

Clarification / Amendments to the RFP for Selection of Agency to undertake an Evaluation / Assessment study on EMAS (Emergency Medical Ambulance Service) under IPTHHS (Integrated Patient Transport and Health Helpline Service), Odisha.

Ref:- RFP No. : OSH&FWS/01/2025/IPTHHS-II

Dated: 04/07/2025

| Sl. | Original terms & Condition / Technical Specification | Queries Raised by the Prospective Bidders | Clarification/ Amendment in response to the Queries |
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| 1 | <p>Section 4.3: Eligibility Criteria, Pg. 8 :</p> <p>Should have at least average annual turnover of Rs. 1 Crore during last Three completed financial years (i.e. 2021-22, 2022-23 & 2023-24).</p> | <p>For making it more competitive, we are requesting to reduce the average annual turnover to Rs. 50 lakhs in previous three completed Financial Years i.e. 2022-23, 2023-24 and 2024-25 and excluding the financial year 2021-22.</p> | <p>Amended</p> <p>Section 4.3: Eligibility Criteria, Pg. 8 :</p> <p>Should have at least average annual turnover of Rs. 50 Lakhs during the financial years 2021-22, 2022-23 & 2023-24 OR 2022-23, 2023-24 and 2024-25 (if audited).</p> <p>Accordingly the evaluation criteria [Section 7.1 d(2)] relating to annual average turnover has been modified. The same is incorporated in the revised RFP is enclosed with this prebid clarification / amendment.</p> |
| 2 | <p>Section 5.4: Scope of Evaluation / Assessment, Pg 11:</p> <p>Principal Investigator (PI): The PI engaged by the agency must have MBBS as basic education with masters in Community Medicine / Public Health / Emergency Medicine or any other Clinical specialty. He/She must have proven competence in the care of accident and emergency cases including handing of Obstetric emergencies. The PI engaged should have minimum 5 published articles in peer reviewed journals, some of which are in Health Systems research or accident and emergency. The PI qualified as external assessor of NQAS will be preferred.</p> | <p>In addition to the given criteria for PI, we request to include PhD as one of the preferred qualifications? In addition, we also submit to give preference to the candidates with peer reviewed publications in other domains (beyond health systems or emergency care).</p> | <p>Amended</p> <p>Section 5.4: Scope of Evaluation / Assessment, Pg 11:</p> <p>The PI engaged by the agency must have with Master Degree qualification (Public health or Medical Science Background) having 5 years of experience & must have conducted minimum 3 Evaluation studies.</p> <p>The above amendment incorporated in the revised RFP is enclosed with this prebid clarification / amendment.</p> |

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| 3 | <p>Section 5.4 – Scope of the Evaluation / Assessment, Pg 11:</p> <p>Field Investigator (FI) must have MBBS/BSc Nursing/B-Pharm with 5 years of experience in accident and emergency care, or be a paramedic with MPH.</p> | <p>The qualification specified for field investigators are over estimated as MBBS/ BSc Nursing/ B-Pharm, paramedic with MPH may not be available for investigation and data enumeration work. Therefore, we request you to consider candidates from other academic backgrounds of social sciences or allied fields with relevant field research experience in public health.</p> | <p>Amended The Filed Investigators / Evaluators engaged by the Agency must have a Team composition of 3 or more persons out of which, at least 1-2 Evaluators must be having Bachelor / Master Degree qualification from Public health / Medical Science background & other Evaluators may have Bachelor /Master Degree qualification from Social science or allied sector and the team of FIs having 3 years of Work experience & must have conducted minimum 2 Evaluation studies .</p> |
| 4 | <p>Section 5.6 B– I.Health Impact, Pg 14: Mortality Reduction and services provided: Estimate the role of the services in reducing mortality in emergency medical situations and services provided (Quantity) to different categories of cases like Pregnant women, Newborn, Accident cases etc. Golden Hour Response: Evaluate the effectiveness of the ambulance service in responding to golden hour emergencies (Stroke, Cardiac arrest, polytrauma etc.) and delivering patients to healthcare facilities in a timely manner.</p> | <p>We request the NHM to provide coordination support, access permissions and contact details to facilitate interviews and record reviews with these stakeholders across selected districts.</p> | <p>Clarification The required support towards coordination, access permissions & contact details to facilitate interviews and record reviews with these stakeholders across selected districts shall be provided by the tender inviting authority during the assessment study.</p> |
| 5 | <p>Section 5.5 – Methodology (Study Reference Period), Pg 12 : IPTHHS Project phase - I (2018-23) & (2023-till date)</p> | <p>We request the client to clarify whether there are any principal changes in the design, structure, management or operations between Phase I and Phase II of IPTHHS that the agency should take note of for evaluation design or information gathering purposes?</p> | <p>Clarification Both the phases of Interventions are having the same programmatic & operational objectives including the overall perspective of ensuring quality Emergency Medical Ambulance Services to the patients.</p> |
| 6 | <p>Section 5.6 A–Service Coverage and acessibility, Pg 12 :</p> | <p>We request the NHM to provide beneficiary lists and contact information, including</p> | <p>Clarification The required coordination</p> |

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| | Reason analysis of long response time cases: The study will carry out an in-depth reason analysis of a sample of cases where the response time was undue long considering the geographic, coordination and management aspects. | addresses, for sampling such cases. Additionally, we request to provide assistance in establishing contact and arranging interviews with these individuals for the reason analysis component. | support, access permissions and contact details to facilitate interviews and record reviews with these stakeholders across selected districts shall be facilitated by the tender inviting authority during the assessment study. |
| 7 | Section 5.6 A–Service Coverage and accessibility, Pg 12 : Analysis on the Reasons for high IFT Case load (Inter-Facility Transfer) on SCB / VIMSAAR / MKCG due to Cases being referred from DHH & the respective Medical Colleges of Districts. | As SCB is located in Cuttack, VIMSAR in Burla and MKCG in Berhampur, we request the client to clarify that the proposed study area will include the districts of Ganjam, Sambalpur and Cuttack? | Clarification The Proposed Study Area may not be belonging to the same Districts because the IFT related study concerning these Major Hospitals (receiving higher Inter Facility Transfer Cases from lower health Facilities) are to be covered as separate Units besides other Districts (as Study unit) |
| 8 | Section 5.6 B– I.Health Impact, Pg 14 Mortality Reduction and services provided: Estimate the role of the services in reducing mortality in emergency medical situations and services provided (Quantity) to different categories of cases like Pregnant women, Newborn, Accident cases etc. Golden Hour Response: Evaluate the effectiveness of the ambulance service in responding to golden hour emergencies (Stroke, Cardiac arrest, polytrauma etc.) and delivering patients to healthcare facilities in a timely manner. | For the Health Impact Assessment particularly regarding indicators like mortality reduction and service provision across case categories (e.g., pregnant women, newborns, and accident cases), relevant baseline or service-linked outcome data are important to compare. We request the client to make these data available to the bidder for analysis. If not available, we propose to use proxy datasets or reporting formats that can be accessed for this purpose. | Clarification The relevant required data available with the authority shall be provided during the study. The secondary information if required can also be accessed for the assessment study. |
| 9 | Section 5.5 – Methodology (Research Design), Pg 12 The design of the study will be cross-sectional model. | Since the Research Design mentioned is Cross-sectional design we request NHM to provide the relevant data such as ambulance fleet numbers, call volume data, IFT cases volume for the Phase I (2018-2023) of the Project | Clarification The relevant data such as ambulance fleet numbers, call volume data, IFT cases volume for the Phase I (2018- 2023) of the Project shall be provided by the tender inviting authority for the assessment study. |
| 10 | Revision in Form T4 , Page 28 : Details of the past experience in conducting similar evaluation study during the last five years | | Amended Details of the past experience in conducting similar evaluation study during the last three years. |

