

Development Monitoring and Evaluation Office

NITI Aayog

Selection of Technical Consultant

Request for Proposals

for

Consultancy for Evaluation of Centrally
Sponsored Schemes in Package 7 - Health
Sector

May 2019

Government of India

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No. I-19015/01/2019-DMEO
Government of India
NITI Aayog
Development Monitoring and Evaluation Office
Sansad Marg, New Delhi -110001

Request for Proposal (RFP)

May 6th, 2019

Notice: Request for Proposal (RFP) for Consultancy for Evaluation of Centrally Sponsored Schemes under Package 7 - Health Sector.

The Development Monitoring and Evaluation Office (DMEO), National Institution for Transforming India (NITI) Aayog, Government of India, intends to engage Consultants to conduct evaluation of Centrally Sponsored Schemes (CSS) under **Package 7 – Health Sector**, details of which have been provided in the RFP document.

DMEO, NITI Aayog invites proposals for Package 7 - Health Sector, from national/ international firms/ organisations/ institutions, which have requisite experience in this field as detailed in the RFP. The salient features of the study, eligibility criteria and instructions on how to bid and other details are available in the RFP document uploaded on the websites <http://niti.gov.in/tenders>. Important Information & tentative dates are given in section 1 of the RFP.

Interested applicants are requested to submit their response to the RFP in a sealed envelope through Speed Post/ Registered Post or deliver by hand super scribing “**RFP for Evaluation of Centrally Sponsored Schemes in Package 7 - Health Sector**” on top of the envelope to the following address on or before June 4th, 2019, 1100 hrs.

The submission must be addressed to:

Shri O.P. Thakur
Senior Research Officer
Development Monitoring & Evaluation Office (DMEO)
C022, 5th floor, NITI Aayog, Sansad Marg
New Delhi, 110001
Email: dmeoeval-niti@gov.in

Disclaimer

The information contained in this Request for Proposals document (“**RFP**”) or subsequently provided to Applicants, whether verbally or in documentary or any other form by or on behalf of the Authority or any of its employees or advisers, is provided to Applicants on the terms and conditions set out in this RFP and such other terms and conditions subject to which such information is provided.

This RFP is not an agreement and is neither an offer nor invitation by the Authority to the prospective Applicants or any other person. The purpose of this RFP is to provide interested parties with information that may be useful to them in the formulation of their Proposals pursuant to this RFP. This RFP includes statements, which reflect various assumptions and assessments arrived at by the Authority in relation to the Consultancy. Such assumptions, assessments and statements do not purport to contain all the information that each Applicant may require. This RFP may not be appropriate for all persons, and it is not possible for the Authority, its employees or advisers to consider the objectives, technical expertise and particular needs of each party who reads or uses this RFP. The assumptions, assessments, statements and information contained in this RFP, may not be complete, accurate, adequate or correct. Each Applicant should, therefore, conduct its own investigations and analysis and should check the accuracy, adequacy, correctness, reliability and completeness of the assumptions, assessments and information contained in this RFP and obtain independent advice from appropriate sources.

Information provided in this RFP to the Applicants is on a wide range of matters, some of which depends upon interpretation of law. The information given is not an exhaustive account of statutory requirements and should not be regarded as a complete or authoritative statement of law. The Authority accepts no responsibility for the accuracy or otherwise for any interpretation or opinion on the law expressed herein.

The Authority, its employees and advisers make no representation or warranty and shall have no liability to any person including any Applicant under any law, statute, rules or regulations or tort, principles of restitution or unjust enrichment or otherwise for any loss, damages, cost or expense which may arise from or be incurred or suffered on account of anything contained in this RFP or otherwise, including the accuracy, adequacy, correctness, reliability or completeness of the RFP and any assessment, assumption, statement or information contained therein or deemed to form part of this RFP or arising in any way in this Selection Process.

The Authority also accepts no liability of any nature whether resulting from negligence or otherwise, howsoever caused, arising from reliance of any Applicant upon the statements contained in this RFP.

The Authority may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information, assessment or assumption contained in this RFP.

The issue of this RFP does not imply that the Authority is bound to select an Applicant or to appoint the Selected Applicant, as the case may be, for the Consultancy and the Authority reserves the right to reject all or any of the Proposals without assigning any reasons whatsoever.

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

Glossary

Additional Costs	As in Item H of Form-2 of Appendix-II
Agreement	As defined in Schedule-2
Agreement Value	As defined in Clause 6.1.2 of Schedule-2
Applicable Laws	As defined in Schedule-2
Applicant	As defined in Clause 2.1.1
Associate	As defined in Clause 2.3.3
Authorised Representative	As defined in Clause 2.13.3
Authority	As defined in Clause 1.1.1
Bid Security	As defined in Clause 2.20.1
Conditions of Eligibility	As defined in Clause 2.2.1
Conflict of Interest	As defined in Clause 2.3.1
Consultancy	As defined in Clause 1.2
Consultancy Team	As defined in Clause 2.1.4
Consultant	As defined in Clause 1.2
CV	Curriculum Vitae
Deliverables	As defined in Paragraph 8 of Schedule-1
Documents	As defined in Clause 2.12
Effective Date	As defined in Clause 2.1 of Schedule-2
Eligible Assignments	As defined in Clause 3.1.4
Final Evaluation Report	As specified in Paragraph 10 of Schedule-1
Financial Proposal	As defined in Clause 2.15.1
Form of Agreement	Form of Agreement as in Schedule-2
INR, Re, Rs.	Indian Rupee(s)
Inception Report	As specified in Paragraph 8 of Schedule-1
Key Date or KD	As defined in Paragraph 9 of Schedule-1
Key Personnel	As defined in Clause 2.1.4
Lead Member	As defined in Clause 2.1.1
LOA	Letter of Award
Member	As defined in Clause 2.3.3 (a)
Official Website	As defined in Clause 1.11.2
Personnel	As defined in Clause 1.1.1(n) of Schedule-2
Professional Personnel	As defined in Clause 2.14.6
Prohibited Practices	As defined in Clause 4.1

Project	As defined in Clause 1.1.6
Project Manager	As defined in Clause 4.6 of Schedule-2
Proposal	As defined in Clause 1.2
Proposal Due Date or PDD	As defined in Clauses 1.5 and 1.8
Resident Personnel	As defined in Clause 1.1.1(o) of Schedule-2
RFP	As defined in Disclaimer
Selected Applicant	As defined in Clause 1.6
Selection Process	As defined in Clause 1.6
Services	As defined in Clause 1.1.1(q) of Schedule-2
Sole Firm	As defined in Clause 2.1.1
Statement of Expenses	As defined in Note 13, Form-2 of Appendix-II
Statutory Auditor	An Auditor appointed under Applicable Laws
Sub-Consultant	As defined in Clause 1.1.1(r) of Schedule-2
Support Personnel	As defined in Clause 2.14.6
Team Leader	As defined in Clause 2.1.4
Technical Proposal	As defined in Clause 2.14.1
TOR	As defined in Clause 1.1.3
US\$	United States Dollar
WG	As defined in Paragraph 12 of the TOR

The words and expressions beginning with capital letters and defined in this document shall, unless repugnant to the context, have the meaning ascribed thereto herein.

Invitation for Proposals

1. INTRODUCTION¹\$

1.1. Background

- 1.1.1. The Development Monitoring and Evaluation Office (DMEO) (the “Authority”) was constituted in September 2015 by merging of the erstwhile Programme Evaluation Office (PEO) and the Independent Evaluation Office (IEO). DMEO is an attached Office of NITI Aayog to fulfil the mandates of monitoring and evaluation assigned to NITI Aayog.
- 1.1.2. To ensure efficient and effective use of public resources, the Government of India has made evaluation of the Centrally Sponsored Schemes (CSS) and central sector schemes mandatory before the schemes come up for fresh appraisal. The Government also has adopted output-outcome monitoring framework to strengthen monitoring and evaluation of the schemes. After the Five-Year Plans were done away with at the end of 12th Five Year Plan, in order to rationalize the available resources based on the recommendations of the Finance Commission for the achievement of the National Development Agenda, the Government had made the approval of the schemes co-terminus with the Finance Commission cycle.
- 1.1.3. The 14th Finance Commission cycle will end in March 2020, and the 15th Finance Commission will begin thereafter. The Government has assigned DMEO, NITI Aayog the responsibility to conduct independent third-party evaluation of all the CSS in a time bound manner so that the findings of the evaluation are made available to appropriate authorities for determining the rationalization of the schemes.
- 1.1.4. Proliferation of the number of CSS has led to a number of concerns. Based on the recommendation of the Sub-Group of Chief Ministers on the rationalization of CSS, and consultations with various Ministries/Departments and other stakeholders, the Government of India in 2016 rationalized the CSS under the 28 umbrella CSS to achieve the overarching National Development Agenda. The National Development Agenda consists of the following: (i) poverty elimination – livelihoods, jobs and skill development; (ii) drinking water and Swachh Bharat mission; (iii) rural connectivity: electricity, access roads and communication; (iv) agriculture including animal husbandry, fisheries, integrated watershed management and irrigation; (v) education including mid-day meal; (vi) health, nutrition, women and child; (vii) housing for all: rural and urban; (viii) urban transformation; (ix) law and order, justice delivery system; and (x) others, which may include: wildlife conservation and greening.
- 1.1.5. The evaluation of the CSS under the 28 umbrella CSS will be conducted through 10 sector evaluation studies listed below. DMEO invites proposal for selection of technical consultants (the Consultants) to conduct evaluation of the following 10 sectors.

¹\$ Instructions for Applicants

Note 1: Blank spaces contain formats that are to be used by the Applicant after the RFP is issued. (See Appendix-III)

Note 2: Footnotes marked “\$” in the relevant Clauses of the RFP and Schedules are for guidance of the Applicants. In case of Appendices, the footnotes marked “\$” or in other non-numerical characters shall be omitted by the Applicants while submitting their respective Proposals. (See Appendix-III)

Name of the package	Ministries/Departments involved	Name of Umbrella Centrally Sponsored Scheme
Agriculture, Animal Husbandry and Fisheries	<ul style="list-style-type: none"> Ministry of Agriculture and Farmers' Welfare 	<ul style="list-style-type: none"> Blue Revolution (fisheries) Green Revolution (agriculture) White Revolution (animal husbandry)
Women and Child Development	<ul style="list-style-type: none"> Ministry of Women and Child 	<ul style="list-style-type: none"> Integrated Child Development Services Mission for Empowerment and Protection of Women
Human Resource Development	<ul style="list-style-type: none"> Ministry of Human Resource Development 	<ul style="list-style-type: none"> National Education Mission National Programme of Mid-day Meal in Schools Umbrella Programme for Development of Minorities
Urban Transformation	<ul style="list-style-type: none"> Ministry of Housing and Urban Affairs 	<ul style="list-style-type: none"> Pradhan Mantri Awas Yojana (Urban)* Deendayal Antyodaya Yojana-National Urban Livelihood Mission* Swachh Bharat Mission (Urban) Urban Rejuvenation Mission (AMRUT and Smart Cities)
Rural Development	<ul style="list-style-type: none"> Ministry of Rural Development 	<ul style="list-style-type: none"> Mahatma Gandhi National Rural Employment Guarantee Program National Rural Livelihood Mission (Ajeevika) Indira Gandhi National Old Age Pension Scheme Pradhan Mantri Awas Yojana (Gramin)* Pradhan Mantri Gram Sadak Yojana Shyama Prasad Mukherjee Rurban Mission
Drinking Water and Sanitation	<ul style="list-style-type: none"> Ministry of Drinking Water and Sanitation 	<ul style="list-style-type: none"> Swachh Bharat Mission (Rural)* National Rural Drinking Water Mission
Health	<ul style="list-style-type: none"> Ministry of Health and Family Welfare Ministry of AYUSH 	<ul style="list-style-type: none"> National Health Mission National Health Protection Scheme (erstwhile RISSY)
Jobs and Skills	<ul style="list-style-type: none"> Ministry of Labour and Employment Ministry of Skill Development and Entrepreneurship 	<ul style="list-style-type: none"> Jobs and Skills Development
Water Resource, Environment and Forest**	<ul style="list-style-type: none"> Ministry of Water Resources, River Development and Ganga Rejuvenation Ministry of Environment Forest and Climate Change 	<ul style="list-style-type: none"> Pradhan Mantri Krishi Sinchai Yojana** Environment, Forestry and Wildlife
Social Inclusion, Law and Order & Justice Delivery	<ul style="list-style-type: none"> Ministry of Home Affairs Ministry of Law and Justice Ministry of Minority Affairs Ministry of Social 	<ul style="list-style-type: none"> Umbrella Programme for Development of Scheduled Castes Umbrella Programme for Development of backward classes, differently abled and other vulnerable groups Umbrella Programme for Development of scheduled tribes Umbrella Programme for Development of minorities

Justice	and	○ Modernization of Police Forces
Empowerment		○ Infrastructure Facilities for Judiciary
		○ Border Area Development Program

*Umbrella CSS split between two ministries that are evaluated under different ministries (SBM, Awas Yojana, Livelihood)

** Pradhan Mantri Krishi Sinchai Yojana umbrella CSS although under three ministries (Water Resources, Rural Development and Agriculture-all components under the umbrella CSS will be evaluated by under package 9).

1.1.6. In pursuance of the above, the Authority has decided to carry out the process for selection of a Technical Consultant for Evaluation of Centrally Sponsored Schemes in Package 7 - Health Sector (the “**Project**”) in accordance with the Terms of Reference specified at Schedule-1 (the “**TOR**”).

1.2. Request for Proposals

1.2.1. The Authority invites proposals (the “**Proposals**”) for selection of a Technical Consultant (the “**Consultant**”) who shall conduct an evaluation study of the concerned sector, including an assessment of the performance of the sector, the coverage and performance of the identified Umbrella CSS in the sector, and the performance of the schemes under the Umbrella CSS, in accordance with the TOR (collectively the “**Consultancy**”).

The Authority intends to select the Consultant through an open competitive bidding process in accordance with the procedure set out herein.

1.3. Due diligence by Applicants

Applicants are encouraged to inform themselves fully about the assignment and the local conditions before submitting the Proposal by paying a visit to the Authority, sending written queries to the Authority, and attending a Pre-Proposal Conference on the date and time specified in Clause 1.10.

1.4. Availability of RFP Document

The document can be downloaded from the Official Website of the Authority (www.niti.gov.in/tenders/).

1.5. Validity of the Proposal

The Proposal shall be valid for a period of not less than 90 days from the Proposal Due Date (the “**PDD**”).

1.6. Brief description of the Selection Process

The Authority has adopted a two-stage selection process (collectively the “**Selection Process**”) for evaluating the Proposals comprising technical and financial bids to be submitted in two separate sealed envelopes. In the first stage, a technical evaluation will be carried out as specified in Clause 3.1. Based on this technical evaluation, a list of short-listed applicants shall be prepared as specified in Clause 3.2. In the second stage, a financial evaluation will be carried out as specified in Clause 3.3. Proposals

will finally be ranked according to their combined technical and financial scores as specified in Clause 3.4. The first ranked Applicant shall be selected for negotiation (the “**Selected Applicant**”) while the second ranked Applicant will be kept in reserve.

1.7. **Currency conversion rate and payment**

1.7.1. For the purposes of technical evaluation of Applicants, Rs. 69 (Rupees sixty-nine) per US\$ shall be considered as the applicable currency conversion rate. In case of any other currency, the same shall first be converted to US\$ as on the date 60 (sixty) days prior to the Proposal Due Date, and the amount so derived in US\$ shall be converted into INR at the aforesaid rate. The conversion rate of such currencies shall be the daily representative exchange rates published by the International Monetary Fund for the relevant date.

1.7.2. All payments to the Consultant shall be made in INR in accordance with the provisions of this RFP. The Consultant may convert INR into any foreign currency as per Applicable Laws and the exchange risk, if any, shall be borne by the Consultant.

1.8. **Schedule of Selection Process**

The Authority would endeavour to adhere to the following schedule:

Event Description	Date
1. Last date for receiving queries/clarifications	[20 days prior to PDD]
2. Pre-Proposal Conference	[16 days prior to PDD]
3. Authority response to queries	[11 days prior to PDD]
4. Proposal Due Date or PDD	4 th June 2019
5. Opening of Proposals	On Proposal Due Date
6. Letter of Award (LOA)	[Within 15 days of PDD]
7. Signing of Agreement	Within 10 days of LOA
8. Validity of Applications	90 days of Proposal Due Date

1.9. **Pre-Proposal Queries**

Prospective Applicants may address their queries to the nodal officer specified below:

O.P. Thakur

Senior Research Officer

Phone: 011 - 23045133

Email: dmeoeval-niti@gov.in

1.10. **Pre-Proposal Conference**

The date, time and venue of Pre-Proposal Conference shall be:

Date: 20th May 2019

Time: 10:00 hrs

Venue: To be communicated on the NITI Aayog website

Further details regarding the Pre-proposal will be updated on the official website of the Authority. Applicants may register for the same on or before 18th May 2019 by submitting the following details of their representatives attending the pre-proposal conference at the email address mentioned in clause 1.11: Name, Designation, Company, Mobile number, Email Address, Sectors/Packages of interest.

1.11. **Communications**

1.11.1. All communications including the submission of Proposal should be addressed to:

O.P. Thakur

Senior Research Officer

Development Monitoring & Evaluation Office (DMEO)

C-022, 5th floor, NITI Aayog, Sansad Marg

New Delhi, 110001

Phone: 011 - 23045133

Email: dmeoeval-niti@gov.in

1.11.2. The Official Website of the Authority is:

<http://www.niti.gov.in>

Note: Please open www.niti.gov.in/tenders/ to access all the posted and uploaded documents related to this RFP.

1.11.3. All communications, including the envelopes, should contain the following information, to be marked at the top in bold letters:

**RFP for Consultancy for Evaluation of Centrally Sponsored Schemes in Package
7 - Health Sector**

2. INSTRUCTIONS TO APPLICANTS

A. GENERAL

2.1. Scope of Proposal

- 2.1.1. Detailed description of the objectives, scope of services, Deliverables and other requirements relating to this Consultancy are specified in this RFP. In case an applicant firm possesses the requisite experience and capabilities required for undertaking the Consultancy, it may participate in the Selection Process either individually (the “**Sole Firm**”) or as lead member of a consortium of firms (the “**Lead Member**”) in response to this invitation. The term applicant (the “**Applicant**”) means the Sole Firm or the Lead Member, as the case may be. The manner in which the Proposal is required to be submitted, evaluated and accepted is explained in this RFP.
- 2.1.2. Applicants are advised that the selection of Consultant shall be on the basis of an evaluation by the Authority through the Selection Process specified in this RFP. 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 Authority’s decisions are without any right of appeal whatsoever.
- 2.1.3. The Applicant shall submit its Proposal in the form and manner specified in this Part-2 of the RFP. The Technical Proposal shall be submitted in the form at Appendix-I and the Financial Proposal shall be submitted in the form at Appendix-II. Upon selection, the Applicant shall be required to enter into an agreement with the Authority in the form specified at Schedule-2.

2.1.4. Key Personnel

The Consultant shall form a multi-disciplinary team (the “**Consultancy Team**”) for undertaking this assignment. The Consultancy Team shall consist of the following key personnel (the “**Key Personnel**”). The key personnel will comprise of core team and non-core team who shall discharge their respective responsibilities as specified below:

Key Personnel	Responsibilities
Core Team (Expected to be deployed full time over the entire duration of the assignment and to be scored as a part of the bid evaluation)	
Team Leader (the “ Team Leader ”)	<p>S/He will lead, co-ordinate and supervise the multidisciplinary team for preparation of the Evaluation Study, and act as a focal point to the Authority throughout the duration of the Consultancy for the specific sector.</p> <p>S/He will be responsible for:</p> <ul style="list-style-type: none"> ● Overall execution of the consultancy assignment. ● Accountable leadership providing guidance, problem solving support and leading discussions with senior stakeholders ● Ensure all deliverables and milestones are satisfactorily delivered ● Provide insights from experience in Social sector projects, PSU/Govt. work, large scale projects.

Deputy Team Leader	<p>S/He will assist the Team lead in leading, co-ordinating and supervising the multidisciplinary team for preparation of the Evaluation Study.</p> <p>S/He will be responsible for:</p> <ul style="list-style-type: none"> ● Leading day-to-day management of the team ● Project management of the project as per agreed activities, timelines and deliverables ● Communication related activities ● Defining the detailed work plan, and managing the team of consultants against the work plan ● Drive discussions with senior officials in the Govt at Centre and State level ● Working with the client project team and stakeholders ● Sending periodic updates, and highlighting challenges in project execution
Monitoring and Evaluation Expert	<p>S/He will be responsible for:</p> <ul style="list-style-type: none"> ● Designing the overall study approach to synthesize sectoral analysis and the CSS scheme-wise analysis. ● Organizing and overseeing the use of qualitative and quantitative evaluation techniques ● Designing a meta-analysis plan based on the secondary data (including NITI Aayog’s Output-Outcome Monitoring data). ● Designing primary data collection tools like discussion guides for focus group discussions, agenda for in-depth interviews and household-level survey questionnaires and prepare a data analysis plan. ● Ensuring data quality of the primary data collected and the use of latest analytical tools for qualitative and quantitative data analysis
Economist	<p>S/He will be responsible for:</p> <ul style="list-style-type: none"> ● Providing economic perspectives on all aspects of the project, including poverty alleviation, ● Providing analysis, insights and inputs focussing on the cross-sectional themes of direct/indirect employment generation, impact on and role of private sector, community and civil society in the scheme.
Public Health Lead	<p>S/he will be responsible for:</p> <ul style="list-style-type: none"> ● Providing subject matter/sector/domain expertise in the proposed project at the stages of analysis plan preparation, meta-analysis, questionnaire and discussion guide design, analysis of secondary and primary data. mid-term and final evaluation report review, sector-specific synthesis and recommendations, etc. among others.
<p>Non-core Team (Expected to be deployed based on approach and methodology adopted for the assignment and requirements of the client, but not to be evaluated as a part of</p>	

the bid)	
Finance Specialist	<p>S/He will provide:</p> <ul style="list-style-type: none"> ● Financial analysis and support throughout the project. ● Analysis, insights and inputs focussing on the cross-sectional theme of Public expenditure tracking. <p>S/He will spend at least 30 (thirty) days on the Project.</p>
Statistician	<p>S/He will be responsible for:</p> <ul style="list-style-type: none"> ● Providing basic statistical rigour in developing methodology including sampling, questionnaires, data analysis from primary and secondary sources. <p>S/He shall spend at least 30 (thirty) days on the Project.</p>
Public Institution Specialist	<p>S/He will be responsible for:</p> <ul style="list-style-type: none"> ● Providing expertise on dealing with government stakeholders across the system, from village level upwards, institutional arrangements, fund flows etc. ● Providing analysis, insights and inputs focussing on the cross-sectional themes of accountability and transparency, reforms and regulations, human resource, capacity building etc. <p>S/He shall spend at least 40 (forty) days on the Project.</p>
Gender and Social Inclusion Specialist	<p>S/He will be responsible for:</p> <ul style="list-style-type: none"> ● Providing expertise on assessing the integration of gender and social inclusion concerns, i.e., gender mainstreaming, attitudes towards gender etc, in the programmes, particularly in terms of equity. ● Providing analysis, insights and inputs focussing on the cross-sectional themes of gender mainstreaming, inclusion of SC, ST, OBC, Minorities, Person with disabilities etc. <p>S/He shall spend at least 20 (twenty) days on the Project.</p>
Environment, Climate Change & Sustainability Specialist	<p>S/He will be responsible for providing:</p> <ul style="list-style-type: none"> ● Expertise on assessing the integration of environmental sustainability and climate change in the programmes. ● Analysis, insights and inputs focussing on the cross-sectional themes of Climate change and sustainability <p>S/He shall spend at least 20 (twenty) days on the Project.</p>
Information Technology Specialist	<p>S/He will be responsible for:</p> <ul style="list-style-type: none"> ● Providing database support, standardization etc. ● Reviewing and assessing application of IT for project

	<p>implementation, M&E etc.</p> <ul style="list-style-type: none"> • Ensuring IT-based primary data collection, surveys etc. • Providing analysis, insights and inputs focussing on the cross-sectional themes of use of IT/Technology in driving efficiency. <p>S/He shall spend at least 20 (twenty) days on the Project.</p>
Safeguards Specialist	<p>S/He will be responsible for:</p> <ul style="list-style-type: none"> • Assessing environmental and social risks in the schemes under the sector • Recommending minimization and mitigation measures to address adverse project impacts/negative externalities on people and the environment. <p>S/He shall spend at least 10 (ten) days on the Project.</p>
Medicine & Health Technology Expert	<p>S/he will be responsible for:</p> <ul style="list-style-type: none"> • Providing medicine and health technology specific inputs at the stages of analysis plan preparation, meta-analysis, questionnaire and discussion guide design, analysis of secondary and primary data, mid-term and final evaluation report review, etc. among others. <p>S/he shall spend at least 30 (thirty) days on the Project.</p>
AYUSH Expert	<p>S/he will be responsible for:</p> <ul style="list-style-type: none"> • Providing specific inputs on AYUSH domain as a part of the study at the stages of analysis plan preparation, meta-analysis, questionnaire and discussion guide design, analysis of secondary and primary data, mid-term and final evaluation report review, etc. among others. <p>S/he shall spend at least 30 (thirty) days on the Project.</p>

2.2. Conditions of Eligibility of Applicants

2.2.1. Applicants must read carefully the minimum conditions of eligibility (the “**Conditions of Eligibility**”) provided herein. Proposals of only those Applicants who satisfy the Conditions of Eligibility will be considered for evaluation.

2.2.2. To be eligible for evaluation of its Proposal, the Applicant shall fulfil the following:

(A) **Technical Capacity:** The Applicant should be a Private/ Public limited company or partnership firm or expert institution with operations in India. Individuals are not eligible to participate in this RFP. The Applicant shall have, over the past 5 (five) years preceding the PDD, undertaken a minimum of 3 (three) Eligible General Assignments and 1 (one) Eligible Specific Assignments as specified in Clause 3.1.4.

The Applicant (Bidder) should not have been blacklisted by the Central Government, any State Government, a Statutory Authority, or a Public-Sector Undertaking, from participating in any consulting assignment

- (B) **Financial Capacity:** The Applicant shall have received a minimum income of Rs. 50 (fifty) crores per annum from professional fees during each of the 3 (three) financial years preceding the Proposal Due Date. For the purpose of evaluation, Applicants having comparatively larger revenues from professional fees shall be given added weightage. For the avoidance of doubt, professional fees hereunder refers to fees received by the Applicant for providing advisory or consultancy services to its clients.
- (C) **Availability of Key Personnel:** The Applicant shall offer and make available all Key Personnel meeting the requirements specified in Sub-clause (D) below.
- (D) **Conditions of Eligibility for Key Personnel:** Each of the Key Personnel must fulfil the Conditions of Eligibility specified below:

Key Personnel	Educational Qualification	Length of Professional Experience	Experience on Eligible Assignments
Core Team (Expected to be deployed full time over the entire duration of the assignment and to be scored as a part of the bid evaluation)			
Team Leader	Postgraduate degree in Public Health/MD-PSM/MS, International Development, Economics, Public Policy, Political Science, Statistics, Sociology, MBBS with Diploma in Public Health or related fields. Ph.D. and Project Management certification preferred	15 years	S/he should have led the team for 2 (two) Eligible General Assignments and 1 (one) Eligible Specific Assignment. S/he should have an experience of minimum 5 years in sector
Deputy Team Leader	MBA or Postgraduate Diploma in Management or equivalent	12 years	S/He should have participated in at least 2 (two) Eligible General Assignments and been deputy leader of 1 (one) Eligible Specific Assignment.
Monitoring and Evaluation Expert	Postgraduate degree in International Development, Economics, Econometrics, Political Science, Statistics or related fields. Diploma/training courses in M&E or Evaluations research preferred.	10 years	S/He should have undertaken M&E advisory and analysis for at least 1 (one) Eligible General Assignments and 2 (two) Eligible Specific Assignment.
Economist	Postgraduate degree, preferably	10 years	S/He should have

	PhD, in Economics, Econometrics or related fields.		undertaken economic advisory and analysis for at least 2 (two) Eligible General Assignments and 1 (one) Eligible Specific Assignment. Experience in population studies, demographics will be preferred
Public Health Lead	Postgraduate Degree in Public Health/ MD in PSM/ MS or MBBS with Diploma in Public Health or related field(s). PhD will be preferred.	10 years	S/He should have undertaken Subject Matter advisory and analysis for 2 (two) Eligible General Assignments and 1 Eligible Specific Assignment.
Non-core Team (To be deployed based on approach and methodology adopted for the assignment and requirements of the client, but will not be evaluated as a part of the bid)			
Finance Specialist	Postgraduate degree in Finance, Economics, Development Economics, Public Finance, Commerce or Bachelors with CA/ ICWA or related fields	10 years	S/He should have undertaken financial analysis for 2 (two) Eligible General Assignments
Statistician	Postgraduate degree in Statistics, Economics, Econometrics, Mathematics or related fields	10 years	S/He should have undertaken statistical analysis and advisory for 2 (two) Eligible General Assignments and 1(one) Eligible Specific Assignment. S/he must have experience in designing and running household surveys.
Public Institution Specialist	Postgraduate degree in Public Policy, Governance, Public Administration or related fields or Post graduate degree in any discipline with at least 5 years of experience in Public Administration/Public Policy	7 years	S/He should have undertaken policy analysis /public administration advisory for 2 (two) Eligible General Assignments.

Gender and Social Inclusion Specialist	Postgraduate degree in social sciences, preferably Gender Studies, Social Inclusion etc. or related fields	7 years	S/He should have undertaken gender mainstreaming/social inclusion advisory and analysis for 2 (two) Eligible General Assignments
Environment, Climate Change & Sustainability Specialist	Postgraduate degree in Sustainability, Sustainable Development, Environmental Sciences, Environmental Engineering, Environmental Planning or related fields	7 years	S/He should have undertaken sustainability advisory and analysis for 2 (two) Eligible General Assignments
Information Technology Specialist	B.Tech/ B.E. or equivalent in Information Technology, Computer Applications or Masters in Computer Applications or related fields	7 years	S/He should have undertaken technological support for 2 (two) Eligible General Assignments
Safeguards Specialist	Postgraduate in Anthropology, Sociology, Applied Social Science or other related fields.	7 years	S/He should have undertaken safeguards/risk advisory and analysis for 2 (two) Eligible General Assignments
Medicine & Health Technology Expert	Postgraduate degree in Health, Sciences, Engineering, Pharmacy, Health Technology, Public Health or related field(s).	10 years	S/He should have undertaken medicine and health technology advisory and analysis for 2 (two) Eligible General Assignments
AYUSH Expert	MD in Ayurveda, Unani, Homoeopathy, Siddha or BAMS/BUMS/BHMS/BSMS degree or related field(s)	10 years	S/He should have undertaken AYUSH related advisory and analysis for 2 (two) Eligible General Assignments

2.2.3. The Applicant shall enclose with its Proposal, certificate(s) from its Statutory Auditors² stating its total revenues from professional fees during each of the 3 (three) financial years preceding the PDD and the fee received in respect of each of the Eligible Assignments specified in the Proposal. In the event that the Applicant does

² No separate annual financial statements should be submitted.

not have a statutory auditor, it shall provide the requisite certificate(s) from the firm of Chartered Accountants that ordinarily audits the annual accounts of the Applicant.

- 2.2.4. The Applicant should submit a Power of Attorney as per the format at Form-4 of Appendix-I; provided, however, that such Power of Attorney would not be required if the Application is signed by a partner of the Applicant, in case the Applicant is a partnership firm or limited liability partnership.
- 2.2.5. Any entity which has been barred by the Central Government, any State Government, a statutory authority or a public sector undertaking, as the case may be, from participating in any project, and the bar subsists as on the date of Proposal, would not be eligible to submit a Proposal either by itself or through its Associate.
- 2.2.6. An Applicant or its Associate should have, during the last three years, neither failed to perform on any agreement, as evidenced by imposition of a penalty by an arbitral or judicial authority or a judicial pronouncement or arbitration award against the Applicant or its Associate, nor been expelled from any project or agreement nor have had any agreement terminated for breach by such Applicant or its Associate.
- 2.2.7. While submitting a Proposal, the Applicant should attach clearly marked and referenced continuation sheets in the event that the space provided in the specified forms in the Appendices is insufficient. Alternatively, Applicants may format the specified forms making due provision for incorporation of the requested information.

