



Odisha State Health & Family Welfare Society (OSH&FWS)

Health & FW Department, Govt. of Odisha

SIH&FW Annex Building, Unit-8, Nayapalli, Bhubaneswar-12



Advt. No/ 59/19

Dt: 19/12/2019

Express of Interest (Eol) for empanelment of Agencies/Institutions to execute evaluation/assessment of NGO led health programmes under OSH&FWS.

Odisha State Health & Family Welfare Society invites applications from eligible Agencies/Institutions for three years empanelment to undertake evaluation/assessment of NGO led health programmes implemented under National Health Mission from time to time. The Agencies interested for empanelment should have experience as per the eligibility criteria, the detail of which is mentioned in the Eol document.

The filled up and signed applications complete in all respect and attached with the relevant signed documents along with cost of Eol document in form of DD/Banker Cheque should reach the Mission Director, NHM—cum-Member Secretary, OSH&FW Society on or before dated **17.01.2020 by 5.00 PM**, either by registered post /speed post/courier. The sealed envelope should be clearly labeled with **“Application for empanelment of Evaluating Agencies for evaluation/assessment of NGO projects”**. The detailed Eol document and the prescribed formats of application is available in the website www.nhmodisha.gov.in

Incomplete applications / applications received in an open envelop / applications from blacklisted Agencies will be summarily rejected. Further, the authority reserves the right to reject any applications without assigning any reason thereof. No personal enquiry shall be entertained.

Sd-/

**Mission Director, NHM, Odisha
Cum- Member Secretary, OSH&FW Society.**

Odisha State Health & Family Welfare Society (OSH&FWS)
Department of Health and Family Welfare, Govt. of Odisha
Notice inviting Expression of Interest (EOI)

For
Empanelment as partner organizations through which OSH&FWS will
execute Evaluation/Assessment of NGO led Health Programmes.

EOI No: /OSH&FWS/2019



National Health Mission (NHM), Odisha

Odisha State Health & Family Welfare Society
Department of Health & Family Welfare, Govt. of Odisha
SIH & FW Annex Building
Unit-8, Nayapalli, Bhubaneswar-751012, Odisha
Phone-0674-2392479/80
Website : nhmodisha.gov.in

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1. Disclaimer & Disclosures:

- 1.1 Behalf of Odisha State Health & Family Welfare Society (OSH&FWS), the National Health Mission, Health & FW Department, Government of Odisha is herein after called "NHM" issues this "Expression of Interest", herein after called "EOI".
- 1.2 An applicant submitting the organizational detail in response to EOI shall here be referred at "Applicant" interchangeably.
- 1.3 EOI document is neither an offer letter nor a legal contract, but an invitation for EOI.
- 1.4 The National Health Mission (NHM), Health and Family Welfare Department, Government of Odisha, Unit-8, Nayapalli, Bhubaneswar through this document provides background information on the initiative to the interested parties.
- 1.5 NHM, Odisha reserves the right not to proceed with or to change the configuration of the initiative to alter the time table reflected in this document or to change the process or procedure to be applied.
- 1.6 No reimbursement of cost of any type will be paid to persons or entitles expressing interest. The detailed documents in response to the EOI should be signed and submitted by a person duly authorized to bind the proposing organisation to the details submitted in the documents in response to the EOI.
- 1.7 The signatory should give a declaration and through authenticated documentary evidence establish that he/she is empowered by the competent authority to sign the necessary documents.
- 1.8 No contractual obligation on behalf of the NHM whatsoever shall arise from this EOI process unless and until a formal contract is signed and executed by duly authorized officers of NHM, Odisha and the Applicant.
- 1.9 NHM, Odisha may modify any / all of the terms of this EOI giving due notification through its own office website (www.nhmodisha.gov.in).
- 1.10 Interested Agencies should submit their application with all relevant supporting documents and a **non-refundable amount of Rs. 5600.00 (inclusive of GST@ 12%) in shape of DD/Bankers' Cheque** from any scheduled commercial bank drawn in favor of Mission Director, NHM, Odisha Payable at Bhubaneswar towards cost of Eoi document.
- 1.11 All Information Included by the Applicants in their response documents will be treated in strict confidence.
- 1.12 The Eoi must be delivered to the address given below by **17:00 hrs** of _____ in sealed envelope clearly labeled with **"Application for empanelment of Evaluating Agencies for evaluation/assessment of NGO projects"** by speed post / registered post only.