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| | | | <p>The row B of the table in Form T4 (Experience in other than Central Govt. / State Govt./ PSU) is deleted.</p> <p>The Form T4 of technical proposal submission has been revised. The revised Form T4 is incorporated in the revised RFP is enclosed with this prebid clarification / amendment.</p> |
| 11 | Revision in Annexure A, Page 35: BANK GUARANTEES FORM FOR EMD. | | <p>Amended</p> <p>Due to typographical error, the Annexure A Page 35 (Bank Guarantee Form for EMD) has been revised. The revised Annexure A is incorporated in the revised RFP enclosed with this prebid clarification / amendment.</p> |
| 12 | Revision in Annexure B, Page 36: FORMAT FOR BANK GUARANTEE FOR PERFORMANCE SECURITY. | | <p>Amended</p> <p>Due to typographical error, the Annexure B Page 35 (Bank Guarantee Form for EMD) has been revised. The revised Annexure B is incorporated in the revised RFP enclosed with this prebid clarification / amendment.</p> |
| 13 | Extension of Bid Submission & Technical Bid Opening | | <p>The last date and time of bid submission is extended to <u>12.8.2025, 3.00 PM</u></p> <p>Technical Bid opening date & time is rescheduled to <u>12.8.2025, 4.00 PM</u></p> |

sd/-

**Mission Director
National Health Mission
DoH & FW, Govt. of Odisha**



REVISED

**RFP (Request for Proposal) for Selecting a suitable Agency to
undertake an Evaluation / Assessment study on EMAS
(Emergency Medical Ambulance Service) under IPTHHS (Integrated
Patient Transport and Health Helpline Service), Odisha**

Email: nasnhmodisha@gmail.com

RFP Reference No: OSH&FWS/01/2025/IPTHHS-II

Date: 04/07/2025

Table of Contents

| Sl. | Content Name | Page No. |
|------------|---|-----------------|
| 1 | Disclaimer | 3 |
| 2 | Section 1 : Notice Inviting Proposal | 4 |
| 3 | Section 2 : Definitions | 5 |
| 4 | Section 3 : Instruction to Bidders | 6 |
| 5 | Section 4 : Eligibility Criteria | 8 |
| 6 | Section 5 : Terms of Reference | 9 |
| 7 | Section 6 : General Terms and Conditions | 16 |
| 8 | Section 7 : Evaluation Criteria | 20 |
| 9 | Section 8 : Formats for Submission of Proposal (Technical Proposal Formats , Financial Proposal Formats) & Check List | 22 |
| 10 | Section 9 : Annexures | 34 |

DISCLAIMER

The information contained in this Request for Proposal (RFP) document or subsequently provided to participating parties, whether verbally or in documentary form by or on behalf of the Department of Health & Family Welfare (DoHF&W), Govt. of Odisha, or any of their employees or advisors, is in conformity with the terms and conditions set out in this RFP document and any other terms and conditions subject to which such information is provided. This RFP document is not an agreement and is not an offer or invitation by the DoHF&W, GoO or its representatives to any other party and it does not create any legal right in favor of any participant(s). The purpose of this RFP document is to provide interested parties the required information to understand and assess the requirement and prepare a detailed Proposal. This RFP document does not purport to contain all the information each participant may require.

SECTION – 1 NOTICE INVITING PROPOSAL

Mission Director, National Health Mission (NHM)
DEPARTMENT OF HEALTH & FAMILY WELFARE, GOVERNMENT OF ODISHA
ANNEX BUILDING, SIHFW, UNIT-8, BHUBANESWAR-751012
 Phone : 91-674-2392480/88, email : missiondirector@nic.in

RFP No. : **OSH&FWS/01/2025/IPTHHS-II**

Dated: 04/07/2025

Proposals are invited from eligible bidders by the undersigned for selection of a Suitable Agency to undertake an Evaluation/Assessment study on the EMAS (Emergency Medical Ambulance Service) under IPTHHS (Integrated Patient Transport and Health Helpline Service), Odisha

| | | |
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| 1 | Period of Availability of RFP Document | From 04/07/2025 to 31/07/2025 (Extended to 12.8.2025, 3 PM) (Downloadable from website: (www.nhmodisha.gov.in & http://health.odisha.gov.in) Document is available only on above website, no physical availability of document for selling. |
| 2 | Date, Time, and Venue of Pre-Proposal Conference | Date: 14/07/2025 Time: 12 Noon., Place: NHM Conference Hall |
| 3 | Bid Document Fee | Rs. 5,000/- |
| 4 | Earnest Money Deposit (EMD) / Bid-Security | Rs. 20,000/- (Rupees Twenty Thousand Only) |
| 5 | Last date for submission of Proposal | Date: 31/07/2025 Time: 3 PM (Extended to 12.8.2025, 3 PM) Address: The Mission Director, National Health Mission (NHM), Annex Building of SHI&FW, Nayapalli, Unit-8, Bhubaneswar-751012 (Odisha) (Proposals shall be received through Speed Post/ Registered post / Courier only) |
| 6 | Date, time, and place of opening of Proposal & Presentation. | a) Technical Proposal (Part A) opening on 31/07/2025 at 4 PM. (Rescheduled to 12.8.2025, 4 PM) b) Date of Presentation & opening Financial Proposal (Part B) shall be communicated separately to the technically eligible bidders. c) The proposals shall be opened at NHM Conference Hall, Mission Directorate, Annex Building of SIH&FW, Nayapalli, Unit-8, Bhubaneswar, Pin-751012 Odisha |

sd/-

Mission Director
National Health Mission
DoH & FW, Govt. of Odisha

SECTION 2

DEFINITIONS

- A. **“IPTHHS”** means Integrated Patient Transport and Health Helpline Service, and which is combination of all four services i.e., EMAS (108), Boat Ambulance, 24x7 RTS (JE) and 104 Health Helpline (including Grievance Redressal). IPTHHS to be operated as an integrated service through one centralized call center situated at Bhubaneswar.
- B. **“Emergency Medial Ambulance Service (EMAS)”** is a 24 x 7 Emergency Medical Response Service of the Government under National Ambulance Service (NAS) to ensure timely and appropriate medical attention in case of medical emergency. This service is available free of cost to any one in a situation of medical emergency by dialing a toll free three-digit telephone number “108”. Popularly known as “108 Ambulance”.
- C. **24x7 RTS”** is a 24x7 Referral Transport Service of Government under National Ambulance Service and managed through a centralized Call Centre. Popularly known as “108-Janani Express”
- D. **Health Helpline Service”** is a call centre-based grievance redressal and health advice helpline to identify, classify, register, escalate and track complaints/grievances relating to government health facilities and services in the state for its timely redressal and to provide timely and appropriate health related information and advice to the public through a toll free three-digit telephone number “104”.
- E. **Boat Ambulance:** In a bid to provide transportation to sick and injured in the cut-off riverine areas of 4 districts namely Kendrapara, Kalahandi, Koraput and Malkangiri, the Government has also sanctioned 6 (six) Boat Ambulances, as feeder services (since 2019) to both Emergency Medical Ambulance Services and Referral Transport Services.