2.3. **Conflict of Interest**

- 2.3.1. An Applicant shall not have a conflict of interest that may affect the Selection Process or the Consultancy (the “**Conflict of Interest**”). Any Applicant found to have a Conflict of Interest shall be disqualified. In the event of disqualification, the Authority shall forfeit and appropriate the Bid Security as mutually agreed genuine pre-estimated compensation and damages payable to the Authority for, *inter alia*, the time, cost and effort of the Authority including consideration of such Applicant’s Proposal, without prejudice to any other right or remedy that may be available to the Authority hereunder or otherwise.
- 2.3.2. The Authority requires that the Consultant provides professional, objective, and impartial advice and at all times hold the Authority’s interests paramount, avoid conflicts with other assignments or its own interests, and act without any consideration for future work. The Consultant shall not accept or engage in any assignment that would be in conflict with its prior or current obligations to other clients, or that may place it in a position of not being able to carry out the assignment in the best interests of the Authority.
- 2.3.3. Some guiding principles for identifying and addressing Conflicts of Interest have been illustrated in the Guidance Note at Schedule-3. Without limiting the generality of the above, an Applicant shall be deemed to have a Conflict of Interest affecting the Selection Process, if:
 - (a) the Applicant, its consortium member (the “**Member**”) or Associate (or any constituent thereof) and any other Applicant, its consortium member or

Associate (or any constituent thereof) have common controlling shareholders or other ownership interest; provided that this disqualification shall not apply in cases where the direct or indirect shareholding or ownership interest of an Applicant, its Member or Associate (or any shareholder thereof having a shareholding of more than 5% (five per cent) of the paid up and subscribed share capital of such Applicant, Member or Associate, as the case may be) in the other Applicant, its consortium member or Associate is less than 5 per cent of the subscribed and paid up equity share capital thereof; provided further that this disqualification shall not apply to any ownership by a bank, insurance company, pension fund or a public financial institution referred to in sub-section (72) of section 2 of the Companies Act, 2013. For the purposes of this Clause 2.3.3(a), indirect shareholding held through one or more intermediate persons shall be computed as follows: (aa) where any intermediary is controlled by a person through management control or otherwise, the entire shareholding held by such controlled intermediary in any other person (the “**Subject Person**”) shall be taken into account for computing the shareholding of such controlling person in the Subject Person; and (bb) subject always to sub-clause (aa) above, where a person does not exercise control over an intermediary, which has shareholding in the Subject Person, the computation of indirect shareholding of such person in the Subject Person shall be undertaken on a proportionate basis; provided, however, that no such shareholding shall be reckoned under this sub-clause (bb) if the shareholding of such person in the intermediary is less than 26% (twenty six per cent) of the subscribed and paid up equity shareholding of such intermediary; or

- (b) a constituent of such Applicant is also a constituent of another Applicant; or
- (c) such Applicant or its Associate receives or has received any direct or indirect subsidy or grant from any other Applicant or its Associate; or
- (d) such Applicant has the same legal representative for purposes of this Application as any other Applicant; or
- (e) such Applicant has a relationship with another Applicant, directly or through common third parties, that puts them in a position to have access to each other’s information about, or to influence the Application of either or each of the other Applicant; or
- (f) there is a conflict among this and other consulting assignments of the Applicant (including its personnel and Sub-Consultant) and any subsidiaries or entities controlled by such Applicant or having common controlling shareholders. The duties of the Consultant will depend on the circumstances of each case. While providing consultancy services to the Authority for this particular assignment, the Consultant shall not take up any assignment that by its nature will result in conflict with the present assignment; or
- (g) a firm which has been engaged by the Authority to provide goods or works or services for a project, and its Associates, will be disqualified from providing consulting services for the same project save and except as provided in Clause 2.3.4; conversely, a firm hired to provide consulting services for the preparation or implementation of a project, and its Members or Associates,

will be disqualified from subsequently providing goods or works or services related to the same project; or

- (h) the Applicant, its Member or Associate (or any constituent thereof), and the bidder or Concessionaire, if any, for the Project, its contractor(s) or sub-contractor(s) (or any constituent thereof) have common controlling shareholders or other ownership interest; provided that this disqualification shall not apply in cases where the direct or indirect shareholding or ownership interest of an Applicant, its Member or Associate (or any shareholder thereof having a shareholding of more than 5% (five per cent) of the paid up and subscribed share capital of such Applicant, Member or Associate, as the case may be,) in the bidder or Concessionaire, if any, or its contractor(s) or sub-contractor(s) is less than 5% (five per cent) of the paid up and subscribed share capital of such Concessionaire or its contractor(s) or sub-contractor(s); provided further that this disqualification shall not apply to ownership by a bank, insurance company, pension fund or a Public Financial Institution referred to in sub-section (72) of section 2 of the Companies Act, 2013. For the purposes of this sub-clause (h), indirect shareholding shall be computed in accordance with the provisions of sub-clause (a) above.

For purposes of this RFP, Associate means, in relation to the Applicant, a person who controls, is controlled by, or is under the common control with such Applicant (the “**Associate**”). As used in this definition, the expression “control” means, with respect to a person which is a company or corporation, the ownership, directly or indirectly, of more than 50% (fifty per cent) of the voting shares of such person, and with respect to a person which is not a company or corporation, the power to direct the management and policies of such person by operation of law or by contract.

- 2.3.4. An Applicant eventually appointed to provide Consultancy for this Project, and its Associates, shall be disqualified from subsequently providing goods or works or services related to the construction and operation of the same Project and any breach of this obligation shall be construed as Conflict of Interest; provided that the restriction herein shall not apply after a period of 5 (five) years from the completion of this assignment or to consulting assignments granted by banks/ lenders at any time; provided further that this restriction shall not apply to consultancy/ advisory services performed for the Authority in continuation of this Consultancy or to any subsequent consultancy/ advisory services performed for the Authority in accordance with the rules of the Authority. For the avoidance of doubt, an entity affiliated with the Consultant shall include a partner in the Consultant’s firm or a person who holds more than 5% (five per cent) of the subscribed and paid up share capital of the Consultant, as the case may be, and any Associate thereof.

2.4. **Number of Proposals**

RFPs have been invited for evaluation of schemes divided across 10 sectors: : (1) Agriculture, Animal Husbandry and Fisheries (2) Women and Child Development (3) Human Resource Development (4) Urban Transformation (5) Rural Development (6) Drinking Water and Sanitation (7) Health (8) Jobs and Skills (9) Water Resource, Environment and Forest (10) Social Inclusion, Law and Order & Justice Delivery.

No Applicant or its Associate shall submit more than one Application per sector/package for the Consultancy. An Applicant applying individually or as an Associate shall not be entitled to submit another application for the same sector/package either individually or as a member of any consortium, as the case may be. An Applicant may submit proposal for more than one sector/package, in which case, the Applicant will submit separate technical and financial bids under the respective RFP for each of such sectors/packages. However, no Applicant shall be selected for more than 5 (five) sectors/packages, of which only 3 (three) may be as Lead Member.

2.5. Cost of Proposal

The Applicants shall be responsible for all of the costs associated with the preparation of their Proposals and their participation in the Selection Process including subsequent negotiation, visits to the Authority etc. The Authority will not be responsible or in any way liable for such costs, regardless of the conduct or outcome of the Selection Process.

2.6. Verification of information

Applicants are encouraged to submit their respective Proposals after verification of the schemes, guidelines etc. within the purview of this RFP and the Applicable Laws and regulations or any other matter considered relevant by them.

2.7. Acknowledgement by Applicant

2.7.1. It shall be deemed that by submitting the Proposal, the Applicant has:

- (a) made a complete and careful examination of the RFP;
- (b) received all relevant information requested from the Authority;
- (c) acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of the Authority or relating to any of the matters referred to in Clause 2.6 above;
- (d) satisfied itself about all matters, things and information, including matters referred to in Clause 2.6 herein above, necessary and required for submitting an informed Application and performance of all of its obligations thereunder;
- (e) acknowledged that it does not have a Conflict of Interest; and
- (f) agreed to be bound by the undertaking provided by it under and in terms hereof.

2.7.2. The Authority shall not be liable for any omission, mistake or error on the part of the Applicant in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake therein or in any information or data given by the Authority.

2.8. Right to reject any or all Proposals

2.8.1 Notwithstanding anything contained in this RFP, the Authority reserves the right to accept or reject any Proposal and to annul the Selection Process and reject all

Proposals, at any time without any liability or any obligation for such acceptance, rejection or annulment, and without assigning any reasons thereof.

2.8.2 Without prejudice to the generality of Clause 2.8.1, the Authority reserves the right to reject any Proposal if:

- (a) at any time, a material misrepresentation is made or discovered, or
- (b) the Applicant does not provide, within the time specified by the Authority, the supplemental information sought by the Authority for evaluation of the Proposal.

Misrepresentation/ improper response by the Applicant may lead to the disqualification of the Applicant. If the Applicant is the Lead Member of a consortium, then the entire consortium may be disqualified / rejected. If such disqualification / rejection occurs after the Proposals have been opened and the highest-ranking Applicant gets disqualified / rejected, then the Authority reserves the right to consider the next best Applicant, or take any other measure as may be deemed fit in the sole discretion of the Authority, including annulment of the Selection Process.

B. DOCUMENTS

2.9. Contents of the RFP

This RFP comprises the Disclaimer set forth hereinabove, the contents as listed below and will additionally include any Addendum / Amendment issued in accordance with Clause 2.11:

Request for Proposal

- 1 Introduction
- 2 Instructions to Applicants
- 3 Criteria for Evaluation
- 4 Fraud and corrupt practices
- 5 Pre-Proposal Conference
- 6 Miscellaneous

Schedules

- 1 **Terms of Reference**

2 Form of Agreement

Annex-1: Terms of Reference

Annex-2: Deployment of Personnel

Annex-3: Estimate of Personnel Costs

Annex-4: Approved Sub-Consultant(s)

Annex-5: Cost of Services

Annex-6: Payment Schedule

Annex-7: Bank Guarantee for Performance Security

3 Guidance Note on Conflict of Interest

Appendices

Appendix-I: Technical Proposal

Form-1: Letter of Proposal

Form-2: Particulars of the Applicant

Form-3: Statement of Legal Capacity

Form-4: Power of Attorney

Form-5: Financial Capacity of Applicant

Form-6: Particulars of Key Personnel

Form-7: Proposed Methodology and Work Plan

Form-8: Abstract of Eligible Assignments of Applicant

Form-9: Abstract of Eligible Assignments of Key Personnel

Form-10: Eligible Assignments of Applicant

Form-11: Eligible Assignments of Key Personnel

Form-12: Curriculum Vitae (CV) of Key Personnel

Form-13: Deployment of Personnel

Form-14: Survey and Field Investigations

Form-15: Proposal for Sub-Consultant(s)

Appendix-II: Financial Proposal

Form-1: Covering Letter

Form-2: Financial Proposal

Form-3: Estimate of Personnel Costs

2.10. Clarifications

2.10.1. Applicants requiring any clarification on the RFP may send their queries to the Authority in writing by speed post/ courier/ special messenger or by e-mail so as to reach before the date mentioned in the Schedule of Selection Process at Clause 1.8. The envelopes shall clearly bear the following identification:

"Queries concerning RFP for (name of Assignment)"

The Authority shall endeavour to respond to the queries within the period specified therein but not later than 7 (seven) days prior to the Proposal Due Date. The responses will be sent by e-mail. The Authority will post the reply to all such queries on the Official Website without identifying the source of queries.

2.10.2. The Authority reserves the right not to respond to any questions or provide any clarifications, in its sole discretion, and nothing in this Clause 2.10 shall be construed as obliging the Authority to respond to any question or to provide any clarification.

2.11. **Amendment of RFP**

2.11.1. At any time prior to the deadline for submission of Proposal, the Authority may, for any reason, whether at its own initiative or in response to clarifications requested by an Applicant, modify the RFP document by the issuance of Addendum/ Amendment and posting it on the Official Website.

2.11.2. All such amendments be posted on the Official Website along with the revised RFP containing the amendments and will be binding on all Applicants.

2.11.3. In order to afford the Applicants a reasonable time for taking an amendment into account, or for any other reason, the Authority may, in its sole discretion, extend the Proposal Due Date³§.

C. **PREPARATION AND SUBMISSION OF PROPOSAL**

2.12. **Language**

The Proposal with all accompanying documents (the “**Documents**”) and all communications in relation to or concerning the Selection Process shall be in English language and strictly on the forms provided in this RFP. No supporting document or printed literature shall be submitted with the Proposal unless specifically asked for and in case any of these Documents is in another language, it must be accompanied by an accurate translation of the relevant passages in English, in which case, for all purposes of interpretation of the Proposal, the translation in English shall prevail.

2.13. **Format and signing of Proposal**

³§ While extending the Proposal Due Date on account of an addendum, the Authority shall have due regard for the time required by Applicants to address the amendments specified therein. In the case of significant amendments, at least 15 (fifteen) days shall be provided between the date of amendment and the Proposal Due Date, and in the case of minor amendments, at least 7 (seven) days shall be provided.

- 2.13.1. The Applicant shall provide all the information sought under this RFP. The Authority would evaluate only those Proposals that are received in the specified forms and complete in all respects.
- 2.13.2. The Applicant shall prepare one original set of the Proposal (together with originals/ copies of Documents required to be submitted along therewith pursuant to this RFP) and clearly marked “ORIGINAL”. In addition, the Applicant shall submit 2 (two) copies of the Proposal, along with Documents, marked “COPY”. In the event of any discrepancy between the original and its copies, the original shall prevail.
- 2.13.3. The Proposal, and its copy, shall be typed or written in indelible ink and signed by the authorised signatory of the Applicant who shall initial each page, in blue ink. In case of printed and published Documents, only the cover shall be initialled. All the alterations, omissions, additions, or any other amendments made to the Proposal shall be initialled by the person(s) signing the Proposal. The Proposals must be properly signed by the authorised representative (the “**Authorised Representative**”) as detailed below:
- (a) by the proprietor, in case of a proprietary firm; or
 - (b) by a partner, in case of a partnership firm and/or a limited liability partnership; or
 - (c) by a duly authorised person holding the Power of Attorney, in case of a Limited Company or a corporation; or
 - (d) by the Authorised Representative of the Lead Member, in case of consortium.

A copy of the Power of Attorney certified under the hands of a partner or director of the Applicant and notarised by a notary public in the form specified in Appendix-I (Form-4) shall accompany the Proposal.

- 2.13.4. Applicants should note the Proposal Due Date, as specified in Clause 1.8, for submission of Proposals. Except as specifically provided in this RFP, no supplementary material will be entertained by the Authority, and that evaluation will be carried out only on the basis of Documents received by the closing time of Proposal Due Date as specified in Clause 2.17.1. Applicants will ordinarily not be asked to provide additional material information or documents subsequent to the date of submission, and unsolicited material if submitted will be summarily rejected. For the avoidance of doubt, the Authority reserves the right to seek clarifications under and in accordance with the provisions of Clause 2.24.

2.14. **Technical Proposal**

- 2.14.1. Applicants shall submit the technical proposal in the formats at Appendix-I (the “**Technical Proposal**”).
- 2.14.2. While submitting the Technical Proposal, the Applicant shall, in particular, ensure that:
- (a) The Bid Security is provided;

- (b) all forms are submitted in the prescribed formats and signed by the prescribed signatories;
- (c) Power of Attorney, if applicable, is executed as per Applicable Laws;
- (d) CVs of all Professional Personnel have been included;
- (e) Key Personnel have been proposed only if they meet the Conditions of Eligibility laid down at Clause 2.2.2 (D) of the RFP;
- (f) no alternative proposal for any Key Personnel is being made and only one CV for each position has been furnished;
- (g) the CVs have been recently signed and dated in blue ink by the respective Personnel and countersigned by the Applicant. Photocopy or unsigned / countersigned CVs shall be rejected;
- (h) the CVs shall contain an undertaking from the respective Key Personnel about his/her availability for the duration specified in the RFP;
- (i) Professional Personnel proposed have good working knowledge of English language;
- (j) Key Personnel would be available for the period indicated in the TOR;
- (k) no Key Personnel should have attained the age of 75 (seventy five) years at the time of submitting the proposal; and
- (l) the proposal is responsive in terms of Clause 2.22.3.

2.14.3. Failure to comply with the requirements spelt out in this Clause 2.14 shall make the Proposal liable to be rejected.

2.14.4. If an individual Key Personnel makes a false averment regarding his qualification, experience or other particulars, or his commitment regarding availability for the Project is not fulfilled at any stage after signing of the Agreement, he shall be liable to be debarred for any future assignment of the Authority for a period of 5 (five) years. The award of this Consultancy to the Applicant may also be liable to cancellation in such an event.

2.14.5. The Technical Proposal shall not include any financial information relating to the Financial Proposal.

2.14.6. The proposed team shall be composed of experts and specialists (the “**Professional Personnel**”) in their respective areas of expertise and managerial/support staff (the “**Support Personnel**”) such that the Consultant should be able to complete the Consultancy within the specified time schedule. The Key Personnel specified in Clause 2.1.4 shall be included in the proposed team of Professional Personnel. Other competent and experienced Professional Personnel in the relevant areas of expertise must be added as required for successful completion of this Consultancy. The CV of each such Professional Personnel, if any, should also be submitted in the format at Form-12 of Appendix-I.

2.14.7. An Applicant may, if it considers necessary, propose suitable Sub-Consultants in specific areas of expertise. Credentials of such Sub-Consultants should be submitted

in Form-15 of Appendix-I. A Sub-Consultant, however, shall not be a substitute for any Key Personnel.

2.14.8. The Authority reserves the right to verify all statements, information and documents, submitted by the Applicant in response to the RFP. Any such verification or the lack of such verification by the Authority to undertake such verification shall not relieve the Applicant of its obligations or liabilities hereunder nor will it affect any rights of the Authority thereunder.

2.14.9. In case it is found during the evaluation or at any time before signing of the Agreement or after its execution and during the period of subsistence thereof, that one or more of the eligibility conditions have not been met by the Applicant or the Applicant has made material misrepresentation or has given any materially incorrect or false information, the Applicant shall be disqualified forthwith if not yet appointed as the Consultant either by issue of the LOA or entering into of the Agreement, and if the Selected Applicant has already been issued the LOA or has entered into the Agreement, as the case may be, the same shall, notwithstanding anything to the contrary contained therein or in this RFP, be liable to be terminated, by a communication in writing by the Authority without the Authority being liable in any manner whatsoever to the Applicant or Consultant, as the case may be.

In such an event, the Authority shall forfeit and appropriate the Bid Security as mutually agreed pre-estimated compensation and damages payable to the Authority for, *inter alia*, time, cost and effort of the Authority, without prejudice to any other right or remedy that may be available to the Authority.

2.15. **Financial Proposal**

2.15.1. Applicants shall submit the financial proposal in the formats at Appendix-II (the “**Financial Proposal**”) clearly indicating the total cost of the Consultancy (Item [G] of Form-2 of Appendix-II) in both figures and words, in Indian Rupees, and signed by the Applicant’s Authorised Representative. In the event of any difference between figures and words, the amount indicated in words shall prevail. In the event of a difference between the arithmetic total and the total shown in the Financial Proposal, the lower of the two shall prevail.

2.15.2. While submitting the Financial Proposal, the Applicant shall ensure the following:

- (i) All the costs associated with the assignment shall be included in the Financial Proposal. These shall normally cover remuneration for all the Personnel (Resident, in the field, office etc.), accommodation, air fare, equipment, printing of documents, surveys, geo-technical investigations etc. The total amount indicated in the Financial Proposal shall be without any condition attached or subject to any assumption, and shall be final and binding. In case any assumption or condition is indicated in the Financial Proposal, it shall be considered non-responsive and liable to be rejected.
- (ii) The Financial Proposal shall take into account all expenses and tax liabilities. For the avoidance of doubt, it is clarified that all taxes shall be deemed to be included in the costs shown under different items of the Financial Proposal.

Further, all payments shall be subject to deduction of taxes at source as per Applicable Laws.

- (iii) Costs (including break down of costs) shall be expressed in INR.

2.16. Submission of Proposal

2.16.1. The Applicants shall submit the Proposal in hard bound form with all pages numbered serially and by giving an index of submissions. Each page of the submission shall be initialled by the Authorised Representative of the Applicant as per the terms of the RFP. In case the proposal is submitted on the document downloaded from Official Website, the Applicant shall be responsible for its accuracy and correctness as per the version uploaded by the Authority and shall ensure that there are no changes caused in the content of the downloaded document. In case of any discrepancy between the downloaded or photocopied version of the RFP and the original RFP issued by the Authority, the latter shall prevail.

2.16.2. The Proposal will be sealed in an outer envelope which will bear the address of the Authority, RFP Notice number, Consultancy name as indicated at Clauses 1.11.1 and 1.11.3 and the name and address of the Applicant. It shall bear on top, the following:

“Do not open, except in presence of the Authorised Person of the Authority”

If the envelope is not sealed and marked as instructed above, the Authority assumes no responsibility for the misplacement or premature opening of the contents of the Proposal submitted and consequent losses, if any, suffered by the Applicant.

2.16.3. The aforesaid outer envelope will contain two separate sealed envelopes, one clearly marked ‘**Technical Proposal**’ and the other clearly marked ‘**Financial Proposal**’. The envelope marked “Technical Proposal” shall contain:

- (i) Application in the prescribed format (Form-1 of Appendix-I) along with Forms 2 to 15 of Appendix-I and supporting documents; and
- (ii) Bid security
- (iii) as specified in Clause 2.20.1

The envelope marked “Financial Proposal” shall contain the Financial Proposal in the prescribed format (Forms 1, 2 & 3 of Appendix-II).

2.16.4. The Technical Proposal and Financial Proposal shall be typed or written in indelible ink and signed by the Authorised Representative of the Applicant. All pages of the original Technical Proposal and Financial Proposal must be numbered and initialled by the person or persons signing the Proposal.

2.16.5. The completed Proposal must be delivered on or before the specified time on Proposal Due Date. Proposals submitted by fax, telex, telegram or e-mail shall not be entertained.

2.16.6. The Proposal shall be made in the Forms specified in this RFP. Any attachment to such Forms must be provided on separate sheets of paper and only information that is

directly relevant should be provided. This may include photocopies of the relevant pages of printed documents. No separate documents like printed annual statements, company brochures, copy of contracts etc. will be entertained.

2.16.7. The rates quoted shall be firm throughout the period of performance of the assignment up to and including acceptance of the Consultancy for Evaluation of Centrally Sponsored Schemes in Package 7 - Health Sector by the Authority and discharge of all obligations of the Consultant under the Agreement.

2.17 Proposal Due Date

2.17.1 Proposal should be submitted at or before 11:00 hrs on the Proposal Due Date specified in Clause 1.8 at the address provided in Clause 1.11.1 in the manner and form as detailed in this RFP. A receipt thereof should be obtained from the person specified therein.

2.17.2 The Authority may, in its sole discretion, extend the Proposal Due Date by issuing an Addendum in accordance with Clause 2.11 uniformly for all Applicants.

2.18 Late Proposals

Proposals received by the Authority after the specified time on Proposal Due Date shall not be eligible for consideration and shall be summarily rejected.

2.19 Modification/ substitution/ withdrawal of Proposals

2.19.1 The Applicant may modify, substitute, or withdraw its Proposal after submission, provided that written notice of the modification, substitution, or withdrawal is received by the Authority prior to Proposal Due Date. No Proposal shall be modified, substituted, or withdrawn by the Applicant on or after the Proposal Due Date.

2.19.2 The modification, substitution, or withdrawal notice shall be prepared, sealed, marked, and delivered in accordance with Clause 2.16, with the envelopes being additionally marked "MODIFICATION", "SUBSTITUTION" or "WITHDRAWAL", as appropriate.

2.19.3 Any alteration / modification in the Proposal or additional information or material supplied subsequent to the Proposal Due Date, unless the same has been expressly sought for by the Authority, shall be disregarded.

2.20 Bid Security

2.20.1 The Applicant shall furnish as part of its Proposal, a bid security of Rs. 1,00,000 (one lakh) in the form of a Demand Draft issued by one of the Nationalised/ Scheduled Banks in India in favour of PAO, NITI Aayog payable at New Delhi (the "**Bid Security**"), returnable not later than 30 (thirty) days from PDD except in case of the two highest ranked Applicants as required in Clause 2.25.1. In the event that the first ranked Applicant commences the assignment as required in Clause 2.30, the second ranked Applicant, who has been kept in reserve, shall be returned its Bid Security forthwith, but in no case not later than 120 (one hundred and twenty) days from PDD. The Selected Applicant's Bid Security shall be returned, upon the Applicant signing

the Agreement and completing the Deliverables assigned to it for the first 2 (two) months of the Consultancy in accordance with the provisions thereof.

- 2.20.2 Any Bid not accompanied by the Bid Security shall be rejected by the Authority as non-responsive.
- 2.20.3 The Authority shall not be liable to pay any interest on the Bid Security and the same shall be interest free.
- 2.20.4 The Applicant, by submitting its Application pursuant to this RFP, shall be deemed to have acknowledged that without prejudice to the Authority's any other right or remedy hereunder or in law or otherwise, the Bid Security shall be forfeited and appropriated by the Authority as the mutually agreed pre-estimated compensation and damage payable to the Authority for, *inter alia*, the time, cost and effort of the Authority in regard to the RFP including the consideration and evaluation of the Proposal under the following conditions:
- (a) If an Applicant submits a non-responsive Proposal;
 - (b) If an Applicant engages in any of the Prohibited Practices specified in Section 4 of this RFP;
 - (c) If an Applicant withdraws its Proposal during the period of its validity as specified in this RFP and as extended by the Applicant from time to time;
 - (d) In the case of the Selected Applicant, if the Applicant fails to reconfirm its commitments during negotiations as required vide Clause 2.25.1;
 - (e) In the case of a Selected Applicant, if the Applicant fails to sign the Agreement or commence the assignment as specified in Clauses 2.29 and 2.30 respectively; or
 - (f) If the Applicant is found to have a Conflict of Interest as specified in Clause 2.3.

2.21 Performance Security

- 2.21.1 The Applicant, by submitting its Application pursuant to this RFP, shall be deemed to have acknowledged that without prejudice to the Authority's any other right or remedy hereunder or in law or otherwise, its Performance Security shall be forfeited and appropriated by the Authority as the mutually agreed pre-estimated compensation and damages payable to the Authority for, *inter alia*, the time, cost and effort of the Authority in regard to the RFP, including the consideration and evaluation of the Proposal, under the following conditions:
- (a) If an Applicant engages in any of the Prohibited Practices specified in Clause 4.1 of this RFP;
 - (b) if the Applicant is found to have a Conflict of Interest as specified in Clause 2.3; and
 - (c) if the Selected Applicant commits a breach of the Agreement.

2.21.2 An amount equal to 10% (ten per cent) of the Agreement Value shall be deemed to be the Performance Security for the purposes of this Clause 2.21, which may be forfeited and appropriated in accordance with the provisions hereof.

D. EVALUATION PROCESS

2.22 Evaluation of Proposals

2.22.1 The Authority shall open the Proposals at 14:00 hours on the Proposal Due Date, at the place specified in Clause 1.11.1 and in the presence of the Applicants who choose to attend. The envelopes marked “Technical Proposal” shall be opened first. The envelopes marked “Financial Proposal” shall be kept sealed for opening at a later date.

2.22.2 Proposals for which a notice of withdrawal has been submitted in accordance with Clause 2.19 shall not be opened.

2.22.3 Prior to evaluation of Proposals, the Authority will determine whether each Proposal is responsive to the requirements of the RFP. The Authority may, in its sole discretion, reject any Proposal that is not responsive hereunder. A Proposal shall be considered responsive only if:

- (a) the Technical Proposal is received in the form specified at Appendix-I;
- (b) it is received by the Proposal Due Date including any extension thereof pursuant to Clause 2.17;
- (c) it is accompanied by the Bid Security as specified in Clause 2.20.1.
- (d) it is signed, sealed, bound together in hard cover and marked as stipulated in Clauses 2.13 and 2.16;
- (e) it is accompanied by the Power of Attorney as specified in Clause 2.2.4;
- (f) it contains all the information (complete in all respects) as requested in the RFP;
- (g) it does not contain any condition or qualification; and
- (h) it is not non-responsive in terms hereof.

2.22.4 The Authority reserves the right to reject any Proposal which is non-responsive and no request for alteration, modification, substitution or withdrawal shall be entertained by the Authority in respect of such Proposals.

2.22.5 The Authority shall subsequently examine and evaluate Proposals in accordance with the Selection Process specified at Clause 1.6 and the criteria set out in Section 3 of this RFP.

2.22.6 After the technical evaluation, the Authority shall prepare a list of pre-qualified and shortlisted Applicants in terms of Clause 3.2 for opening of their Financial Proposals. A date, time and venue will be notified to all Applicants for announcing the result of evaluation and opening of Financial Proposals. Before opening of the Financial Proposals, the list of pre-qualified and shortlisted Applicants along with their Technical Score will be read out. The opening of Financial Proposals shall be done in presence of respective representatives of Applicants who choose to be present. The Authority will not entertain any query or clarification from Applicants who fail to

qualify at any stage of the Selection Process. The financial evaluation and final ranking of the Proposals shall be carried out in terms of Clauses 3.3 and 3.4.

2.22.7 Applicants are advised that Selection shall be entirely at the discretion of the Authority. Applicants shall be deemed to have understood and agreed that the Authority shall not be required to provide any explanation or justification in respect of any aspect of the Selection Process or Selection.

2.22.8 Any information contained in the Proposal shall not in any way be construed as binding on the Authority, its agents, successors or assigns, but shall be binding against the Applicant if the Consultancy is subsequently awarded to it.

2.23 Confidentiality

Information relating to the examination, clarification, evaluation, and recommendation for the selection of Applicants shall not be disclosed to any person who is not officially concerned with the process or is not a retained professional adviser advising the Authority in relation to matters arising out of, or concerning the Selection Process. The Authority shall treat all information, submitted as part of the Proposal, in confidence and shall require all those who have access to such material to treat the same in confidence. The Authority may not divulge any such information unless it is directed to do so by any statutory entity that has the power under law to require its disclosure or is to enforce or assert any right or privilege of the statutory entity and/or the Authority or as may be required by law or in connection with any legal process.

2.24 Clarifications

2.24.1 To facilitate evaluation of Proposals, the Authority may, at its sole discretion, seek clarifications from any Applicant regarding its Proposal. Such clarification(s) shall be provided within the time specified by the Authority for this purpose. Any request for clarification(s) and all clarification(s) in response thereto shall be in writing.

2.24.2 If an Applicant does not provide clarifications sought under Clause 2.24.1 above within the specified time, its Proposal shall be liable to be rejected. In case the Proposal is not rejected, the Authority may proceed to evaluate the Proposal by construing the particulars requiring clarification to the best of its understanding, and the Applicant shall be barred from subsequently questioning such interpretation of the Authority.

E. APPOINTMENT OF CONSULTANT

2.25 Negotiations

2.25.1 The Selected Applicant may, if necessary, be invited for negotiations. The negotiations shall generally not be for reducing the price of the Proposal, but will be for re-confirming the obligations of the Consultant under this RFP. Issues such as deployment of Key Personnel, understanding of the RFP, methodology and quality of the work plan shall be discussed during negotiations. A Key Personnel who did not score 60% (sixty per cent) marks as required under Clause 3.1.2 shall be replaced by the Applicant with a better candidate to the satisfaction of the Authority. In case the

Selected Applicant fails to reconfirm its commitment, the Authority reserves the right to designate the next ranked Applicant as the Selected Applicant and invite it for negotiations.

2.25.2 The Authority will examine the CVs of all other Professional Personnel and those not found suitable shall be replaced by the Applicant to the satisfaction of the Authority.

2.25.3 The Authority will examine the credentials of all Sub-Consultants proposed for this Consultancy and those not found suitable shall be replaced by the Applicant to the satisfaction of the Authority.

2.26 Substitution of Key Personnel

2.26.1 The Authority will not normally consider any request of the Selected Applicant for substitution of Key Personnel as the ranking of the Applicant is based on the evaluation of Key Personnel and any change therein may upset the ranking. Substitution will, however, be permitted if the Key Personnel is not available for reasons of any incapacity or due to health, subject to equally or better qualified and experienced personnel being provided to the satisfaction of the Authority.

