adoption of digital technologies. Taking that as reference the Ministry of Health and Family Welfare constituted a committee to create an implementation framework for the National Health Stack. This effort resulted in creation of the National Digital Health Blueprint (NDHB). The Blueprint comprises the details of building blocks to fulfil the vision of the NHP and an action plan to realize digital health in a comprehensive and holistic manner.
3. Taking forward the NDHB, Government of India recommended setting up of a NDHM (National Digital Health Mission) by leveraging technology to set-up digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable and timely manner through provisioning of a wide range of data, information, and infrastructure services.

*Bidders are requested to refer the NDHB report (Refer [https://main.mohfw.gov.in/sites/default/files/Final%20NDHB%20report\\_0.pdf](https://main.mohfw.gov.in/sites/default/files/Final%20NDHB%20report_0.pdf)) for understanding of various building blocks of NDHM.*

## NDHM Vision

*“To create a national digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner, that provides a wide-range of data, information and infrastructure services, duly leveraging open, interoperable, standards-based digital systems, and ensures the security, confidentiality and privacy of health-related personal information”.*

## NDHM Objectives

In order to achieve its objectives, in particular, to strengthen the accessibility and equity of health services, including continuum of care with citizen as the owner of data, in a holistic healthcare programme approach leveraging IT & associated technologies and support the existing health systems in a ‘citizen- centric’ approach, the NDHM envisages the following specific objectives-

1. To establish state-of-the-art digital health systems, to manage the core digital health data, and the infrastructure required for its seamless exchange
2. To establish registries at appropriate level to create single source of truth in respect of clinical establishments, healthcare professionals, health workers, drugs and pharmacies
3. To enforce adoption of open standards by all national digital health stakeholders
4. To create a system of personal health records, based on international standards, easily accessible to individuals and healthcare professionals and services providers, based on individual’s informed consent.
5. To promote development of enterprise-class health application systems with a special focus on achieving the Sustainable Development Goals for health

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6. To adopt the best principles of cooperative federalism while working with the States and Union
7. Territories for the realization of the vision
8. To ensure that the healthcare institutions and professionals in the private sector participate actively in the building of the NDHM, through a combination of prescription and promotion
9. To ensure national portability in the provision of health services
10. To promote the use of clinical decision support (CDS) systems by health professionals and practitioners
11. To promote a better management of the health sector leveraging health data analytics and medical research
12. To support effective steps being taken for ensuring quality of healthcare; and
13. To leverage the information systems existing in the health sector, by ensuring that they conform to the defined standards and integrate with the proposed NDHM.

### **Envisaged benefits and impact**

1. The implementation of NDHM will result in an improvement in the efficiency, effectiveness, and transparency of the overall healthcare service delivery. Patients will be able to securely store and access their medical records (such as prescriptions, diagnostic reports, discharge summaries), and share them with health care providers to ensure appropriate treatment and follow-up. They will also have access to more accurate information on health facilities and providers. Further, they will have the option to use services remotely using tele-consultation and e-pharmacy. NDHM will empower individuals with accurate information to enable informed decision making and enhance accountability of the healthcare providers.
2. Similarly, health care professionals across disciplines will have better access to patient's medical history (with the necessary consent) for prescribing more appropriate and effective health interventions. The integrated ecosystem will also enable better continuum of care. NDHM will help digitize the claims process and faster receipt of reimbursement. This will enhance the overall ease of providing services amongst the health care providers.
3. At the same time, policy makers and programme managers shall have better access to data, enabling more informed decision making by the Government. Better quality of macro and micro-level data shall enable advanced analytics, usage of health-biomarkers and better preventive healthcare. It shall also enable geography and demography-based monitoring and appropriate decision making. It will ensure designing of more effective policies and strengthen implementation of current programmes and policies.
4. Finally, researchers will greatly benefit from the availability of such aggregated information as they will be able to study and evaluate the effectiveness of various programmes and interventions. NDHM would facilitate a comprehensive feedback loop between researchers, authorities, and providers.