F. **AHT:** Average Call Handling Time

SECTION 3

INSTRUCTION TO BIDDERS

3.1 Preparation of Bid

The bids shall be made in two separate sealed envelopes as follows:

- i) The first envelope shall be marked in bold letter as **“TECHNCIAL BID”** which shall be sent with forwarding letter Format-T1 and shall include the following:
 - a) Bid document cost of Rs.5,000/-
 - b) Bid Security (EMD) of Rs.20,000/-
 - c) Confirmation regarding agreeing to all terms & conditions of the bid including bid & price validity, declaration regarding non-blacklisting / debarment, furnishing of Performance Security in case of award of agreement (Affidavit as per Format-T7)
 - d) Original Bid document duly stamped and signed by the authorized personnel in each page along with the forwarding letter confirming the performing the assignment as per Format-T1
 - e) All Formats T1-T7 signed & sealed with all relevant supporting documents as mentioned in the concerned formats.
 - f) Check list
- ii) The second envelope shall contain the financial proposal and shall be marked in bold letters as **“FINANCIAL BID”**. Prices shall be inclusive of all taxes & duties and quoted in the proforma enclosed at Format-F as per Terms of Reference to be rendered.
- iii) Both the envelops (Technical Bid & Financial Bid) shall be put in another outer envelope and shall be sealed and superscripted with **“Proposal for Evaluation/Assessment study of the EMAS under IPTHHS, Odisha”, RFP Reference No._____ & Due date _____**.
- iv) The proposal shall contain no interlineations or overwriting except as necessary to correct errors, in which cases such correction must be initiated by the person or persons signing the Bid. In case of discrepancy in the quoted prices, the price written in words will be taken as valid.

3.2 Earnest Money Deposit (EMD)

- a) The bid shall be accompanied by Earnest Money Deposit (EMD) of Rupees _____ in the form of Bank Draft / Bankers cheque / Bank Guarantee (as per Annexure _____) from any National / Schedule Bank in favour of “Mission Director, NHM” payable at Bhubaneswar while submitting the Tender.
- b) No bidding entity is exempted from deposit of EMD. Bids submitted without EMD shall not be considered.
- c) The EMD of unsuccessful bidder will be returned to them without any interest, after conclusion of the resultant agreement. The EMD of the successful service provider will be returned without any interest after receipt of performance security as per the terms of agreement.

- d) EMD of Bidder may be forfeited without prejudice to other rights of the bid inviting authority subject to the opportunity of representation to the bid inviting authority, if the Bidder withdraws or amends its Bid or impairs or derogates from the Bid in any respect within the period of validity of its Bid or if it comes to notice that the information / documents furnished in its Bid is incorrect, false, misleading or forged. In addition to the aforesaid grounds, the successful Bidder's EMD will also be forfeited without prejudice to other rights of bid inviting authority subject to the opportunity of representation to the bid inviting authority, if it fails to furnish the required performance security within the specified period.

3.3 Bid Validity

For the purpose of award of contract, the bids shall remain valid for a period of 180 days from the date of opening of technical bid.

3.4 Opening of Bids:

The technical bid will be opened at the time & date specified in the bid schedule at Section-1. The bidders may attend the bid opening if they so desire.

SECTION – 4
Eligibility Criteria

- 4.1 The participant(s) can either be a Partnership Firm, LLP, Company, Society or a Trust fulfilling following conditions for being eligible to apply
- 4.2 Should have minimum **Three years of experience** as on the last date of bid submission in the relevant **filed and must have executed similar evaluation study in last 3 years of more than 20 lakhs each for any Central Govt./State Govt./PSU Organisations** (Details to be furnished in Format T4)
- 4.3 Should have at least average annual turnover of **Rs.50 lakhs during the Financial years (2021-22, 2022-23 & 2023-24) or (2022-23, 2023-24 and 2024-25 if audited)**. Bidder must submit audited Statement of Accounts and Turnover Certificate duly certified by Chartered Accountant.
- 4.4 The participating entity should not have been blacklisted or otherwise disqualified pursuant to any debarment proceedings by any Central or State Government, Local Government or Public Sector Undertaking in India and which is for the time being in force.

SECTION – 5

TERMS OF REFERENCE

5.1 Introduction:

The Govt of Odisha is committed to provide Comprehensive Healthcare services to its people through curative, preventive, promotive and rehabilitative healthcare services integrated by a strong referral mechanism. The Emergency Medical Ambulance Service in Odisha aims to deliver prompt and effective care to individuals facing with medical emergencies. The Emergency Medical Ambulance Service in Odisha provides a range of essential features and services that contribute to its effectiveness. It is characterized by:

- a) **Prompt Response:** The Ambulance service operates on a 24/7 basis, with dedicated helpline number i.e. 108, ensuring immediate response to distress calls and emergencies.
- b) **Good Response Time:** The Ambulance reaches to the door step of the patients within 20 minutes (target response time) from the Call received by the Call Centre.
- c) **Well Equipped Ambulances:** The ambulances are equipped with high ended medical equipment, including cardiac monitors, defibrillators, oxygen supplies, Syringe Pump, AED and life-saving drugs. This enables the medical staff to stabilize patients' conditions during transportation.
- d) **Trained Personnel:** The ambulances are staffed with trained emergency medical technicians who undergo rigorous training to handle various Medical Emergencies. They provide necessary care and support to the patients during en-route to the hospital.
- e) **Specialized Services:** The service caters to diverse medical emergencies, including trauma cases, cardiac emergencies, obstetric emergencies, and pediatric emergencies. Specialized ambulances are available for pregnant mother and neonate and Advanced Life Support (ALS).

- 5.2 The **Integrated Patient Transport & Health Helpline Services** (Under National Ambulance Service-a joint initiative of MoHFW, GOI & Govt. Of Odisha) is operational since 2013, comprises of four Services such as Emergency Medical Ambulance Services (108), Boat Ambulances, 24x7 Referral Transport Services (108-Janani Express) and 104 Health Helpline Services. All these ambulances services are managed through the centralized 108 call Centre. Beneficiaries can access this service free of charge by dialing the toll free number “108”.

A. Emergency Medical Ambulance Service (EMAS: 108 Ambulances):

The Govt. of Odisha has initiated comprehensive pre-hospital emergency medical service with introduction of a fleet of ambulances (EMAS) at free of cost for the people of Odisha since 5th March, 2013. The fleet size of EMAS

ambulances stands now at 860 (449 BLS + 441 ALS) and that have been augmented in a phased manner. **More than 67 lakh patients** have been benefited by this service since inception. Presently the Average response time of EMAS ambulances is **19 Minutes 57 Seconds (Target-20 Min)**.

B. Boat Ambulance Service:

In a bid to provide transportation to sick and injured in the cut-off riverine areas of 4 districts namely Kendrapara, Kalahandi, Koraput and Malkangiri, 6 (six) Boat Ambulance have been operational, as feeder services to both Emergency Medical Ambulance Services and Referral Transport Services. More than 2000 patients have been transported by these Boat ambulances so far during Emergency situations.

C. Referral Transport Ambulance Service (108-Janani Express)

Under Referral Transport Ambulance Service, a fleet of 500 Janani Express were made operational since 14th July 2014 with a dedicated Toll free number 102 in order to provide free referral transport services to all pregnant women and sick infants seeking health care services at government health facilities. More than **47 lakh beneficiaries** have been benefited so far through this referral transport service system. Presently the, Average response time of Referral transport ambulances is **27 Minutes 53 Seconds (Target-25 Min)**.