2.26.2 The Authority expects all the Key Personnel to be available during implementation of the Agreement. The Authority will not consider substitution of Key Personnel except for reasons of any incapacity or due to health. Such substitution shall ordinarily be limited to one Key Personnel subject to equally or better qualified and experienced personnel being provided to the satisfaction of the Authority. As a condition to such substitution, a sum equal to 20% (twenty per cent) of the remuneration specified for the original Key Personnel shall be deducted from the payments due to the Consultant. In the case of a second substitution hereunder, such deduction shall be 50% (fifty per cent) of the remuneration specified for the original Key Personnel. Any further substitution may lead to disqualification of the Applicant or termination of the Agreement.

2.26.3 Substitution of the Team Leader will not normally be considered and may lead to disqualification of the Applicant or termination of the Agreement.

2.27 Indemnity

The Consultant shall, subject to the provisions of the Agreement, indemnify the Authority for an amount not exceeding 3 (three) times the value of the Agreement for any direct loss or damage that is caused due to any deficiency in services.

2.28 Award of Consultancy

After selection, a Letter of Award (the “**LOA**”) shall be issued, in duplicate, by the Authority to the Selected Applicant and the Selected Applicant shall, within 7 (seven) days of the receipt of the LOA, sign and return the duplicate copy of the LOA in acknowledgement thereof. In the event the duplicate copy of the LOA duly signed by the Selected Applicant is not received by the stipulated date, the Authority may, unless it consents to extension of time for submission thereof, appropriate the Bid Security of such Applicant as mutually agreed genuine pre-estimated loss and damage

suffered by the Authority on account of failure of the Selected Applicant to acknowledge the LOA, and the next highest ranking Applicant may be considered.

2.29 Execution of Agreement

After acknowledgement of the LOA as aforesaid by the Selected Applicant, it shall execute the Agreement within the period prescribed in Clause 1.8. The Selected Applicant shall not be entitled to seek any deviation in the Agreement.

2.30 Commencement of assignment

The Consultant shall commence the Services within 3 (three) days of the date of the Agreement, or such other date as may be mutually agreed. If the Consultant fails to either sign the Agreement as specified in Clause 2.29 or commence the assignment as specified herein, the Authority may invite the second ranked Applicant for negotiations. In such an event, the Bid Security of the first ranked Applicant shall be forfeited and appropriated in accordance with the provisions of Clause 2.20.4.

2.31 Proprietary data

Subject to the provisions of Clause 2.23, all documents and other information provided by the Authority or submitted by an Applicant to the Authority shall remain or become the property of the Authority. Applicants and the Consultant, as the case may be, are to treat all information as strictly confidential. The Authority will not return any Proposal or any information related thereto. All information collected, analysed, processed or in whatever manner provided by the Consultant to the Authority in relation to the Consultancy shall be the property of the Authority. The Consultant shall make suitable arrangements for the preservation of data collected during the study, such as filled in schedules, tabulation or working sheets, reports, photographs etc, relating to the Project in electronic form and this shall be shared with the Authority at the time of submission of Final report. The ownership of all such data shall remain with the Authority. All raw data compiled during the study shall be transferred to the authority. No data collected in context of the study may be destroyed or otherwise disposed off or given to any other organization/individual, unless so approved by the Authority.

3. CRITERIA FOR EVALUATION

3.1 Evaluation of Technical Proposals

3.1.1 In the first stage, the Technical Proposal will be evaluated on the basis of Applicant's experience, its understanding of TOR, proposed methodology and Work Plan, and the experience of Key Personnel. Only those Applicants whose Technical Proposals get a score of 60 (sixty) marks or more out of 100 (one hundred) shall qualify for further consideration, and shall be ranked from highest to the lowest on the basis of their technical score (S_T).

3.1.2 Each Key Personnel must score a minimum of 60% (sixty per cent) marks except as provided herein. A Proposal shall be rejected if the Team Leader scores less than 60% (sixty per cent) marks or any two of the remaining Key Personnel score less than 60% (sixty per cent) marks. In case the Selected Applicant has one Key Personnel, other than the Team Leader, who scores less than 60% marks, he would have to be replaced within 2 working days during negotiations, with a better candidate who, in the opinion of the Authority, would score 60% (sixty per cent) or above.

3.1.3 The scoring criteria to be used for evaluation shall be as follows.

Item Code	Parameter	Maximum Marks	Criteria
1.	Relevant Experience of the Applicant	25	30% of the maximum marks shall be awarded for the number of Eligible Assignments undertaken by the Applicant firm. The remaining 70% shall be awarded for: (i) the comparative size and quality of Eligible General and Specific Assignments; (ii) overall professional income, experience and capacity of the firm.
2.	Proposed Methodology and Work Plan	10	Evaluation will be based on the quality of submissions.
3.	Relevant Experience of the Key Personnel	65	30% of the maximum marks for each Key Personnel shall be awarded for the number of Eligible Assignments the respective Key Personnel has worked on. The remaining 70% shall be awarded for the comparative size and quality of Eligible Assignments

3(a)	Team Leader	20	
3(b)	Deputy Team Leader	15	
3(c)	Monitoring and Evaluation Expert	10	
3(d)	Economist	8	
3(e)	Public Health Lead	12	
Grand Total		100	

While awarding marks for the number of Eligible Projects, the Applicant or Key Personnel, as the case may be, that has undertaken the highest number of Eligible Assignments shall be entitled to the maximum score for the respective category and all other competing Applicants or respective Key Personnel, as the case may be, shall be entitled to a proportionate score. No score will be awarded to an Applicant/ Key Personnel for fulfilling the eligibility criteria of a minimum number of Eligible Assignments and only projects exceeding the eligibility criteria shall qualify for scoring. For the avoidance of doubt and by way of illustration, if the minimum number of Eligible Projects for meeting the eligibility criteria is say, 3 (three), then an equivalent number will be ignored for each Applicant/Key Personnel and only the balance remaining will be considered for awarding scores relating to the number of Eligible Assignments on a proportionate basis. However, for assigning scores in respect of the size and quality of Eligible Assignments, all Eligible Assignments of the Applicant/Key Personnel shall be considered.

3.1.4 Eligible Assignments

For the purposes of determining Conditions of Eligibility and for evaluating the Proposals under this RFP, advisory/ consultancy assignments shall be deemed as eligible assignments (the “**Eligible Assignments**”) as follows:

- (i) Advisory/consultancy assignments in India granted by the government, regulatory commission, tribunal, multilateral agencies, statutory authorities, public sector entities etc. in respect of design, implementation, evaluation etc. of government programs shall be deemed as eligible general assignments (the “**Eligible General Assignments**”)
- (ii) Evaluation studies involving quantitative and qualitative research, household surveys etc. in India granted by the government, regulatory commission, tribunal, multilateral agencies, statutory authorities, public sector entities etc. in respect of government programs shall be deemed as eligible specific assignments (the “**Eligible Specific Assignments**”)

Provided that the Applicant firm claiming credit for an Eligible General Assignment shall have, prior to PDD, received professional fees of at least Rs. 50 (fifty) lakhs for such assignment, and where credit is being claimed by a Key Personnel, she/he should have completed the relevant assignment prior to PDD.

Provided further that if the Applicant firm is taking credit for an Eligible Specific Assignment, such assignment shall have been completed prior to PDD and the Applicant shall have received professional fees of at least Rs. 20 (twenty) lakhs.

Note: Applicants **cannot** provide the same assignment(s) under both General and Specific assignments mentioned above

3.2 Short-listing of Applicants

Of the Applicants ranked as aforesaid, not more than 5 (five) shall be pre-qualified and short-listed for financial evaluation in the second stage. However, if the number of such pre-qualified Applicants is less than two, the Authority may, in its sole discretion, pre-qualify the Applicant(s) whose technical score is less than 60 (sixty) points even if such Applicant(s) do(es) not qualify in terms of Clause 3.1.2; provided that in such an event, the total number of pre-qualified and short-listed Applicants shall not exceed two.

3.3 Evaluation of Financial Proposal

3.3.1 In the second stage, the financial evaluation will be carried out as per this Clause 3.3. Each Financial Proposal will be assigned a financial score (S_F).

3.3.2 For financial evaluation, the total cost indicated in the Financial Proposal, excluding Additional Costs, will be considered. Additional Costs shall include items specified as such in Form-2 of Appendix-II.

3.3.3 The Authority will determine whether the Financial Proposals are complete, unqualified and unconditional. The cost indicated in the Financial Proposal shall be deemed as final and reflecting the total cost of services. Omissions, if any, in costing any item shall not entitle the firm to be compensated and the liability to fulfil its obligations as per the TOR within the total quoted price shall be that of the Consultant. The lowest Financial Proposal (F_M) will be given a financial score (S_F) of 100 points. The financial scores of other Proposals will be computed as follows:

$$S_F = 100 \times F_M/F$$

(F = amount of Financial Proposal)

3.4 Combined and final evaluation

3.4.1 Proposals will finally be ranked according to their combined technical (S_T) and financial (S_F) scores as follows:

$$S = S_T \times T_w + S_F \times F_w$$

Where S is the combined score, and T_w and F_w are weights assigned to Technical Proposal and Financial Proposal, which shall be 0.80 and 0.20 respectively.

3.4.2 The Selected Applicant shall be the first ranked Applicant (having the highest combined score). The second ranked Applicant shall be kept in reserve and may be invited for negotiations in case the first ranked Applicant withdraws, or fails to comply with the requirements specified in Clauses 2.25, 2.29 and 2.30, as the case may be.

4. FRAUD AND CORRUPT PRACTICES

- 4.1 The Applicants and their respective officers, employees, agents and advisers shall observe the highest standard of ethics during the Selection Process. Notwithstanding anything to the contrary contained in this RFP, the Authority shall reject a Proposal without being liable in any manner whatsoever to the Applicant, if it determines that the Applicant has, directly or indirectly or through an agent, engaged in corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice (collectively the “**Prohibited Practices**”) in the Selection Process. In such an event, the Authority shall, without prejudice to its any other rights or remedies, forfeit and appropriate the Bid Security or Performance Security, as the case may be, as mutually agreed genuine pre-estimated compensation and damages payable to the Authority for, *inter alia*, time, cost and effort of the Authority, in regard to the RFP, including consideration and evaluation of such Applicant’s Proposal.
- 4.2 Without prejudice to the rights of the Authority under Clause 4.1 hereinabove and the rights and remedies which the Authority may have under the LOA or the Agreement, if an Applicant or Consultant, as the case may be, is found by the Authority to have directly or indirectly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice during the Selection Process, or after the issue of the LOA or the execution of the Agreement, such Applicant or Consultant shall not be eligible to participate in any tender or RFP issued by the Authority during a period of 2 (two) years from the date such Applicant or Consultant, as the case may be, is found by the Authority to have directly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, as the case may be.
- 4.3 For the purposes of this Section, the following terms shall have the meaning hereinafter respectively assigned to them:
- (a) “**corrupt practice**” means (i) the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence the action of any person connected with the Selection Process (for avoidance of doubt, offering of employment to or employing or engaging in any manner whatsoever, directly or indirectly, any official of the Authority who is or has been associated in any manner, directly or indirectly with the Selection Process or the LOA or has dealt with matters concerning the Agreement or arising therefrom, before or after the execution thereof, at any time prior to the expiry of one year from the date such official resigns or retires from or otherwise ceases to be in the service of the Authority, shall be deemed to constitute influencing the actions of a person connected with the Selection Process); or (ii) save as provided herein, engaging in any manner whatsoever, whether during the Selection Process or after the issue of the LOA or after the execution of the Agreement, as the case may be, any person in respect of any matter relating to the Project or the LOA or the Agreement, who at any time has been or is a legal, financial or technical consultant/ adviser of the Authority in relation to any matter concerning the Project;

- (b) “**fraudulent practice**” means a misrepresentation or omission of facts or disclosure of incomplete facts, in order to influence the Selection Process;
- (c) “**coercive practice**” means impairing or harming or threatening to impair or harm, directly or indirectly, any persons or property to influence any person’s participation or action in the Selection Process;
- (d) “**undesirable practice**” means (i) establishing contact with any person connected with or employed or engaged by the Authority with the objective of canvassing, lobbying or in any manner influencing or attempting to influence the Selection Process; or (ii) having a Conflict of Interest; and
- (e) “**restrictive practice**” means forming a cartel or arriving at any understanding or arrangement among Applicants with the objective of restricting or manipulating a full and fair competition in the Selection Process.

5. PRE-PROPOSAL CONFERENCE

- 5.1 Pre-Proposal Conference of the Applicants shall be convened at the designated date, time and place. Only those Applicants, who have downloaded the RFP document from the Official Website of the Authority, shall be allowed to participate in the Pre-Proposal Conference. A maximum of two representatives of each Applicant shall be allowed to participate on production of an authority letter from the Applicant.
- 5.2 During the course of Pre-Proposal Conference, the Applicants will be free to seek clarifications and make suggestions for consideration of the Authority. The Authority shall endeavour to provide clarifications and such further information as it may, in its sole discretion, consider appropriate for facilitating a fair, transparent and competitive Selection Process.

6. MISCELLANEOUS

- 6.1 The Selection Process shall be governed by, and construed in accordance with, the laws of India and the Courts in the State in which the Authority has its headquarters shall have exclusive jurisdiction over all disputes arising under, pursuant to and/or in connection with the Selection Process.
- 6.2 The Authority, in its sole discretion and without incurring any obligation or liability, reserves the right, at any time, to:
- (a) suspend and/or cancel the Selection Process and/or amend and/or supplement the Selection Process or modify the dates or other terms and conditions relating thereto;
 - (b) consult with any Applicant in order to receive clarification or further information;
 - (c) retain any information and/or evidence submitted to the Authority by, on behalf of and/or in relation to any Applicant; and/or
 - (d) independently verify, disqualify, reject and/or accept any and all submissions or other information and/or evidence submitted by or on behalf of any Applicant.
- 6.3 It shall be deemed that by submitting the Proposal, the Applicant agrees and releases the Authority, its employees, agents and advisers, irrevocably, unconditionally, fully and finally from any and all liability for claims, losses, damages, costs, expenses or liabilities in any way related to or arising from the exercise of any rights and/or performance of any obligations hereunder, pursuant hereto and/or in connection herewith and waives any and all rights and/or claims it may have in this respect, whether actual or contingent, whether present or future.
- 6.4 All documents and other information supplied by the Authority or submitted by an Applicant shall remain or become, as the case may be, the property of the Authority. The Authority will not return any submissions made hereunder. Applicants are required to treat all such documents and information as strictly confidential.
- 6.5 The Authority reserves the right to make inquiries with any of the clients listed by the Applicants in their previous experience record.

SCHEDULES

SCHEDULE-1
(See Clause 1.1.3)

Consultancy for Evaluation of Centrally Sponsored Schemes
in Package 7 - Health Sector

Terms of Reference (TOR)

for

TECHNICAL CONSULTANT

Contents

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Terms Of Reference (TOR) For Consultancy for Evaluation of Centrally Sponsored Schemes in Package 7 – Health Sector

1. Background of the Sector

As one of the fast-growing economies in the world, India has made significant achievements in health outcomes by improving life expectancy, reducing fertility rates, reducing maternal and child mortality rate. In the 2016 Global Burden of Disease study published in the medical journal *The Lancet*, India was ranked 154th in the ranking of healthcare access and quality amongst 195 countries. The latest WHO data published in 2015 revealed that in India, total life expectancy is 68.3 years (male-66.9 year, female-69.9 years), giving India a World Life Expectancy ranking of 126. The burden of communicable diseases like tuberculosis and malaria remains high, with India being the highest TB burden country in the world.⁴ Simultaneously, the incidence of non-communicable diseases like cancer, diabetes is not only growing, but also occurring a decade earlier (≥ 45 years of age) in India than the rest of the world.

Healthcare systems in the public and private sectors demonstrate a stark contrast. About five percent of the Indian government's annual expenditure goes towards healthcare, amounting to about 1% of GDP⁵, compared to the global average of about 9% of GDP. As per National Health Accounts 2015-16, households' Out of Pocket Expenditure on health (OOPE) is Rs. 3,20,211 crores (60.6% of Total Health Expenditure (THE), 2.3% of GDP, Rs. 2,494 per capita). Private Health Insurance expenditure is Rs. 22,013 crores (4.1% of Total Health Expenditure). The private medical sector in India generates billions of dollars annually from medical tourism, while for local Indians; the cost of private healthcare is about four times greater than the country's public healthcare. About 72 percent of residents of rural areas and 79 percent of residents of urban areas use private healthcare services, as per National Sample Survey Office (NSSO) 2014. There is thus a massive burden on individuals and households to pay for healthcare.

Of the Government Health Expenditure of Rs. 1,39,949 crores, Union Government's share is 37% and State Government's share is 63%. The Union Government's Expenditure on National Health Mission is Rs. 20,199 crores. **Appendix IV(A)** provides a list of various Umbrella programmes and CSS schemes contributing to the sector and their outlays in tabular format.

⁴As per the Global TB report 2017 the estimated incidence of TB in India was approximately 28,00,000 accounting for about a quarter of the world's TB cases.

⁵Government Health Expenditure (GHE) including capital expenditure is Rs. 1,39,949 crores (29 % of THE, 1.13% GDP and Rs. 1,108 per capita) for the year 2014-15. This amounts to about 3.94% of General Government Expenditure in 2014-15. National Health Accounts 2015-16.

According to Sustainable Development Goals (SDG) 3, ensuring healthy lives and promoting the well-being for all at all ages is essential to sustainable development. These Umbrella Centrally Sponsored Schemes are contributing to achieve National Development Agenda and SDG Goals in health sector with following:

- i. Reduce the maternal mortality ratio (MMR) to less than 70 per 100,000 live births.
- ii. End preventable deaths of newborns and children under 5 years of age, with an aim to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.
- iii. End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- iv. Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
- v. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

In terms of the broad health sector outcomes, India has made significant progress in the last few decades and a brief summary of the same is given below:

- Total Fertility Rate has decreased from 3.1 in 2001 to 2.3 in the year 2016 (Source: SRS).
- Maternal Mortality Ratio has also declined from 301 per one lakh live births in 2001-03 to 130 in 2014-16 (Source: SRS).
- Infant Mortality Rate, which was 66 in 2001, has declined to 34 per 1000 live births in 2016 (Source: SRS)
- The Crude Birth Rate (CBR) has declined from 20.54 in 2001 to 29.5 in 1991 and further to 20.4 in 2016. (Source: SRS)
- Decline in Crude Death Rate (CDR) which has decreased from 8.4 in 2001 and to 6.4 in 2016. (Source: SRS)
- Decrease in total malaria cases from 8,05,804 in 2017 to 3,75,845 (53.36% decline) in 2018 till November.⁶
- Dengue cases declined by 36% and deaths by 33% compared to 2017.⁷
- Chikungunya cases declined by 22% in 2018 compared to 2017.⁸

⁶ <http://pib.nic.in/newsite/PrintRelease.aspx?relid=187429>

⁷ <http://pib.nic.in/newsite/PrintRelease.aspx?relid=187429>

Issues & Challenges in implementation

The CSS schemes of the Health Sector are being implemented with a tiered structure (Central Ministries, State Department level, District and Block level, District Hospitals, CHC/U-CHC, PHC/U-PHC, Sub Centres, PRI, village level institutions/committees). However, some challenges⁹ remain in terms of smooth and successful implementation of the scheme which are highlighted below:

- The existing primary health care model in the country is limited in scope. Even where there is a well-functioning public primary health centre, only services related to pregnancy care, limited childcare and certain services related to national health programmes are provided, which represent only 15% of all morbidities for which people seek care.
- Unfulfilment of vacancies, absenteeism, challenges in recruitment and retaining of human resource.
- Multiple budget heads /lines.
- Supply side deficiencies, poor management skills and lack of appropriate training and supportive supervision for health workers prevent delivery of the desired quality of health services.
- Funding for health is inadequate, leading to low spending on primary care.
- Citizens have to incur high out-of-pocket expenditure on primary health care, of which the largest expenditure is on drugs and diagnosis.

In the past 2 years, some scheme specific evaluation studies have been conducted. One of the studies conducted recently by the Ministry of AYUSH i.e. Midterm evaluation on National AYUSH Mission which recommended the need for continuing the National AYUSH Mission as an essential part of health delivery. It further recommends the need to improve the speed of fund transmission upto beneficiary stage, better monitoring & evaluation as well as strengthening of AYUSH health delivery in co-located units and their capacity enhancement.

The ministry is currently perusing evaluation of few of the umbrella schemes, the findings of which may be factored during meta-analysis. Currently at NITI Aayog, three evaluation studies are ongoing (i) Impact of NHM on Health Outcomes (PGIMER, Chandigarh) (ii) Impact on Health care spending and finances (NIPFP, New Delhi) (iii) Impact on Health systems, Governance and HRH (IPH, Gandhi Nagar). The findings of these studies should also be incorporated in the final evaluation study report.

However, it is observed that a more comprehensive and detailed Sectoral level study is required to be commissioned to cover all the umbrella schemes of National Health Mission

⁸ <http://pib.nic.in/newsite/PrintRelease.aspx?relid=187429>

⁹ Strategy for New India@75

(National Rural Health Mission¹⁰, National Urban Health Mission¹¹, Tertiary Care Programme, Human Resources for Health and Medical Education and National AYUSH Mission).

With a view to rationalize the CSS schemes and decide on their continuity beyond the 14th Finance Commission period, such a sectoral study is required. The evaluation period of this study will be 2015-16 to 2018-19.

Brief of the other schemes to be reviewed is given below:

A. Tertiary Care Programme/Scheme:

The objective of the umbrella program of tertiary healthcare is to provide support for creation of tertiary care health facilities in the areas of cancer diagnosis & treatment, care for the elderly, cardiovascular diseases & stroke, trauma and burn injuries, drug dependence, mental health and blindness & visual impairment. The following schemes are under Tertiary Care Programme:

(i) National Mental Health Programme (ii) Capacity Building for Trauma Centres (iii) National Programme for prevention and control of Cancer, Diabetes, Cardio-vascular disease and Stroke (iv) National Programme for Health Care for the Elderly (v) National Programme for Control of Blindness (vi) Telemedicine (vii) Tobacco Control Programme and Drug De-addiction Programme.

B. Human Resources in Health and Medical Education

To attain the Sustainable Development Goals (SDG) and to meet WHO standards for Human Resources in Health (HRH), schemes have been proposed for making available more human resources in Health sector, i.e. Doctors, Nurses etc. in the country. This scheme aims to create additional manpower especially focusing on increasing government seats in the under-served or un-served areas to make education more affordable for general public. With a view to upgrade and further strengthen medical education institutions in the country, the Ministry administers the following schemes:

- a) Upgradation/strengthening of nursing services (ANM/GNM)
- b) Upgradation/strengthening of Pharmacy school/colleges
- c) Strengthening and upgradation of State Government Medical Colleges through increasing PG Seats
- d) Strengthening and upgradation of State Government Medical Colleges through increasing UG Seats and Central Government Health Institution
- e) Establishing New Medical Colleges (upgrading District Hospitals)
- f) Setting up of State Institutions of Para-medical Sciences in States and setting up of colleges of Para-medical Education

¹⁰ Ongoing evaluation studies

¹¹ Ongoing evaluation studies

C. National AYUSH Mission (NAM):

The Government of India, launched National AYUSH Mission (NAM) with the objectives of providing cost effective AYUSH Services, with a universal access through upgrading AYUSH Hospitals and Dispensaries, co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), strengthening institutional capacity at the state level through upgrading AYUSH educational institutions, State Govt. ASU&H Pharmacies, Drug Testing Laboratories and ASU&H enforcement mechanism, supporting cultivation of medicinal plants by adopting Good Agricultural Practices (GAPs) so as to provide sustained supply of quality raw-materials and support certification mechanism for quality standards, Good Agricultural/Collection/Storage Practices and supporting setting up of clusters through convergence of cultivation, warehousing, value addition and marketing and development of infrastructure for entrepreneurs.

D. National Health Mission (NHM):

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include health system strengthening in rural and urban areas, Reproductive Maternal-Neonatal-Child and Adolescent Health (RMNCH+A) and Communicable and Non-communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs.

NHM focuses on decentralized health planning, service delivery, creating knowledge hubs within district hospitals, strengthening secondary level care at district hospitals, expanding outreach services, improving community processes and behaviour change communication, human resources development, public health management, and health management information systems. NHM particularly focuses on equity: prioritizing the health of tribal populations, those in LWE districts and the urban poor. A key outcome of NHM is to reduce Out-of-Pocket expenditures. Health outcomes, output and process indicators are monitored through large scale surveys conducted periodically, use of HMIS data, and periodic reviews. The main aim is to create a fully functional, decentralized and community owned system with greater inter- sectoral coordination so that wider social determinant factors affecting health of people like water, sanitation, nutrition, gender and education are also equally addressed.

The NHM is comprehensive in terms of the initiatives undertaken. These include introduction of Accredited Social Health Activists (ASHA), Patient Welfare Committees (Rogi Kalyan Samiti), Untied Grants to Sub-Centers, Health Care Contractors, Janani Suraksha Yojana, National Mobile Medical Units (NMMUs), National Ambulance Services, Janani Shishu Suraksha Karyakram (Free services for pregnant women), Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services), Mother and Child

Wings (MCH Wings), Free Drugs and Free Diagnostic Service, District Hospital and Knowledge Centre (DHKC), National Iron Initiative and Tribal TB Eradication Project.

As a large Ministry handling a complex sector, the administrative implementation structures often differ across schemes in terms of funding flows, budget lines and related aspects. Understanding institutional mapping, roles & responsibilities, implementation and coordination therefore presents a challenge.

2. Objectives of the Evaluation Study

a. Sectoral analysis:

- i. To **understand the status** of the Health Sector performance in the country in terms of reduction of IMR, MMR, TFR, Malaria Mortality, reducing anaemia among women, reduce annual incidence & mortality from Tuberculosis, 100% institutional deliveries, etc and other intended health outcomes.
- ii. To **qualitatively and quantitatively map the intended contribution** of each centrally sponsored schemes to Sectoral outcomes and analyse the impact of National Health Mission including NRHM, NUHM, Tertiary Care Programme, Human Resources for Health & Medical Education and National AYUSH Mission including each CSS scheme on Health Sector outcomes as indicated above. Also analyse these umbrella schemes in terms of the principles of access, adequacy, quality, equity and sustainability.
- iii. To **study the changes in the Out-of-pocket health expenditure** of households and review the current insurance models with their financial implications. Additionally, also compare the share of expenditure on preventive; primary and secondary care v/s tertiary care.
- iv. To **analyse/study the contribution of other variables** such as road connectivity, mobile connectivity, access and responsiveness of ambulance and so on for health outcomes.

b. Umbrella and Scheme level analysis:

- i. To assess the Umbrella schemes and each CSS scheme on the Relevance, Effectiveness, Efficiency, Sustainability, Impact (REESI)¹² and Equity framework.
- ii. To assess the Umbrella schemes and each CSS scheme on various cross-sectional themes as elaborated in the next section, as well as unintended consequences/negative externalities of programme implementation. Existing mechanisms such as environmental and social safeguards within the scheme design to mitigate these risks may be assessed as well.

- c. To **identify and highlight scalable best practices** and home-grown innovations, if any, create case studies for further dissemination

¹²ECG. 2011. Good Practice Standards for Public Sector Operations. Washington, DC: (<https://www.ecgnet.org/documents/4794/download>)

d. Programme Harmonization:

- i. To **provide recommendations** based on the synthesis of sectoral and scheme-level analysis, on the need to continue the schemes in their existing form, modify, scale-up, scale-down or close down the schemes
- ii. To suggest revisions in the scheme/schemes design for the effective implementation in future, if modification is recommended

3. Approach

a. The **sectoral analysis** will be driven by the meta-analysis of secondary data, and validated through the primary data collection.

- i. **Gaps in the broad sectoral outcomes** where national priorities/SDGs are not being addressed either due to absence of interventions or non-performance of existing schemes/interventions. For gap analysis, new schemes and initiatives announced in 2019-20 may also be considered.
- ii. **Convergence** of the scheme, both intended and actual, to other developmental programmes of the Central and the State Governments as well as with private sector, CSR efforts, international multilateral and bilateral aid, etc.

b. The **Umbrella and scheme-level analysis** will be based on triangulation of primary and secondary data, as outlined in the methodology. It will include an assessment of the relevance, effectiveness, efficiency, equity, sustainability and impact of the Umbrella schemes and CSS schemes. Details on this framework are available in the Guidelines for Evaluation placed at **Appendix IV**. In line with this understanding, the following aspects will have to be assessed as a part of the analysis:

- i. **Input use efficiency** of National Health Mission including NRHM, NUHM, Tertiary Care Programme, Human Resource for Health & Medical Education and National AYUSH Mission in terms of institutional mechanism at all level e.g. operating schemes in mission mode or through state health departments, fund flow (adequacy, regularity & timeliness) & utilization through public expenditure tracking, planning process (top-down and bottom-up), policy guidelines e.g. co-location of AYUSH facilities along with PHC/CHCs and human resources allocated for the implementation of the schemes at central, state, district, block, and village, capacity building, mechanisms to identify and reward best practices within the scheme design as well as Monitoring & Evaluations systems. The contribution of NHM funds in reducing inequality in health spending across States.
- i. **Coverage** of the National Health Mission including NRHM, NUHM, Tertiary Care Programme, Human Resource for Health and Medical Education and National AYUSH in terms of eligible target beneficiaries, services, geographies etc. and analyse the reasons for non-coverage, if applicable.
- ii. **Key bottlenecks/issues & challenges** in the **implementation mechanism** like governance mechanism, capacity constraints at state, district & block & below

block level i.e. both technical and administrative, supporting stakeholder & community engagement, timeliness, regularities, stakeholder conflict of interest, IEC, supply chain mechanism, sufficiency of drugs/supplies, on-ground coordination with other programmes/departments e.g. in areas like Women & Child development, nutrition, gender, water and sanitation and issues in the bottom-up district-level planning and in monitoring (HMIS) and evaluations.

- iii. **Quality of assets created/services provided** in National Health Mission including NRHM, NUHM, Tertiary Care Programme, Human Resource for Health & Medical Education and National AYUSH Mission and see how far these assets/services benefited the end beneficiaries.
- iv. To **measure in quantifiable terms** what has worked and what has not worked with a specific focus on financing, human resources and governance, and study the success of the CSS in achieving its said objectives while focusing on areas of improvements and actionable recommendations in context of India's commitment for SDG Goals, UHC and Health Equity.
- v. **Quality of care and status of compliance** with the prescribed national quality standards (NQAS/ IPHS) for each level of health care service delivery and suggest solutions to strengthen the same.

For scheme-specific analysis and preparation of Appendix 2 of the Final Evaluation Report (as specified in para 10 of this TOR), the scheme-specific areas of inquiry in Appendix IV of this RFP should also be taken into consideration.

c. Cross-sectional Thematic Assessment

The cross-sectional themes based on which the Umbrella scheme and each CSS scheme will be assessed may include:

- i. Accountability and transparency
- ii. Direct/indirect employment generation
- iii. Gender mainstreaming
- iv. Climate change & sustainability
- v. Role of Tribal Sub-Plan (TSP) and Scheduled Caste Sub-Plan component of the scheme in mainstreaming of Tribal and Scheduled Caste population
- vi. Use of IT/Technology in driving efficiency
- vii. Stakeholder & beneficiary behavioural change
- viii. Research and Development
- ix. Unlocking synergies with other government programmes
- x. Reforms & regulations

d. Prioritization of Schemes:

- i. For prioritization of schemes for evaluation, **two parameters** are to be taken into consideration: (i) duration of implementation, and (ii) budget allocation.
- ii. Based on **duration of implementation**, schemes can be classified into two categories: (a) those introduced prior to 14th Finance Commission cycle; and (b) those that were introduced during the 14th Finance Commission cycle. Schemes that were launched prior to 14th Finance Commission cycle (prior to 2015-16) are more amenable to full scale evaluation. For those schemes that are introduced during the 14th Finance Commission cycle (between 2015-16 to 2019-20), one needs to be cognizant that new schemes need time to be introduced, take off, and stabilize, and generally have to face a number of initiation challenges. This means, most of the schemes introduced in the 14th Finance Commission cycle have had only few years of full implementation, and therefore for these schemes a mid-term evaluation may be more relevant. Additionally, there are a few schemes that have been launched recently, in 2018-19, which can be categorized as ‘new’ schemes, for which a limited assessment of their progress till date could be conducted by the Consultant.
- iii. Schemes can also be classified based on the **budget outlay**. Of the 126 total schemes, 18 large schemes take up 80% of the CSS outlay, while 80 odd smaller schemes take up just 5%. Schemes with budget outlay less than Rs 3,000 crores cumulatively over five years (2015-16 to 2019-20) need to be particularly carefully evaluated from the perspective of Report of the Sub-Group of Chief Ministers on Rationalisation of Centrally Sponsored Schemes, 2015. Within these 80 small schemes, there are certain schemes that have zero budget allocations during 1-4 years of the evaluation period. The selected Consultant may confer with the concerned Ministry/Department the status of these schemes, and conduct a short analysis for the schemes that are proposed to be closed.
- iv. In addition, there are certain schemes which are empowered through **specific acts of legislation**. Assuming that these schemes will continue, evaluation of these legislatively-backed schemes should focus on input and process insights for improving the outcomes and impact of these schemes.