## **Meghalaya: Scope of NDHM**

The current health system in the State has put priority on curative care, the policy aims to shift this to preventive care which would focus on positive health care. The health policy of Meghalaya encourages the deployment of digital health solutions to strengthen the existing health systems. It aims to build a robust data architecture that will support development and implementation of health reforms. The digital health records with are to be combined with other health and socioeconomic data collected by the state to present a holistic picture of health outcomes and related factors. This will result in a large pool of data available which can be used as an instrument of positive health indicators while also evaluating the data for identifying any areas of concern.

The policy works towards implementing the Government of India's National Digital Health Blueprint which aims to provide efficient and affordable health coverage through a wide range of data and infrastructure services by leveraging open digital systems that will ensure security and privacy of personal information. With technology being an integral part of the present and future, the State's health policy will encourage use of Artificial Intelligence (AI) for problem solving and also predicting shortages and health needs of the population. To better implement the health policy, the State wants to focus on building a digital health service delivery which will enable implementation processes for better outcomes within a specific time period and making health accessible to the remotest areas in the State with the propelling of services such as telemedicine, teleconsultation.

## Scope of Work

State Missions in states will evolve as a key pillar for achieving UHC, particularly streamlining the overall healthcare sector through digital management. The current strong public digital infrastructure—including that related to Aadhaar, Unified Payments Interface and wide reach of the Internet and mobile phones provides a strong platform for establishing the building blocks of NDHM in the states. The existing ability to digitally identify people, doctors, and health facilities, facilitate electronic signatures, ensure non-repudiable contracts, make paperless payments, securely store digital records, and contact people will provide opportunities for the successful implementation of the mission. Expanding the reach of digital health to all stakeholders including residents, healthcare providers, the Government, researchers etc. will entail capacity building and empowerment of these stakeholders supplemented by IEC activities as part of the change management strategy to enable easy adoption of digital services.

1. The State Digital Health Mission of Meghalaya ( hereinafter referred as “SDHM”) intends to appoint a consulting agency (hereinafter referred as “agency” or “PMU” for delivering consulting services for project development and project management activities, as explained in this section, in order to assist the State in an effective project implementation and governance of NDHM.
2. This section provides the scope of work to be executed by the Program Management Consultant (PMU/Consultant/PMU) during the contract period.
3. It is clarified that the scope of work is not exhaustive, and the PMU shall undertake such other tasks, within the scope of the RFP, as may be necessary to implement the scope and the project efficiently and effectively in order to achieve the desired outcomes of the project.
4. The project shall be for a duration of **12 months** from the start of the project (on-boarding of consultant) with scope of extension upon the discretion of the State on the same terms and conditions provided under this RFP and acceptance of both the parties.
5. The working hours of the Consultant shall be co-terminus with the working hours of ‘State Digital Health Mission (SDHM)’ i.e. from 9:00 am to 5:30 pm on working days. Saturdays and Sundays are defined as non-working days.
6. A total of 24 leaves (average 2 per month) per year shall be permissible to each resource of Consultant so deployed under the PMU. No other leaves shall be allowed. These leaves will not be carried forward to next year.
7. The resources must be deployed at State Digital Health Mission (SDHM) premises or as per directions of the State for the entire project period.
  - a. The Resource must follow the working hours, working days and Holidays of the State
  - b. Leave entitlement and computation will be effective from date of start of project. Leaves shall be subject to approval of the State
8. Broad scope of activities for the PMU would include, but not limited to, the following-
  - i. Assessment of current state i.e. as-is study – covering gap requirements in