D. 104 Health Helpline

- i) 104 Health Helpline was launched on 13th October 2015, for making outgoing calls to the sample beneficiaries who were registered under RCH for availing desired services in time. The services provided by service providers (ANM and ASHA) were verified by calling the high risk pregnant women on monthly basis and to those defaulters of services. Subsequently the incoming call facility was introduced with effect from 15th November 2019 for providing information, advice and counselling support to the people on RMNCHA+ & related health schemes that are being implemented in the State. Also, the health advices, facility related information pertaining to hospitals, Blood Bank, Pharmacies, Diagnostic services, feedback calls to beneficiaries who have availed health services under the Health Assurance Scheme etc. are being covered under this system. As of now, more than 31 lakh calls have been received by 104 Health Helpline.
- ii) Currently the 104 Health Helpline Service call centre is functioning with 53 man shifts divided into day, morning, evening, and night shifts.

5.3 Study Objective:

The broad objective of the study is to evaluate the operational efficiency, service delivery, patient outcomes, response times, public satisfaction, healthcare provider satisfaction and overall impact of the IPTHHS project in Public Health in Odisha.

This includes examining the all services under IPTHHS project i.e including Emergency Medical Ambulance Service (108 Ambulances), Boat Ambulance Service, Referral Transport Ambulance Service (108-Janani Express), and the 104 Health Helpline.

The specific objectives of the Study are as follows:

- a) To evaluate the extent of service delivery of IPTHHS in Odisha: Geographical coverage, accessibility, responsiveness, quality of care, health impact
- b) To evaluate the operational efficiency of the IPTHHS in Odisha: resource allocation, response time, service integration, integration with health facilities, efficiency in call management
- c) To assess the Operational mechanism (Line of command /Reporting system from field to State level of the Service providing Agency/Monthly Inspection Report (of vehicles with equipment) submission /EMTs' Refresher Training /Reward Mechanism & Disciplinary actions followed by Service Providing Agency /Supervisors' support to EMTs etc under IPTHHS in Odisha
- d) To assess the Cost-efficiency /Cost-effectiveness (pertaining to Out-of-Pocket Expenditure) of the ongoing Ambulance services in the State.

5.4 Scope of the Evaluation/Assessment:

The Govt of Odisha will select an experienced and professional agency to conduct this assessment through a transparent competitive process.

- a) The agency must have minimum 5 years of experience of carrying out similar health system operational research in national/international domain.
- b) Principal Investigator (PI): The PI engaged by the Agency must have **Master Degree qualification (Public health or Medical science Background) and having 5 years of Work experience & must have conducted/lead minimum 3 Evaluation studies.**
- c) Field Investigator (FI): The **Field Investigators/Evaluators engaged by the Agency must have a Team composition of 3 or more persons. Out of which, at least 1-2 Evaluators must be having Bachelor/Master Degree qualification from Public health /Medical Science background & other Evaluators may have Bachelor/Master Degree qualification from Social science or allied sector and the team of FIs having 3 years of Work experience & must have conducted minimum 2 Evaluation studies .**
- d) After awarding of the work and signing of MOU, the agency will submit the detailed plan of action with clear methodology and sampling criteria.

- e) The NHM Odisha will evaluate the detail plan, suggest necessary changes and provide information regarding the focal points at State, district and block levels.
- f) The selected agency, with the approved action plan will start field survey immediately and will submit an interim report at the end of the field survey.
- g) After detail data analysis (both quantitative and qualitative), the agency will submit the final report with set of recommendations for expansion or improvement within the defined timeline.

5.5 Methodology:

The Study will apply a mixed methodology approach, generating both primary data and analysis of secondary data. Similarly, the primary data will be both of Quantitative and Qualitative nature.

- a) **Study Design:** The design of the study will be cross-sectional model.
- b) **Sampling:** The agency will employ probability sampling method and calculate a sample size (study unit may comprise 3-4 districts of Odisha) which is representative of the diverse socio-demographic and geographic nature of the State.
- c) **Study Tool:** The agency will design a study tool incorporating all the parameters of structural, operational, service delivery, HR-capacity and governance. The tool will be used to collect primary data (both quantitative and qualitative) through interviews with the ambulance team members, record review, call centre operatives, their supervisors, facility Medical Officers, community, and Front Line Health Workers. Interviews of the administrators (CDM &PHO, BDO, BPHO) will also be conducted.
- d) **Study Reference Period :** IPTHHS Project phase –I (2018-23) & (2023-till date)
- e) **Study Duration:** The Agency to complete the study within 45 days (from commissioning date of the Study) & **Final Report Submission** – next 10 days from Study completion date).

5.6 Key Areas of Evaluation to be included in the study:

A) Service Coverage and Accessibility:

- i. **Geographical Reach:** Assess the coverage of ambulance services, across the State with special focus on difficult and hard to reach villages.
- ii. **Accessibility:** Evaluate the ease with which the public can access services through toll-free numbers “108”.
- iii. **Response Times:** Measure the average response time of EMAS and RTS ambulance services and assess if targets are being met. The study will also look into the inter-district and intra-district variations in response time.
- iv. **Reason analysis of long response time cases:** The study will carry out an in-depth reason analysis of a sample of cases where the response time was

undue long considering the geographic, coordination and management aspects.

- v. **Analysis on the Reasons for high IFT Case load (Inter-Facility Transfer)** on SCB/VIMSAAR /MKCG due to Cases being referred from DHH & the respective Medical Colleges of Districts . .

B) Operational Efficiency:

- i. **Operational Mechanism & Resource Allocation:** Review the adequacy of resources including ambulances (District-wise and block-wise), staff and equipment. The Study will also evaluate the average down-time of the ambulances for routine maintenance and other reasons.
- ii. **Safety:** Assess the safety protocols of the Ambulance services like availability and use of life jacket in case Boat Ambulances, fire extinguisher, functional seat belts, stretcher belts etc
- iii. **Call Center Operations:** Analyze the functionality of the centralized call center, including call handling, dispatch accuracy, and coordination.
- iv. **Service Integration through Integrate Call Center:** Examine the integration of 108 Emergency Services with 102 Referral Transport Services and the 104 Health Helpline.

C) Efficiency in Call Handling:

- i. Review AHT, the average time taken to respond to emergency calls, allocate ambulances and dispatch appropriate Ambulance (EMAS or RTS). The study will also look into the decision making process for judicious allocation of BLS and ALS Ambulances.
- ii. Evaluate the role of the call center in offering counselling, pre-hospital advice (e.g., instructions from call centre doctors to callers) along with scripts used to attend ambulance requests.
- iii. Assess any bottlenecks in the communication process between the call center, ambulance services and hospitals. The study will also carry out in-depth reason analysis of a sample of “**Cancelled Calls**”.

D) Call Volume and Capacity:

- i. Measure the adequacy of infrastructure and staff capacity to handle current call volumes.
- ii. Evaluate if the system can handle peak loads, such as during natural disasters, large-scale emergencies or any pandemic situations.

E) Professional competency of care providers:

- i. **Knowledge and skill assessment of EMTs:** The study will conduct assessment of the EMTs' (Emergency Medical Technicians) knowledge and skill on the available equipment in Ambulances & their functionalities.