4. Scope of Services

- a. Reference period of the study: The sectoral evaluation will be for the period from 2015-16 to 2018-19.
- b. Based on meta-analysis and key informant interviews, and community and household surveys, the evaluation study will provide insights into reasons for success and failure of program design, institutional arrangements, human resources, political economy considerations, among others. The study will also provide strategic insights into:
 - Sector gaps both due to lack of specific interventions and failure or poor outcomes of existing schemes;
 - Institutional and human resource failures and best practices;
 - Institutional provisions for monitoring and evaluation;

- Degree of adoption of outcome-output framework;
 - Adoption of technology for effective program implementation;
 - Political economy constraints and program design constraints/provisions; among others.
- c. The analysis of sectoral performance and Umbrella programmes' contribution to this performance will primarily be based on meta-analysis whereas the individual CSS scheme-wise analysis will be based on the field study as well as scheme-wise secondary data analysis. The findings of scheme-wise analysis will feed into the broader Umbrella programme & sectoral findings.
- d. **Meta-Analysis:** The meta-analysis will involve review of
- i. National and International development goals and sector documents;
 - ii. Financial data on allocation and expenditures of the schemes;
 - iii. Annual reports of the ministries for output and outcome assessment;
 - iv. Available evaluation reports for output and outcomes assessment;
 - v. Annual progress reports and implementation documents to assess the institutional arrangements;
 - vi. Available evaluation reports done at the state and district level;
 - vii. Evaluations done by non-government agencies and international agencies.
 - viii. CAG reports, Parliamentary Standing Committee Reports, Survey data like NFHS, DLHS etc.

An indicative list of key documents to be referred to by the consultant is placed at **Appendix IV (C)**.

- e. **The field study** would also include the following:
- i) Designing of the discussions guides for focus group discussions, interview guides for in-depth interviews and structured questionnaires/schedules for household surveys.
 - ii) Preparation of the analysis plan
 - iii) Pre-testing and finalising the required tools in partnership with DMEO team.
 - iv) Establishment of a managerial structure for field operations
 - v) Recruitment of investigators and training/capacity building of the field investigators.
 - vi) Putting in place appropriate IT hardware and application software for data collection and management.
 - vii) Collecting and compiling the quality data from selected areas.
 - viii) High quality data management and adherence to quality assurance mechanisms as per agreed protocols, plans and schedules.
 - ix) Collation and data cleaning
 - x) Running data analysis and submitting cross-tabulations/summarizations.
 - xi) Preparation of draft evaluation report and conducting stakeholder consultations
 - xii) Submission of final report and dissemination of the key findings

xiii) Incorporating concurrent feedback into the workflow.

During meta-analysis and field study, inputs from the concerned ministry/department may be incorporated for fine tuning the methodology, preparation of analysis plan, listing of secondary data sources, investigator training and tool/questionnaire design.

5. Primary Data Collection Methodology

a. A quantitative and qualitative study backed with extensive meta-analysis will be conducted to provide a sectoral assessment. The study will consist of following components:

i) Key Informant Interviews & Focus Group Discussions - Herein, it is proposed that key informant interviews be held with officials from central ministries/departments, state-level implementing bodies and district and block level administration. Other stakeholders supporting implementation or indirectly involved in enabling the scheme's success, as well as opinion makers at the village level should also be interviewed. National level key informants should also include experts from recognized national level think tanks, institutions and prominent non-profit organizations.

Additionally, focus group discussions will be conducted, mostly at block and village level with diverse groups involving implementing stakeholders, opinion makers as well as selected beneficiaries.

ii) Household Surveys - A selected sample of household surveys shall be conducted to assess the beneficiary-level perspective of the programmes.

Since, various CSS schemes have different target groups, it is to be ensured that the sample and geography selection for Key Informant Interviews/household surveys factors in representation from each of the respective target groups/geographies.

iii) Facility surveys - In each selected district, the team will visit and conduct facility surveys in Medical Colleges, District Hospital, CHCs, PHCs/U-PHC, Sub Centre/ Urban Health Centre, Health Wellness Centre etc.

Additionally, the key information areas to be covered in the discussion guides/questionnaires for key informant interviews and household surveys should cover data points included but not limited to NITI Aayog's Output-Outcome Monitoring Framework for corresponding schemes. This is further detailed in **Appendix IV (D)** of the RFP.

b. Sampling

The sample design for a household survey must be stratified in such a way that the sample actually selected is spread over geographic sub-areas and population sub-groups properly. The size of the sample must take account of competing needs so that costs and precision

are optimally balanced. Given all India nature of the CSS scheme implementation, the sampling methodology will involve multi-stage, stratified and clustered features. In view of the sector level evaluation, the household surveys will have a general-purpose in scope, covering multiple topics of interest to the government. The sample plan must make use of clusters of households in order to keep costs to a manageable level but at the same time it must avoid being overly clustered. Keeping in view time frame and other factors, a non-probability judgmental and/or convenience sampling will be followed. The sample size can be based on a comparatively small proportion of the target population focused on several subjects. The survey managers may decide to base the sample size on being able to measure reliably, a characteristic held by certain percent of the population dependent upon budget considerations.

An indicative sampling framework and minimum sample sizes for costing purposes is as follows:

Entire country can be divided into 6 geographical zones i.e. (i) North & Central, (ii) South, (iii) East, (iv) West, (v) North-East and (vi) Northern Hilly states.

Zone-wise list of states are mentioned in the table below:

Sr No.	Zone	States / UTs
1	North & Central	Chandigarh, Chhattisgarh, Delhi, Haryana, Madhya Pradesh, Punjab, Uttar Pradesh
2	South	Andhra Pradesh, Karnataka, Kerala, Lakshadweep, Puducherry, Tamil Nadu, Telangana
3	East	Andaman & Nicobar Islands, Bihar, Jharkhand, Orissa, West Bengal
4	West	Dadra & Nagar Haveli, Daman & Diu, Goa, Gujarat, Maharashtra, Rajasthan
5	North East	Arunachal Pradesh , Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura
6	Northern Hilly States	Himachal Pradesh, Jammu & Kashmir, Uttarakhand

A minimum of 11 States and 1 Union Territory are to be selected, of which each zone must be represented by at least one State. The State/UT selection criteria is to be proposed by the Consultant as a part of the Methodology and Work Plan in Appendix I, Form-7. Subsequently, within each selected State/UT, in case of rural areas, all the districts will be classified into 2 to 3 strata based on key sectoral performance/index and a district or two can be selected from each strata; thereby taking the total no. of districts selected to a minimum of around 30-35 districts. In a similar way, 3-4 villages will be selected in each district using stratified sampling. Selection of a state, district or village in each strata can be based on either systematic random or probability proportional to size sample selection technique. Within each village, at least 10 households will be selected which will cover eligible beneficiaries of one or more CSS covered in the sector. Additionally in each district, 2-4 rural health facilities will be covered as a part of facility survey.

Alternatively, in case of a study in Urban areas, all the cities/towns can be classified into 2 strata based on scheme performance on key outcomes and a town/city be selected from each strata; thereby selecting about 24 cities/towns across 12 selected States/UTs from 6 zones. In a similar way, all the wards within the city/town can be classified into 2-3 strata and a ward can be selected from each of these strata. Furthermore, about 10 households covering eligible beneficiaries of one or more CSS covered in the sector may be covered from each selected ward. Additionally in each district, 2-4 urban health facilities will be covered as a part of facility survey.

In case of UTs, a minimum of 1 district/town with 3-4 villages/wards should be selected and a minimum of 10 households from each village/ward should be covered.

Also, it should be ensured that LWE, aspirational districts and island areas are not inadvertently left out, if relevant.

However, it is important to note that these numbers are indicative and it is proposed that the Consultant may suggest their methodology best suited to meet the objectives of the evaluation. However, a minimum of about 850 key informant interviews, about 150 focus group discussions, about 150 facility visit and about 1500 household interviews should be conducted as a part of the field study.

c. Details of the Evaluation Framework & Guidelines are included in **Appendix IV(F)** of the RFP.

d. Mechanisms to ensure Data Quality

A multi-pronged robust process for quality control needs to be followed during data collection. The following aspects need to be considered:

- i. The field investigators to be engaged for conducting the household study & key informant interviews/FGDs should have at least 3 years of experience in

- conducting similar surveys/interviews. 2-step training (classroom and then on-the-field training) should be conducted for all field investigators.
- ii. It is recommended that pilots should be conducted on at least 2% of the sample size for both Key Informant Interviews as well as Household surveys to fine tune the inquiry tools. A brief on the learnings from such a pilot exercise and subsequent improvements in the tools/questionnaires should also be shared with NITI Aayog.
 - iii. 100% data collected should be validated using a validation checklist. Missing data points should be recollected.
 - iv. In case of household survey, at least 50% data should also be telephonically verified and if not verified via phone, back checks should be undertaken to ensure at least 50% data verification.
 - v. Use of mobile-based, near real-time and geo-tagged data collection and validation tools should be done to ensure efficiency and accuracy in data collection. Access to tools and data should be provided to the Authority

6. Listing of stakeholders to be consulted

A detailed list of stakeholders to be interacted with during the key informant interviews, FGDs, facility and household surveys is placed at **Appendix IV(B)**.

7. Time Schedule

The schedule is as follows:

S No	Activity	Deadline
1	Release of RFP	6 th May 2019
2	Last date for receiving queries/requests for clarifications	16 th May 2019
3	Pre-Proposal Conference	20 th May 2019
4	Final date for submission of bids	4 th June 2019
5	Award of contract	19 th June 2019

8. Deliverables & Timelines

- a. Inception report with final scope, methodology and approach. This should also include findings from the meta-analysis and therefore the areas which will be further explored during field visits.
- b. Mid-term report with initial findings of the study.
- c. Draft evaluation report for stakeholder consultations.
- d. Final Evaluation Report after incorporation of inputs from all the concerned stakeholders.

All the reports are required to be submitted in hard copy in triplicate and in soft copy. In addition to the reports, for further analysis in future, verifiable raw data in soft copy

should also be shared with NITI Aayog. This will include detailed transcriptions of key informant interviews and focus group discussions as well as raw data from household surveys in MS Excel/CSV format.

Timelines for the above deliverables would be as follows:

Sr. No	Activity	Deadline
1	Award of contract	T
2	Inception report	T+15 days
3	Finalization of inception report based on comments by NITI Aayog	T+17 days
4	Mid-term report	T+45 days
5	Sign-off on the mid-term report based on comments by NITI Aayog	T+48 days
6	Draft evaluation report	T+85 days
7	Comments on draft evaluation report by NITI Aayog	T+92 days
8	Sign-off on the Final Evaluation Report	T+100 days

9. Payment Schedule

The payment schedule linked to the specified deliverables above is given below:

Key Date No.	Description of Deliverables	Week No.	Payment
KD1	Inception report approved by Authority	3	20%
KD2	Mid-term report approved by Authority	7	30%
KD3	Draft evaluation report	13	30%
KD4	Final Evaluation Report approved by Authority	14	20%
	Total		100%

[§] Excludes the time taken by the Authority in providing its comments on the Draft evaluation report. The Consultant shall get one week for submission of the Final Evaluation Report after comments of the Authority are provided.

10. Indicative Structure of the Final Evaluation Report¹³:

1) Executive Summary

2) Introduction

3) Background to the Study

3.1. Objectives of the Study

3.2. Scope of the Study

3.3. Structure of Report

4) Approach and Methodology

4.1. Overall Approach

4.2. Meta-analysis Methodology

4.3. Field Study Methodology

4.3.1. Qualitative

4.3.1.1. Stakeholder & geographical coverage

4.3.1.2. Tools

4.3.2. Quantitative

4.3.2.1. Sampling - Geographical coverage & respondent profile

4.3.2.2. Sample size

4.3.2.3. Sample selection

4.3.2.4. Tools

4.4. Limitations of the Study

5) Sector-level Analysis

(This section will be a synthesis of the findings from the meta-analysis and the field study. This should draw from the literature/desk review of evaluations studies, government reports, academic literature etc., as well as the granular Umbrella CSS and CSS level analysis. There should be one section on each scheme.)

5.1. Background of the Sector

(This should include public/private structures and stakeholders; government interventions – State and Centre; trends, key drivers and dynamics within the sector, the sector's contribution to the economy and job creation, and levels of social inclusion in the sector etc.)

5.2. Performance of the Sector

(This should include sectoral performance on key metrics including the cross-sectional themes¹⁴ and performance against global benchmarks; the intended and

¹³ This is an indicative structure, which will evolve through the project timeline.

actual performance of the government sector; contribution of Umbrella CSS, CSS, State, CS schemes and other noteworthy multilateral interventions etc. to sectoral outcomes)

5.3. Issues & Challenges

(This should outline what the key gaps and bottlenecks in the sector are and why they continue to exist. This will include a root cause analysis, implementation challenges, policy/structural challenges, negative externalities etc.)

5.4. Recommendations and Solutions

(These should be provided based on the pillars of Relevance, Effectiveness, Efficiency, Sustainability, Impact and Equity at Sectoral level, and should also correspond to the issues and challenges as identified above.)

5.4.1. Policy interventions including the cross-sectional themes

5.4.2. Legislative framework

5.4.3. Others

6) Umbrella CSS-level Analysis

(This section will be a synthesis of the findings from the meta-analysis and the field study. This should draw from the literature/desk review of evaluations studies, government reports, academic literature etc., as well as the granular CSS level analysis. There should be one chapter on each Umbrella CSS.)

6.1. Background of the Umbrella CSS

(This should include the origins, history and evolution of the Umbrella scheme; its objectives, structures and stakeholders; details of schemes under the Umbrella; intended contribution to sectoral performance and national and international goals etc.)

6.2. Performance of the Umbrella CSS

(This should include performance on key metrics including the Output-Outcome Framework and cross-sectional themes; the actual vs intended contribution of Umbrella programmes to sectoral performance, etc.)

6.3. Issues & Challenges

(This should outline what the key gaps and bottlenecks in the UCSS are and why they continue to exist. This will include a root cause analysis, implementation challenges, structural challenges, negative externalities etc. The aspects to be covered will include: governance, institutional mechanisms, convergence with other schemes and programmes, fund flow efficiency and utilization, capacity-building and M&E systems)

6.4. Recommendations and Solutions

(These should be provided based on the pillars of Relevance, Effectiveness, Efficiency, Sustainability, Impact and Equity at Umbrella CSS level, and should also correspond to the issues and challenges as identified above. The interventions

¹⁴ Separate sub-sections should be provided for each of the cross-sectional themes as outlined in Paragraph 2 of the TOR. This is applicable across sections of the Indicative Report Structure where cross-sectional themes are mentioned.

should include modifications/deletions/additions required in the Umbrella CSS to fill sectoral gaps. Recommendations should be provided separately across the cross-sectional themes)

7) Conclusions

7.1. Summary of sectoral level issues & challenges

7.2. Sector Way Forward

8) References & Appendices

8.1. Appendix 1 - Details of Key Informant Interviews and Household Survey

8.1.1. Appendix 1a – Details of Key Informant Interviews

Sr. No.	Concerned Umbrella CSS	Scheme	Date of Interaction	Name & Designation of the key informant interviewed

8.1.2. Appendix 1b – Details of Household Surveys

Sr. No.	State	District	Beneficiary type	Number of samples covered

8.2. Appendix 2 - Format for CSS scheme-level analysis¹⁵

8.2.1. Scheme-level Analysis

(This section will be a synthesis of the findings from the meta-analysis and the field study. This should draw from the literature/desk review of evaluations studies, government reports, academic literature etc., as well as the granular CSS level analysis.)

8.2.1.1. Background of the scheme

(This should include the origins, history and evolution of the scheme; its objectives, implementation structures and stakeholders; intended contribution to sectoral performance and national and international goals etc.)

8.2.1.2. Performance of the scheme

¹⁵ This section is applicable only where there is more than one scheme under the Umbrella.

(This should include performance on key metrics including the Output-Outcome Framework and cross-sectional themes; the actual vs. intended contribution of schemes to sectoral performance, etc.)

8.2.1.3. Issues & Challenges

(This should outline what the key gaps and bottlenecks in the scheme are and why they continue to exist. This will include a root cause analysis, implementation challenges, structural challenges, negative externalities etc. The aspects to be covered will include: governance, institutional mechanisms, convergence with other schemes and programmes, fund flow efficiency and utilization, capacity-building and M&E systems)

8.2.1.4. Recommendations and Solutions

(These should be provided based on the pillars of Relevance, Effectiveness, Efficiency, Sustainability, Impact and Equity at CSS level, and should also correspond to the issues and challenges as identified above. The interventions should include modifications/deletions/additions required in the CSS to fill sectoral gaps. Recommendations should be provided separately across the cross-sectional themes)

8.3. Appendix 3 - Case Studies

The case studies should be identified using the criteria of effectiveness, efficiency, relevance, ethical soundness, scalability, sustainability and partner & community engagement and political commitment¹⁶. Kindly refer to the Chapter 1, 2 and 3 of the WHO Guidelines mentioned in the footnote for identifying and documenting best practices.

It is to be ensured that Final Evaluation Report submitted is in the proper format, well-designed and readable.

11. Support from NITI Aayog

A detailed list of scheme-specific information required for better contextual understanding of the Consultant is given in **Appendix IV** of the RFP.

12. Reporting

- a. The Consultant will work closely with the Authority. The Authority has established a Working Group (the “WG”) to enable conduct of this assignment. A designated Project Director of the Authority will be responsible for the overall coordination and project development. He will play a coordinating role in dissemination of the Consultant’s outputs, facilitating discussions, and ensuring required reactions and responses to the Consultant.
- b. The Consultant may prepare Issue Papers highlighting issues that could become critical for the timely completion of the Project and that require attention from the Authority.

¹⁶ WHO: A Guide to Identifying and Documenting Best Practices in Family Planning Programmes (https://www.who.int/reproductivehealth/publications/family_planning/best-practices-fp-programs/en/)

- c. The Consultant will make a presentation on the inception report, mid-term report and draft evaluation report for discussion with the WG at a meeting. This will be a working document. The Consultant is required to prepare and submit a weekly update that includes and describes, inter alia, general progress to date; data and reports obtained and reviewed, conclusions to date, if any; concerns about availability of, or access to, data, analyses, reports; questions regarding the TOR or any other matters regarding work scope and related issues; and so on. The Consultants' work on the TOR tasks should continue while the report is under consideration and is being discussed.
- d. Regular communication with the WG and the Project Director is required in addition to all key communications. This may take the form of telephone/ teleconferencing, emails, faxes, and occasional meetings.
- e. The Deliverables will be submitted as per schedule provided in this RFP.

13. Meetings

The Authority may review with the Consultant, any or all of the documents and advice forming part of the Consultancy, in meetings and conferences which will be held at the Authority's office. The expenses towards attending such meetings during the period of Consultancy, including travel costs and per diem, shall be reimbursed in accordance with the Financial Proposal contained in Form-2 of Appendix-II of the RFP. The days required to be spent at the office of the Authority shall be computed at the rate of 8 (eight) man hours a day in case of an outstation Consultant. For a Consultant having its office within or near the city where the Authority's office is situated, the time spent during meetings at the Authority's office shall be calculated as per actuals. No travel time shall be payable.

14. Miscellaneous

- a. The Consultant shall have/establish an office in Delhi/NCR, for efficient and coordinated performance of its Services. All the Key Personnel shall be deployed at this office during the first 16 (sixteen) weeks as specified in the Manning Schedule forming part of the Agreement. The authorised officials of the Authority may visit the Consultant's Project Office or field locations any time during office hours for inspection and interaction with the Consultant's Personnel. It is not expected of the Consultant to carry out the operations from the Head/Home Office.
- b. The Consultant shall mobilise and demobilise its Professional Personnel and Support Personnel with the concurrence of the Authority and shall maintain the time sheet/ attendance sheet of the working of all Personnel in the Project Office. These time sheets/ attendance sheets shall be made available to the Authority as and when asked for and a copy of such record shall be submitted to the Authority at the end of each calendar month.
- c. All the study outputs including primary data shall be compiled, classified and submitted by the Consultant to the Authority in soft form apart from the reports indicated in the Deliverables (Paragraph 4). The study outputs shall remain the property of the Authority and shall not be used for any purpose other than that intended under these Terms of Reference without the permission of the Authority. The Consultancy shall stand completed on acceptance by the Authority of all the Deliverables of the Consultant and execution of the Agreement or 52 (fifty two) weeks from the Effective Date, whichever is earlier. The Authority shall issue a certificate to that effect. The

Consultancy shall in any case be deemed to be completed upon expiry of 1 (one) year from the Effective Date, unless extended by mutual consent of the Authority and the Consultant.

SCHEDULE-2
(See Clause 2.1.3)

AGREEMENT

FOR

Consultancy for Evaluation of Centrally Sponsored Schemes
in Package 7 - Health Sector

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AGREEMENT

Consultancy for Evaluation of Centrally Sponsored Schemes in Package 7 - Health Sector

This AGREEMENT (hereinafter called the “**Agreement**”) is made on the day of the month of 20..., between, on the one hand, the President of India acting through Development Monitoring & Evaluation Office (hereinafter called the “**Authority**” which expression shall include their respective successors and permitted assigns, unless the context otherwise requires) and, on the other hand, (hereinafter called the “**Consultant**” which expression shall include their respective successors and permitted assigns).

WHEREAS

- (A) The Authority vide its Request for Proposal for Consultancy for Evaluation of Centrally Sponsored Schemes in Package 7 - Health Sector (hereinafter called the “**Consultancy**”) for the Project (hereinafter called the “**Project**”);
- (B) the Consultant submitted its proposals for the aforesaid work, whereby the Consultant represented to the Authority that it had the required professional skills, and in the said proposals the Consultant also agreed to provide the Services to the Authority on the terms and conditions as set forth in the RFP and this Agreement; and
- (C) the Authority, on acceptance of the aforesaid proposals of the Consultant, awarded the Consultancy to the Consultant vide its Letter of Award dated (the “**LOA**”); and
- (D) in pursuance of the LOA, the parties have agreed to enter into this Agreement.

NOW, THEREFORE, the parties hereto hereby agree as follows:

1. GENERAL

1.1 Definitions and Interpretation

1.1.1 The words and expressions beginning with capital letters and defined in this Agreement shall, unless the context otherwise requires, have the meaning hereinafter respectively assigned to them:

- (a) “**Additional Costs**” shall have the meaning set forth in Clause 6.1.2;
- (b) “**Agreement**” means this Agreement, together with all the Annexes;
- (c) “**Agreement Value**” shall have the meaning set forth in Clause 6.1.2;
- (d) “**Applicable Laws**” means the laws and any other instruments having the force of law in India as they may be issued and in force from time to time;
- (e) “**Confidential Information**” shall have the meaning set forth in Clause 3.3;

- (f) “**Conflict of Interest**” shall have the meaning set forth in Clause 3.2 read with the provisions of RFP;
- (g) “**Dispute**” shall have the meaning set forth in Clause 9.2.1;
- (h) “**Effective Date**” means the date on which this Agreement comes into force and effect pursuant to Clause 2.1;
- (i) “**Government**” means the Government of
- (j) “**INR, Re. or Rs.**” means Indian Rupees;
- (l) “**Member**”, in case the Consultant consists of a joint venture or consortium of more than one entity, means any of these entities, and “**Members**” means all of these entities;
- (m) “**Party**” means the Authority or the Consultant, as the case may be, and Parties means both of them;
- (n) “**Personnel**” means persons hired by the Consultant or by any Sub-Consultant as employees and assigned to the performance of the Services or any part thereof;
- (o) “**Resident Personnel**” means such persons who at the time of being so hired had their domicile inside India;
- (p) “**RFP**” means the Request for Proposal document in response to which the Consultant’s proposal for providing Services was accepted;
- (q) “**Services**” means the work to be performed by the Consultant pursuant to this Agreement, as described in the Terms of Reference hereto;
- (r) “**Sub-Consultant**” means any entity to which the Consultant subcontracts any part of the Services in accordance with the provisions of Clause 4.7; and
- (s) “**Third Party**” means any person or entity other than the Government, the Authority, the Consultant or a Sub-Consultant.

All terms and words not defined herein shall, unless the context otherwise requires, have the meaning assigned to them in the RFP.

1.1.2 The following documents along with all addenda issued thereto shall be deemed to form and be read and construed as integral parts of this Agreement and in case of any contradiction between or among them the priority in which a document would prevail over another would be as laid down below beginning from the highest priority to the lowest priority:

- (a) Agreement;
- (b) Annexes of Agreement;
- (c) RFP; and

- (d) Letter of Award.

1.2 Relation between the Parties

Nothing contained herein shall be construed as establishing a relation of master and servant or of agent and principal as between the Authority and the Consultant. The Consultant shall, subject to this Agreement, have complete charge of Personnel performing the Services and shall be fully responsible for the Services performed by them or on their behalf hereunder.

1.3 Rights and obligations

The mutual rights and obligations of the Authority and the Consultant shall be as set forth in the Agreement, in particular:

- (a) the Consultant shall carry out the Services in accordance with the provisions of the Agreement; and
- (b) the Authority shall make payments to the Consultant in accordance with the provisions of the Agreement.

1.4 Governing law and jurisdiction

This Agreement shall be construed and interpreted in accordance with and governed by the laws of India, and the courts in the State in which the Authority has its headquarters shall have exclusive jurisdiction over matters arising out of or relating to this Agreement.

1.5 Language

All notices required to be given by one Party to the other Party and all other communications, documentation and proceedings which are in any way relevant to this Agreement shall be in writing and in English language.

1.6 Table of contents and headings

The table of contents, headings or sub-headings in this Agreement are for convenience of reference only and shall not be used in, and shall not affect, the construction or interpretation of this Agreement.

1.7 Notices

Any notice or other communication to be given by any Party to the other Party under or in connection with the matters contemplated by this Agreement shall be in writing and shall:

- (a) in the case of the Consultant, be given by e-mail and by letter delivered by hand to the address given and marked for attention of the Consultant's Representative set out below in Clause 1.10 or to such other person as the Consultant may from time to time designate by notice to the Authority; provided that notices or other communications to be given to an address outside the city specified in Sub-clause (b) below may, if they are

subsequently confirmed by sending a copy thereof by registered acknowledgement due, air mail or by courier, be sent by e-mail to the number as the Consultant may from time to time specify by notice to the Authority;

- (b) in the case of the Authority, be given by e-mail and by letter delivered by hand and be addressed to the Authority with a copy delivered to the Authority Representative set out below in Clause 1.10 or to such other person as the Authority may from time to time designate by notice to the Consultant; provided that if the Consultant does not have an office in the same city as the Authority's office, it may send such notice by e-mail and by registered acknowledgement due, air mail or by courier; and
- (c) any notice or communication by a Party to the other Party, given in accordance herewith, shall be deemed to have been delivered when in the normal course of post it ought to have been delivered and in all other cases, it shall be deemed to have been delivered on the actual date and time of delivery; provided that in the case of e-mail, it shall be deemed to have been delivered on the working days following the date of its delivery.

1.8 Location

The Services shall be performed at the site of the Project in accordance with the provisions of RFP and at such locations as are incidental thereto, including the offices of the Consultant.

1.9 Authority of Member-in-charge

In case the Consultant consists of a consortium of more than one entity, the Parties agree that the Lead Member shall act on behalf of the Members in exercising all the Consultant's rights and obligations towards the Authority under this Agreement, including without limitation the receiving of instructions and payments from the Authority.

1.10 Authorised Representatives

1.10.1 Any action required or permitted to be taken, and any document required or permitted to be executed, under this Agreement by the Authority or the Consultant, as the case may be, may be taken or executed by the officials specified in this Clause 1.10.

1.10.2 The Authority may, from time to time, designate one of its officials as the Authority Representative. Unless otherwise notified, the Authority Representative shall be:

.....

.....

Tel:

Mobile:

Email:

1.10.3 The Consultant may designate one of its employees as Consultant’s Representative. Unless otherwise notified, the Consultant’s Representative shall be:

.....

.....

Tel:

Mobile:

Email:

1.11 Taxes and duties

Unless otherwise specified in the Agreement, the Consultant shall pay all such taxes, duties, fees and other impositions as may be levied under the Applicable Laws and the Authority shall perform such duties in regard to the deduction of such taxes as may be lawfully imposed on it.

2. COMMENCEMENT, COMPLETION AND TERMINATION OF AGREEMENT

2.1 Effectiveness of Agreement

This Agreement shall come into force and effect on the date of this Agreement (the “Effective Date”).

2.2 Commencement of Services

The Consultant shall commence the Services within a period of 3 (three) days from the Effective Date, unless otherwise agreed by the Parties.

2.3 Termination of Agreement for failure to commence Services

If the Consultant does not commence the Services within the period specified in Clause 2.2 above, the Authority may, by not less than 2 (two) weeks’ notice to the Consultant, declare this Agreement to be null and void, and in the event of such a declaration, the Bid Security of the Consultant shall stand forfeited.

2.4 Expiry of Agreement

Unless terminated earlier pursuant to Clauses 2.3 or 2.9 hereof, this Agreement shall, unless extended by the Parties by mutual consent, expire upon the earlier of (i) expiry of a period of 90 (ninety) days after the delivery of the final deliverable to the Authority; and (ii) the expiry of 1 (one) year from the Effective Date. Upon Termination, the Authority shall make payments of all amounts due to the Consultant hereunder.

2.5 Entire Agreement

- 2.5.1 This Agreement and the Annexes together constitute a complete and exclusive statement of the terms of the agreement between the Parties on the subject hereof, and no amendment or modification hereto shall be valid and effective unless such modification or amendment is agreed to in writing by the Parties and duly executed by persons especially empowered in this behalf by the respective Parties. All prior written or oral understandings, offers or other communications of every kind pertaining to this Agreement are abrogated and withdrawn; provided, however, that the obligations of the Consultant arising out of the provisions of the RFP shall continue to subsist and shall be deemed to form part of this Agreement.
- 2.5.2 Without prejudice to the generality of the provisions of Clause 2.5.1, on matters not covered by this Agreement, the provisions of RFP shall apply.

2.6 Modification of Agreement

Modification of the terms and conditions of this Agreement, including any modification of the scope of the Services, may only be made by written agreement between the Parties. Pursuant to Clauses 4.2.3 and 6.1.3 hereof, however, each Party shall give due consideration to any proposals for modification made by the other Party.

2.7 Force Majeure

2.7.1 Definition

- (a) For the purposes of this Agreement, “**Force Majeure**” means an event which is beyond the reasonable control of a Party, 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.
- (b) Force Majeure shall not include (i) any event which is caused by the negligence or intentional action of a Party or such Party’s Sub-Consultant or agents or employees, nor (ii) any event which a diligent Party could reasonably have been expected to both (A) take into account at the time of the conclusion of this Agreement, and (B) avoid or overcome in the carrying out of its obligations hereunder.
- (c) Force Majeure shall not include insufficiency of funds or failure to make any payment required hereunder.

2.7.2 No breach of Agreement

The failure of a Party to fulfil any of its obligations hereunder shall not be considered to be a breach of, or default under, this Agreement insofar 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, all with the objective of carrying out the terms and conditions of this Agreement.

2.7.3 Measures to be taken

- (a) A Party affected by an event of Force Majeure shall take all reasonable measures to remove such Party's inability to fulfil its obligations hereunder with a minimum of delay.
- (b) A Party affected by an event of Force Majeure shall notify the other Party of such event as soon as possible, and in any event not later than 14 (fourteen) days following the occurrence of such event, providing evidence of the nature and cause of such event, and shall similarly give notice of the restoration of normal conditions as soon as possible.
- (c) The Parties shall take all reasonable measures to minimise the consequences of any event of Force Majeure.