**Mission Director, NHM &
Member Secretary, OSH&FWS**
Department of Health & Family Welfare, Govt. of Odisha
SIH & FW Annex Building, Unit-8, Nayapalli,
Bhubaneswar-751012, Odisha
Phone-0674-2392479/80

2. Introduction

The Government of Odisha has a mandate of providing integrated comprehensive Primary Health Care Services to the rural & urban population throughout the State, which has the weak public health indicators and/or infrastructure.

The Department of Health & Family Welfare, Government of Odisha is implementing many ongoing programmes on Health and Family Welfare including Reproductive Maternal Newborn Child Health and Adolescent Health (RMNCH+A), various Disease Control Programmes, Non-Communicable Disease Programme, Routine Immunisation, etc. The goal is to improve the availability of and access to quality healthcare by people, especially those residing in rural areas, the poor, the elderly, the disabled, the women and children. This is proposed, to be achieved through increased community ownership, decentralization of the programmes to the district level, inter-sectoral convergence and improved primary healthcare.

Odisha, a State situated in the eastern fringe of India, having high population density, have several difficult terrains, topographical barriers which made it complicated for the healthcare providers of government healthcare delivery system to reach out to the target population of these areas properly and sufficiently. In fact, a considerable number of locations especially KBK and KBK+ districts as some of such difficult to access locations in the State.

Odisha is a State with high population density. It has been identified by the policy makers in public health sector that there are some gaps in rural health service delivery network where Government initiatives are found insufficient in some regions of the State to address the basic health needs as well as critical care need of the target populations.

The State has promoted non-profit sector organisations, particularly in unserved and underserved areas of the state. Hence, the contribution of non-profit sector organisations in public health sectors can bridge the gaps in order to provide comprehensive healthcare services for the needy target populations in rural areas of the State.

We encourage various academic bodies, institutions and universities registered under University Act or other such legislations governing registration of bodies to come forward for conducting various research/studies and evaluation of programmes both at policy level and also at field intervention level.

National Health Mission, Odisha intended to empanel interested Academic Bodies/ University/ Institutions/ Consulting Firms from across the country to conduct the evaluation/assessment of various projects implemented in partnership mode under NHM, Odisha from time to time.

3. Objective of the Evaluation/Assessment:

The overall objectives of the evaluation/assessment is to assess the impact of the health programmes implemented through partnership mode based on the input and process indicators supplemented by outcome indicators. However, followings are the objectives;

- 3.1 To identify important programme and institutional strengths and weaknesses of the partners in implementation of the health programmes.
- 3.2 To assess the availability and utilization of Health & Family Welfare service by community served under the projects.
- 3.3 To identify innovations carried out by the partners to increase access and service provision for unreached and unserved population.
- 3.4 Identify the possible areas & gaps for making partnership arrangement or policy level decisions in delivery of health services.
- 3.5 To critically review the physical & financial progress/achievements of the partner in carry out of the assigned programmes.