- ii. **Training:** To assess the types of training received by the EMTs and their training requirement with recommendations.
- iii. **Crews' Behavioural & Communication skills:** To evaluate the behavioral & communication skill of the Crew (EMTs/Drivers/Helpers) while dealing with victims of trauma, emergency cases and their family members. Their coordination skill with the supervisors and the call centre doctors/Public health facilities will also be assessed.

F) Quality of Care:

- i. **Medical Equipment & Supplies:** Evaluate the availability and review & functioning of life saving medical equipment (cardiac monitors, defibrillators, oxygen supplies, etc.) in ambulances.
- ii. **Emergency drugs and Consumables:** Assess the availability of emergency drugs and consumables (as per defined protocol), expiry dates and their uses and maintenance of records.
- iii. **Infection Prevention and Control (IPC) practice:** The agency will evaluate the practices of infection control and prevention practices related to all the equipment and instrument including the vehicle interior surfaces. This will be specially evaluated for procedures followed during and after shifting case to the hospitals.
- iv. **Evaluation of process in place to maintain the ambulances both preventive and breakdown.**

G. Beneficiary and Community satisfaction:

- i. **Patients and Public Feedback:** Conduct surveys and interviews with patients and their families to assess satisfaction with service quality, timeliness, and care.
- ii. **Public Perception:** Understand public awareness and perception on EMAS and its toll-free services.

H. Allied Service provider's (ASHA/ANM/CHOs & others) satisfaction / perception level on the Ambulance Services : The study will assess the satisfaction/perception level of the care providers starting with the FLWs (CHO, ANM, ASHA) and the Medical Officers (both transferring facilities and the receiving facilities) on the Ambulance services.

I. Health Impact:

- i. **Mortality Reduction and services provided:** Estimate the role of the services in reducing mortality in emergency medical situations and services provided (Quantity) to different categories of cases like Pregnant women, Newborn, Accident cases etc.

- ii. **Golden Hour Response:** Evaluate the effectiveness of the ambulance service in responding to golden hour emergencies (Stroke, Cardiac arrest, polytrauma etc) and delivering patients to healthcare facilities in a timely manner.

J. Compliance with National /State Guidelines and Policies:

Adherence to National/State Standards:

- i. Ensure that the services comply with the guidelines of the Ministry of Health and Family Welfare (MoHFW), Government of India as well as Govt. of Odisha – H&FW Department.

K. Cost Efficiency:

- i. **Budget and Expenditure Analysis:** Assess the financial performance of the ambulance services to determine cost-effectiveness.
- ii. **Utilization Rate:** Analyze ambulance usage rates and determine if resources are optimally utilized.

SECTION – 6
General Terms & Conditions

6.1 After selection and receipt of Notification of Award (NOA) from NHM, Odisha, the selected agency will have to communicate their confirmation consent letter within ten days of receipt of NOA, failing which it will be assume that the Agency has not accepted the offer.

6.2 Before execution of the evaluation/assessment, the empanelled Agency has to sign MoU/Agreement with OSH&FW Society in each occasion.

6.3 Performance Security

The selected Agency has to furnish performance security deposit equivalent to 5% of the total contract value in the form of DD/Bank Guarantee issued from a national/ scheduled bank Bhubaneswar Branch and should be drawn in favor of “ Mission Director, NHM, Odisha payable at Bhubaneswar. The Performance Security Deposit shall remain valid for a period of 6 months from the date of signing of the agreement.

The contracting authority in the following circumstances can forfeit it;

- a) When any terms or the condition of the contract is infringed.
- b) When the service provider fails in providing the required services satisfactorily.

6.4 Submission of Study Evaluation Report

- a) The evaluating Agency will submit draft evaluation report to NHM **within 45 days of signing of the MoU** with OSH&FW Society. After that the Agencies shall be invited for presentation of the draft report before a State level Committee at Bhubaneswar.
- b) The final evaluation report (3 sets of hard copies with soft copy in pdf format) with signature & seal of the authorized person of the Agency in each pages of the report shall be submitted to NHM **within 15 days of receipt of the feedback from the NHM, Odisha** on the draft report shared by the evaluating Agency.

6.5 Payment

The schedule of payment release to the Agency will be as follows:

- a) 1st Installment: 50% of the evaluation study cost shall be released to the Agency after receipt of the draft evaluation report and approval of the evaluation report by the Committee.
 - b) 2nd & final installment: Balance 50% of the evaluation study cost shall be released to the Agency after receipt of the final evaluation report (3 sets of signed hard copies with soft copy in pdf format) along with complete SoE.
 - c) TDS shall be deducted at the prescribed rates from the successful bidder's bills.
- 6.6 The Agency shall not share or publish the report/findings of the evaluation with any Agency/person/print media/electronic media/social media etc. without prior permission of NHM/Govt. of Odisha
- 6.7 The Agency shall not sublet the assignment partially or fully to any other third party to carry out the evaluation work on behalf of the empanelled Agency. Before initiation of the evaluation of the project, the Agency is required to submit the names of the assessors and probable date of commencement of the evaluation.
- 6.8 The assessor of the agency who has conducted the evaluation study should share the presentation before the Committee at Bhubaneswar.
- 6.9 **Penalty Provision:**
- In case the draft/ final evaluation report of a particular project is not be submitted by the Agency as per the scheduled time mentioned below, applicable penalty shall be charged. Reprieve and exemption from penalty on valid ground is under the discretion of Mission Director, NHM, who is the first party in the agreement. Detailed penalty provisions are given below:
- a. If, draft evaluation report of a particular project is **not submitted within 45 days from the date of signing of the MoU** with OSH&FWS, then 10% of the evaluation cost towards 1st installment of the said project/s evaluation shall be deducted.
 - b. If, final evaluation report of a particular project is **not submitted within 15 days of receipt of the feedback from the NHM, Odisha** on the draft report, then 10% of the evaluation cost towards 2nd & final installment of the of the said project/s evaluation shall be deducted.
 - c. 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, OR final evaluation report within 30 days from receipt of feedback from NHM on draft report, OR defaulter in both the cases, OR in case the draft/final evaluation report submitted by the Agency is without visiting the assigned project/ without

conducting any field visit/field study/record review etc. or false & fabricated evaluation report; no evaluation cost shall be paid to the Agency for the assigned project nor any such report shall be accepted by NHM, Odisha

6.10 Termination of Contract

The Contracting Authority after giving 30 days clear notice in writing expressing the intention of termination by stating the ground/grounds on the happening of any of the events (as mentioned below), may terminate the agreement after giving reasonable opportunity of being heard to the service provider :

- a) If the service provider do not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the contracting authority have subsequently approve in writing.
- b) If the service provider becomes insolvent or bankrupt.
- c) If, as a result of force majeure, the service provider is unable to perform a material portion of the services for a period of not less than 60 days: or
- d) If, in the judgment of the contracting authority, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.
- e) In case of premature termination or suo-moto abandonment of the contract /project by the service provider, the service provider shall be penalized for the default in addition to forfeiture of performance security deposit. The Contracting authority may appropriate towards penalty, the balance remaining unpaid on any account as on the day of suo-moto abandonment by the Agency to recover the damage sustained due to abandonment.

6.11 Modifications

Modifications in terms of reference including scope of the services can only be made by the contracting authority with written consent of both parties. However, basic conditions of the contract shall not be modified.