2.7.4 Extension of time

Any period within which a Party shall, pursuant to this Agreement, complete any action or task, shall be extended for a period equal to the time during which such Party was unable to perform such action as a result of Force Majeure.

2.7.5 Payments

During the period of its inability to perform the Services as a result of an event of Force Majeure, the Consultant shall be entitled to be reimbursed for Additional Costs reasonably and necessarily incurred by it during such period for the purposes of the Services and in reactivating the Services after the end of such period.

2.7.6 Consultation

Not later than 30 (thirty) days after the Consultant has, as the result of an event of Force Majeure, become unable to perform a material portion of the Services, the Parties shall consult with each other with a view to agreeing on appropriate measures to be taken in the circumstances.

2.8 Suspension of Agreement

The Authority may, by written notice of suspension to the Consultant, suspend all payments to the Consultant hereunder if the Consultant shall be in breach of this Agreement or shall fail to perform any of its obligations under this Agreement, including the carrying out of the Services; provided that such notice of suspension (i) shall specify the nature of the breach or failure, and (ii) shall provide an opportunity to the Consultant to remedy such breach or failure within a period not exceeding 30 (thirty) days after receipt by the Consultant of such notice of suspension.

2.9 Termination of Agreement

2.9.1 By the Authority

The Authority may, by not less than 30 (thirty) days' written notice of termination to the Consultant, such notice to be given after the occurrence of any of the events specified in this Clause 2.9.1, terminate this Agreement if:

- (a) the Consultant fails to remedy any breach hereof or any failure in the performance of its obligations hereunder, as specified in a notice of suspension pursuant to Clause 2.8 hereinabove, within 30 (thirty) days of receipt of such notice of suspension or within such further period as the Authority may have subsequently granted in writing;
- (b) the Consultant becomes insolvent or bankrupt or enters into any agreement with its creditors for relief of debt or take advantage of any law for the benefit of debtors or goes into liquidation or receivership whether compulsory or voluntary;
- (c) the Consultant fails to comply with any final decision reached as a result of arbitration proceedings pursuant to Clause 9 hereof;
- (d) the Consultant submits to the Authority a statement which has a material effect on the rights, obligations or interests of the Authority and which the Consultant knows to be false;
- (e) any document, information, data or statement submitted by the Consultant in its Proposals, based on which the Consultant was considered eligible or successful, is found to be false, incorrect or misleading;
- (f) as the result of Force Majeure, the Consultant is unable to perform a material portion of the Services for a period of not less than 60 (sixty) days; or
- (g) the Authority, in its sole discretion and for any reason whatsoever, decides to terminate this Agreement.

2.9.2 By the Consultant

The Consultant may, by not less than 30 (thirty) days' written notice to the Authority, such notice to be given after the occurrence of any of the events specified in this Clause 2.9.2, terminate this Agreement if:

- (a) the Authority fails to pay any money due to the Consultant pursuant to this Agreement and not subject to dispute pursuant to Clause 9 hereof within 45 (forty five) days after receiving written notice from the Consultant that such payment is overdue;
- (b) the Authority is in material breach of its obligations pursuant to this Agreement and has not remedied the same within 45 (forty five) days (or such longer period as the Consultant may have subsequently granted in writing) following the receipt by the Authority of the Consultant's notice specifying such breach;
- (c) as the result of Force Majeure, the Consultant is unable to perform a material portion of the Services for a period of not less than 60 (sixty) days; or

- (d) the Authority fails to comply with any final decision reached as a result of arbitration pursuant to Clause 9 hereof.

2.9.3 Cessation of rights and obligations

Upon termination of this Agreement pursuant to Clauses 2.3 or 2.9 hereof, or upon expiration of this Agreement pursuant to Clause 2.4 hereof, all rights and obligations of the Parties hereunder shall cease, except (i) such rights and obligations as may have accrued on the date of termination or expiration, or which expressly survive such Termination; (ii) the obligation of confidentiality set forth in Clause 3.3 hereof; (iii) the Consultant's obligation to permit inspection, copying and auditing of such of its accounts and records set forth in Clause 3.6, as relate to the Consultant's Services provided under this Agreement; and (iv) any right or remedy which a Party may have under this Agreement or the Applicable Law.

2.9.4 Cessation of Services

Upon termination of this Agreement by notice of either Party to the other pursuant to Clauses 2.9.1 or 2.9.2 hereof, the Consultant shall, immediately upon dispatch or receipt of such notice, take all necessary steps to bring the Services to a close in a prompt and orderly manner and shall make every reasonable effort to keep expenditures for this purpose to a minimum. With respect to documents prepared by the Consultant and equipment and materials furnished by the Authority, the Consultant shall proceed as provided respectively by Clauses 3.9 or 3.10 hereof.

2.9.5 Payment upon Termination

Upon termination of this Agreement pursuant to Clauses 2.9.1 or 2.9.2 hereof, the Authority shall make the following payments to the Consultant (after offsetting against these payments any amount that may be due from the Consultant to the Authority):

- (i) remuneration pursuant to Clause 6 hereof for Services satisfactorily performed prior to the date of termination;
- (ii) reimbursable expenditures pursuant to Clause 6 hereof for expenditures actually incurred prior to the date of termination; and
- (iii) except in the case of termination pursuant to sub-clauses (a) through (e) of Clause 2.9.1 hereof, reimbursement of any reasonable cost incidental to the prompt and orderly termination of the Agreement including the cost of the return travel of the Consultant's personnel.

2.9.6 Disputes about Events of Termination

If either Party disputes whether an event specified in Clause 2.9.1 or in Clause 2.9.2 hereof has occurred, such Party may, within 30 (thirty) days after receipt of notice of termination from the other Party, refer the matter to arbitration pursuant to Clause 9 hereof, and this Agreement shall not be terminated on account of such event except in accordance with the terms of any resulting arbitral award.

3. OBLIGATIONS OF THE CONSULTANT

3.1 General

3.1.1 Standards of Performance

The Consultant shall perform the Services and carry out its obligations hereunder with all due diligence, efficiency and economy, in accordance with generally accepted professional techniques and practices, and shall observe sound management practices, and employ appropriate advanced technology and safe and effective equipment, machinery, materials and methods. The Consultant shall always act, in respect of any matter relating to this Agreement or to the Services, as a faithful adviser to the Authority, and shall at all times support and safeguard the Authority's legitimate interests in any dealings with Sub-Consultants or Third Parties.

3.1.2 Terms of Reference

The scope of services to be performed by the Consultant is specified in the Terms of Reference (the “**TOR**”) at Annex-1 of this Agreement. The Consultant shall provide the Deliverables specified therein in conformity with the time schedule stated therein.

3.1.3 Applicable Laws

The Consultant shall perform the Services in accordance with the Applicable Laws and shall take all practicable steps to ensure that any Sub-Consultant, as well as the Personnel and agents of the Consultant and any Sub-Consultant, comply with the Applicable Laws.

3.2 Conflict of Interest

3.2.1 The Consultant shall not have a Conflict of Interest and any breach hereof shall constitute a breach of the Agreement.

3.2.2 Consultant and Affiliates not to be otherwise interested in the Project

The Consultant agrees that, during the term of this Agreement and after its termination, the Consultant or any Associate thereof and any entity affiliated with the Consultant, as well as any Sub-Consultant and any entity affiliated with such Sub-Consultant, shall be disqualified from providing goods, works, services, loans or equity for any project resulting from or closely related to the Services and any breach of this obligation shall amount to a Conflict of Interest; provided that the restriction herein shall not apply after a period of five years from the completion of this assignment or to consulting assignments granted by banks/ lenders at any time; provided further that this restriction shall not apply to consultancy/ advisory services provided to the Authority in continuation of this Consultancy or to any subsequent consultancy/ advisory services provided to the Authority in accordance with the rules of the Authority. For the avoidance of doubt, an entity affiliated with the Consultant shall include a partner in the Consultant's firm or a person who holds more than 5% (five per cent) of the subscribed and paid up share capital of the Consultant, as the case may be, and any Associate thereof.

3.2.3 Prohibition of conflicting activities

Neither the Consultant nor its Sub-Consultant nor the Personnel of either of them shall engage, either directly or indirectly, in any of the following activities:

- (a) during the term of this Agreement, any business or professional activities which would conflict with the activities assigned to them under this Agreement;
- (b) after the termination of this Agreement, such other activities as may be specified in the Agreement; or
- (c) at any time, such other activities as have been specified in the RFP as Conflict of Interest.

3.2.4 Consultant not to benefit from commissions, discounts, etc.

The remuneration of the Consultant pursuant to Clause 6 hereof shall constitute the Consultant's sole remuneration in connection with this Agreement or the Services and the Consultant shall not accept for its own benefit any trade commission, discount or similar payment in connection with activities pursuant to this Agreement or to the Services or in the discharge of its obligations hereunder, and the Consultant shall use its best efforts to ensure that any Sub-Consultant, as well as the Personnel and agents of either of them, similarly shall not receive any such additional remuneration.

3.2.5 The Consultant and its Personnel shall observe the highest standards of ethics and shall not have engaged in and shall not hereafter engage in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice (collectively the "**Prohibited Practices**"). Notwithstanding anything to the contrary contained in this Agreement, the Authority shall be entitled to terminate this Agreement forthwith by a communication in writing to the Consultant, without being liable in any manner whatsoever to the Consultant, if it determines that the Consultant has, directly or indirectly or through an agent, engaged in any Prohibited Practices in the Selection Process or before or after entering into of this Agreement. In such an event, the Authority shall forfeit and appropriate the performance security, if any, as mutually agreed genuine pre-estimated compensation and damages payable to the Authority towards, *inter alia*, the time, cost and effort of the Authority, without prejudice to the Authority's any other rights or remedy hereunder or in law.

3.2.6 Without prejudice to the rights of the Authority under Clause 3.2.5 above and the other rights and remedies which the Authority may have under this Agreement, if the Consultant is found by the Authority to have directly or indirectly or through an agent, engaged or indulged in any Prohibited Practices, during the Selection Process or before or after the execution of this Agreement, the Consultant shall not be eligible to participate in any tender or RFP issued during a period of 2 (two) years from the date the Consultant is found by the Authority to have directly or indirectly or through an agent, engaged or indulged in any Prohibited Practices.

3.2.7 For the purposes of Clauses 3.2.5 and 3.2.6, the following terms shall have the meaning hereinafter respectively assigned to them:

- (a) "**corrupt practice**" means (i) the offering, giving, receiving or soliciting, directly or indirectly, of anything of value to influence the actions of any

person connected with the Selection Process (for removal of doubt, offering of employment or employing or engaging in any manner whatsoever, directly or indirectly, any official of the Authority who is or has been associated in any manner, directly or indirectly with Selection Process or LOA or dealing with matters concerning the Agreement before or after the execution thereof, at any time prior to the expiry of one year from the date such official resigns or retires from or otherwise ceases to be in the service of the Authority, shall be deemed to constitute influencing the actions of a person connected with the Selection Process); or (ii) engaging in any manner whatsoever, whether during the Selection Process or after the issue of LOA or after the execution of the Agreement, as the case may be, any person in respect of any matter relating to the Project or the LOA or the Agreement, who at any time has been or is a legal, financial or technical adviser the Authority in relation to any matter concerning the Project;

- (b) “**fraudulent practice**” means a misrepresentation or omission of facts or suppression of facts or disclosure of incomplete facts, in order to influence the Selection Process;
- (c) “**coercive practice**” means impairing or harming, or threatening to impair or harm, directly or indirectly, any person or property to influence any person’s participation or action in the Selection Process or the exercise of its rights or performance of its obligations by the Authority under this Agreement;
- (d) “**undesirable practice**” means (i) establishing contact with any person connected with or employed or engaged by the Authority with the objective of canvassing, lobbying or in any manner influencing or attempting to influence the Selection Process; or (ii) having a Conflict of Interest; and
- (e) “**restrictive practice**” means forming a cartel or arriving at any understanding or arrangement among Applicants with the objective of restricting or manipulating a full and fair competition in the Selection Process.

3.3 Confidentiality

The Consultant, its Sub-Consultants and the Personnel of either of them shall not, either during the term or within two years after the expiration or termination of this Agreement disclose any proprietary information, including information relating to reports, data, drawings, design software or other material, whether written or oral, in electronic or magnetic format, and the contents thereof; and any reports, digests or summaries created or derived from any of the foregoing that is provided by the Authority to the Consultant, its Sub-Consultants and the Personnel; any information provided by or relating to the Authority, its technology, technical processes, business affairs or finances or any information relating to the Authority’s employees, officers or other professionals or suppliers, customers, or contractors of the Authority; and any other information which the Consultant is under an obligation to keep confidential in relation to the Project, the Services or this Agreement (“**Confidential Information**”), without the prior written consent of the Authority.

Notwithstanding the aforesaid, the Consultant, its Sub-Consultants and the Personnel of either of them may disclose Confidential Information to the extent that such Confidential Information:

- (i) was in the public domain prior to its delivery to the Consultant, its Sub-Consultants and the Personnel of either of them or becomes a part of the public knowledge from a source other than the Consultant, its Sub-Consultants and the Personnel of either of them;
- (ii) was obtained from a third party with no known duty to maintain its confidentiality;
- (iii) is required to be disclosed by Applicable Laws or judicial or administrative or arbitral process or by any governmental instrumentalities, provided that for any such disclosure, the Consultant, its Sub-Consultants and the Personnel of either of them shall give the Authority, prompt written notice, and use reasonable efforts to ensure that such disclosure is accorded confidential treatment; and
- (iv) is provided to the professional advisers, agents, auditors or representatives of the Consultant or its Sub-Consultants or Personnel of either of them, as is reasonable under the circumstances; provided, however, that the Consultant or its Sub-Consultants or Personnel of either of them, as the case may be, shall require their professional advisers, agents, auditors or its representatives, to undertake in writing to keep such Confidential Information, confidential and shall use its best efforts to ensure compliance with such undertaking.

3.4 Liability of the Consultant

3.4.1 The Consultant's liability under this Agreement shall be determined by the Applicable Laws and the provisions hereof.

3.4.2 The Consultant shall, subject to the limitation specified in Clause 3.4.3, be liable to the Authority for any direct loss or damage accrued or likely to accrue due to deficiency in Services rendered by it.

3.4.3 The Parties hereto agree that in case of negligence or wilful misconduct on the part of the Consultant or on the part of any person or firm acting on behalf of the Consultant in carrying out the Services, the Consultant, with respect to damage caused to the Authority's property, shall not be liable to the Authority:

(i) for any indirect or consequential loss or damage; and

(ii) for any direct loss or damage that exceeds (a) the Agreement Value set forth in Clause 6.1.2 of this Agreement, or (b) the proceeds the Consultant may be entitled to receive from any insurance maintained by the Consultant to cover such a liability in accordance with Clause 3.5.2, whichever of (a) or (b) is higher.

3.4.4 This limitation of liability specified in Clause 3.4.3 shall not affect the Consultant's liability, if any, for damage to Third Parties caused by the Consultant or any person or firm acting on behalf of the Consultant in carrying out the Services subject, however, to a limit equal to 3 (three) times the Agreement Value.

3.5 Insurance to be taken out by the Consultant

- 3.5.1 (a) The Consultant shall, for the duration of this Agreement, take out and maintain, and shall cause any Sub-Consultant to take out and maintain, at its (or the Sub-Consultant's, as the case may be) own cost, but on terms and conditions approved by the Authority, insurance against the risks, and for the coverages, as specified in the Agreement and in accordance with good industry practice.
- (b) Within 15 (fifteen) days of receiving any insurance policy certificate in respect of insurances required to be obtained and maintained under this clause, the Consultant shall furnish to the Authority, copies of such policy certificates, copies of the insurance policies and evidence that the insurance premia have been paid in respect of such insurance. No insurance shall be cancelled, modified or allowed to expire or lapse during the term of this Agreement.
- (c) If the Consultant fails to effect and keep in force the aforesaid insurances for which it is responsible pursuant hereto, the Authority shall, apart from having other recourse available under this Agreement, have the option, without prejudice to the obligations of the Consultant, to take out the aforesaid insurance, to keep in force any such insurances, and pay such premia and recover the costs thereof from the Consultant, and the Consultant shall be liable to pay such amounts on demand by the Authority.
- (d) Except in case of Third Party liabilities, the insurance policies so procured shall mention the Authority as the beneficiary of the Consultant and the Consultant shall procure an undertaking from the insurance company to this effect; provided that in the event the Consultant has a general insurance policy that covers the risks specified in this Agreement and the amount of insurance cover is equivalent to 3 (three) times the cover required hereunder, such insurance policy may not mention the Authority as the sole beneficiary of the Consultant or require an undertaking to that effect.
- 3.5.2 The Parties agree that the risks and coverages shall include but not be limited to the following:
- (a) Third Party liability insurance as required under Applicable Laws, with a minimum coverage of Rs. 1 (one) crore;
- (b) employer's liability and workers' compensation insurance in respect of the Personnel of the Consultant and of any Sub-Consultant, in accordance with Applicable Laws; and
- (c) professional liability insurance for an amount no less than the Agreement Value.

The indemnity limit in terms of "Any One Accident" (AOA) and "Aggregate limit on the policy period" (AOP) should not be less than the amount stated in Clause 6.1.2 of the Agreement. In case of consortium, the policy should be in the name of Lead Member and not in the name of individual Members of the consortium.

3.6 Accounting, inspection and auditing

The Consultant shall:

- (a) keep accurate and systematic accounts and records in respect of the Services provided under this Agreement, in accordance with internationally accepted accounting principles and in such form and detail as will clearly identify all relevant time charges and cost, and the basis thereof (including the basis of the Consultant's costs and charges); and
- (b) permit the Authority or its designated representative periodically, and up to one year from the expiration or termination of this Agreement, to inspect the same and make copies thereof as well as to have them audited by auditors appointed by the Authority.

3.7 Consultant's actions requiring the Authority's prior approval

The Consultant shall obtain the Authority's prior approval in writing before taking any of the following actions:

- (a) appointing such members of the Professional Personnel as are not listed in Annex-2.
- (b) entering into a subcontract for the performance of any part of the Services, it being understood (i) that the selection of the Sub-Consultant and the terms and conditions of the subcontract shall have been approved in writing by the Authority prior to the execution of the subcontract, and (ii) that the Consultant shall remain fully liable for the performance of the Services by the Sub-Consultant and its Personnel pursuant to this Agreement; or
- (c) any other action that is specified in this Agreement.

3.8 Reporting obligations

The Consultant shall submit to the Authority the reports and documents specified in the Agreement, in the form, in the numbers and within the time periods set forth therein.

3.9 Documents prepared by the Consultant to be property of the Authority

- 3.9.1 All plans, drawings, specifications, designs, reports and other documents (collectively referred to as "**Consultancy Documents**") prepared by the Consultant (or by the Sub-Consultants or any Third Party) in performing the Services shall become and remain the property of the Authority, and all intellectual property rights in such Consultancy Documents shall vest with the Authority. Any Consultancy Document, of which the ownership or the intellectual property rights do not vest with the Authority under law, shall automatically stand assigned to the Authority as and when such Consultancy Document is created and the Consultant agrees to execute all papers and to perform such other acts as the Authority may deem necessary to secure its rights herein assigned by the Consultant.
- 3.9.2 The Consultant shall, not later than termination or expiration of this Agreement, deliver all Consultancy Documents to the Authority, together with a detailed inventory thereof. The Consultant may retain a copy of such Consultancy Documents. The Consultant, its Sub-Consultants or a Third Party shall not use these Consultancy

Documents for purposes unrelated to this Agreement without the prior written approval of the Authority.

- 3.9.3 The Consultant shall hold the Authority harmless and indemnified for any losses, claims, damages, expenses (including all legal expenses), awards, penalties or injuries (collectively referred to as ‘Claims’) which may arise from or due to any unauthorised use of such Consultancy Documents, or due to any breach or failure on part of the Consultant or its Sub-Consultants or a Third Party to perform any of its duties or obligations in relation to securing the aforementioned rights of the Authority.

3.10 Equipment and materials furnished by the Authority

Equipment and materials made available to the Consultant by the Authority shall be the property of the Authority and shall be marked accordingly. Upon termination or expiration of this Agreement, the Consultant shall furnish forthwith to the Authority, an inventory of such equipment and materials and shall dispose of such equipment and materials in accordance with the instructions of the Authority. While in possession of such equipment and materials, the Consultant shall, unless otherwise instructed by the Authority in writing, insure them in an amount equal to their full replacement value.

3.11 Providing access to Project Office and Personnel

The Consultant shall ensure that the Authority, and officials of the Authority having authority from the Authority, are provided unrestricted access to the Project Office and to all Personnel during office hours. The Authority’s official, who has been authorised by the Authority in this behalf, shall have the right to inspect the Services in progress, interact with Personnel of the Consultant and verify the records relating to the Services for his satisfaction.

3.12. Accuracy of Documents

The Consultant shall be responsible for accuracy of the data collected by it directly or procured from other agencies/authorities, the designs, drawings, estimates and all other details prepared by it as part of these services. Subject to the provisions of Clause 3.4, it shall indemnify the Authority against any inaccuracy in its work which might surface during implementation of the Project, if such inaccuracy is the result of any negligence or inadequate due diligence on part of the Consultant or arises out of its failure to conform to good industry practice. The Consultant shall also be responsible for promptly correcting, at its own cost and risk, the drawings including any re-survey / investigations.

4. CONSULTANT’S PERSONNEL AND SUB-CONSULTANTS

4.1 General

The Consultant shall employ and provide such qualified and experienced Personnel as may be required to carry out the Services.

4.2 Deployment of Personnel

- 4.2.1 The designations, names and the estimated periods of engagement in carrying out the Services by each of the Consultant’s Personnel are described in Annex-2 of this

Agreement. The estimate of Personnel costs and person day rates are specified in Annex-3 of this Agreement.

- 4.2.2 Adjustments with respect to the estimated periods of engagement of Personnel set forth in the aforementioned Annex-3 may be made by the Consultant by written notice to the Authority, provided that: (i) such adjustments shall not alter the originally estimated period of engagement of any individual by more than 20% (twenty per cent) or one week, whichever is greater, and (ii) the aggregate of such adjustments shall not cause payments under the Agreement to exceed the Agreement Value set forth in Clause 6.1.2 of this Agreement. Any other adjustments shall only be made with the written approval of the Authority.
- 4.2.3 If additional work is required beyond the scope of the Services specified in the Terms of Reference, the estimated periods of engagement of Personnel, set forth in the Annexes of the Agreement may be increased by agreement in writing between the Authority and the Consultant, provided that any such increase shall not, except as otherwise agreed, cause payments under this Agreement to exceed the Agreement Value set forth in Clause 6.1.2.

4.3 Approval of Personnel

- 4.3.1 The Professional Personnel listed in Annex-2 of the Agreement are hereby approved by the Authority. No other Professional Personnel shall be engaged without prior approval of the Authority.
- 4.3.2 If the Consultant hereafter proposes to engage any person as Professional Personnel, it shall submit to the Authority its proposal along with a CV of such person in the form provided at Appendix-I (Form-12) of the RFP. The Authority may approve or reject such proposal within 14 (fourteen) days of receipt thereof. In case the proposal is rejected, the Consultant may propose an alternative person for the Authority's consideration. In the event the Authority does not reject a proposal within 14 (fourteen) days of the date of receipt thereof under this Clause 4.3, it shall be deemed to have been approved by the Authority.

4.4 Substitution of Key Personnel

The Authority expects all the Key Personnel specified in the Proposal to be available during implementation of the Agreement. The Authority will not consider any substitution of Key Personnel except under compelling circumstances beyond the control of the Consultant and the concerned Key Personnel. Such substitution shall be limited to not more than two Key Personnel subject to equally or better qualified and experienced personnel being provided to the satisfaction of the Authority. Without prejudice to the foregoing, substitution of one Key Personnel shall be permitted subject to reduction of remuneration equal to 20% (twenty per cent) of the total remuneration specified for the Key Personnel who is proposed to be substituted. In case of a second substitution, such reduction shall be equal to 50% (fifty per cent) of the total remuneration specified for the Key Personnel who is proposed to be substituted.

4.5 Working hours, overtime, leave, etc.

The Personnel shall not be entitled to be paid for overtime nor to take paid sick leave or vacation leave except as specified in the Agreement, and the Consultant's remuneration shall be deemed to cover these items. All leave to be allowed to the Personnel is excluded from the person days of service set forth in Annex-2. Any taking of leave by any Personnel for a period exceeding 7 (seven) days shall be subject to the prior approval of the Authority, and the Consultant shall ensure that any absence on leave will not delay the progress and quality of the Services.

4.6 Resident Team Leader and Project Manager

The person designated as the Team Leader of the Consultant's Personnel shall be responsible for the coordinated, timely and efficient functioning of the Personnel. In addition, the Consultant shall designate a suitable person as Project Manager (the "Project Manager") who shall be responsible for day to day performance of the Services.

4.7 Sub-Consultants

Sub-Consultants listed in Annex-4 of this Agreement are hereby approved by the Authority. The Consultant may, with prior written approval of the Authority, engage additional Sub-Consultants or substitute an existing Sub-Consultant. The hiring of Personnel by the Sub-Consultants shall be subject to the same conditions as applicable to Personnel of the Consultant under this Clause 4.

5. OBLIGATIONS OF THE AUTHORITY

5.1 Assistance in clearances etc.

Unless otherwise specified in the Agreement, the Authority shall make best efforts to ensure that the Government shall:

- (a) provide the Consultant, its Sub-Consultants and Personnel with work permits and such other documents as may be necessary to enable the Consultant, its Sub-Consultants or Personnel to perform the Services;
- (b) facilitate prompt clearance through customs of any property required for the Services; and
- (c) issue to officials, agents and representatives of the Government all such instructions as may be necessary or appropriate for the prompt and effective implementation of the Services.

5.2 Access to land and property

The Authority warrants that the Consultant shall have, free of charge, unimpeded access to the site of the project in respect of which access is required for the performance of Services; provided that if such access shall not be made available to the Consultant as and when so required, the Parties shall agree on (i) the time extension, as may be appropriate, for the performance of Services, and (ii) the additional payments, if any, to be made to the Consultant as a result thereof pursuant to Clause 6.1.3.

5.3 Change in Applicable Law

If, after the date of this Agreement, there is any change in the Applicable Laws with respect to taxes and duties which increases or decreases the cost or reimbursable expenses incurred by the Consultant in performing the Services, by an amount exceeding 2% (two per cent) of the Agreement Value specified in Clause 6.1.2, then the remuneration and reimbursable expenses otherwise payable to the Consultant under this Agreement shall be increased or decreased accordingly by agreement between the Parties hereto, and corresponding adjustments shall be made to the aforesaid Agreement Value.

5.4 Payment

In consideration of the Services performed by the Consultant under this Agreement, the Authority shall make to the Consultant such payments and in such manner as is provided in Clause 6 of this Agreement.

6. PAYMENT TO THE CONSULTANT

6.1 Cost estimates and Agreement Value

6.1.1 An abstract of the cost of the Services payable to the Consultant is set forth in Annex-5 of the Agreement.

6.1.2 Except as may be otherwise agreed under Clause 2.6 and subject to Clause 6.1.3, the payments under this Agreement shall not exceed the agreement value specified herein (the “**Agreement Value**”). The Parties agree that the Agreement Value is Rs. (Rupees.), which does not include the Additional Costs specified in Annex-5 (the “**Additional Costs**”).

6.1.3 Notwithstanding anything to the contrary contained in Clause 6.1.2, if pursuant to the provisions of Clauses 2.6 and 2.7, the Parties agree that additional payments shall be made to the Consultant in order to cover any additional expenditures not envisaged in the cost estimates referred to in Clause 6.1.1 above, the Agreement Value set forth in Clause 6.1.2 above shall be increased by the amount or amounts, as the case may be, of any such additional payments.

6.2 Currency of payment

All payments shall be made in Indian Rupees. The Consultant shall be free to convert Rupees into any foreign currency as per Applicable Laws.

6.3 Mode of billing and payment

Billing and payments in respect of the Services shall be made as follows:-

- (a) No Mobilisation Advance shall be paid.
- (b) The Consultant shall be paid for its services as per the Payment Schedule at Annex-6 of this Agreement, subject to the Consultant fulfilling the following conditions:

- (i) No payment shall be due for the next stage till the Consultant completes, to the satisfaction of the Authority, the work pertaining to the preceding stage.
- (ii) The Authority shall pay to the Consultant, only the undisputed amount.
- (c) The Authority shall cause the payment due to the Consultant to be made within 30 (thirty) days after the receipt by the Authority of duly completed bills with necessary particulars (the “**Due Date**”). Interest at the rate of 10% (ten per cent) per annum shall become payable as from the Due Date on any amount due by, but not paid on or before, such Due Date.
- (d) The final payment under this Clause shall be made only after the final report and a final statement, identified as such, shall have been submitted by the Consultant and approved as satisfactory by the Authority. The Services shall be deemed completed and finally accepted by the Authority and the final deliverable shall be deemed approved by the Authority as satisfactory upon expiry of 90 (ninety) days after receipt of the final deliverable by the Authority unless the Authority, within such 90 (ninety) day period, gives written notice to the Consultant specifying in detail, the deficiencies in the Services. The Consultant shall thereupon promptly make any necessary corrections and/or additions, and upon completion of such corrections or additions, the foregoing process shall be repeated. The Authority shall make the final payment upon acceptance or deemed acceptance of the final deliverable by the Authority.
- (e) Any amount which the Authority has paid or caused to be paid in excess of the amounts actually payable in accordance with the provisions of this Agreement shall be reimbursed by the Consultant to the Authority within 30 (thirty) days after receipt by the Consultant of notice thereof. Any such claim by the Authority for reimbursement must be made within 1 (one) year after receipt by the Authority of a final report in accordance with Clause 6.3 (d). Any delay by the Consultant in reimbursement by the due date shall attract simple interest @ 10% (ten per cent) per annum.
- (f) 10% (ten per cent) of the Agreement Value has been earmarked as Final Payment to be made to the Consultant upon execution of the Agreement. In the event the Agreement does not get executed within 1 (one) year of the Effective Date the Final Payment shall not become due to the Consultant, save and except the costs incurred for meeting its reimbursable expenses during the period after expiry of 18 (eighteen) weeks from the Effective Date, including travel costs and personnel costs, at the agreed rates.
- (g) All payments under this Agreement shall be made to the account of the Consultant as may be notified to the Authority by the Consultant.

7. LIQUIDATED DAMAGES AND PENALTIES

7.1 Performance Security

- 7.1.1 The Authority shall retain by way of performance security (the “**Performance Security**”), 10% (ten per cent) of all the amounts due and payable to the Consultant,

to be appropriated against breach of this Agreement or for recovery of liquidated damages as specified in Clause 7.2. The balance remaining out of the Performance Security shall be returned to the Consultant at the end of 3 (three) months after the expiry of this Agreement pursuant to Clause 2.4 hereof. For the avoidance of doubt, the parties hereto expressly agree that in addition to appropriation of the amounts withheld hereunder, in the event of any default requiring the appropriation of further amounts comprising the Performance Security, the Authority may make deductions from any subsequent payments due and payable to the Consultant hereunder, as if it is appropriating the Performance Security in accordance with the provisions of this Agreement.

- 7.1.2 The Consultant may, in lieu of retention of the amounts as referred to in Clause 7.1.1 above, furnish a Bank Guarantee substantially in the form specified at Annex-7 of this Agreement.

7.2 Liquidated Damages

7.2.1 Liquidated Damages for error/variation

In case any error or variation or plagiarism is detected in the data, data analysis or reports, submitted by the Consultant and such error or variation is the result of negligence or lack of due diligence on the part of the Consultant, the consequential damages thereof shall be quantified by the Authority in a reasonable manner and recovered from the Consultant by way of deemed liquidated damages, subject to a maximum of 10% (10 per cent) of the Agreement Value

7.2.2 Liquidated Damages for delay

In case of delay in completion of Services, liquidated damages not exceeding an amount equal to 1% (one per cent) of the Agreement Value per week, subject to a maximum of 10% (ten per cent) of the Agreement Value will be imposed and shall be recovered by appropriation from the Performance Security or otherwise. However, in case of delay due to reasons beyond the control of the Consultant, suitable extension of time shall be granted.