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- infrastructure and manpower for implementation of NDHM in the State.
- ii. Report on study of best practices (national and global) for similar projects like NDHM
  - iii. Undertake system study and process study and prepare a strategy and architecture for implementation of NDHM in the State, in line with the guidelines and modules provided by the SDHM.
  - iv. Develop an appropriate Implementation Model for NDHM in the State.
  - v. Support State Mission in conduction consultation with stakeholders in the State and improve the requirements and implementation model incorporating the suggestions received during the consultation, including providing recommendations for changes to the SDHM, where required.
  - vi. Provide project monitoring functions consistent with the requirements of NDHM
  - vii. Strengthening project management support on the NDHM and on various projects undertaken for implementation of NDHM.
  - viii. Assist in drafting, implementation and monitoring of various policy documents, stakeholder's consultation etc., as required at the State level.
- b. The responsibility of ensuring that the highest quality is maintained in the design and development of the various components and artefacts of the proposed ecosystem of NDHM, taking full care of the upstream and downstream linkages.
- c. The responsibility under this RFP does not lie only and exclusively on the shoulders of the team deployed by the PMU on State premises. The responsibility shall be with the management of the firm providing the PMU services. This is to be ensured in the following manner-
- i. Participation of the senior representative of the management of the consultancy firm in all key/ strategic meetings to be specified by the State.
  - ii. Regular monitoring of the progress of the project by the management of the Consultant Firm and sending reports to State management of the same and bring to the notice of the State any issues needing immediate action/ intervention at a high level.
  - iii. Taking responsibility for timeliness of the deliverables, as time is the essence of this RFP.

### **Detailed Scope of Work**

- **Current State Assessment** – PMU will carry out a current state assessment of the available infrastructure and manpower for implementation on NDHM across public health facilities.

The PMU shall submit its **assessment report** on relevance, fulfillment of objectives, developmental efficiency, effectiveness, impact and sustainability. The as-is assessment and gaps compared to the expected outcomes and project deliverables including assessment with respect to following-

- Compliance to functional and technical requirements
- Compliance to various policies laid down in regard to NDHM



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- End user experience on implementation of the existing NDHM solution at the State level
- Critical examination and evaluation of the existing NDHM solution at the State level
- Gaps, non-compliances and identify reasons and its mitigation
- To identify changes, redundancies, additional requirements with regard to future roadmap of NDHM and expectation of all stakeholders in terms of-
  - a. People
  - b. Process
  - c. Technology
  - d. Non-functional/ operational / strategic requirements

**Deliverable: As-is state assessment Report**

#	Deliverable	Timelines
1	As-is state assessment Report 30 days from the date of on-boarding	As-is state assessment Report 30 days from the date of on-boarding

● **Report on study of best practices** (national and global) for similar projects like NDHM.

1. The PMU shall study best practices relevant to the scope of NDHM which are implemented previously at national and international level.
2. The PMU shall conduct this activity in parallel to the current state assessment (deliverable # 1)
3. The scope of work requires preparation of a report on best practices which may include, but not necessarily be limited to, the following elements-
  - a. Identification of best practice relevant to the scope of the NDHM
  - b. The context where the best practice has been adopted
    - i. Problem statement leading to adoption of practice
    - ii. Health system involved, including regional- and district-level institutions
    - iii. Systems/ functions impacted within the health system, such as supply chain management, doctors or health workforce management, patient reports etc.
    - iv. Current status
  - c. The people impacted: health system stakeholders and various actors
  - d. The technology used to create or interact with the health system-
    - i. Existing digital health systems and applications being used
    - ii. ICT platforms, systems, and applications outside the health sector, but relevant to the adoption of the best practice
    - iii. ICT applications and systems that are currently being designed and developed
    - iv. Data and Technology architecture adopted

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v. Standards adopted for interoperability of health data

vi. Consent management methodology and tools

**Deliverable: Best practices study report**

#	Deliverable	Timelines
2	Best practices study report	45 days from the date of on-boarding

● **Stakeholder Consultation and Implementation Strategy**

- The State shall organize various consultations (which shall be conducted in parallel to various deliverables prescribed) with internal and external stakeholders such as State Government departments, IT Industry, professional bodies (like major specialty-wise associations, healthcare professionals) etc.
- Stakeholder Engagement – Critical public and private sector stakeholders will be onboarded for generating momentum and implementation.
- The consultant shall prepare a draft document on “NDHM Implementation Strategy for the State”, which shall be sent to the stakeholders and shall also be published on the web.