6.12 Force Majeure

For the purposes of this contract, "Force Majeure" means an event which is beyond the reasonable control of a Party, is not foreseeable, is unavoidable, and not brought about by or at the instance of the Party claiming to be affected by such events and which has caused the non-performance or delay in performance and which makes a Party's performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible in the circumstances, and includes, but is not limited to war, riots, civil disorder, earthquake, fire, explosion, storm, flood or other adverse weather conditions, strikes, lockouts or other industrial action (except where such strikes, lockouts or other industrial action are within the power of the

Party invoking Force Majeure to prevent), confiscation or any other action by Government agencies.

In such circumstances of emergencies and Force Majeure Event, if the Performance Standards are not complied with because of any damage caused to the services or any of the Project Facilities or non availability of staff, or inability to Provide services in accordance with the Performance Standards as a direct consequence of such Force Majeure Events or circumstances, then no penalties shall be applicable for the relevant default in Performance Standards and would be applied to such particular defaults. Further, unless the Force Majeure event is of such nature that it completely prevents the operation of services, a suspension or failure to provide Services on the occurrence of a Force Majeure event will be an Event of Default and the contracting authority may terminate this Agreement without any payment being made in respect thereof.

The failure of a party to fulfill any of its obligations under the agreement shall not be considered to be a default in so far as such inability arises from an event of force majeure, provided that the party affected by such an event has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the agreement and has informed the other party as soon as possible about the occurrence of such an event.

6.13 Settlement of Dispute

If any dispute with regard to the interpretation, difference or objection whatsoever arises in connection with or arises out of the agreement, or the meaning of any part thereof, or on the rights, duties or liabilities of any party, the same shall be referred to Committee constituted at the contracting authority.

6.14 Jurisdiction of Court

Legal proceedings if any shall be subject to the Bhubaneswar jurisdiction only.

6.15 Right to Accept and Reject any Proposal

The tender inviting authority reserves the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

Section - 7

EVALUATION CRITERIA

7.1 Evaluation of Technical Proposals

- a) In the first stage, Technical Bid shall be opened and the eligibility shall be assessed as per the set criteria given in **Section 4**.
- b) Technical Proposal of those bidders shall be considered for technical evaluation / presentation that qualifies the eligibility criteria as mentioned in Section 3. Technical Proposal will be evaluated on the basis of bidder's experience, financial capability and technical presentation.
- c) All eligible bidders (if qualified as per eligibility criteria) shall be required to make a PowerPoint Presentations up to **15 minutes** before opening of Financial Proposals to demonstrate their credentials before the Evaluation Committee and to submit soft copies of the presentation. The presentation shall broadly cover the following aspects:
 - i. Brief Company profile, local presence, associates, major clients & projects etc.
 - ii. Experience and capabilities of conducting similar evaluation studies.
 - iii. Understanding of assignment alongwith methodology indicating broad roadmap
 - iv. Timeline with Gantt Chart
 - v. Proposed Key Personnel.

The time and venue for the presentation shall be intimated to the Applicants.

- d) Technical Proposal of eligible bidders (if qualified as per eligibility criteria) will be evaluated based on appropriate marking system. The categories for marking and their respective weightage are as under:

| Sl. | Criteria | | | Max. Marks |
|-----|--|-----------|---|------------|
| 1 | Past Experience | | | 25 |
| | Conduct and completion of similar evaluation studies for Organizations (in Central Govt. / State Govt. / PSU) in last 3 years of more than 20 lakhs each. (up to 3 Studies = 15 marks, for each additional evaluation studies 2 marks each upto maximum 10 marks) | | | |
| 2 | Financial Strength of the Organization | | | 20 |
| | Avg. Annual Turnover (Rs.) of last three financial years (2021-22 , 2022-23, 2023-24) or (2022-23, 2023-24, 2024-25) (More than Rs. 50 Lakhs and Less or equal to 1 Crore = 5 marks, More than 1 Crore and less or equal to 2 Crores = 10 marks More than 2 Crores & less or equal to 3 Crores = 15 marks More than 3 Crores = 20 marks) | | | |
| 3 | Experience of Key Personnel (Organisation) | | | |
| | SI | Positions | Work experience The marks will be awarded keeping in view of | |

| | | | |
|---|--|---|-----------|
| | | the experience & expertise of the key professionals and their numbers engaged by the Agency for the purpose. (Source: Bio-data of Key Professionals to be submitted) – Max. 20 marks. | |
| | A | Principal Investigator/ Evaluator (Team Lead) With Master Degree Qualification (Public health or Medical Science Background) having 5 years of Work experience and must have conducted minimum 3 evaluation studies – (Upto 3 Studies = 5 marks and for each additional study = 2.5 marks each upto Maximum 5 marks) | 10 |
| | B | Field Investigator/Evaluators Minimum Three field evaluators out of which, at least 1-2 Evaluators must be having Bachelor/Master Degree qualification from Public health / Medical Science background & other Evaluators may have Bachelor / Master Degree qualification from Social science or allied sector and the team of FIs having 3 years of Work experience & must have conducted minimum 2 Evaluation studies = 5 marks For each additional no. of field evaluator with above minimum qualification, experience & conducted/involved in evaluation studies = 2.5 marks each up to maximum 5 marks | 10 |
| 4 | Approach, Methodology, Timeline for the project (Details to be furnished in Form T5 in technical bid) & Presentation [bidders qualified in the eligibility criteria shall only be intimated to have a power point presentation before the tender evaluation committee /RFP Evaluation Committee on the approach & methodology, timeline for the project. | | 30 |
| 5 | Quality Certifications <ul style="list-style-type: none"> ISO 9001:2015 OR ISO 45001:2018 : 2.5 Marks ISO 9001:2008 AND ISO 45001:2018 : 5 Marks | | 5 |

- e) Only those bidders whose score on evaluation of technical proposal is **more than or equal to Seventy (70)** out of the **total technical score of one hundred (100)** shall be considered for their Financial Bid Opening.

7.2 Evaluation of Financial Proposal:

- Financial bid of only those bidders whose technical score (as per the technical evaluation) is above **70 (Seventy)** shall be considered for financial bid opening.
- Selected Bidders will finally be ranked according to their combined technical (Tb) and financial (Cb) scores (80:20) as follows:
 - Bb = [(0.8) * Tb] + [(0.2) x (Cmin / Cb * 100)]**
 - Where, Bb = Combined Score of bidder under consideration (calculated up to two decimal points)

- T_b = Technical score of the bidder under consideration
 - C_b = Financial bid value of the bidder under consideration
 - C_{min} = Lowest financial bid value among the financial proposals under consideration
- c) The bidder having the highest combined score shall be awarded the contract.