7.2.3 Encashment and appropriation of Performance Security

The Authority shall have the right to invoke and appropriate the proceeds of the Performance Security, in whole or in part, without notice to the Consultant in the event of breach of this Agreement or for recovery of liquidated damages specified in this Clause 7.2.

7.3 Penalty for deficiency in Services

In addition to the liquidated damages not amounting to penalty, as specified in Clause 7.2, warning may be issued to the Consultant for minor deficiencies on its part. In the case of significant deficiencies in Services causing adverse effect on the Project or on the reputation of the Authority, other penal action including debarment for a specified period may also be initiated as per policy of the Authority.

8. FAIRNESS AND GOOD FAITH

8.1 Good Faith

The Parties undertake to act in good faith with respect to each other's rights under this Agreement and to adopt all reasonable measures to ensure the realisation of the objectives of this Agreement.

8.2 Operation of the Agreement

The Parties recognise that it is impractical in this Agreement to provide for every contingency which may arise during the life of the Agreement, and the Parties hereby agree that it is their intention that this Agreement shall operate fairly as between them, and without detriment to the interest of either of them, and that, if during the term of this Agreement either Party believes that this Agreement is operating unfairly, the Parties will use their best efforts to agree on such action as may be necessary to remove the cause or causes of such unfairness, but failure to agree on any action pursuant to this Clause shall not give rise to a dispute subject to arbitration in accordance with Clause 9 hereof.

9. SETTLEMENT OF DISPUTES

9.1 Amicable settlement

The Parties shall use their best efforts to settle amicably all disputes arising out of or in connection with this Agreement or the interpretation thereof.

9.2 Dispute resolution

9.2.1 Any dispute, difference or controversy of whatever nature howsoever arising under or out of or in relation to this Agreement (including its interpretation) between the Parties, and so notified in writing by either Party to the other Party (the “**Dispute**”) shall, in the first instance, be attempted to be resolved amicably in accordance with the conciliation procedure set forth in Clause 9.3.

9.2.2 The Parties agree to use their best efforts for resolving all Disputes arising under or in respect of this Agreement promptly, equitably and in good faith, and further agree to provide each other with reasonable access during normal business hours to all non-privileged records, information and data pertaining to any Dispute.

9.3 Conciliation

In the event of any Dispute between the Parties, either Party may call upon CEO, NITI Aayog and the Chairman of the Board of Directors of the Consultant or a substitute thereof for amicable settlement, and upon such reference, the said persons shall meet no later than 10 (ten) days from the date of reference to discuss and attempt to amicably resolve the Dispute. If such meeting does not take place within the 10 (ten) day period or the Dispute is not amicably settled within 15 (fifteen) days of the meeting or the Dispute is not resolved as evidenced by the signing of written terms of settlement within 30 (thirty) days of the notice in writing referred to in Clause 9.2.1 or such longer period as may be mutually agreed by the Parties, either Party may refer the Dispute to arbitration in accordance with the provisions of Clause 9.4.

9.4 Arbitration

- 9.4.1 Any Dispute which is not resolved amicably by conciliation, as provided in Clause 9.3, shall be finally decided by reference to arbitration by an Arbitral Tribunal appointed in accordance with Clause 9.4.2. Such arbitration shall be held in accordance with the Rules of Arbitration of the International Centre for Alternative Dispute Resolution, New Delhi (the “**Rules**”), or such other rules as may be mutually agreed by the Parties, and shall be subject to the provisions of the Arbitration and Conciliation Act, 1996. The place of such arbitration shall be the capital of the State where the Authority has its headquarters and the language of arbitration proceedings shall be English.
- 9.4.2 There shall be a sole arbitrator whose appointment or an Arbitral Tribunal of three arbitrators, of whom each Party shall select one, and the third arbitrator shall be appointed by the two arbitrators so selected, and in the event of disagreement between the two arbitrators, the appointment¹⁷ shall be made in accordance with the Rules.
- 9.4.3 The arbitrators shall make a reasoned award (the “**Award**”). Any Award made in any arbitration held pursuant to this Clause 9 shall be final and binding on the Parties as from the date it is made, and the Consultant and the Authority agree and undertake to carry out such Award without delay.
- 9.4.4 The Consultant and the Authority agree that an Award may be enforced against the Consultant and/or the Authority, as the case may be, and their respective assets wherever situated.
- 9.4.5 This Agreement and the rights and obligations of the Parties shall remain in full force and effect, pending the Award in any arbitration proceedings hereunder.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be signed in their respective names as of the day and year first above written.

SIGNED, SEALED AND DELIVERED

For and on behalf of
Consultant:

(Signature)
(Name)
(Designation)
(Address)

SIGNED, SEALED AND DELIVERED

For and on behalf of
Authority

(Signature)
(Name)
(Designation)
(Address)

In the presence of:

1.

2.

¹⁷ Where the Agreement Value specified in Clause 6.1.2 of this Agreement is expected to be less than Rs. 2 crore, the provision for a sole arbitrator shall be retained and where the Agreement Value is likely to be more than Rs. 2 crore, the provision for a Board shall be retained.

Annex-1

Terms of Reference

(Refer Clause 3.1.2)

(Reproduce Schedule-1 of RFP)

Annex-2

Deployment of Personnel

(Refer Clause 4.2)

(Reproduce as per Form-13 of Appendix-I)

Annex-3

Estimate of Personnel Costs

(Refer Clause 4.2)

(Reproduce as per Form-3 of Appendix-II)

Annex-4

Approved Sub-Consultant(s)

(Refer Clause 4.7)

(Reproduce as per Form-15 of Appendix-I)

Annex-5

Cost of Services

(Refer Clause 6.1)

(Reproduce as per Form-2 of Appendix-II)

Annex-6

Payment Schedule

(Refer Clause 6.3)

Key Date No.	Description of Deliverables	Week No.	Payment
KD1	Inception report approved by Authority	3	20%
KD2	Mid term report approved by Authority	7	30%
KD3	Draft evaluation report	13	30%
KD4	Final Evaluation Report approved by Authority	14	20%
	Total		100%

⁵ Excludes the time taken by the Authority in providing its comments on the Draft evaluation report. The Consultant shall get one week for submission of the Final Evaluation Report after comments of the Authority are provided.

Notes:

- 1. The above payments shall be made to the Consultant provided that the payments to be made at any time shall not exceed the amount certified by the Consultant in its Statement of Expenses.*
- 2. All Reports shall first be submitted as draft reports for comments of the Authority. The Authority shall provide its comments no later than 3 (three) weeks from the date of receiving a draft report and in case no comments are provided within such 3 (three) weeks, the Consultant shall finalise its report. Provided, however, that the Authority may take upto 4 (four) weeks in providing its comments on the Draft evaluation report.*
- 3. Draft evaluation report shall be completed in 13 (thirteen) weeks excluding the time taken by the Authority in providing its comments on the Draft evaluation report. The Consultant may take 1 (one) week for submitting its Final Evaluation Report after receipt of comments from the Authority.*

Annex- 7

Bank Guarantee for Performance Security

(Refer Clause 7.1.2)

To

[The President of India /Governor of]
acting through

.....
.....
.....

In consideration of acting on behalf of the [President of India/Governor of] (hereinafter referred as the “**Authority**”, which expression shall, unless repugnant to the context or meaning thereof, include its successors, administrators and assigns) awarding to, having its office at (hereinafter referred as the “**Consultant**” which expression shall, unless repugnant to the context or meaning thereof, include its successors, administrators, executors and assigns), vide the Authority’s Agreement no. dated valued at Rs. (Rupees), (hereinafter referred to as the “**Agreement**”) the assignment for consultancy services in respect of the Project, and the Consultant having agreed to furnish a Bank Guarantee amounting to Rs. (Rupees) to the Authority for performance of the said Agreement.

We, (hereinafter referred to as the “**Bank**”) at the request of the Consultant do hereby undertake to pay to the Authority an amount not exceeding Rs. (Rupees) against any loss or damage caused to or suffered or would be caused to or suffered by the Authority by reason of any breach by the said Consultant of any of the terms or conditions contained in the said Agreement.

2. We, (indicate the name of the Bank) do hereby undertake to pay the amounts due and payable under this Guarantee without any demur, merely on a demand from the Authority stating that the amount/claimed is due by way of loss or damage caused to or would be caused to or suffered by the Authority by reason of breach by the said Consultant of any of the terms or conditions contained in the said Agreement or by reason of the Consultant’s failure to perform the said Agreement. Any such demand made on the bank shall be conclusive as regards the amount due and payable by the Bank under this Guarantee. However, our liability under this Guarantee shall be restricted to an amount not exceeding Rs. (Rupees).

3. We, (indicate the name of the Bank) do hereby undertake to pay to the Authority any money so demanded notwithstanding any dispute or disputes raised by the Consultant in any suit or proceeding pending before any court or tribunal relating thereto, our liability under this present being absolute and unequivocal. The payment so made by us under this bond shall be a valid discharge of our liability for payment thereunder and the Consultant shall have no claim against us for making such payment.

4. We, (indicate the name of Bank) further agree that the Guarantee herein contained shall remain in full force and effect during the period that would be required for the performance of the said Agreement and that it shall continue to be enforceable till all

the dues of the Authority under or by virtue of the said Agreement have been fully paid and its claims satisfied or discharged or till the Authority certifies that the terms and conditions of the said Agreement have been fully and properly carried out by the said Consultant and accordingly discharges this Guarantee. Unless a demand or claim under this Guarantee is made on us in writing on or before a period of one year from the date of this Guarantee, we shall be discharged from all liability under this Guarantee thereafter.

5. We, (indicate the name of Bank) further agree with the Authority that the Authority shall have the fullest liberty without our consent and without affecting in any manner our obligations hereunder to vary any of the terms and conditions of the said Agreement or to extend time of performance by the said Consultant from time to time or to postpone for any time or from time to time any of the powers exercisable by the Authority against the said Consultant and to forbear or enforce any of the terms and conditions relating to the said Agreement and we shall not be relieved from our liability by reason of any such variation, or extension being granted to the said Consultant or for any forbearance, act or omission on the part of the Authority or any indulgence by the Authority to the said Consultant or any such matter or thing whatsoever which under the law relating to sureties would, but for this provision, have the effect of so relieving us.

6. This Guarantee will not be discharged due to the change in the constitution of the Bank or the Consultant(s).

7. We, (indicate the name of Bank) lastly undertake not to revoke this Guarantee during its currency except with the previous consent of the Authority in writing.

8. For the avoidance of doubt, the Bank's liability under this Guarantee shall be restricted to Rs. crore (Rupees crore) only. The Bank shall be liable to pay the said amount or any part thereof only if the Authority serves a written claim on the Bank in accordance with Paragraph 2 hereof, on or before [..... (indicate the date falling 365 days after the date of this Guarantee)].

For

Name of Bank:

Seal of the Bank:

Dated, theday of, 20.....

(Signature, name and designation of the authorised signatory)

NOTES:

- (i) The Bank Guarantee should contain the name, designation and code number of the officer(s) signing the Guarantee.
- (ii) The address, telephone no. and other details of the Head Office of the Bank as well as of issuing Branch should be mentioned on the covering letter of issuing Branch.

SCHEDULE-3

(See Clause 2.3.3)

Guidance Note on Conflict of Interest

1. This Note further explains and illustrates the provisions of Clause 2.3 of the RFP and shall be read together therewith in dealing with specific cases.
2. Consultants should be deemed to be in a conflict of interest situation if it can be reasonably concluded that their position in a business or their personal interest could improperly influence their judgment in the exercise of their duties. The process for selection of consultants should avoid both actual and perceived conflict of interest.
3. Conflict of interest may arise between the Authority and a consultant or between consultants and present or future contractors. Some of the situations that would involve conflict of interest are identified below:
 - (a) Authority and consultants:
 - (i) Potential consultant should not be privy to information from the Authority which is not available to others;
 - (ii) potential consultant should not have defined the project when earlier working for the Authority;
 - (iii) potential consultant should not have recently worked for the Authority overseeing the project.
 - (b) Consultants and contractors:
 - (i) No consultant should have an ownership interest or a continuing business interest or an on-going relationship with a potential contractor save and except relationships restricted to project-specific and short-term assignments; or
 - (ii) no consultant should be involved in owning or operating entities resulting from the project; or
 - (iii) no consultant should bid for works arising from the project.

The participation of companies that may be involved as investors or consumers and officials of the Authority who have current or recent connections to the companies involved, therefore, needs to be avoided.

4. The normal way to identify conflicts of interest is through self-declaration by consultants. Where a conflict exists, which has not been declared, competing companies are likely to bring this to the notice of the Authority. All conflicts must be declared as and when the consultants become aware of them.
5. Another approach towards avoiding a conflict of interest is through the use of “Chinese walls” to avoid the flow of commercially sensitive information from one

part of the consultant's company to another. This could help overcome the problem of availability of limited numbers of experts for the project. However, in reality effective operation of "Chinese walls" may be a difficult proposition. As a general rule, larger companies will be more capable of adopting Chinese walls approach than smaller companies. Although, "Chinese walls" have been relatively common for many years, they are an increasingly discredited means of avoiding conflicts of interest and should be considered with caution. As a rule, "Chinese walls" should be considered as unacceptable and may be accepted only in exceptional cases upon full disclosure by a consultant coupled with provision of safeguards to the satisfaction of the Authority.

6. Another way to avoid conflicts of interest is through the appropriate grouping of tasks. For example, conflicts may arise if consultants drawing up the terms of reference or the proposed documentation are also eligible for the consequent assignment or project.
7. Another form of conflict of interest called "scope-creep" arises when consultants advocate either an unnecessary broadening of the terms of reference or make recommendations which are not in the best interests of the Authority but which will generate further work for the consultants. Some forms of contractual arrangements are more likely to lead to scope-creep. For example, lump-sum contracts provide fewer incentives for this, while time and material contracts provide built in incentives for consultants to extend the length of their assignment.
8. Every project contains potential conflicts of interest. Consultants should not only avoid any conflict of interest, they should report any present/ potential conflict of interest to the Authority at the earliest. Officials of the Authority involved in development of a project shall be responsible for identifying and resolving any conflicts of interest. It should be ensured that safeguards are in place to preserve fair and open competition and measures should be taken to eliminate any conflict of interest arising at any stage in the process.

APPENDICES

TECHNICAL PROPOSAL

Form-1

Letter of Proposal
(On Applicant's letter head)

(Date and Reference)

To,

.....
.....
.....

Sub: Appointment of Consultant for Evaluation of Centrally Sponsored Schemes in Package 7 - Health Sector

Dear Sir,

With reference to your RFP Document dated, I/we, having examined all relevant documents and understood their contents, hereby submit our Proposal for selection as Consultant for the Project. The proposal is unconditional and unqualified.

2. All information provided in the Proposal and in the Appendices is true and correct and all documents accompanying such Proposal are true copies of their respective originals.
3. This statement is made for the express purpose of appointment as the Consultant for the aforesaid Project.
4. I/We shall make available to the Authority any additional information it may deem necessary or require for supplementing or authenticating the Proposal.
5. I/We acknowledge the right of the Authority to reject our application without assigning any reason or otherwise and hereby waive our right to challenge the same on any account whatsoever.
6. I/We certify that in the last three years, we or any of our Associates have neither failed to perform on any contract, as evidenced by imposition of a penalty by an arbitral or judicial authority or a judicial pronouncement or arbitration award against the Applicant, nor been expelled from any project or contract by any public authority nor have had any contract terminated by any public authority for breach on our part.
7. I/We declare that:
 - (a) I/We have examined and have no reservations to the RFP Documents, including any Addendum issued by the Authority;

- (b) I/We do not have any Conflict of Interest in accordance with Clause 2.3 of the RFP Document;
 - (c) I/We have not directly or indirectly or through an agent engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, as defined in Clause 4.3 of the RFP document, in respect of any tender or request for proposal issued by or any agreement entered into with the Authority or any other public sector enterprise or any government, Central or State; and
 - (d) I/We hereby certify that we have taken steps to ensure that in conformity with the provisions of Section 4 of the RFP, no person acting for us or on our behalf will engage in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice.
8. I/We understand that you may cancel the Selection Process at any time and that you are neither bound to accept any Proposal that you may receive nor to select the Consultant, without incurring any liability to the Applicants in accordance with Clause 2.8 of the RFP document.
 9. I/We declare that we/any member of the consortium, are/is not a Member of a/any other Consortium applying for Selection as a Consultant.
 10. I/We certify that in regard to matters other than security and integrity of the country, we or any of our Associates have not been convicted by a Court of Law or indicted or adverse orders passed by a regulatory authority which would cast a doubt on our ability to undertake the Consultancy for the Project or which relates to a grave offence that outrages the moral sense of the community.
 11. I/We further certify that in regard to matters relating to security and integrity of the country, we have not been charge-sheeted by any agency of the Government or convicted by a Court of Law for any offence committed by us or by any of our Associates.
 12. I/We further certify that no investigation by a regulatory authority is pending either against us or against our Associates or against our CEO or any of our Directors/Managers/employees.^{18§}
 13. I/We hereby irrevocably waive any right or remedy which we may have at any stage at law or howsoever otherwise arising to challenge or question any decision taken by the Authority [and/ or the Government of India] in connection with the selection of Consultant or in connection with the Selection Process itself in respect of the above mentioned Project.
 14. The Bid Security of Rs. (Rupees) in the form of a Demand Draft is attached, in accordance with the RFP document.

^{18§} In case the Applicant is unable to provide the certification specified in Paragraph 12, it may precede the Paragraph by the words viz. "Except as specified in Schedule hereto". The exceptions to the certification or any disclosures relating thereto may be clearly stated in a Schedule to be attached to the Application. The Authority will consider the contents of such Schedule and determine whether or not the exceptions/disclosures are material to the suitability of the Applicant for pre-qualification hereunder.

15. I/We agree and understand that the proposal is subject to the provisions of the RFP document. In no case, shall I/we have any claim or right of whatsoever nature if the Consultancy for the Project is not awarded to me/us or our proposal is not opened or rejected.
16. I/We agree to keep this offer valid for 90 (ninety) days from the Proposal Due Date specified in the RFP.
17. A Power of Attorney in favour of the authorised signatory to sign and submit this Proposal and documents is attached herewith in Form-4.
18. In the event of my/our firm/ consortium being selected as the Consultant, I/we agree to enter into an agreement in accordance with the form at Schedule-2 of the RFP. We agree not to seek any changes in the aforesaid form and agree to abide by the same.
19. I/We have studied RFP and all other documents carefully. We understand that except to the extent as expressly set forth in the Agreement, we shall have no claim, right or title arising out of any documents or information provided to us by the Authority or in respect of any matter arising out of or concerning or relating to the Selection Process including the award of Consultancy.
20. The Financial Proposal is being submitted in a separate cover. This Technical Proposal read with the Financial Proposal shall constitute the Application which shall be binding on us.
21. I/We agree and undertake to abide by all the terms and conditions of the RFP Document. In witness thereof, I/we submit this Proposal under and in accordance with the terms of the RFP Document.

Yours faithfully,

(Signature, name and designation of the authorised signatory)
(Name and seal of the Applicant / Lead Member)

APPENDIX-I

Form-2

Particulars of the Applicant

1.1	Title of Consultancy: Evaluation of Centrally Sponsored Schemes
1.2	Title of Project: Package 7 - Health Sector
1.3	State whether applying as Sole Firm or Lead Member of a consortium: Sole Firm or Lead Member of a consortium
1.4	State the following: Name of Company or Firm: Legal status (e.g. incorporated private company, unincorporated business, partnership etc.): Country of incorporation: Registered address: Year of Incorporation: Year of commencement of business: Principal place of business: Brief description of the Company including details of its main lines of business Name, designation, address and phone numbers of authorised signatory of the Applicant: Name: Designation: Company: Address: Phone No.: E-mail address:
1.5	If the Applicant is Lead Member of a consortium, state the following for each of the other Member Firms:

	<p>(i) Name of Firm:</p> <p>(ii) Legal Status and country of incorporation</p> <p>(iii) Registered address and principal place of business.</p>
1.6	<p>For the Applicant, (in case of a consortium, for each Member), state the following information:</p> <p>(i) In case of non Indian Firm, does the Firm have business presence in India?</p> <p style="text-align: right;">Yes/No</p> <p>If so, provide the office address(es) in India.</p> <p>(ii) Has the Applicant or any of the Members in case of a consortium been penalized by any organization for poor quality of work or breach of contract in the last five years?</p> <p style="text-align: right;">Yes/No</p> <p>(iii) Has the Applicant/ Member ever failed to complete any work awarded to it by any public authority/ entity in last five years?</p> <p style="text-align: right;">Yes/No</p> <p>(iv) Has the Applicant or any member of the consortium been blacklisted by any Government department/Public Sector Undertaking in the last five years?</p> <p style="text-align: right;">Yes/No</p> <p>(v) Has the Applicant or any of the Members, in case of a consortium, suffered bankruptcy/insolvency in the last five years?</p> <p style="text-align: right;">Yes/No</p> <p>Note: If answer to any of the questions at (ii) to (v) is yes, the Applicant is not eligible for this consultancy assignment.</p>
1.7	<p>Does the Applicant's firm/company (or any member of the consortium) combine functions as a consultant or adviser along with the functions as a contractor and/or a manufacturer?</p> <p style="text-align: right;">Yes/No</p> <p>If yes, does the Applicant (and other Member of the Applicant's consortium) agree to limit the Applicant's role only to that of a consultant/ adviser to the Authority and to disqualify themselves, their Associates/ affiliates, subsidiaries and/or parent organization subsequently from work on this Project in any other capacity?</p> <p style="text-align: right;">Yes/No</p>
1.8	<p>Does the Applicant intend to borrow or hire temporarily, personnel from contractors, manufacturers or suppliers for performance of the Consulting Services?</p>

	Yes/No
	If yes, does the Applicant agree that it will only be acceptable as Consultant, if those contractors, manufacturers and suppliers disqualify themselves from subsequent execution of work on this Project (including tendering relating to any goods or services for any other part of the Project) other than that of the Consultant?
	Yes/No
	If yes, have any undertakings been obtained (and annexed) from such contractors, manufacturers, etc. that they agree to disqualify themselves from subsequent execution of work on this Project and they agree to limit their role to that of consultant/ adviser for the Authority only?
	Yes/No
	(Signature, name and designation of the authorised signatory)
	For and on behalf of

APPENDIX-I

Form-3

Statement of Legal Capacity

(To be forwarded on the letter head of the Applicant)

Ref. Date:

To,

.....
.....
.....

Dear Sir,

Sub: RFP for Consultant: Project

I/We hereby confirm that we, the Applicant (along with other members in case of consortium, the constitution of which has been described in the Proposal¹⁹), satisfy the terms and conditions laid down in the RFP document.

I/We have agreed that (insert Applicant's name) will act as the Lead Member of our consortium.

I/We have agreed that (insert individual's name) will act as our Authorised Representative/ will act as the Authorised Representative of the consortium on our behalf and has been duly authorized to submit our Proposal. Further, the authorised signatory is vested with requisite powers to furnish such proposal and all other documents, information or communication and authenticate the same.

Yours faithfully,

(Signature, name and designation of the authorised signatory)
For and on behalf of

¹⁹§ Please strike out whichever is not applicable

APPENDIX-I

Form-4

Power of Attorney

Know all men by these presents, we, (name of Firm and address of the registered office) do hereby constitute, nominate, appoint and authorise Mr / Ms..... son/daughter/wife and presently residing at, who is presently employed with us and holding the position of as our true and lawful attorney (hereinafter referred to as the “**Authorised Representative**”) to do in our name and on our behalf, all such acts, deeds and things as are necessary or required in connection with or incidental to submission of our Proposal for and selection as the Consultant for Evaluation of Centrally Sponsored Schemes in Package 7 - Health Sector for the Project, proposed to be developed by the (the “**Authority**”) including but not limited to signing and submission of all applications, proposals and other documents and writings, participating in pre-bid and other conferences and providing information/ responses to the Authority, representing us in all matters before the Authority, signing and execution of all contracts and undertakings consequent to acceptance of our proposal and generally dealing with the Authority in all matters in connection with or relating to or arising out of our Proposal for the said Project and/or upon award thereof to us till the entering into of the Agreement with the Authority.

AND, we do hereby agree to ratify and confirm all acts, deeds and things lawfully done or caused to be done by our said Authorised Representative pursuant to and in exercise of the powers conferred by this Power of Attorney and that all acts, deeds and things done by our said Authorised Representative in exercise of the powers hereby conferred shall and shall always be deemed to have been done by us.

IN WITNESS WHEREOF WE, THE ABOVE-NAMED PRINCIPAL HAVE EXECUTED THIS POWER OF ATTORNEY ON THIS DAY OF, 20.....

For

(Signature, name, designation and address)

Witnesses:

- 1.
- 2.

Notarised

Accepted

.....
(Signature, name, designation and address of the Attorney)

Notes:

- *The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant(s) and when it is so required the same should be under common seal affixed in*

accordance with the required procedure. The Power of Attorney should be executed on a non-judicial stamp paper of Rs. 100 (hundred) and duly notarised by a notary public.

- *Wherever required, the Applicant should submit for verification the extract of the charter documents and other documents such as a resolution/power of attorney in favour of the person executing this Power of Attorney for the delegation of power hereunder on behalf of the Applicant.*
- *For a Power of Attorney executed and issued overseas, the document will also have to be legalised by the Indian Embassy and notarised in the jurisdiction where the Power of Attorney is being issued. However, Applicants from countries that have signed the Hague Legislation Convention 1961 need not get their Power of Attorney legalised by the Indian Embassy if it carries a conforming Apostille certificate.*

APPENDIX-I

Form-5

Financial Capacity of the Applicant
(Refer Clause 2.2.2 (B))

S. No.	Financial Year	Annual Revenue (Rs./US \$ in million)
1.		
2.		
3.		

Certificate from the Statutory Auditor[§]

This is to certify that (name of the Applicant) has received the payments shown above against the respective years on account of professional fees.

Name of the audit firm:

Seal of the audit firm

Date:

(Signature, name and designation of the authorised signatory)

[§] In case the Applicant does not have a statutory auditor, it shall provide the certificate from its chartered accountant that ordinarily audits the annual accounts of the Applicant.

Note: Please do not attach any printed Annual Financial Statement.

APPENDIX-I

Form-6

Particulars of Key Personnel

S. No.	Designation of Key Personnel	Name	Educational Qualification	Length of Professional Experience	Present Employment		No. of Eligible General Assignments ^{\$}	No. of Eligible Specific Assignments ^{\$}
					Name of Firm	Employed Since		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1.	Team Leader							
2	Deputy Team Leader							
3	Monitoring and Evaluation Expert							
4	Economist							
5	Public Health Lead							
6	Finance Specialist							
7	Statistician							
8	Public Institution Specialist							

9	Gender and Social Inclusion Specialist							
10	Environment, Climate Change and Sustainability Specialist							
11	Information Technology specialist							
12	Safeguards Specialist							
13	Medicine & Health Technology Expert							
14	AYUSH Expert							

§Refer Form 9 of Appendix I Experience of Key Personnel

APPENDIX-I

Form-7

Proposed Methodology and Work Plan

The proposed methodology and work plan shall be described as follows:

1. Understanding of TOR (not more than two pages)

The Applicant shall clearly state its understanding of the TOR and also highlight its important aspects. The Applicant may supplement various requirements of the TOR and also make precise suggestions if it considers this would bring more clarity and assist in achieving the Objectives laid down in the TOR.

2. Methodology and Work Plan (not more than four pages)

The Applicant will submit its methodology for carrying out this assignment, outlining its approach toward achieving the Objectives laid down in the TOR, including approach, methodology, sampling, criteria for State/UT selection etc. The Applicant will submit a brief write up on its proposed team and organisation of personnel explaining how different areas of expertise needed for this assignment have been fully covered by its proposal. In case the Applicant is a consortium, it should specify how the expertise of each firm is proposed to be utilised for this assignment. The Applicant should specify the sequence, locations and timelines of important activities in the form of a Gantt chart, and provide a quality assurance plan for carrying out the Consultancy Services.

Note: Marks will be deducted for writing lengthy and out of context responses.

APPENDIX-I

Form-8

Abstract of Eligible Assignments of the Applicant[§]
(Refer Clause 3.1.4)

S.No	Name of Project	Name of Client	Estimated cost of Project/Assignment (in Rs. crore/ US\$ million)	Payment ^{\$\$} of professional fees received by the Applicant (in Rs. crore)	Type of Assignment (General/Specific) As per Clause 3.1.4
(1) [£]	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
4					

[§] The Applicant should provide details of only those projects that have been undertaken by it under its own name.

^{\$\$} Exchange rate for conversion of US \$ shall be as per Clause 1.7.1.

[£] The names and chronology of Eligible Projects included here should conform to the project-wise details submitted in Form-10 of Appendix-I.

Certificate from the Statutory Auditor[§]

This is to certify that the information contained in Column 5 above is correct as per the accounts of the Applicant and/ or the clients.

Name of the audit firm:

Seal of the audit firm

Date:

(Signature, name and designation of the authorised signatory)

[§] In case the Applicant does not have a statutory auditor, it shall provide the certificate from its chartered accountant that ordinarily audits the annual accounts of the Applicant.

Note: The Applicant may attach separate sheets to provide brief particulars of other relevant experience of the Applicant.

APPENDIX-I

Form-9

Abstract of Eligible Assignments of Key Personnel[§]

(Refer Clause 3.1.4)

Name of Key Personnel:

Designation:

S.No	Name of Project [§]	Name of Client	Estimated capital cost of project (in Rs. cr./ US\$ million)	Name of firm for which the Key Personnel worked	Designation of the Key Personnel on the assignment	Date of completion of the assignment	Person days spent	Type of Assignment (General/Specific) As per Clause 3.1.4
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

[§] Use separate Form for each Key Personnel.

^{§§} The names and chronology of projects included here should conform to the project-wise details submitted in Form-11 of Appendix-I.

Note: The Applicant may attach separate sheets to provide brief particulars of other relevant experience of the Key Personnel.

APPENDIX-I

Form-10

Eligible Assignments of Applicant

(Refer Clause 3.1.4)

1.	Name of Applicant:	
2.	Name of the Project:	
3.	Type of Assignment (General/Specific) as per Clause 3.1.4	
4.	Description of services performed by the Applicant Firm:	
5.	Name of client and Address: (indicate whether public or private)	
6.	Name and telephone no. of client's representative:	
7.	Estimated capital cost of the Project (in Rs crore or US\$ million):	
8.	Payment received by the Applicant (in Rs. crore):	
9.	Start date of the services (month/ year):	
10.	Finish date of the services (month/ year):	
11.	Brief description of the Project:	
<p>It is certified that the aforesaid information is true and correct to the best of my knowledge and belief.</p> <p style="text-align: right;">(Signature and name of Key Personnel)</p>		

Notes:

1. Use separate sheet for each Eligible Project.
2. The Applicant may attach separate sheets to provide brief particulars of other relevant experience of the Applicant.
3. Exchange rate for conversion of US \$ shall be as per Clause 1.7.1.

APPENDIX-I

Form-11

Eligible Assignments of Key Personnel
(Refer Clause 3.1.4)

1.	Name of Key Personnel:	
2.	Designation of Key Personnel:	
3.	Name of the Project:	
4.	Type of Assignment (General/Specific) as per Clause 3.1.4	
5.	Name of Consulting Firm where employed:	
6.	Description of services performed by the Key Personnel (including designation):	
7.	Name of client and Address: (indicate whether public or private)	
8.	Name and telephone no. of client's representative:	
9.	Estimated capital cost of the Project (in Rs crore or US\$ million):	
10.	Start date of the services (month/ year):	
11.	Finish date of the services (month/ year):	
12.	Brief description of the Project:	
<p>It is certified that the aforesaid information is true and correct to the best of my knowledge and belief.</p> <p style="text-align: right;">(Signature and name of Key Personnel)</p>		

Notes:

1. Use separate sheet for each Eligible Project.
2. The Applicant may attach separate sheets to provide brief particulars of other relevant experience of the Key Personnel.
3. Exchange rate for conversion of US \$ shall be as per Clause 1.7.1.

APPENDIX-I

Form-12

Curriculum Vitae (CV) of Key Personnel

1. Proposed Position:
2. Name of Personnel:
3. Date of Birth:
4. Nationality:
5. Educational Qualifications:
6. Employment Record:
(Starting with present position, list in reverse order every employment held.)
7. List of projects on which the Personnel has worked

Name of project	Description of responsibilities
-----------------	---------------------------------

8. Details of the current assignment and the time duration for which services are required for the current assignment.

Certification:

- 1 I am willing to work on the Project and I will be available for entire duration of the Project assignment as required.
- 2 I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes me, my qualifications and my experience.