**Deliverable: Implementation strategy (Including stakeholder consultations report)**

#	Deliverable	Timelines
4	Deliver implementation strategy (Including stakeholder consultations report)	Within 30 days (including all consultations) from the date of submission of deliverable #3 (Best practices study report)

**Other ongoing activities of the PMU:**

**1. Training and Capacity Building Strategy & implementation** - Training strategy and roll out approach will be prepared, in joint consultation with the stakeholders, keeping in mind the context, needs, opportunities and constraints highlighted by them.

**Deliverable:** Training and capacity building plan and content

**2. Change Management** - Training and capacity building of the identified change champions in the respective states will be done by NDHM capacity building team.

**Deliverable:** Training and capacity building plan, content, and monthly report of trainings conducted

**3. IEC** - Support information, education, and communication activities for more informed decision making by drawing from best practices in digital implementation across UTs and other health system reforms initiatives in the country. Communication strategy will be prepared across the entire spectrum of stakeholders including identification of IEC mediums for respective building blocks, with a focus on strategy for last-mile beneficiary awareness.

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**Deliverable:** Report on the proposed strategy for building the capacity of various stakeholders, training strategy, change management and IEC with specific targets defined

**4. Internal Knowledge Management** - Develop a comprehensive framework for internal knowledge management

**Deliverable:** Report on the proposed framework for internal knowledge management

**5. Implementation Assistance** – Comprehensive approach and processes will be designed for implementation in facilities based on their size and readiness, for smooth and consistent implementation of NDHM at the ground level.

**Deliverable:** Weekly updates on the implementation status in terms of targets achieved, challenges faced

**6. Operational Support activities**

- Regular reporting of project progress to GoM
- Participating in day-to-day business activities, taking notes and related documentations
- Routine problem solving of day-to-day matters and delivering capacity building on operational processes related to managing NDHM digital building blocks/applications
- Monitoring various timelines and early identification of risks, escalation management and coordinating problem resolution.
- The PMU shall also plan for ongoing review of the performance of various vendors under the terms of the contract.

#	Deliverable	Timelines
1	Status report (incorporating list of all activities)	Monthly

## Payment Terms

1. The payment/invoicing shall be done on a quarterly basis upon submission of invoice by the agency/PMU to SDHM.
2. GST shall be paid (as per applicable rate) to the agency/PMU by SDHM on their invoices however all other taxes, cesses, levies, duties and any other incidental direct/indirect costs shall be borne by the agency/PMU.
3. Advance payments will not be made.
4. In case of disputed items, the disputed amount shall be withheld and will be paid only after settlement of the dispute.
5. Agency/PMU shall execute the work as per RFP.
6. The payment towards expenditure incurred on travelling shall be reimbursed as per the provisions of travelling rules of GoM.

### Quarterly payments to the PMU, during phase I and II shall be made as under-

1. PMU shall be paid on quarterly basis calculated on the basis of number of resources deployed i.e. on Time and Material basis
2. The payments for the resources deployed at State Digital Health Mission (SDHM) would be made to the agency/PMU on the basis of the discovered rates against the roles deployed on the project.
3. In case SDHM request for additional resources (either from the list of core resources or from additional resources) the same shall be paid at the cost of that resource (and for the time period) discovered during commercial evaluation stage (as quoted by the PMU)
4. The payment shall be done based on man-months served. Man-month would be defined based on the number of effective working days in the month in line with SDHM office working days. In case resources are deployed for a period which is less than a whole number (ex. 0.5 or 2.5) then the man-month rate shall be pro-rated (as per discovered/matched rates) to that effect for calculation of payments.
5. The requisite payment will be released by the SDHM upon receipt of the invoice which would be verified from the attendance records within 2 weeks of receipt of the invoice.