4. Scope of the Evaluation/Assessment:

- 4.1 NHM, Odisha will empanel experienced and professional organizations to conduct evaluation/assessment of the health programmes being implemented in partnership mode in the State out of NHM support.
- 4.2 The evaluating Agency will assess the capability & effectiveness of the partnership in execution of the assigned health programmes in the assigned areas.
- 4.3 The evaluation/assessment includes assessing the health seeking behavior of the community, KAP, health economics, morbidity, mortality, disease profile etc.
- 4.4 Comprehensive analysis between baseline and end line performance/outcome indicators of the individual project.
- 4.5 Further, the evaluating Agency will compare and analyze with similar non-intervention adjacent areas in the terms of service delivery and impact.
- 4.6 The Agency would be responsible for development of the evaluation tools and finalization of input process and impact indicators in consultation with NHM.
- 4.7 The Agency will prepare draft and final evaluation/assessment reports covering all details as referred to the objective covering'
 - a) Project wise improvements in output/ outcomes with specific reference to concerned project indicators.
 - b) Detailed process documentation along with listing of activities so as to conclude whether these were reasonable for specific impacts observed.
 - c) Innovations / best practices carried out under the project.
 - d) Strength, weakness & lesson learnt.
 - e) Recommendation and suggestions for taking corrective measures in future.

5. Period of Empanelment

Empanelment with the selected Agencies shall be initially for three years. Further period of extension may be considered subject to Govt. approval.

6. Applicants' Eligibility Criteria

- 6.1 The applicant should be a single legal entity and not a joint venture or consortium.
- 6.2 The applicant should be an Academic Body/ University/ Institution / Consulting Firm and must be registered under relevant legislations (i.e Society Regd. Act 1960/Indian Trust Act/Affiliated under any University/Professional Associations/Indian Company Act etc.) of the country since last five years.
- 6.3 At least five years experience in conducting independent evaluation/ assessment in social development sector which involve field based work with the community people, preferably in public health in last five years.
- 6.4 The Agency should have completed minimum five evaluations for any Government or Development Agencies in last five years.
- 6.5 The Agency should have at least three-fulltime experts/ subject specialist with more than 5 five years of work experience in similar field that would conduct the evaluation/assessment. (Personal bio-date along with photos of these key experts to be enclosed).
- 6.6 The applicant should have annual turnover of 20 Lakhs or more in each of the last 3 (three) financial years (2016-17, 2017-18 & 2018-19).
- 6.7 The Agency should not be blacklisted by any Govt. Departments/ Agencies. Further, there should not be any legal action taken against the Agency for any cause in any legal jurisdiction.

Note: The applicant Agency shall furnish relevant documentary supporting on the above eligibility/qualification criteria. In case of non-compliance to any of the eligibility criteria mentioned above, the applicant Agency shall be liable to be disqualified without any notice and the appeals of the applicants may not be processed further. Applicant Agency should avoid enclosing additional / irrelevant document with respect to their eligibility. The Agencies/institutions implementing any partnership programs/schemes under NHM or Health & Family Welfare Department in the State of Odisha are not eligible for this assignment.

7. General Term and Conditions

- 7.1 After selection and receipt of empanelment letter from NHM, Odisha, the empanelled Agencies will have to communicate their confirmation consent letter within ten days of receipt of such communication.
- 7.2 Before execution of any evaluation/assessment, the empanelled Agency has to sign MoU/Agreement with OSH&FW Society in each occasion.
- 7.3 The evaluating Agency required to submit the draft evaluation report within 45 days of signing of the MoU with OSH&FW Society and the final evaluation report within 15 days of

receipt of the feedback from the NHM, Odisha on the draft report shared by the evaluating Agency.

- 7.4 Before submission of the final evaluation/assessment report, the Agency shall be required to present the draft evaluation findings before the State Level Committee at Bhubaneswar.
- 7.5 The evaluation/assessment cost shall be varying from project to project basis. The unit cost per project depends as per the budget provision by MoH&FW, GoI in NHM PIP. The schedule of payment to the Agency will be as follows;
- First 50% of the unit cost shall be released to the Agency after signing of MoU with NHM and on the submission of 1st draft evaluation report.
 - Balance 50% of the unit cost shall be released to the Agency after the receipt of final evaluation report (5 hard copies) and final SoE.
- 7.6 The Agency should not share or publish the report/finding with any Agencies/person without permission of NHM/Govt. of Odisha.