(Signature and name of the Key Personnel)

Place.....

(Signature and name of the authorised signatory of the Applicant)

Notes:

1. Use separate form for each Key Personnel
2. The names and chronology of assignments included here should conform to the project-wise details submitted in Form-8 of Appendix-I.

3. Each page of the CV shall be signed in ink and dated by both the Personnel concerned and by the Authorised Representative of the Applicant firm along with the seal of the firm. Photocopies will not be considered for evaluation.

APPENDIX-I

Form-13

Deployment of Personnel

S.No.	Designation	Name	Person Days (PD)		Week Numbers																			
			On Field	In Office	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1.																								
2.																								
3.																								
4.																								
5.																								
6.																								
7.																								
8.																								
9.																								
10.																								
11.																								
Total Person days																								

APPENDIX-I

Form-14

Survey and Field Investigations

Item of Work/ Activity	To be carried out/ prepared by		Week																		
	Name	Designation	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

APPENDIX-I

Form-15

Proposal for Sub-Consultant(s)

1. Details of the Firm				
Firm's Name, Address and Telephone				
Name and Telephone No. of the Contact Person				
Fields of Expertise				
No. of Years in business in the above Fields				
2. Services that are proposed to be sub contracted:				
3. Person who will lead the Sub- Consultant				
Name:				
Designation:				
Telephone No:				
Email:				
4. Details of Firm's previous experience				
Name of Work	Name, address and telephone no. of Client	Total Value of Services Performed	Duration of Services	Date of Completion of Services
1.				
2.				
3.				

(Signature and name of the authorised signatory)

Note:

1. The Proposal for Sub-Consultant(s) shall be accompanied by the details specified in Forms 12 and 13 of Appendix –I.
2. Use separate form for each Sub-Consultant

APPENDIX-II

FINANCIAL PROPOSAL

Form-1

Covering Letter

(On Applicant's letter head)

(Date and Reference)

To,

.....

.....

.....

Dear Sir,

Subject: Appointment of Consultant for Evaluation of Centrally Sponsored Schemes in
Package 7 - Health Sector

I/We, (Applicant's name) herewith enclose the Financial Proposal for
selection of my/our firm as Consultant for above.

I/We agree that this offer shall remain valid for a period of 90 (ninety) days from the
Proposal Due Date or such further period as may be mutually agreed upon.

Yours faithfully,

(Signature, name and designation of the authorised signatory)

Note: The Financial Proposal is to be submitted strictly as per forms given in the RFP.

APPENDIX-II
(See Clause 2.1.3)

Form-2

Financial Proposal

Item No.	Description	Amount (Rs.)
A.	RESIDENT PERSONNEL	
I	Remuneration for Resident Professional Personnel (inclusive of all personal allowances)	
II	Remuneration for Resident Support Personnel (inclusive of all personal allowances)	
	Sub-total Resident Personnel (A):	
B.	LOCAL COSTS	
I	Office Rent	
II	Office Consumables like stationery, communication etc.	
III	Office Furniture and Equipment (Rental)	
IV	Reports and Document Printing	
V	Surveys & Investigations	
VI	Miscellaneous Expenses	
	Subtotal Local Costs (B):	
	Total of Personnel and Local Costs (A+B):	
C.	POST REPORT CONSULTATIONS	
	2 person days each of	
I	Team Leader	
II	Deputy Team Leader	
III	Monitoring and Evaluation Expert	
IV	Economist	
V	Public Health Lead	

	Subtotal Post Report Consultations (C):	
D	SUBTOTAL OF A+B+C	
E	OVERHEAD EXPENSES @% of (D)	
F	SERVICE TAX	
G	TOTAL (including taxes) (D+E+F) (in Rs.) In Indian Rupees(in figures) (in words)	
H	ADDITIONAL COSTS (not included in evaluation)	
I	Domestic travel from firm's office to the Project Office (restricted to five return economy class air fares for each Key Personnel)	
II	Return journeys from Project Office to Authority's office to attend meetings held by the Authority (provide indicative amount for five return fares)	
	Total of Additional Costs (H)	
I	TOTAL COST OF THE CONSULTANCY (G+H) In Indian Rupees (in figures) (in words)	

Note:

1. The financial evaluation shall be based on the above Financial Proposal, excluding Additional Costs. The total in Item G shall, therefore, be the amount for purposes of evaluation. Additional Costs in Item H shall not be reckoned for purposes of financial evaluation.
2. Estimate of Costs for Item A I and A II shall be as per Form-3.
3. Miscellaneous Expenses in Item B VI shall not exceed 15% (fifteen per cent) of the total amount in Item D.
4. Domestic Air Fare in Item H I shall not be payable to the Consultant's Personnel who are normally stationed in Delhi NCR.
5. All costs shall be reimbursed on production of a Statement of Expenses, duly certified by the Authorised Representative. However, no details of expenditures would be sought for overhead expenses, which will be reimbursed in proportion to the total expenses under Item D.

6. The reimbursement of expenses shall be limited to the amounts indicated above.
7. Savings of upto 20% (twenty per cent) under any head of expenditure specified in the summary of Financial Proposal may be reappropriated by the Consultant and added to any other head of expenditure, subject to a ceiling of 10% (ten per cent) in respect of the recipient head of expenditure. Upon Notification of such reappropriation to the Authority, the Financial Proposal shall be deemed to be amended, and payment shall be made accordingly.
8. No escalation on any account will be payable on the above amounts.
9. All other charges not shown here and all insurance premia are considered included in the person day rate/ overhead/ miscellaneous expenses.
10. The Authority may require the Key Personnel to visit the Project/ the Authority's offices for further consultations after their Report has been accepted. The cost (remuneration including personal allowances) of 2 (two) person days of each Key Personnel is included in the Financial Proposal. The Authority may require upto 12 (twelve) extra days of consultation with any or all Key Personnel on payment of additional charges. For any increase as compared to the aforesaid 2 (two) days, payment shall be computed solely on the basis of relevant person day rates specified in the Financial Proposal. In all cases, return full fare economy class airfare shall be reimbursed in addition, as per actuals.
11. The Authority may require Professional Personnel to visit the Project/the Authority's offices for further consultations or undertake desk work after the report has been accepted. The Additional Costs on this account shall be paid to the Consultant as per agreed person day rates and economy return airfare as per actuals shall also be reimbursed. However, the total number of additional person days requisitioned hereunder shall not exceed 120 (one hundred and twenty).
12. All payments shall be made in Indian Rupees and shall be subject to applicable Indian laws withholding taxes if any.
13. For the purposes hereof "**Statement of Expenses**" means a statement of the expenses incurred on each of the heads indicated in the Financial Proposal; provided that in relation to expenses on Personnel, the Statement of Expenses shall be accompanied by the particulars of Personnel and the person days spent on the Consultancy.

APPENDIX-II

Form-3

Estimate of Personnel Costs

ID No.	Position	Name	Person day Rate (Rs.)	Total Person Days	Amount (Rs.)
A I. Remuneration for Resident Professional Personnel (including all personal allowances)					
Total					
A II. Remuneration for Resident Support Personnel (including all personal allowances)					
Total					
Total:					

APPENDIX - III
LIST OF BID-SPECIFIC PROVISIONS²⁰§

A. Clauses with currency-based footnotes

1. Introduction.
2. Clause 2.2.3: Conditions of Eligibility of Applicants.
3. Clause 2.11.3: Amendment of RFP.

Note: The above footnotes marked “\$” shall be retained in the RFP for guidance of the Applicants while submitting their respective Proposals.

B. Schedules with non-numeric footnotes

All non-numeric footnotes marked “\$” in the Schedules shall be retained in the respective Schedules for guidance of the Applicants while submitting their respective Proposals.

C. Appendices with non-numeric footnotes

All non-numeric footnotes in the Appendices shall be retained in the respective Appendices for guidance of the Applicants. These shall be omitted by the Applicants while submitting their respective Proposals.

D. Schedules and Appendices with blank spaces

All blank spaces in the Schedules and Appendices shall be retained in the RFP. These shall be filled up when the format of the respective Schedule or Appendix is used.

²⁰§ This Appendix-III contains a list of Clauses, Schedules and Appendices that would need to be suitably modified for reflecting bid-specific provisions. This Appendix-III may, therefore, be included in the RFP document to be issued to prospective Applicants

APPENDIX-IV

REFERENCES

A. Table 1: List of Sectors and Corresponding Umbrella Schemes

Sector Name	Umbrella CCS	Ministries/Department Involved	CSS Scheme list	Cumulative outlay for past 5 years (2015-16 to 2019-20) in Rs Cr²¹	Year of scheme launch
Health Sector	National Health Mission	Ministry of Health & Family Welfare	National Rural Health Mission	115290.00	2005
		Ministry of Health & Family Welfare	National Urban Health Mission	3697.43	2013
		Ministry of Health & Family Welfare	Tertiary Care Programme	2519.62	-
		Ministry of Health & Family Welfare	Human Resources for Health and Medical Education	14572.76	-
		Ministry of AYUSH	National AYUSH Mission	2235.83	2015
	National Health Protection Scheme	Ministry of Health & Family Welfare	Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana	8800.00	2018

²¹ Cumulative Outlay here is the sum of the actual expenditure of 2015-16,2016-17,2017-18, revised estimate of 2018-19 and Budget Estimate of 2019-20

B. Table 2: Indicative Stakeholder Mapping (Sectoral Level)

a) National Health Mission (including NRHM, NUHM, Territory Care Programme, Human Resource for Health and Medical Education)

Health Sector	Key Informant Interviews	Focus Group Discussions	Surveys
National	Central Government, NHM (Programme Management Unit), National Health Resource Centre, National Institute of Health and Family Welfare		
State	State Government Officials, State Health Resource Centre, State Institute of Health and Family welfare, State Programme Management Unit, Medical Colleges/ Institutions, Nursing Colleges, Pharmacy School/ Colleges		
District	District Officials, Chief Medical Officer/ Medical Superintendent, Doctors/ Specialists and Paramedical staff at District Hospitals		
Block	Doctors and Paramedic Staff at CHC/ & PHC/U-PHC		
Villages/ Town	Sub Centre/Urban Health Centre, Health Wellness Centre, Health Workers, ANM, ASHA, Anganwadi Worker, NGOs/ Voluntary Organisation, PRIs etc.	Pregnant Women and Lactating mothers, JSY beneficiaries, Infant and Young Children, Adolescent Girls, School going Children, Old age persons, Patients (who availed service from	Pregnant Women and Lactating mothers, JSY beneficiaries, Infant and Young Children, Adolescent Girls, School going Children, Old age person, Patients (who availed service from

Households	Individual beneficiary	Health facilities for communicable and non-communicable disease) etc.	Health facilities for communicable and non-communicable disease) etc.
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b) National AYUSH Mission

Health Sector	Key Informant Interviews	Focus Group Discussions	Survey
National	Central Government, Centre Programme Management Unit,		
State Level	State AYUSH Directorate, AYUSH Educational Institution, AUSH Drugs and Quality Control Unit, AUSH Pharmacies		
District Level	AYUSH Hospitals, AYUSH Dispensaries, Co-located unit at District Hospitals, 50/10 bedded AYUSH hospital		
Block Level	Co-located unit at CHC & PHC, AYUSH Dispensaries		
Village/Town level	AYUSH Dispensaries, School, Ayush Gram	Patients (who availed benefit from AYUSH facilities), School going children, Women, Children, Old peoples etc.	Patients (who availed benefit from AYUSH facilities), School going children, Women, Children, Old peoples etc.
Household level	Individual beneficiary		

C. Indicative List of key documents to be referred by Consultant

1. National Level:

- a) Strategy for New India@75, NITI Aayog
- b) Three Year Action Agenda, 2017-18 to 2019-20, NITI Aayog
- c) Finance Commission Reports
- d) Report of the Sub Group of Chief Minister on the Rationalisation of CSS, October, 2015
- e) Annual Economic Survey of India
- f) SDG related reports

2. Sector specific: Evaluation reports

3. Scheme specific: Scheme guidelines, annual reports etc. can be referred from relevant ministries and departments websites

4. Evaluation Studies: Ministry, NITI Aayog, CAG etc.

5. Important websites: National Health Mission, Ministry of Health and Family Welfare, Ministry of AYUSH, NITI Aayog, CAG etc.

D. Table 3: Scheme level Output-Outcome framework

A) National Health Mission

(i) Health System Strengthening under NRHM

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Increase by 10 % in utilization of Public Health facilities for OPD & IPD	1.1 Annual OPD and IPD in Public Health Facilities	1. Increase utilization of Public Health facilities	1.1 Percentage increase in annual OPD & IPD in Public Health Facilities
2. Reduction in Out of Pocket Expenditure (OOPE) by 5% (proxy child birth)	2.1 Reduction in OOPE	2. Reduction in OOPE on Health	2.1 Percentage reduction in OOPE during child birth in Public Health Facilities
3. Increase of 50% in NQAS certified public health facilities	3.1 NQAS certified public health facilities out of total facilities	3. Increased public health facilities reported	3.1 Number of NQAS certified facilities
4. Increase in operationalization of FRUs by 50	4.1 Operational FRUs	4. Reduction in MMR & IMR	4.1 Reduction in MMR & IMR
			4.2 Percentage increase in number of operational FRUs.
5. Expanded basket of primary care services to be provided by 11,000 Health and Wellness Centers (HWCs)	5.1 Operational Health and Wellness Centers	5. To improve utilization of primary care services with focus on screening and management of NCDs	5.1 Percentage population screened for NCDs
			5.2 Percentage of HWCs operational.
			5.3 Increase in OPD in HWCs.
6. Implementation of IT system backed procurement management and logistics for provision of free drugs at	6.1 Number of States covered under Free drug services	6. Reduction in OOPE on health	6.1 Percentage reduction in OOPE during child birth in Public Health

the PH facilities-increase number of States by 5%			Facilities
7. Implementation of NHM free diagnostic initiative – increase in number of States by 15%.	7.1 Number of States covered under Free Diagnostic initiatives	7. Reduction in OOPE on health	7.1 Percentage reduction in OOPE during child birth in Public Health Facilities
8. 10% increase in number of dialysis sessions in public health facilities.	8.1 Number of Dialysis sessions held under Free dialysis services	8. Reduction in OOPE on health	8.1 Percentage reduction in OOPE in Public Health Facilities
9. Increase number of PHCs meeting IPHS norms	9.1 Percentage of PHCs covered under IPHS norms	9. Strengthen facilities to provide comprehensive health care services to the people	9.1 Percentage PHCs providing comprehensive primary health care services.

(ii) National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Additional 50 NCD-Clinics to be set up at District Hospitals.	1.1 NCD Clinics to be set up at District Hospitals.	10% Relative reduction in overall mortality from Cardiovascular diseases, cancer, diabetes, chronic respiratory diseases by 2020 (baseline of 2010)	Relative reduction in mortality.
2. Additional 300 NCD clinics to be set up at CHCs.	2.1 NCD Clinics to be set up at CHCs.		
3. No. of Persons Screened for High blood pressure & High Blood Sugar - 10% increase over last year.	3.1 Screening for High Blood pressure & High Blood Sugar.		

(iii) National Mental Health Programme

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Improved coverage of Mental Health Services.	1.1 Number of districts with a District Mental Health Programme	1. Improved coverage of Mental Health Services.	1.1 Increased registration of people with mental disorders at District Mental Health Units.
	1.2 Number of District Mental Health Units operationalized		

(iv) National Blindness Control Programme

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Eye care services under NPCB&VI provided at primary, secondary at District level and below level	1.1 Cataract Surgeries	1. Reduction in cases of blindness due to cataract, refractive errors and other eye diseases including glaucoma by taking appropriate initiatives. Improvement in surgical skills and quality. Reduction of prevalence of blindness to 0.3% by 2020	1.1 Increase in availability of cataract surgical services
	1.2 Collection of donated eyes for corneal transplantation.		1.2 Increase in collection of donated eyes for corneal transplantation.

(v) National Programme for Health Care of Elderly

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Provision of primary and secondary Geriatric health care services at District Hospital and	1.1 No. of District Hospitals with geriatrics OPD level services	1. Number of geriatric patients provided treatment at District Hospitals and CHCs	1.1 Percentage increase in number of geriatric patients imparted geriatric OPD, In - patient care, physiotherapy and laboratory services in district hospitals
	1.2 Number of DH with at least 10 beds reserved for elderly patients		

below	1.3 Number of District Hospitals with physiotherapy services		1.2 Percentage increase in the number of geriatric patients imparted geriatric OPD, Physiotherapy services in CHCs
	1.4 Number of district hospitals with laboratory services		
	1.5 No of CHCs with geriatric OPD services		
	1.6 No. of CHCs with geriatric physiotherapy services		

vi) RCH Flexible Pool including Routine Immunization Programme, Pulse Polio Immunization Programme, National Iodine Deficiency Disorders Control Programme etc. (Support from National Investment Funds)

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. At least 2% increase in number of PW(Pregnant women) who received 4 ANC's from year 2017-18	1.1 % of pregnant women who received 4 ANC's out of total ANC's registered.	1. Reduction of MMR to 90 by 2022	1.1 Maternal Mortality Ratio (MMR)
2. At least 2% increase per year in SBA deliveries from 2016-17-(67%)	2.1 % of SBA (Skilled Birth Attendant) deliveries to total ANC's registered	2. Reduction of MMR to 90 by 2022	2.1 Maternal Mortality Ratio (MMR)
3. Increase in Full Immunization Coverage to 90%	3.1 Full Immunization Coverage (FIC)	3. Increase in Full Immunization Coverage to 90%	3.1 Under Five Mortality Rate (U5MR)
4. Increase in modern method contraceptive prevalence rate (mCPR)	4.1 Use of Modern methods of contraception MIS QPR	4. Reduction in Total Fertility Rate to 2.1 by 2020	4.1 Total Fertility Rate (TFR)

(vii) National Iodine Deficiency Disorders Control Programme (NIDDCP)

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Review of implementation of NIDDCP	1.1 No. of States /UTs Reviewed for Programme implementation.	1. Improvement in quality of implementation of NIDDCP in all States/UTs.	1.1 Implementation of NIDDCP in the entire country.
2. Monitoring of availability and consumption of adequately iodized salt in all States/UTs	2.1 Availability of adequately Iodized salt in the country (>30 ppm at production level, >15ppm at consumption level)	2. Enhancement of availability of adequately iodized salt in the States/UTs and its consumption by the community	2.1 Iodized salt conforming to Standards (iodine content > 15 ppm) consumed by community at National/ State level.

(viii) Integrated Disease Surveillance Programme (IDSP)

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1.Improved capacity of Districts to detect and respond to disease outbreaks	1.1 District Public Health Labs (DPHLs) strengthened for diagnosis/testing of epidemic prone diseases.	1. Laboratory confirmation of outbreak prone diseases under IDSP	1.1 Number of Laboratory generating L (Laboratory) form under IDSP

(ix) Strengthening of State Drug Regulatory System

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Number of samples to be tested to increase to 1,00,000 (from existing	1.1 Number of drug samples to be tested	1 Increase in samples tested and better compliance with the Regulatory Mechanism so as to improve the Safety, efficacy and quality of drugs available to the patients.	1.1 Increase sample tested and better compliance with the Regulatory Mechanism so as to improve the Safety, efficacy and quality of drugs available to the patients.

57,000)			
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(x) Strengthening of State Drug Regulatory System

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Number of samples to be tested to increase to 1,00,000 (from existing 57,000)	1.1 Number of drug samples to be tested	1 Increase in samples tested and better compliance with the Regulatory Mechanism so as to improve the Safety, efficacy and quality of drugs available to the patients.	1.1 Increase in samples tested and better compliance with the Regulatory Mechanism so as to improve the Safety, efficacy and quality of drugs available to the patients.

(xi) National Leprosy Eradication Programme

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Decline in percentage of Grade II Disability (G2D) cases among new cases	1.1 Reduction in percentage of detection of new Grade II (G2D) disability cases among new cases at the national level	1. Elimination of Grade II disability (G2D) due to leprosy	1.1 Grade II disability per million population at national level.

(xii) Revised National Tuberculosis Control Programme (RNTCP)

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Increase in TB case notification	1.1 Percentage increase in TB cases notification (Public & Private) from 2018	1. Reduction in TB incidence rate	1.1 Percentage reduction in TB incidence rate from 2018
2. Treatment success rate amongst notified Drug Sensitive TB	2.1 Treatment success rate amongst Notified Drug Sensitive TB cases (Public	2. Reduction in TB mortality rate	2.1 Percentage reduction in TB mortality rate from

Cases	and Private) from 2018		2018
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(xiii) National Vector Borne Diseases Control Programme

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Malaria: Reduction in number of cases.	1.1 Percentage reduction in no of cases compared to corresponding period in the previous year.	1. Malaria reduction in API.	1.1 Percentage reduction in API at national level.
2. Kala azar: Reduction in PKDL cases	2.1 Percentage reduction in PKDL cases as compared to previous year	2. Kala azar: Kala azar elimination	2.1 Reduction in Number of endemic blocks reporting >1 KA case/10000 population at Block level.
3. Japanese Encephalitis (JE) /Coverage of JE in routine immunization at the national level	3.1 Percentage of population covered under routine immunization	3. JE: Reduction in JE cases	3.1 To bring down number of JE cases to <1 case/100,000 population at District level 3.1 Percentage reduction in JE cases
4. Lymphatic Filariasis: Protect the population by Mass Drug Administration (MDA) in LF Endemic Districts	4.1 No. of LF endemic Districts observing MDA in eligible population	4. Lymphatic Filariasis: Stop MDA in Endemic Districts through TAS (Transmission Assessment Survey) verification	4.1 Number of LF Endemic Districts achieved Mf Rate <1% verified by TAS.

(xiv) National Urban Health Mission - Flexible Pool

Outputs	Outcomes
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Output	Indicators	Outcome	Indicators
1. Improving access to Healthcare in Urban India	1.1 Number of UPHCs and UCHCs providing comprehensive primary health care services with adequate staff.	1. Improved access to quality healthcare in Urban India	MMR- Pan India
2. Providing quality healthcare services in Urban India	2.1 Number of deliveries carried out at public health facilities in urban India		
	2.2 Number of women getting at least 4 ANC's at all Urban Health Facilities		
	2.3 Number of children getting full immunization at all Urban Health Facilities		

B) Tertiary Care Programs

i. National Mental Health Programme

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Improved Coverage of Mental Health Services	1.1 Number of students graduating with a PG in mental health specialty in 2018-19	1. Increased availability of mental health professionals	1.1 Increased availability of mental health professionals

ii. Assistance for Capacity Building of Trauma Centres: 1. Trauma Centres, 2. Prevention of Burn Injury

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Making identified Trauma care facilities (Level I, II, III) functional.	1.1 Number of Trauma Care Facilities made functional (Level I, II, III)	1. Strengthened Trauma Care Facilities and burn units for enhanced quality care to trauma	1.1 Provision of quality services to the victims of trauma by reducing deaths and disabilities

2. Developing Burn Units in Tertiary Health Care Institutes.	2.1 Number of Burn units developed out of total to be established	and burn victims	1.2 Provision of quality services to the victims of Burn injuries by reducing deaths and disabilities.
3. Developing National Injury Surveillance Trauma Registry and Capacity Building Centre	3.1 National Injury Surveillance Trauma Registry and Capacity Building Centre made functional		1.3 Establishment of burns registry in hospitals

iii. National Programme for Health Care of Elderly

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Provision of geriatric services at RGCs in form of increase in Geriatric OPD, 30 bedded Geriatric Ward, Research Activities, imparting Training & Development of training material and creation of infrastructure to enable 02 PG courses @RGC.	1.1 Establishment of 20 Regional Geriatric Centres in the selected medical facilities	. Provision of geriatric OPD, 30 bedded ward, research activities, imparting training, development of training material and creation of infrastructure to enable 02 PG seats in geriatric medicine	1.1 Beds in the RGCs
			1.2 Number of PG seats in Geriatric Medicine
2. Provision of tertiary geriatric care services at NCA Development of training	2.1 Establishment of NCA at AIIMS Delhi and MMC, Chennai	2. Each NCA will have provision of geriatric healthcare delivery with specialty OPD, 200 beds, teaching and training facilities for health professionals, research activities, development of 15 PG seats in geriatric medicine-	2.1 No. of Beds in National Centres for Ageing (NCAs)
			2.2. Number of PG seats in Geriatric medicine

iv. National Programme for Control for Blindness

Outputs	Outcomes
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Output	Indicators	Outcome	Indicators
1. Strengthening of Regional Institutes of Ophthalmology (RIOs), Central Government Hospitals and Medical Colleges of States, Training of Eye Surgeons, Supply of MK Medium (corneal storage medium) to various Government Eye Banks in the country, etc.	1.1 Training of Eye Surgeons	1. Improvement in surgical skills and quality eye care facilities to achieve the reduction of prevalence of blindness to 0.3% by 2020	1.1 No. of District Hospitals having trained eye surgeon in cataract

v. Telemedicine

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. National Medical College Network (NMCN): Availability of Doctors for Specialist Consultation. Availability of ICT infrastructure for Tele-Education	1.1 Number of Medical Colleges with Tele-Medicine, Tele-Education Infrastructure	1. Improved health care service delivery, accessibility and affordability Adoption of Tele-Education services in Medical Colleges by Students	1.1 Number of students utilizing tele-education services in medical colleges
2. Availability of eLearning content for Students/Doctors	2.1 Number of Tele-Consultations and Lectures over Tele-Education service		

vi. Tobacco Control Programme & Drug De-addiction Programme

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Availability of Tobacco Cessation Services available	1.1 Additional No. of districts with Tobacco Cessation Centres	1. Tobacco Cessation Facilities availed by people	1.1 No. of People availed tobacco cessation facilities

2. Treatment of Drug Addiction (Other than tobacco)	2.1 Expansion of facilities in new Government Hospitals	2. Treatment availed by persons	2.1 No. of people availed treatment facilities
	2.2 Establishment of new 18 Drug Treatment Clinics		

vii. NPCDCS

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Setting up of State Cancer Institutes (SCI)- 2 Nos.	1.1 Setting up of State Cancer Institutes	1. Increase in availability of Radiotherapy machines	1.1 Availability of Radiotherapy machines
2. Setting up of Tertiary Care Cancer Centres (TCCC) - 4 Nos	2.1 Setting up of Tertiary Care Cancer centres		

C) Human Resources for Health and Medical Education

(i) District Hospitals - Upgradation of State Govt Medical Colleges (PG seats)

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. District Hospitals - Upgradation of State Govt Medical Colleges (PG seats)	PG seats	1. To increase the availability of specialist doctors	1.1 No. of PG seats created ²²
			1.2 Total number of PG seats overall
			1.3 Total number of enrolled PG students overall

(ii) Strengthening of Govt Medical Colleges (UG Seats) and Central Govt Health Institutions

Outputs	Outcomes
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²² The creation of PG and UG seats is a time consuming process and allowed under Section 10A of IMC Act, 1956 after completion of all formalities by the concerned colleges. Therefore, it is not feasible to provide this information in advance.

Output	Indicators	Outcome	Indicators
1. Strengthening of Govt Medical Colleges (UG Seats) and Central Govt Health Institutions	1.1 MBBS seats under 10A	1. To increase the availability of doctors	1. No. of MBBS seats created ²³
			1.2 Total number of MBBS seats overall.
			1.3 Total number of enrolled MBBS students overall

(iii) Establishment of New Medical Colleges (Upgrading District Hospitals)

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Establishment of New Medical Colleges (Upgrading District Hospitals)	1.1 Number of new Medical Colleges added under the scheme	1. To increase the availability of medical seats	1.1 No. of UG seats added under the scheme

(iv) Upgradation/strengthening of Nursing Services (ANM/GNM)

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. To make 40 ANM/ GNM School functional. To provide financial assistance to the State Government for establishment of ANM/ GNM Schools	1.1 To provide financial assistance to the State Government for establishment of ANM/GNM Schools Number of ANM/ GNM School functional	1. To increase the number of nurses for healthcare	1.1 Operationalisation of ANM / GNM Schools

(v) Setting up of State Institutions of Para-Medical Sciences in States and Setting up of Colleges of Para-medical Education

²³ The creation of PG and UG seats is a time consuming process and allowed under Section 10A of IMC Act, 1956 after completion of all formalities by the concerned colleges. Therefore, it is not feasible to provide this information in advance.

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Creation of UG& PG Seats in Allied Health stream	1.1 UG&PG Seats in allied health stream	1. To increase the availability of Allied Health Professionals	1. UG/PG seats creation

D) National AYUSH Mission

Outputs		Outcomes	
Output	Indicators	Outcome	Indicators
1. Provision of AYUSH Services	a) Total number of States having mandatory drug testing labs	1. Strengthened AYUSH Health System	a) Number of Govt./Govt. Aided AYUSH education institutes meeting the minimum standards
	b) Total number of drug testing labs testing 500 or above samples		b) Total number of AYUSH units co-located out of total existing PHCs, CHCs, and DHs
	c) Total number of drug samples tested		c) Number of additional upto 50 bedded integrated AYUSH hospitals operationalized
	d) Total number of additional upto 50 bedded integrated AYUSH hospitals for which funds released		d) Number of facilities providing drugs for defined common ailments
	e) Total number of exclusive /standalone Govt. / Govt. aided Ayush Hospitals and AYUSH dispensaries for which funds released for up gradation of (i) AYUSH Hospital (ii) AYUSH Dispensaries		e) Total number of drug samples tested that meet the quality standards
	f) Additional AYUSH educational institutes (UG/PG/Pharmacy/Para-		f) Number of patients attended to in govt.

	<p>Medical Courses) for which funds released for</p> <p>(i) up gradation</p> <p>(ii) new set-up</p>		<p>AYUSH facilities</p>
	<p>g) Additional AYUSH units co-located in health facilities (PHCs, CHCs, & DHs) for which funds released</p> <p>(i) PHC</p> <p>(ii) CHC</p> <p>(iii) DH</p>		<p>a) Number of Govt./Govt. Aided AYUSH education institutes meeting the minimum standards</p>
	<p>h) Total number of States having functional State/PSU pharmacies</p>		

E. Areas of Inquiry – Scheme wise details are as follows:

Ministry of Health and Family Welfare

Scheme 1: NATIONAL PROGRAMME FOR HEALTH CARE OF ELDERLY (NPHCE)

Introduction

There is phenomenal increase in ageing population across the world due to increase in longevity in 20th century. In the country like India population over the age of 60 years has tripled in last 5 decades which will further increase in near future. India sits demographically at a unique position, on one side it has a comparatively young population while on the other it is home to large number of older people. The number of elderly in India increased from 75.93 million (38.22 million males and 37.71 million females) to 104 million (53 million females and 51 million males) in 2011. Due to increasing population of elderly, the old-age dependency ratio has increased from 10.9% in 1961 to 14.2% in 2011 for the country as a whole.

There is a continuous rise in life expectancy at birth indicating that a large number of people are likely to live under this category. This raises concern about health care of the elderly because this is the age where income also reduces and some of the low income households are forced to send elderly in the labour market as they are not able to suffice their needs.

As is well known that non-communicable diseases requiring health and social care are common in old age, irrespective of socio-economic status and disabilities resulting from these diseases affect daily life of older people. At this age requirements of medical care also increases which is very costly especially for diseases such as diabetes, cancer; age related tuberculosis, osteoarthritis, gout, and mental sickness etc. To provide healthy life at old age there is a need to address the health problems of this age group.

The fact that majority of these elderly are poor and live in rural areas, makes health care service delivery more challenging for policy makers and planners. Therefore, policy interventions that include social and human, as well as economic investments is the need of the hour to prevent unnecessary dependencies from arising whether in late life for individuals or downstream in ageing societies.

Realizing that judicious investments are to be made in advance, for ageing to be changed from a drain on resources to build-up of human, social, economic and environmental capital GOI is promoting the concept of Active and Healthy Ageing not only among the elderly but the younger age groups as well, which includes promotional and preventive and rehabilitative aspects of health.

In line with providing support to the aged the Ministry of Health & Family Welfare launched the “National Programme for the Health Care of Elderly” (NPHCE) during the year 2010, in

the 11th Plan period by introducing a comprehensive health care set up completely dedicated and tuned to the needs of the elderly. The interventions are designed to capture the Preventive, Curative and rehabilitative aspects in the geriatric field, management of illness, health manpower development for geriatric services, medical rehabilitation and therapeutic intervention and IEC.