## Evaluation of bid

- The department shall adopt a three-stage bid evaluation process (collectively the “Bid Process”) in evaluating the proposals comprising pre-qualification, technical evaluation and financial evaluation, submitted by the bidders
- In the first stage, evaluation on the eligibility / pre-qualification criteria will be carried out as per the criteria specified in this Tender. Based on the pre-qualification evaluation, a list of qualified bidders shall be prepared. For the bidders who successfully pass the pre-qualification criteria, the technical and financial bid of those bidders will be opened
- In the second stage, technical and financial bids shall be evaluated for all the qualified bidders. The bidders obtaining minimum qualifying marks of 70% will be eligible for financial evaluation stage.
- The financial bids of all the technically qualified bidders will be opened and evaluation of the same will be done as per formats and requirements specified in this Tender. Bidders will finally be ranked following QCBS method with a composite score, in descending order. The first ranked bidder (highest composite technical and financial score) shall be selected for contract signing. The decision of the Evaluation Committee in the evaluation of proposals shall be final and binding on all parties. No correspondence will be entertained outside the process of evaluation with the Committee in this regard.

### a) Pre-qualification Criteria

S.No.	Eligibility Criteria	Documents
1.	A company incorporated under the Indian Companies (Amendment) Act, 2019 or a partnership firm registered under the Limited Liability Partnership Act of 2008; and Registered with the GST Authorities; and Company should have a valid PAN	Copies of registration, PAN, TAN, GST or any other relevant registrations etc. to be enclosed along with the objectives of the firm, details of assignments undertaken, etc.
2.	The bidder must have an annual average turnover of INR 50 Crore from Consulting Services in the last three financial years i.e. FY 2017-18, 2018-19. & 2019-20	Annual Turnover Statement certified by a registered chartered accountant.
3.	The bidder should possess the following Certifications with validity till submission of this RFP: <ul style="list-style-type: none"> <li>•ISO 9001 for Quality Management System Requirements</li> <li>•ISO 27001 for Information Security Management System Requirements</li> </ul>	Copy of Certificate
4.	The bidder should have experience of executing at least two similar Project	Work orders/ Agreements/ UAT Certificates/ Self

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	management unit (PMU) assignments with National or State Government of India	Certification signed by bidders Authorized Representative
5.	The bidder should not have been involved ever in any lawsuit related to IT services/ intellectual property with any National or International firm	Self-Certification signed by bidders Authorized Representative along with Technology Architecture
6.	The bidder should not have been blacklisted by any Government or Government Entity (as on date of submission of bid).	Self-Certification signed by bidders Authorized Representative
7.	The bidder should have a valid GST registration and valid PAN.	GST Certificate

**b) Technical Evaluation Criteria**

S.No.	Criteria	Basis of Valuation	Maximum Marks
1.	Annual average turnover of the Bidder of 2 Crores preferably in the Health Domain in the last three financial years i.e. FY 2017-18, 2018-19. & 2019-20.	<b>Supporting Documents:</b> CA Certificate	<b>10</b>
2.	Experience of similar Program management consulting / PMUs in Public Health with National / State Governments of India in the last 5 years with value more than 2 Crores	<b>Supporting Documents:</b> Work orders/ Agreements/ UAT Certificates/ Self Certification signed by bidders Authorized Representative	<b>10</b>
3.	Experience in Digital Health projects in India	<b>Supporting Documents:</b> Work orders/ Agreements/ UAT Certificates/ Self Certification signed by bidders	<b>10</b>

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		Authorized Representative									
<b>4.</b>	Core team resources	<p>Evaluation of proposed team’s CVs as per relevant experience and education background</p> <table border="1"> <tr> <td><b>State Program Lead</b></td> <td><b>15</b></td> </tr> <tr> <td><b>Health Informatics Expert</b></td> <td><b>15</b></td> </tr> <tr> <td><b>Lead Technical Consultant</b></td> <td><b>10</b></td> </tr> <tr> <td><b>Subject Matter Experts (SMEs)</b></td> <td><b>10</b></td> </tr> </table> <p>The number of points to be assigned to each of the above positions (shall be determined considering the following three sub-criteria and relevant percentage weights:</p> <ul style="list-style-type: none"> <li>a. General qualifications (general education, training, and experience): 20%</li> <li>b. Adequacy for the Assignment (relevant education, training, experience in the sector/similar assignments): 70%</li> <li>c. Relevant experience in the northeast region (working level fluency in local language(s)/knowledge of local culture or administrative system, government organization, etc.): 10%</li> </ul>	<b>State Program Lead</b>	<b>15</b>	<b>Health Informatics Expert</b>	<b>15</b>	<b>Lead Technical Consultant</b>	<b>10</b>	<b>Subject Matter Experts (SMEs)</b>	<b>10</b>	<b>50</b>
<b>State Program Lead</b>	<b>15</b>										
<b>Health Informatics Expert</b>	<b>15</b>										
<b>Lead Technical Consultant</b>	<b>10</b>										
<b>Subject Matter Experts (SMEs)</b>	<b>10</b>										
<b>5.</b>	Approach & Methodology	<p>Bidder’s Understanding on Approach &amp; Methodology (including work plan):</p> <p>Client will assess whether the proposed methodology is clear, responds to the TOR, work plan is realistic and implementable; overall team composition is balanced and has an appropriate skill mix; and the work plan has right input of</p>	<b>20</b>								