RFP FORMATS

**RFP for Evaluation / Assessment study of the
EMAS (Emergency Medical Ambulance Service)
under IPTHHS (Integrated Patient Transport and
Health Helpline Service), Odisha**

TECHNICAL PROPOSAL

Check List (Technical Proposal)

Please check whether following have been enclosed in the respective cover namely, Technical Proposal: ***(please arrange the documents serially in the following order & do the page numbering of the entire bid document and mention the page no. in the column “page No” against the particulars in the check list as mentioned below for ease of scrutiny)***

| Sl. No | Item | Whether included Yes / No | Page No. |
|--------|--|------------------------------|----------|
| A | Commercial Documents | | |
| 1 | Format (Check List) | | |
| 2 | Bid Document Cost of Rs. _____/- as DD | | |
| 3 | The Earnest Money Deposit(s) of Rs. _____ as DD / Banker's Cheque / BG (as per Annexur A) | | |
| 4 | Format –T1 (Forwarding Letter for Technical Bid) | | |
| 5 | Format –T2 (Particulars of the Bidder) | | |
| 6 | Format –T3 (Annual Turnover Statement) | | |
| 7 | Copies of the annual audited statement / Annual Report for 2021-22, 2022-23, 2023-24 or 2022-23, 2023-24, 2024-25 (Provisional statement of account shall not be considered) | | |
| 9 | Format-T4 – Past Experience in conducting similar evaluation study during last Three years | | |
| 10 | Copies of the Contract / Work Order in support of the information provided in Format-T4 | | |
| 12 | Format –T5 (Approach & methodology Statement for this project) | | |
| 13 | Format – T6 Details of the Key Professionals Proposed for the Evaluation Study | | |
| 14 | Format –T7 (Declaration Affidavit on Stamp Paper (notarized) of Rs.100/- | | |
| 15 | Copy of the Registration Certificate of the Firm | | |
| 16 | Copy of the GST registration certificate | | |
| 17 | Copy of PAN | | |

Note: The Price Bid with price schedule to be submitted in a Separate Envelop marked as “Price Bid”

FORM – T1
(to be furnished in the technical proposal)

TECHNICAL TENDER SUBMISSION FORM
(On the letterhead of the agency)

To

Mission Director,
National Health Mission, Odisha
Bhubaneswar

Re. : RFP Reference no. _____ dated _____

Dear Sir / Madam,

We, the undersigned, offer to conduct the **Evaluation / Assessment study of the EMAS (Emergency Medical Ambulance Service) under IPTHHS (Integrated Patient Transport and Health Helpline Services), Odisha**. We are hereby submitting our Proposal, which includes this Technical Proposal and a Commercial Proposal sealed under a separate envelope.

We hereby declare our Confirmation of acceptance of the Conditions of Contract mentioned in the RFP document under reference cited above.

We hereby declare that all the information and statements made in this Proposal are true and accept that any of our misrepresentations contained in it may lead to our disqualification.

Our proposal shall be binding upon us for a period of 180 days from the date of bid opening, subject to the modifications resulting from Contract negotiations you may subsequently carry out with us to accept our bid. If we are assigned the work during the period of validity of the Proposal, we undertake to carry out the same as per the terms and conditions of this tender document.

I hereby declare that my company has not been debarred / black listed by any Government/ Semi Government organizations. I further certify that I am the competent authority in my company authorized to make this declaration.

We understand you are not bound to accept any Proposal you receive.

Yours sincerely,

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

Name of Agency: _____

Address: _____

(Organization Seal)

FORMAT T2
(To be furnished in the Technical Bid envelop)
(On the letterhead of the Organization)

DETAILS OF THE BIDDER

| GENERAL INFORMATION ABOUT THE BIDDER | | | | | | |
|--|--|--|-------------|----------------------------|-----------------|--|
| 1 | Name of the Bidder | | | | | |
| | Registered address of the bidder | | | | | |
| | | | | | | |
| | State | | | District | | |
| | Telephone No. | | | Fax | | |
| | Email | | | Website | | |
| | Branch office address if any | | | | | |
| | State | | | District | | |
| | Telephone No. | | | Fax | | |
| | Email | | | Website | | |
| Contact Person Details | | | | | | |
| 2 | Name | | | Designation | | |
| | Telephone No. | | | Mobile No. | | |
| | Email | | | Website | | |
| Communication Address | | | | | | |
| 3 | Address | | | | | |
| | | | | | | |
| | State | | | District | | |
| | Telephone No. | | | Fax | | |
| | Email | | | Website | | |
| Type of the Firm (Please tick in the relevant box) | | | | | | |
| 4 | Private Ltd. | | Public Ltd. | | LLP | |
| | Partnership | | Society | | Others, specify | |
| | Registration No. & Date of Registration. | | | | | |
| Nature of Business (Please tick in the relevant box) and mention years of experience in the relevant field | | | | | | |
| 5 | Public Health Planning | | | Public Private Partnership | | |
| | Public Health Management | | | Community monitoring | | |
| | Emergency Ambulance Project | | | Consulting Services | | |

| | | | | |
|--|--|-------------|-------------|--|
| | Research & Evaluation Study | | Any other: | |
| Key personnel Details (Chairman, CEO, Directors, Managing Partners etc.) | | | | |
| 6 | in case of Directors, DIN Nos. are required | | | |
| | Name | | Designation | |
| | Name | | Designation | |
| 7 | Whether any criminal case was registered against the company or any of its promoters in the past? | | | Yes / No |
| 8 | Other relevant Information | | | |
| 9 | <u>GST Registration</u> Furnish the copy of the GST registration certificate | | | |
| 10 | PAN: Furnish the copy of the PAN | | | |
| 11 | Registration certificate / Certificate of Incorporation of the bidder (furnish the copy) | | | |
| 12 | Bank Details of the Bidder: The bidders have to furnish the Bank Details as mentioned below for return of EMD /Payment for supply if any (if selected) <p>a. Name of the Bank :</p> <p>b. Name of the Account & Full address of the : Branch concerned</p> <p>c. Account no. of the bidder :</p> <p>d. IFS Code of the Bank:</p> | | | |
| Date | | Office Seal | | Signature of the bidder / Authorized signatory |

FORMAT T3
Annual Turnover Statement
(In the letterhead of the Chartered Accountant)

The Annual Turnover for the last 3 (three) financial years of M/s_____ are given below and certified that the statement is true and correct.

| Sl.No. | Financial Year (2021-22, 2022-23 & 2023-24) OR (2022-23, 2023-24 & 2024-25 if audited) | Turnover in (Rs.) both in figures & words |
|--------|---|--|
| 1 | | |
| 2 | | |
| 3 | | |
| | Average Annual Turnover (Rs.) | |

Date:

Place:

**Signature of Auditor/
Chartered Accountant**

(Name in Capital)

Seal

Membership No.:

UDIN No. :

N.B: In case of a sole bidder, the annual turnover statement should also be supported by copies of audited annual statement of the last three financial years / Annual Report and the turnover figures mentioned above should be highlighted there.

FORM T4

(to be furnished in the technical proposal)

PAST EXPERIENCE IN CONDUCTING SIMILAR EVALUATION STUDY DURING LAST THREE YEARS

(Attach separate sheets if the space provided is not sufficient)

| Sl. | *Name /address of the organization for which similar evaluation studies were conducted | Date of award of Assignment | Date of completion of Assignment | Value of the Assignment | Work Order / Contract enclosed (Yes / No) | Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed |
|--|--|-----------------------------|----------------------------------|-------------------------|---|--|
| For Central Govt. / State Govt. / PSU Organizations | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| ... | | | | | | |

*Copies of the Contract / Work Order to be furnished serially in support of the information provided above

Authorized Signatory/Signature [*In full and initials*]: _____

Name and Title of Signatory: _____

(Organization Seal)

FORM T5

(to be furnished in the technical proposal)

DESCRIPTION OF APPROACH & METHODOLOGY STATEMENT

DESCRIPTION OF APPROACH, METHODOLOGY STATEMENT [Technical approach, methodology and work plan are key components of the Technical Proposal. In this Section, bidder should explain their understanding of the scope and objectives of the assignment, approach to the services, methodology for carrying out the activities and obtaining the expected output and the degree of detail of such output. Further, it should highlight the problems to be addressed and their importance, and explain the technical approach to be adopted to address them. It is suggested to present the required information divided into following **three sections**]

A. Understanding of Scope, Objectives and Completeness of response :

Please explain your understanding of the scope and objectives of the assignment based on the Terms of Reference (ToR), the technical **approach and the methodology** you would adopt for implementing the tasks to deliver the expected output(s) and the degree of detail of such output. ***Please do not repeat/copy the ToR here.***

B. Key Personnel Deployment Strategy:

The bidder should propose and justify the structure and composition of the team and should enlist the main activities under the assignment in respect of the personnel responsible for it.