8. Penalty Provision

- 8.1 In case the draft / final evaluation reports of particular assigned projects are not be submitted as per the timeline by the evaluating Agency (i.e the draft evaluation report to be submitted within 45 days of signing of the MoU with OSH&FW Society and the final evaluation report within 15 days of receipt of the feedback from the NHM, Odisha on the draft report shared by the evaluating Agency), 10% of the evaluation cost of said project/s shall be deducted.
- 8.2 Further, if the evaluating Agency fails to submit the draft evaluation report maximum within 90 days from the date of signing of the MoU with OSH&FWS and final report within thirty days from receipt of feedback from NHM, no evaluation cost shall be paid to the Agency for the assigned project nor any such report shall be accepted by NHM, Odisha.
- 8.3 Reprieve and exemption from penalty on valid ground lie in the direction of the Mission Director, NHM, who is the first party in the agreement.

9. Termination of Empanelment

The empanelment can be terminated by both the parties in writing. Further, if the evaluating Agency refused or not responded on minimum two consecutive proposals for conducting evaluation/assessment, the OSH&FW Society reserves the right to terminate the empanelment with concerned Agency without assign any reason thereof.

10. Selection Process

- 10.1 The selection for empanelment of Agency shall be on the basis of a Technical Evaluation by the Evaluation Committee duly nominated by NHM. Government decision on the recommendation of the Evaluation Committee shall be final and binding.
- 10.2 The EOI will be evaluated on the basis of Applicant's experience and expertise in a specific field and have a planned approach to developmental activities with a specific focus on health and development, manpower strength and financial capability etc.
- 10.3 The evaluation shall be strictly based on the information and supporting documents provided by the applicants in the EOI. It is the responsibility of Agency to provide all self certified

supporting documents pertaining to fulfill the mandatory eligibility criteria. In case, information required by NHM is not provided by the Agency, NHM shall proceed with evaluation based on information provided and shall not request the Agency for further information.

- 10.4 Only those Applicants who score 70% or more in the technical evaluation shall be qualified for empanelment on merit basis. Except qualified Agencies, other Agencies shall not be communicated about the empanelment.
- 10.5 The evaluation and selection criteria are described in **Annexure-1**.
- 10.6 Applicants shall be deemed to have understood and agreed that no explanation or justification for any aspect of the selection process will be given and that the Department's decision is without any right of appeal whatsoever.

11. Application Procedure

- 11.1 Interested organisations are invited to submit an expression of interest (EOI) for the empanelment process. The EOI should be completed in the prescribed format at **Annexure- 2** along with detail proposal and relevant supporting documents.
- 11.2 The Agencies should submit a non-refundable amount of Rs. 5600.00 (inclusive of GST @ 12%) in shape of DD/Bankers' Cheque from any scheduled commercial bank drawn in favor of Mission Director, NHM, Odisha Payable at Bhubaneswar towards to cost of EOI document.
- 11.3 In the proposal (**Approach and Methodology**), the organization has to specifically describe detail methods, procedures and indicators to assess the qualitative and qualitative performance during the evaluation.
- 11.4 The applicants have to submit an affidavit certifying that the organization or any Office Bearers/ Board of Directors are not blacklisted as per the **Annexure-3** with the application.
- 11.5 A **CHECKLIST** mentioning the documents attached & it's page no. is to be submitted with the application for ease of scrutiny. This must be signed by an authorized signatory.
- 11.6 All pages of the application, supporting documents must be signed by an authorized signatory.
- 11.7 All the relevant documents along with a covering letter must be packed in a separate sealed outer cover and clearly super scribed with "**Proposal for Evaluation/Assessment of NGO led Health Programmes under OSH&FWS**". The proposal shall be sent though registered/speed post/courier only on the address given below;

**Mission Director, NHM-cum-
Member Secretary of OSH&FW Society,
Department of Health & Family Welfare,
Government of Odisha,
Unit-8, Nayapalli, Annex Building of SIHFW,
Bhubaneswar-751012.
Phone /Fax: +91-674- 2392479/80,**

- 11.8 If the outer envelope is not sealed and marked as mentioned above, then NHM, Odisha will assume no responsibility for the applicants' misplacement or premature opening. Telex, cable or facsimile applications will be rejected.