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		<p>Experts</p> <ul style="list-style-type: none"><li>• Technical Approach &amp; Methodology – 8</li><li>• Work Plan – 8</li><li>• Organisation and Staffing - 4</li></ul>	
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**c) Evaluation of core team resources**

<b>S. No</b>	<b>Profile</b>	<b>Number</b>	<b>Total Marks</b>
1.	<b>State Program Lead</b>	1	<b>15</b>
2.	<b>Health Informatics Expert</b>	1	<b>15</b>
3.	<b>Lead Technical Consultant</b>	1	<b>10</b>
4.	<b>Subject Matter Experts (SMEs)</b>	1	<b>10</b>

**d) Profile of Core Team**

<b>S. No</b>	<b>Profile</b>	<b>Deployment</b>	<b>Minimum Qualification Requirements</b>	<b>Scope of Work</b>
1.	<b>State Program Lead</b>	Onsite	Minimum Relevant Masters Qualification, preferably Phd with a Minimum 10 years of experience in Digital Health consulting in large Public Sector / Healthcare projects	Responsible for program managing specific areas of the SDHM.
2.	<b>Health Informatics Expert</b>	Onsite / Remote	Minimum Relevant Masters qualification with a minimum of 5+ years of experience in Technology Consulting / Healthcare / IT industry with a Strong experience in design and implementation of similar Digital Health projects	Responsible for gathering requirements from SDHM and managing rollout of respective NDHM modules / building blocks
3.	<b>Lead Technical Consultant</b>	Onsite / Remote	Minimum Relevant Masters qualification with a minimum of 5+ years of experience in solution design of complex IT systems.	Responsible for translating requirements into architecture and describing it through design artifacts

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S. No	Profile	Deployment	Minimum Qualification Requirements	Scope of Work
4.	<b>Subject Matter Experts (SMEs)</b>	Onsite / Remote	Minimum BDS/MBBS Doctors with minimum 5+ years of experience in Public Health / IT	Provide subject matter expertise for design and refinement of SDHM modules

#### e) Commercial evaluation criteria

1. Bidder's needs to provide their commercial bid as per the format provided in the RFP
2. On the basis of the grand total in commercial bid quoted by the respective bidders the bidders will be placed at L1 (i.e. at lowest cost), L2 (second lowest cost quoted) positions and so on with L1 being the total lowest rate quoted by bidder.
3. If a bidder quotes NIL charges / consideration, the bid shall be treated as unresponsive and will not be considered.
4. Any conditional bid would be rejected.
5. The bid price will include all taxes and levies and shall be in Indian Rupees.
6. If there is a discrepancy between words and figures, the amount in words will prevail.
7. In case of an abnormally Low Bid, i.e. one in which the bid price, in combination with other elements of the bid, appears so low that it raises material concerns as to the capability of the bidder to perform the contract at the offered price- SDHM may in such cases seek written clarifications from the bidder, including detailed price analyses of its bid price in relation to scope, schedule, allocation of risks and responsibilities and any other requirements of the bid document. If, after evaluating the price analyses, SDHM determines that the bidder has substantially failed to demonstrate its capability to deliver the contract at the offered price, SDHM may reject the Bid/Proposal.