C. Timeline (in Gnatt Chat)

Authorized Signatory/Signature [*In full and initials*]: _____

Name and Title of Signatory: _____

(Organization Seal)

FORM T6

(to be furnished in the technical proposal)

Details of the Key Professionals Proposed for the Evaluation Study

| Sl. | Name of the Position of the Key Professional | *Name of the Key Professionals proposed for the assignment | Detailed Qualifications of the Key Professionals | Total years of experience in conducting evaluation /assessment | No. of Similar Evaluation Studies Conducted |
|-----|--|--|--|--|--|
| 1 | Principal Evaluator (Team Lead) | | | | 1. For Central Govt. / State Govt. / PSU Organizations : |
| 2 | Field Evaluator 1 | | | | 1. For Central Govt. / State Govt. / PSU Organizations : |
| 3 | Field Evaluator 2 | | | | 1. For Central Govt. / State Govt. / PSU Organizations : |
| 4 | Field Evaluator 3 | | | | 1. For Central Govt. / State Govt. / PSU Organizations : |
| 5 | Field Evaluator 4 | | | | 1. For Central Govt. / State Govt. / PSU Organizations : |
| 6 | ... | | | | |

***N.B: Individual CVs of the above mentioned key professionals must be enclosed alongwith FormT6**

Authorized Signatory/Signature [*In full and initials*]: _____

Name and Title of Signatory: _____

(Organization Seal)

FORM T7

**Format for Affidavit Certifying that the Organization or any Office Bearers / Board
of Directors are not Blacklisted
(On original Non-Judicial Stamp Paper of Rs.)
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 on the date of submission of the proposal. 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

(Signature & Seal of Notary)

..... Name of the Authorized Person

RFP FORMATS

**RFP for Evaluation / Assessment Study of the
EMAS (Emergency Medical Ambulance Service)
under IPTHHS (Integrated Patient Transport and
Health Helpline Service), Odisha**

FINANCIAL PROPOSAL

FORM - F

FINANCIAL BID

A. Total Cost of Evaluation Study

| | |
|--|------------------------|
| *Total cost of Evaluation Study in Rupees (Lump sum amount to be quoted taking into account the scope of this study) including GST | Rs. _____ (in figures) |
| | Rupees _____ |
| | (in words) |

Note:

- *Total cost of study quoted should be “all inclusive” lump sum cost for complete study covered under the scope of this study, as described in the RFP, including all expenses by whatever name called, like travelling expenses, out of pocket expenses etc., including all duties, taxes, levies, GST etc, costs pertaining to collection, compilation, and analysis, translation, printing of reports, secretarial expenses and so on.
- No cuttings/corrections should be done to the amount given in the box above; any such action will make the financial bid liable for rejection.
- The quoted total cost of study should remain valid for a minimum of six months from the last date of submission of bids.
- In case of any deviation / difference in the amount quoted in the table above in figures and words, the amount quoted in words will be taken as the final.

B. Pl. mention the % of GST incuded in the above quoted price : _____%

Authorized Signatory/Signature [*In full and initials*]: _____

Name and Title of Signatory: _____

(Organization Seal)

ANNEXURES

Annexure-A

BANK GUARANTEE FORM FOR EMD

[The Bank shall fill in this Bank Guarantee Form in accordance with the instructions indicated.]

To

**The Mission Director,
National Health Mission,
Odisha**

Whereas (insert the name of the bidder) (hereinafter called the "Bidder") has submitted its proposal dated (insert date) for **Evaluation / Assessment study on EMAS** (hereinafter called the "Proposal") against the RFP (Insert RFP reference number) issued by Mission Director, National Health Mission - Odisha (hereinafter called "Authority").

Know all persons by these presents that we (insert name of the bank) of (insert address of the bank) (Hereinafter called the "Bank") having our registered office at (insert regd. office address of bank) are bound unto <insert the name and address of the procuring authority> (hereinafter called the "Authority") in the sum of (insert guarantee amount) for which payment will and truly to be made to the said Authority, the Bank binds itself, its successors and assigns by these presents.

Sealed with the Common Seal of the said Bank this ____ day of _____ 20____.

The conditions of this obligation are:

If the Bidder withdraws or amends, impairs or derogates from the tender in any respect within the period of validity of this Bid.

If the Bidder having been notified of the acceptance of his Bid by the Authority during the period of its validity: -

Fails or refuses to furnish the performance security for the due performance of the contract. or

Fails or refuses to accept/execute the contract. or

If it comes to notice that the information/documents furnished in its tender is incorrect, false, misleading or forged

We undertake to pay the Authority the above amount upon receipt of its first written demand, without the Authority having to substantiate its demand, provided that in its demand the Authority will note that the amount claimed by it is due to it owing to the occurrence of one or both the two conditions, specifying the occurred condition(s).

This guarantee will remain in force up to _____ *[(till the date), 8 months from the date of bid submission]* and any demand in respect thereof should reach the Bank not later than the above date.

Our..... branch at..... (Name & Address of thebranch) is liable to pay the guaranteed amount depending on the filing of claim and any part thereof under this Bank Guarantee only and only if you serve upon us at our branch a written claim or demand and received by us at ourbranch on or before Dt.....otherwise bank shall be discharged of all liabilities under this guarantee thereafter.

Signature of the Authorised Officer of the Bank
Name and Designation of the Officer
Seal, Name & Address of the Bank and the Branch

Annexure-B

FORMAT FOR BANK GUARANTEE FOR PERFORMANCE SECURITY (to be furnished by the selected Service Provider at the time of signing of contract)

To

The Mission Director
National Health Mission,
Odisha

WHEREAS.....(Name and address of the Agency) (Hereinafter called “Agency”), in pursuance of contract No..... dated (herein after “the contract”) is to undertake an Evaluation/Assessment study on EMAS in Odisha.

AND WHEREAS it has been stipulated by you in the said contract that the service provider shall furnish you with a bank guarantee by a scheduled commercial bank recognized by you for the sum specified therein as security for compliance with its obligations in accordance with the contract;

AND WHEREAS we have agreed to give such a bank guarantee on behalf of the service provider;

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the service provider, up to a total of..... (Amount of the guarantee in words and figures), and we undertake to pay you, upon your first written demand declaring the service provider to be in default under the contract and without cavil or argument, any sum or sums within the limits of (amount of guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

We hereby waive the necessity of your demanding the said debt from the service provider before presenting us with the demand.

We further agree that no change or addition to or other modification of the terms of the contract to be performed there under or of any of the contract documents which may be made between you and the service provider shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition or modification.

This guarantee shall be valid up to _____ months [(6 months from the date of signing of contract i.e. up to..... (Indicate date)]

.....
(Signature with date of the authorized officer of the Bank)

..... Name and designation of the officer

.....
Seal, name & address of the Bank and address of the Branch