ANNEXURE-1		
CRITERIA FOR TECHNICAL EVALUATION		
Sl. No	Criteria	Maximum Score
1	<p><u>General Organization Establishment</u></p> <p>Organization legally established and a registered organization under appropriate legislations of the country.</p> <p>(i) Presence as a registered organization under appropriate legislation of the country since last five years – 8 marks.</p> <p>(ii) Presence of the organization's Head office/Branch Office/Regional Office in the State of Odisha since last two years – 2 marks.</p> <p>(To be assessed based on information provided in Annexure-2 (point no. A1 & A2))</p>	10
2	<p><u>Experience of Organization</u></p> <p>Technical capacity to conduct independent evaluation/assessment successfully based on experience on similar projects.</p> <p>(i) Experience in conducting evaluation/assessment of social development projects which involve field based work with the community. (6 years & < 8 years -8 mark, 8 years & <10 years -10 marks, 10 years & <12 years -12 marks , 12 years & above – 15 marks)</p> <p>(ii) Experience in conducting evaluation/assessment of projects for any Government or Development Agencies in last five years. (for 6 evaluations- 6 marks with additional one mark for each additional evolution/assessments upto maximum 10 marks) – 10 marks.</p> <p>(iii) Experience in conducting minimum two evaluation/assessments on any Health Programmes/Public Health in the State of Odisha in last five years– 5 marks.</p> <p>(To be assessed based on information provided in Annexure-2 (point no. B1 & B2) and the copies of the relevant contracts/work orders/MoUs etc)</p>	30
3	<p><u>Key Professionals for Evaluation team</u></p> <p>Adequate and experienced professionals are in position for conducting evaluation/assessment.</p> <p>The marks will be awarded keeping in view the experience & expertise of the key professionals and their numbers engaged by the Agency for the purpose.</p> <p>(Source: Bio-data of Key Professionals to be submitted).</p> <p>(i) Minimum three fulltime Evaluation Team members with Master Degree Qualification and minimum five years of experience in similar field – 10 marks.</p> <p>(ii) In case of additional fulltime Evaluation Team members with above qualification and experience, one mark to each additional member up to</p>	25

	<p>maximum five— 5 marks.</p> <p>(iii) Minimum three fulltime evaluation team members having two years of experience in conducting evaluation of Health & Family Welfare Programmes with the support from any Govt. or Development Agencies – 10 marks.</p> <p>(To be assessed based on information provided in Annexure-2 (point no. A3) & the biodatas)</p>	
4	<p><u>Financial strength</u></p> <p>(i) Annual turnover of 20 Lakhs and < 30 lakhs in each of the last three financial years (2016-17, 2017-18 & 2018-19) -10 marks</p> <p>(ii) If, annual turnover is more than 30 Lakhs in each of the last three financial years (2016-17, 2017-18 & 2018-19) -20 marks</p> <p>(To be assessed based on information submitted in Format: Annexure-2 (point no. C) and the copy of audited P/L account of the financial years)</p>	20
5	<p><u>Innovativeness & expertise in approach & methodology for evaluation/assessment:</u> The organization has to describe detail methods, procedures and indicators to assess the quantitative and qualitative performance of the evaluation. The strategy to compare between project intervention site and non-project intervention site, so as to assess the impact.</p> <p>(To be assessed based on the documentary evidence in the proposal- Annexure 2 (point no. D)</p>	15
Grand Total		100

Annexure-2

APPLICATION FORM FOR EMPANELMENT

Application No:

(To be filled by Department)

Expressions of Interest not submitted in this format may be rejected.