#### f) Final score QCBS (80:20)

The selection of Vendor will be based on Quality-cum-Cost Based Selection (QCBS) criteria.

The Financial Proposals of the Prime Bidder, who are technically qualified, will be opened. The Financial Bid should contain the total cost of all services, proposed to be charged by the Prime Bidder including all the expenses and taxes. Formula to determine the scores for the Financial Proposals shall be as follows:

The lowest evaluated Financial Proposal (Fm) is given the maximum financial score (Sf) of 100.

The formula for determining the financial scores (Sf) of all other Proposals is calculated as following:

$Sf = 100 \times Fm / F$ , in which "Sf" is the financial score, "Fm" is the lowest price, and "F" the price of the proposal under consideration.

The weights given to the Technical (T) and Financial (P) Proposals are:

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T = 80%

P = 20%

Proposals are ranked according to their combined technical (St) and financial (Sf) scores using the weights (T = the weight given to the Technical Proposal; P = the weight given to the Financial Proposal; T + P = 1) as following:  $S = St \times T\% + Sf \times P\%$ .

**g) Ranking of Proposals (QCBS)**

Following completion of evaluation of Technical and Financial Proposals, final ranking of the Proposals will be determined. This will be done by applying a weightage of 0.80 (or eighty percent) and 0.20 (or Twenty percent) respectively to the technical and financial scores of each evaluated qualifying Technical and Financial Proposals and then computing the relevant combined total score for each Prime Bidder.

**The technical and financial scores shall be combined, and the Contract will be awarded to the agency which scores maximum points.**

## Annexures

### Form 1: Technical Proposal Submission Form

To: [Name and address of Client]

Dear Sirs:

We, the undersigned, offer to provide the consulting services for [Insert title of assignment] in accordance with your Request for Proposals (RFP) dated [Insert Date] and our Proposal. We are hereby submitting our Proposal, which includes this Technical Proposal and a Financial Proposal sealed in a separate envelope

{If the Consultant is a joint venture, insert the following: We are submitting our Proposal a joint venture with: {Insert a list with full name and the legal address of each member, and indicate the lead member}. We have attached a copy {insert: “of our letter of intent to form a joint venture” or, if a JV is already formed, “of the JV agreement”} signed by every participating member, which details the likely legal structure of and the confirmation of joint and severable liability of the members of the said joint venture.

{OR

If the Consultant’s Proposal includes Sub-consultants, insert the following: We are submitting our Proposal with the following firms as Sub-consultants: {Insert a list with full name and address of each Sub-consultant.}

We hereby declare that:

- All the information and statements made in this Proposal are true and we accept that any misinterpretation or misrepresentation contained in this Proposal may lead to our disqualification by the Client and/or may be sanctioned by the Bank.
- Our Proposal shall be valid and remain binding upon us until [insert day, month and year]
- We have no conflict of interest and have not been debarred/blacklisted from any Government or Government Entity as per your criteria
- In competing for (and, if the award is made to us, in executing) the Contract, we undertake to observe the laws against fraud and corruption, including bribery, in force in India.
- Our Proposal is binding upon us and subject to any modifications resulting from the Contract negotiations.

We undertake, if our Proposal is accepted and the Contract is signed, to initiate the Services related to the assignment no later than the date indicated in ITC 30.2 of the Data Sheet.

We understand that the Client is not bound to accept any Proposal that the Client receives.

We remain,

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Yours sincerely,

---

Signature (of Consultant's authorized representative) {In full and initials}:

Full name: {insert full name of authorized representative}

Title: {insert title/position of authorized representative}

Name of Consultant (company's name or JV's name):

Capacity: {insert the person's capacity to sign for the Consultant}

Address: {insert the authorized representative's address}

Phone/fax: {insert the authorized representative's phone and fax number, if applicable}

Email: {insert the authorized representative's email address}

{For a joint venture, either all members shall sign or only the lead member, in which case the power of attorney to sign on behalf of all members shall be attached}

**Form 2: Bidders experience format**

1. In this section the Bidder should provide their experience in various competency areas as required by the project.
2. The bidder is required to submit the required references for each of the competencies as detailed in sub Section 8.2.2.1 (Bidder’s Experience) of this volume of the RFP. Citations to be submitted for each of the Bidder.
3. For each of the citations the bidder shall provide details of a single point of contact (at client side) in their proposals.
4. The Bidder should submit credentials that best illustrate ability to provide the services required as per the technical evaluation criteria only. Credentials in similar environments in terms of scope coverage, magnitude, geographical spread, organizational characteristics should be given preference.
5. The Bidder needs to strictly adhere to the formats provided below and provide information against each of the line items. Any non-conformance shall constitute a deviation from tender conditions.

#	Information Sought	Bidder’s Response
1	Name of Bidder entity	
2	Assignment Name	
3	Name of Client	
4	Bidder’s SPOC at client location (Name and Contact details)	
5	Client Contact Details <i>(Contact Name, Address, Telephone Number)</i>	
6	Country (where the project was executed)	
7	Approximate Value of the Contract	
8	Duration of Assignment (months)	
9	Award Date (month/year)	
10	Go-Live Date / Completion Date (month/year)	
11	Documentary evidence as required	
12	Narrative description of the project	
13	Details of work that defines the scope relevant to the requirement	
14	Sectional reference of the evaluation criteria against which the citation/experience is submitted	



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**Form 4: Team Composition and CVs**

1. Bidders are required to submit the team composition and detailed CV for all resources.

**Form Tech 3.1: Team Composition and CVs**

1. Bidders are required to submit team compositions (for each phase as per the following format)-

#	Name of Staff	Role	Qualifications	Total experience	Relevant Projects
1					
2					
3					
4					
5					

**Form 3.2: Format of CVs**

1. The bidder shall submit detailed CVs of all core team resources in the below format

S. No.	Item	Bidder's Response		
1.	Name of the Resource			
2.	Specify role to be played in the project			
3.	Name of Employer			
4.	Number of years with the Current Employer			
5.	Total Experience (in Years)			
Experience in yrs. (Provide details regarding name of organizations worked for, Designation, responsibilities, tenure etc. at-least for last 5 years)				
S. No.	Name of Employer	From	To	Designation/ Responsibilities
1				
2				
Educational Background, Training Certification including institutions, % of marks, specialization areas etc.				



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S. No.	Item		Bidder's Response
S. No.	<b>Degree</b>	<b>Year of Award of Degree</b>	<b>University</b>
1			
2			

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**Form 5: Commercial bid format**

Bidders are required to provide an all-inclusive per man-month rates for per resource as envisaged by them as per the table indicated below-

1. The rates quoted must be inclusive of the following:
  - a. Cost for all the activities/scope of work as mentioned in the RFP document and
  - b. No extra item will be considered for payment.
  - c. Cost of material, manpower, transportation, equipment's, tools etc.
  - d. Any other cost direct or hidden, not mentioned above.
  - e. All taxes and levies etc. applicable during currency of contract excluding GST.

Rates entered into commercial rate page and duly signed by the authorized representative of the bidder shall only be considered. Rates and any other financial entity in any other form/ letter head if attached by bidder shall be straightway ignored and shall not be considered.

The total cost for core resources to be quoted by the bidder needs to be provided as per table below-

**Table 1: Total cost for core resources quoted for the contract duration**

S. No	Description	Total Cost (in INR)	Total Cost in words
1	Total cost of Resource Deployment		
2	Out of Pocket Expenses		
<b>Grand Total</b>			

**Table 2: Cost Breakup**

#	Profile	No. of resources required for Phase II	Per man-month rate (in INR)	Duration (36 months)	Total Cost	Total Cost
					(In INR)	(In words)
					AxBxC	
1	State Program Lead	1				
2	Health Informatics Expert	2				
3	Lead Technical Consultant	1				
4	Subject Matter Experts (SMEs)	2				
Total Cost of resources for core team						

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Note-

- Man-month rate values to be quoted in ONLY whole numbers (i.e. 1,2,3 and not 3.5, 3.6 etc.) and must be greater than 0
- Please add up separate row for any additional costs