Instructions: Please fill completely and follow all directions.

A. PROFILE OF THE ORGANISATION

A.1 Organization Details

Organization Name		Established Date	
Registration Details: (under which Act, Regd. Number and year of Regd.)	(Copy of the relevant registration certificate to be furnished)		
Address of the Registered Office		Organization Type (E.g.: NGO / Trust / Company / University/ Society)	
		Telephone	
City/Town/Place		Mobile	
State		Email	
Pin Code		Website	

A.2 Offices including branches

Name of the City & State	Complete Office address	Telephone/Mob numbers	Name & designation of the Contact person

A.3 Details of the key professionals whose CVs has been enclosed with this application for the above assignment.

SI No	Name of the Key Professionals proposed for the assignment	Detail Qualifications of the Key Professionals	Nature of engagement (full-time /part-time)	Detail areas of experience & expertise	Total years of experience in conducting evaluation/assessment	Any others remarks if any

B. ORGANISATION EXPERTISE & EXPERIENCE:

B.1 Areas of expertise & experience

Broad Discipline of practice by the organization (Please mention total year of experience in the box)					
Public Health Education		Biomedical Engineering		Public Health Planning	
Public Health Management		Public Private Partnership		Community Organization	
Public Nutrition		Human Resource Devp.		Health Research	
Water & Sanitation		Urban Health		Health/Social Planning	
Disaster Management		Health Information		Health Governance/E-Health	
Health Communication & Media		Logistics, Supply & Cold Chain		Evaluation studies	
Environment & Health				Procurement	

B.2 Field level experience in evaluation/assessment of Social Development Programmes

Name of the projects & location for which evaluation /assessment conducted	*Name of the Project Implementing Agencies	Duration of the evaluation / assessment	Year of evaluation/ assessment	Whether it is a Govt. Project or Pvt. Project (Please specify name of the Deptt /Govt./Devp. Agency)	Remarks, if any.

(* Copy of the contract/work order/ MoU have to be furnished in support of the information mentioned above)

C. FINANCIAL DETIALS OF THE ORGANISATION

Financial Year	* Turnover (Rs)
2016-17	
2017-18	
2018-19	

(*Copy of the Audited P/L Account of each of FY is to be submitted in support of the above information)

D. DETAILS INNOVATIVENESS & APPROACH IN EVALUATION:

Brief write-up about various innovations adopted by the organization in past for evaluation of the social sector projects. To what extent has the organization introduced new approaches for evaluation/assessment for social development sector. What is the approach & methodology to be adopted for this Eol.

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E. ANY OTHER RELEVANT INFORMATIONS:

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F. DECLARATION:

I hereby declared that, I have read the rules and regulation of the proposal, the above mentioned facts & figures are best to my knowledge and belief.

Signature of authorized person with seal

Name of the name of the authorized person_____

NB: In complete applications and without having any supportive documents against the information provided in the application will be rejected.

Annexure-3

Format for Affidavit Certifying that the Organization or any Office Bearers/Board of Directors are not Blacklisted

(On original Stamp Paper of relevant value)

Affidavit

I,..... (Sole Chief Functionary of the Organization), (the names and addresses of the registered organization) do hereby solemnly affirm and sincerely state that;

- a) I or any other office bearer/Board of Directors on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence.
- b) The organization has not been blacklisted by any Government (State or Central) Department or Agency in India, which is in force during the currency of the contract.

I further affirm that, in case of any such evidence in contradiction to above declaration come to the notice of the contracting authority any time during the currency of the contract then our partnership with Odisha State Health & Welfare Society under such contract shall be liable for termination in addition to other legal recourse available under the law of the land.

Dated thisDay of, 20....

Name of the Applicant

.....

Signature of the Authorized Person

.....

Name of the Authorized Person

(Signature & Seal of Notary)