I. About the Scheme

The National Programme for the Health Care for the Elderly (NPHCE) is an articulation of the International and national commitments of the Government as envisaged under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 & Section 20 of “The Maintenance and Welfare of Parents and Senior Citizens Act, 2007” dealing with provisions for medical care of Senior Citizen.

The major components of the NPHCE during 11th Five Year Plan were establishment of 30 bedded Department of Geriatric in 8 identified Regional Geriatric Centers (RGC) in different regions of the country and to provide dedicated geriatric health care facilities in District Hospitals, CHCs, PHCs and Sub Centers level in the identified districts of 21 States. It was proposed to cover 225 more districts during the 12th Five Year Plan in a phased manner and develop 12 additional Regional Geriatric Centers in selected Medical Colleges of the country. The Regional Geriatric Centers will provide technical support to the geriatric units at district hospitals whereas district hospitals will supervise and coordinate the activities down below at CHC, PHC and Sub-Centers.

The programme aims to provide following benefits to elderly: Free, specialized health care facilities exclusively for the elderly people through the State health delivery system viz: District Hospitals with Geriatric Clinic (OPD) and 10 bedded Geriatric Ward; Bi-weekly Geriatric Clinic at Community Health Centres; Weekly Geriatric Clinic at Public Health Centres; Domiciliary visits to the elderly persons by ANM/Male Health Workers posted under Sub-Centres and provision of callipers and supportive devices to make them ambulatory. Referral treatment at the Regional Geriatric Centres with 30 bedded Department of Geriatrics.

II. Objectives of the Scheme:

- To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary health care approach.
- To identify health problems in the elderly and provide appropriate health interventions in the community with a strong referral backup support
- To build capacity of the medical and paramedical professionals as well as the care-takers within the family for providing health care to the elderly
- To provide referral services to the elderly patients through district hospitals, regional medical institutions
- Convergence with National Rural Health Mission, AYUSH and other line departments like Ministry of Social Justice and Empowerment

III. Expected Outcome of Programme

- Setting up of 325 District Geriatric Units with dedicated Geriatric OPD and 10-bedded Geriatric ward in 80-100 District Hospitals by the end of 12th plan period; Setting up of biweekly Geriatric Clinics and Rehabilitation units in all Community Health Centres of selected districts;
- Setting up of weekly Geriatric Clinics in all Primary Health Centres of selected districts;
- Strengthening all sub-centres of selected districts to provide with equipment for community outreach services;
- Provide training to staff of Public Health Care System in Geriatric Care.

Development of the programme:

(a) The programme was approved with an outlay of Rs. 288 crore for the remaining period of the 11th Plan. The expenditure was shared by Central and the State Government on 80:20 basis. Total amount of Rs. 112.86 crore was released to the States/ 8 regional Geriatric Centres during the 11th plan period. Amount to the tune of Rs. 68.55 crores during the year 2012-13, Rs. 1.16 crores during the year 2013-14 and Rs. 22.90 crores during 2014-15, have been released to States/UTs under NPHCE. Since 2015-16, the activities upto the district level of the programme have been subsumed in NCD flexible pool under overarching umbrella of National Health Mission (NHM) and no separate allocation of funds have been made programme wise. The fund release to States/ UTs is being done by NHM-Finance division for the programme under NCD flexible pool.

(b) The tertiary component of the programme has been renamed as RashtriyaVarishth Jan Swasthya Yojana (RVJSY). The tertiary activities include, inter alia, continuation of NPHCE activities and setting up of 20 Regional Geriatric Centres, setting up of two National Centres for Ageing, special initiatives for 75+ population, national level activities including IEC, research activity, survey through LASI, staff and state level activities (review, monitoring, IEC etc

IV. Key Partners/ Stakeholders in the Scheme:

The scheme would benefit all elderly people (above 60 years) in the country through Integration with NRHM, Constitution of State Health Society (SHS) and Constitution of District Health Society (DHS) using health delivery machinery of Sub Centre, Primary Health Centre, Community Health Centre, District Hospitals and Regional Geriatric Centers.

V. Evaluation Scope:

NPHCE was launched in 2010 and has completed nearly 7 years of implementation. Before implementing the programme in 520 districts of 35 states/UTs as is envisaged, there is a need to perform a situational analysis, to learn about the physical targets, financial outlays, coordination and supervision, manpower development and various IEC activities undertaken. Learning from the experiences of various stakeholders would help the planners, policy makers, implementers in modifications, addition and deletion in the process of implementation of the project as per expectations of the state.

The study would cover the implementation process, assess whether the desired outcomes have been achieved in targeted time and what has been the impact of NPHCE on the individuals, families and communities at large.

Keeping in view the programme objectives, the evaluation will have following broad areas of inquiries to conduct evaluation under five subheads at each level: availability /creation of infrastructure, availability of equipments, availability and status of human resource, logistics support and Service delivery.

- i. To assess and verify the establishment, functionality and availability of support paraphernalia at Geriatric Care Units at super specialized institutions such as:
 - Research and manpower development: The post graduate courses in geriatric medicine have been introduced in Regional Geriatric Centres and additional teaching and supportive faculty are being provided to these institutions as per norms
 - Whether training materials for various levels of health functionaries has been developed and training is being imparted
 - Whether IEC material, guidelines, etc. have been developed for health education programmes and training is being conducted
 - Whether funds are released in time and utilized for manpower, equipment's, medicines, construction of building, training etc.
- ii. To assess and verify the establishment, functionality and availability of support paraphernalia at District Hospitals
 - Whether 10 bedded geriatric ward and dedicated OPD services exclusively for geriatric patients in Geriatric Unit at District Hospitals has been established
 - Whether activities such as hiring of contractual manpower, equipments, medicines, construction of building, training etc. has been done in Geriatric Unit at District Hospitals
- iii. To assess and verify the establishment, functionality and availability of support paraphernalia at CHCs
 - Whether Rehabilitation units at CHCs falling under identified districts have been set up at all the CHCs for dedicated health clinics for the elderly persons twice a week.
 - Whether physiotherapy to the needy elderly persons are being provided
- iv. Whether Activity at PHCs in the districts are being performed
 - Whether weekly geriatric clinics have been arranged at the identified PHCs by a trained Medical Officer
 - Whether for diseases needing further investigation and treatment, elderly are referred to the first referral unit (the Community Health Centre or District Hospital as per need)
 - Whether required equipment are procured at PHCs
- v. Whether the ANMs/Male Health Workers posted in sub-centers /Health wellness centers are going for domiciliary visits to the elderly persons in areas under their jurisdiction

- vi. Whether suitable assisting and supportive devices such as walkers etc. from the PHC are arranged and provided the same to the elderly disabled persons to make them ambulatory
- vii. Whether treatment of minor ailments available at the identified sub centers are available.
- viii. Whether Linkage with the Department of social justice is operational in the area. If the above activities have not been /not being undertaken at Geriatric Ward, CHCs/PHCs/Sub-Centers what are the reasons?
- ix. Whether funds are being released in time for heads. Whether funds released have been utilized as per the heads for which it was released.
- x. To find out whether benefits such as free, specialized health care facilities exclusively for the elderly people through this programmes (State health delivery system)
- xi. Any other issue pertaining to the scheme will also be addressed

VI. Areas of inquiry:

1. To assess whether scheme has met the expected outcomes as desired
2. To assess whether all types of services are being delivered at various state and UT levels identified in the scheme?
3. To assess the NPHCE program functionality at the identified CHC, PHC and SC within the district.
4. To study whether or not the proposed Non Communicable Diseases (NCD) cell as envisaged are functional
5. To examine whether regular funds are released under various heads and have been utilized accordingly?
6. To examine whether all the equipments procured are useful for elderly health care? If not, what else is required?
7. Whether human resources are adequate or not? If not what should be done?
8. To bring out the strategic linkages / networks and cooperation among the stakeholders relates to the implementation of the scheme
9. To assess the constraints/challenges in implementation of the scheme at various levels
10. To suggest the policy recommendations for greater success, transparent and accountability of the scheme and document lessons learnt and best practices

Scheme 2: Tertiary Care Component of the National Programme for Control of Blindness & Visual Impairment (NPCB&VI)

Background and Context

There are about 39 million blind people in world, out of which 12 million blind persons are in India (1% of total population as per 2006-07 survey) and further 45 million are visually impaired. 80% of this blindness is avoidable, i.e. either curable or preventable by early detection and prompt treatment.

Millions of people in India are suffering from avoidable blindness. A strategy was, therefore, developed to bring the ophthalmic eye care providers under one umbrella, train them with technical knowhow, supply necessary equipments, develop logistics and launch an outreach programme to take eye care services to the far flung and remote areas of the country, where eye care services were severely lacking.

Thus the National Programme for Control of Blindness was launched in 1976 as a 100% centrally sponsored scheme (now it is 60:40 in all states except NE states where it is 90:10) with the goal to reduce the burden of avoidable blindness from 1.49% (1986-89) to 0.3% by 2010. India was the first country to launch the blindness control programme at the National level. The programme has come a long way since its launch in 1976 and is well established across all districts in the Country. Now in the year 2017, the programme has been renamed as National Programme for Control of Blindness and Visual impairment (NPCBVI).

Extent of the problem

As per the estimates of the Blindness Survey 2001-02 conducted in the country under NPCB&VI, the prevalence of blindness (Visual Acuity <6/60) was 1.1% with main causes of blindness as under:

Cataract	62.60%
Refractive Error	19.70%
Corneal Blindness	0.90%
Glaucoma	5.80%
Surgical Complication	1.20%
Posterior Capsular Opacification	0.90%
Posterior Segment Disorder	4.70%
Others	4.19%

As per the estimates of the Rapid Assessment of Prevalence of Blindness (2006-07), the prevalence of blindness came down to 1%. The target is to reduce the prevalence of blindness from 1.49% (1986-89) to 0.3% by the year 2020.

The components of NPCBVI scheme are:

1. Tertiary Component: Implementation of tertiary eye care schemes through Apex Institutes, Regional Institutes of Ophthalmology (RIO) and Medical Colleges. Surveys, selective IEC Activities are the other activities of this component.
2. NHM Component: Implementation of eye care schemes at District and below District level through the National Health Mission.

Objectives of the Programme

- To reduce the backlog of avoidable blindness through identification and treatment of curable blind;
- To develop and strengthen the strategy of NPCB for “Eye Health for All” and prevention of visual impairment;
- Strengthening and up-gradation of identified eye care institutions;
- Developing additional human resources for providing high quality comprehensive Eye Care in all Districts of the country;
- Enhance community awareness on eye care and lay stress on preventive measures;
- Secure participation of Voluntary Organizations/Private Practitioners in delivering eye Care services.

Purpose and Scope of the Evaluation

The main purpose/objective of the evaluation is to evaluate the achievements made through tertiary eye care services during the 12th Five Year Plan.

Under the scheme there are total 19 Regional Institutes of Ophthalmology including Apex Institute Dr RP Center, AIIMS New Delhi; 20 Training Centers.

I. They are the training Institutes in the country to develop the capacity of Human resource apart from providing curative services.

II. Following trainings are provided through these Institutions

1. In-service training to eye surgeons from District Hospital/Government Medical Colleges.
2. Refresher training to improve skill and quality of eye care services.
3. ECCE/IOL Implantation
4. SICS
5. Phaco Emulsification
6. Low Vision Services
7. Glaucoma Diagnosis and Surgical Management
8. Pediatric Ophthalmology
9. Medical Retina and Laser Techniques
10. Vitreoretinal Surgery
11. Eye Banking and Keratoplasty
12. Oculoplasty
13. Strabismus - diagnosis management both medical and surgical
14. Training of Paramedical staff including PMOA

III. Super specialist Eye Clinics

IV. Research Activities

The assessment study will help in taking corrective measures, in the event of any shortcoming and will also help in drafting future action plan for control of blindness and visual impairment in the country.

Evaluation Issues for RIO

1. Development of Modular OT
2. Procurement of Equipments
3. Patient Load
4. Special Clinics
5. Training Load and achievements
6. Participation in Eye Banking Services
7. Availability of eye care facilities, service delivery at tertiary level.
8. Achievements/contribution towards the programme objectives (inputs, outputs, outcome, impact and funds utilization).
9. Quality of care and services
10. Overall management of the institute
11. Challenges if any faced in project implementation.

Evaluation Issues for Apex Institute

1. Various Surveys on Blindness and Trachoma
2. Development and Supply of M K Medium Project

Evaluation questions

The following key questions will guide the evaluation:

i. Relevance

- To what extent did the scheme achieve its overall objectives?
- What and how much progress has been made towards achieving the overall outputs and outcomes of the scheme in delivery of eye care services?
- To what extent were the results achieved?
- Were the inputs and strategies identified and were they realistic and adequate to achieve the results?
- Was the scheme relevant to the identified needs?

ii. Effectiveness

- Was the scheme effective in delivering desired/planned results?
- How effective were the strategies and tools used in implementations of the scheme?
- How effective has the project been in responding to the needs of the beneficiaries and what results were achieved?
- What are the future intervention strategies and issues?

iii. Efficiency

- Was the process of achieving results efficient?
- Did the scheme activities overlap and duplicate other similar interventions?
- Could a different approach have produced better results?

Table 1: Key dimensions/components of tertiary eye care schemes for evaluation

Component	Significance
Regional Institutes of Ophthalmology (RIOs)	RIOs are envisaged as Centers of Excellence for providing state of the art eye care services to the needy patients in the country.
Central Govt. Hospitals (SJH/RMLH/LHMC)	The institutions are under the central Government for providing tertiary eye care services to general public.
Medical Colleges (Pediatric Unit/Low Vision/Retina and all other sub-specialties)	Government Medical Colleges provide super specialty eye care services and medical education to promote the cause of the blindness control programme.
Training of eye surgeons	In-service training to eye surgeons from District Hospital/Government Medical Colleges is conducted through identified training centres for refreshing skill and improve quality of eye care services.
<u>Management of Central Programme Cell</u> 1. Consultant(Tech.) (1) 2. Consultant (Finance) (1) 3. Technical Assistant (3)	The posts indicated under the Central Programme Cell are integral part of the scheme for assisting in implementation of the programme.
Review Meeting and MIS training workshops/ Meetings	These activities are conducted for regular monitoring of the programme.
Mass Media & IEC	IEC is an ongoing activity of NPCBVI to promote and create health seeking behaviour for eye health among the masses. Three major IEC activities of the programme at central level are: celebration of Eye Donation Fortnight, World Sight Day and World Glaucoma Day.
Monitoring & Evaluation, Surveys (Blindness and Trachoma), Conducting Workshops (Surgical, VAST, and Scientific) & Supply of M. K. Medium to Govt. Eye Banks	Monitoring, evaluation and surveys are part of tertiary care activities to estimate performance of the program on a periodic basis for improving performance of the program and also for framing guidelines and future action plan. Supply of storage medium (M.K. Medium) is a very essential material for storage of donated eyes to ensure utilization of the same within the fixed time period.
Onsite technical support, and development of new Management Information System at all levels, training and maintenance	The programme intends to phase out physical data reporting. Therefore, a MIS system has been developed.
Research: Proposals in the tertiary care institutions	Research on eye care and eye diseases are the role of tertiary care institutions like RIO.

Scheme 3: Schemes for augmenting Human Resources for Health (HRH) & Medical Education

BACKGROUND

According to Sustainable Development Goals (SDG) 3, ensuring healthy lives and promoting the well-being for all at all ages is essential to sustainable development. Adequate availability of human resources in health is a necessary prerequisite for this. As per World Health Organization (WHO) recommendations, there should be one doctor for 1,000 population. In our country, there are a total 10,22,859 allopathic doctors registered with the State Medical Councils/Medical Council of India as on 31st March, 2017. Assuming 80% availability, it is estimated that around 8.18 lakh doctors may be actually available for active service. This gives a doctor-population ration of 1:1625 as per current population estimate of 1.33 billion (as per data of Jansankhya Sthirita Kosh). Hence there is shortage of approximately 5 lakh doctors.

Further, in order to augment paramedical services a scheme had been designed to establish ANM and GNM Schools in those districts where no such school existed. There was also a scheme to increase the availability of allied health professionals in the country. These professionals not only assist doctors and nurses in the delivery of health services, but can also prove to be life changing by providing promotive and primary care in rural areas. Therefore, to attain the Sustainable Development Goals and to meet WHO standards for Human Resources in Health (HRH), Schemes have been proposed for making available more Human Resources in Health sector, i.e. Doctors, Nurses, Allied Health Professionals and Pharmacists in the country.

The Cabinet Note was circulated for Inter-Ministerial consultation on 3rd October, 2017. Based on feedback, Ministry has planned for ensuring at least one medical college for every 3-5 Parliamentary Constituencies. It was worked out that 23 new Medical Colleges need to be sanctioned and to have one medical college for 3 Parliamentary constituencies which will facilitate covering the underserved areas. As an exception one new medical college has been proposed for Sikkim, which has been included since it has no Government Medical College. The sanction and starting of new Medical College has a long gestation period. Further the amount to be invested to increase MBBS seats in existing Medical Colleges is relatively less and the same can also be achieved in a shorter time frame. In view of the above, the revised proposal entails the number of new colleges being reduced from 42 to 24 and UG seats increased to 10,000 MBBS seats from proposed 7,000 seats.

1. Establishment of new Medical Colleges attached with existing district/referral hospitals–Phase-I

To meet the shortfall of human resource in health, the Government is implementing a Centrally Sponsored Scheme for “establishment of new medical colleges attached with existing district/referral hospitals” with fund sharing between the Central Government and States in the ratio of 90:10 for NE/Special Category States and 60:40 for other States. The total cost of establishment of one Medical College under the scheme is Rs.189 crore.

Criteria for identification of Districts under the Scheme:

- i District Hospitals/referral hospital with bed strength of 200 or more.
- ii District/Referral hospitals of the districts where there is no medical college.

- iii Preference to underserved areas.

58 districts in 20 States/UT have been identified and approved under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals. Funds to the tune of Rs.7457.70crore have been released to the State/UT Governments for the approved districts under the Scheme.

Under the Scheme, 22 Medical Colleges have become functional. These are at:-

- Port Blair in A&N Islands
- Rajnandgaon&Ambikapur [Sarguja] in Chhattisgarh
- Gondia in Maharashtra
- Nahan [Sirmaur], Chamba and Hamirpur in Himachal Pradesh
- Baripada (Mayurbhanj), Koraput, Bolangir and Balasore in Odisha
- Naharlagun in Arunachal Pradesh
- Datia, Vidisha, Ratlam and Khandwa in Madhya Pradesh
- Falkawn in Mizoram
- Bharatpur, Bhilwara, Churu, Dungarpur and Pali in Rajasthan

The major impacts/ benefits:-

- Availability of 5800 more MBBS seats in Government sector.
- Bridging the gap in number of seats available in government and private sector to ensure availability of more MBBS seats for students who cannot afford costly medical education in private sector.
- Improvement in tertiary care services. The schemes would generate increased number of undergraduate seats in the country for equitable health care accessibility across country to achieve the desired doctor population ratio and to ensure that doctors are available at PHC/CHC/District level to ensure service guarantee under NRHM.
- Utilization of the existing infrastructure of district hospitals for increasing undergraduate seats in a cost effective manner by attachment of new medical college with existing district/referral hospitals.

2. Establishment of new Medical Colleges attached with existing district/referral hospitals – Phase-II

- With the objective to ensure the availability of one medical college in every 3 Parliamentary Constituencies and one Govt. medical college in each State, Ministry of Health & Family Welfare has decided to establish 24 new medical colleges in Phase-II at a cost of Rs.250 cr. per college.
- Fund sharing ratio of 90:10 for NE/Special Category States and 60:40 for other states.
- The above proposal for Phase-II has been approved by CCEA in its meeting held on 7th February, 2018.
- Eight States namely Bihar (5), Jharkhand (2), Madhya Pradesh (1), Odisha (1), Rajasthan (1), Uttar Pradesh (8), West Bengal (5) and Sikkim(1) have been identified.
 - The concerned State Governments were requested to finalize the location for proposed medical college within identified Blocks, on Challenge mode.
 - The State Governments were also requested to send the MoUs and DPRs. MoUs have been signed with all 8 States.

- Criteria for selection of 24 new Medical Colleges under Phase-II (with the exception of Sikkim):
 - i. District/Referral Hospitals of the districts where there is no medical college.
 - ii. District Hospitals/Referral Hospital, having bed strength of 200 or more.
 - iii. Districts hospitals which are located in unitary piece of land of 20 acres or in such manner that another piece of land which can house the medical college is available within 10 KMs.
 - iv. The location of proposed 24 new medical colleges in Phase-II will be selected within the underserved areas in Challenge Mode.

- **Objectives and benefits:**

The establishment of new medical colleges is proposed to:

- increase the availability of health professionals,
 - check the existing geographical distribution of medical colleges in the country,
 - promote affordable medical education in the country,
 - utilise the existing infrastructure of district hospitals, and
 - Improve tertiary care in the Government sector.
- i. Out of 24 identified medical colleges, 17 have been approved till date and funds to the tune of Rs.963.40 cr. have been released to the State Governments for the approved medical colleges.
 - ii. CSS for Upgradation of existing State Government/Central Government medical colleges to increase MBBS seats in the country:
 - iii. Under the Scheme, the upper ceiling cost is pegged at Rs.1.20 crore per seat with the funding pattern in the ratio of 90:10 by Central and State Governments respectively for North Eastern States & Special category States and 60:40 for other States.

Criteria for identification of Medical Colleges under the Scheme:

The medical colleges to be covered under the scheme would be selected by the Central Government on the basis of following criteria:

1. Central/State Government medical colleges recognised by the Central Government for existing intake capacity on the basis of proposals received from the respective governments.
2. Medical colleges eligible for increase in MBBS seats from 50/100/150/200 to 100/150/200/250 as per existing norms of Medical Council of India.
3. Any other amendment in MCI regulations during the implementation of the scheme with regard to increase of seats at undergraduate level would also be applicable in selection of government colleges.
4. Preference would be given to the underserved areas.

Under the scheme, 36 Government Medical Colleges in 12 States have been approved to increase 2615 MBBS seats. Funds to the tune of Rs.1479.07crore have been released to the State Governments till date under this Scheme.

The major impacts/ benefits:-

- (i) To create 10,000 additional MBBS seats in the country.

- (ii) To bridge the gap in number of seats available in government and private sector to ensure availability of more MBBS seats for students who cannot afford costly medical education in private sector.
- (iii) To mitigate the shortage of Doctors by increasing the number of undergraduate seats in the country for equitable health care accessibility across country and to achieve the desired doctor population ratio.
- (iv) Additional human resource in health generated by the scheme would meet the health care needs of the growing population and ensure service guarantee under NRHM by increasing availability of doctors at PHC/CHC/District level.

Areas of inquiry on which scheme will be evaluated:

1. Equity: The scheme aims to create additional manpower especially focusing on increasing government seats in the under-served or un-served areas to make education more affordable for general public, bridge the provider: patient ratio to attain the Sustainable Development Goals, and meet WHO standards for Human Resources in Health (HRH).
2. Public Accountability: The State Government is responsible for implementation of the scheme. Evaluation of the scheme will be done through third party in States and the report will be submitted to the Central Government. The progress made by the State Government would be monitored through review meetings at the Central Government.
3. Innovation: Effective implementation of the scheme will enhance the availability of human resources for health, more specialized and better trained, as per specific requirements of the country. This will go a long way in correcting the regional imbalances and also to improve the standard of education at par with international standards.

Scheme 4: National Mental Health Programme

Areas of inquiry are as under:

- a. To find out the status of infrastructure development as per TOR / Guidelines.
- b. To determine the availability of trained human resource as per the TOR Guidelines after establishment/strengthening of post-graduation departments in various mental health institutes under Manpower Development Schemes of NMHP.
- c. To assess the utilization of mental health facilities upgraded under NMHP.
- d. To document the outreach activities conducted by the Mental Health Institutes.
- e. To explore the utilization of funds so far in various mental health institutes under Manpower Development Schemes of NMHP.
- f. To identify the IEC and other activities conducted at the tertiary level under NMHP.
- g. To document the support services rendered by the centre for the state authorities under NMHP.
- h. To describe the functioning of Central Mental Health unit.
- i. To document the bottlenecks, if any, in the implementation of the project and suggest possible solutions.

Scheme 5: Capacity Building for Development Trauma Care Facilities in Government Hospitals on National Highways Programmes and National Programme on Prevention and Management of Burn Injuries (NPPMBI)

A) Capacity Building for Development Trauma Care Facilities in Government Hospitals on National Highways Programmes

1. Background

According to WHO's Global Burden of Disease Project, road traffic accidents (RTA) cause over 1.27 million deaths an year. Traffic injuries affect all age groups, but their impact is most striking among the young. Road Traffic injuries are consistently one of the top three causes of death for the people aged 5 to 44 years.

While road traffic death rates in many high income countries have stabilized or declined in the recent decades, data suggest that in most regions of the world the global epidemic of RTAs still increasing. It is estimated that unless immediate actions are taken road deaths will be the fifth leading cause of death by 2030, leading to estimated 2.4 million deaths per year. In addition to mortality, Road traffic crashes injure or disable 20 million and 50 million people a year. Over 90% of the world's fatalities on the roads occur in low-income and middle-income countries, which have only 48% of the world's vehicles.

In India, accidental injury is one of the leading causes of mortality and morbidity. Road traffic crashes are one of the major causes of disability, morbidity and mortality in India, India has just one per cent of total vehicles in the world but accounts for six per cent of total road accidents. In India, 4, 50,898 road accidents caused 1, 41,526 deaths during 2014. As per, World road statistics 2010, by 2020 road accidents will be a major killer in India accounting for 546,000 deaths and 15,314,000 disability-adjusted life years lost.

This programme was started on pilot mode during the 9th & 10th FYP and the name of this programme was "Pilot Project for strengthening emergency facilities along the highways". During the 11th Plan, the programme was named as "Assistance for capacity building for trauma care for upgradation and strengthening of emergency facilities in Government Hospitals located on National Highways". The 11th FYP was approved with a total outlay of Rs.732.75 crore with 100 % central funding provision for developing a network of trauma care facilities in the Govt. Hospitals along the Golden Quadrilateral highway corridor covering 5,846 Kms connecting Delhi-Kolkata-Chennai-Mumbai-Delhi as well as North-South and East-West Corridors covering 7,716 Kms connecting Kashmir to Kanyakumari and Silchar to Porbandar respectively. During the 11th FYP funds were released to 116 govt. medical colleges and district hospitals for establishing graded trauma care facilities as L-I, L-II & L-III. The criteria for designating the levels are as follows:

Level-I Trauma Care Centre are apex institutions providing leadership in clinical management, research, community outreach services, community education, and maintenance of trauma registry. These Centres are situated at identified locations and would essentially be situated at a distance of less than 750 to 800 km apart. Due to high levels of skill, specialists and infrastructure required, Level-I Centres are established only in medical college hospitals.

Level-II Centres provides definitive care for server trauma patients. Emergency physicians; surgeons, orthopaedic surgeon and anaesthetists are in house and available to the trauma

patients immediately on arrival. It would also have on-call facility for neurosurgeons, paediatricians. If neurosurgeons are not available, general surgeons trained in neuro-surgery for a period of 6 months in eminent institutions would be made available round the clock. The centre would have well equipped Emergency department, intensive care unit, blood bank rehabilitation services, broad range of comprehensive diagnostic capabilities and supportive services. The existing medical college hospitals or hospitals with bed strength of 300 to 500 have been identified for Level-II Trauma Care.

Level-III Centres provides initial evaluation and stabilization (surgically if appropriate) to the trauma patient. Comprehensive medical and surgical inpatient services would be made available to those patients who can be maintained in a stable or improving condition without specialized care. Emergency doctors and nurses are available round the clock. Physicians, surgeons, orthopaedic surgeon and anaesthetist would be available round the clock to assess, resuscitate, stabilize and initiate transfer as necessary to a higher-level Trauma Care Services. Such hospitals will have limited intensive care facility, diagnostic capability, blood bank and other supportive services. The district/tehsil hospitals with a bed capacity of 100 to 200 beds have been selected for level-III care.

Level-IV facilities would be provided by a mobile hospital ambulance manned by a driver and two trained paramedics who would evaluate and provide first aid/basic life support while transporting the trauma patient to the nearest identified trauma centre. These fully equipped basic life support ambulances would be stationed at a distance of 50 km apart to give round the clock cover. The ambulances to be procured under this project would be of all the same make with uniform specifications. These would be provided by NHAI through their maintenance contractors and all costs including POL and consumables would be borne by NHAI/Contractors.

The scheme entitled “Capacity building for developing Trauma Care Facilities in Government Hospitals on National Highways”, was extended to the 12th plan period and the proposal for extension of scheme during 12th plan was approved by CCEA with total budget outlay of Rs 899.29 crore, for development of another 85 new trauma care facilities.

The criteria for identification of State Government hospitals on the national highways during the 12th FYP was as follows:-

- Connecting two capital cities.
- Connecting major cities other than capital city
- Connecting ports to capital city
- Connecting industrial townships with capital city

Unlike 11th plan, the scheme was no more 100% centrally sponsored. The proposed amount of assistance was approved to be shared between Central and State Governments in a ratio of 70:30. The ratio of sharing for North Eastern states and hilly states of Himachal Pradesh, Uttarakhand and Jammu & Kashmir was 90:10.

Further, from April, 2015 onwards; as per the decision of the NITI Aayog, the financial assistance to be shared between Central and State Governments was in the ratio of 60:40, the ratio of sharing for North Eastern states and hilly states of Himachal Pradesh, Uttarakhand and Jammu & Kashmir was 90:10; for UTs it was 100% Central funding.

Objectives of the Programme

- 1) To establish a network of trauma centres in order to reduce the incidence of preventable death due to road traffic accidents by observing golden hour principle.
- 2) To develop proper referral and communication network between ambulances and trauma centres and within the trauma centres for optimal utilization of the services available.
- 3) To develop National Trauma Injury Surveillance and Capacity Building Centre for collection, compilation, analysis of information from the trauma centres for the use of policy formation, preventive interventions.
- 4) To develop trauma registry centres for improvement of quality control.

Salient Features:

As per the norms of the Scheme, designated hospitals were upgraded for providing trauma care facilities. It was envisaged that the network of trauma care facilities along the corridors will bring down the morbidity and mortality on account of accidental trauma on the roads in India by providing trauma care within the ambit of golden hour.

Progress- physical and financial (As stated by the MOHFW, GoI):

- MoU for implementation of the programme has been concurred by IFD and circulated to the States/UTs.
- List of manpower and equipment to be recommended for Trauma care facilities to be established in States finalized by the Technical Resource Group (TRG).
- The schematic design diagram of trauma care facility has been designed for L-III, L-II, and L-I in collaboration with Central Design Bureau.
- Operational Guidelines for the programme have been finalized and circulated to the States/ UTs.
- Screening Committee for Trauma & Burn Programmes has been formed to screen proposals of the scheme, prioritize the sites across States / UTs and monitor the physical and financial progress made in the development of Trauma Care Facilities and Burn Units.
- 81 Medical Colleges/District Hospitals (LI-5, LII-18, and LIII-58) have been approved by the Screening Committee till date.
- A Core committee between Ministry of Health & Family Welfare and Ministry of Road Transport and Highways has been constituted for better coordination in order to provide effective pre-hospital trauma care. Meetings are being held regularly for the same.
- National Injury Surveillance, Trauma Registry and Capacity Building Centre have been established at Dr. RML Hospital. NIC has developed software for Injury Surveillance and Burn Registry.
- ATLS & BLS training is being conducted at Dr. RML Hospital for Doctors and Nurses posted in trauma care facilities.
- Pre-hospital trauma technician course initiated during 2007 has been revised by an Expert Group through an Agreement for performance of work (APW) with WHO, and training is provided in the three Central Govt. Hospitals in Delhi.
- As per the Hon'ble Supreme Court's Directive, an advisory has been issued to all the States to implement the PTT course curriculum in their respective State for training of para-medical personnel for ambulances, as there is an acute shortage of the same in States.
- Under the IEC activities, print material, audio-video spots and documentary film on Good Samaritan/ First Aid have been developed. A Bulk SMS activity has also been undertaken.

- In respect of the Gazette Notification issued by the Ministry of Road Transport & Highways on Good Samaritan, Ministry of Health & Family Welfare has also issued guidelines to all States/ UTs.
- A committee has been constituted in the Directorate General of Health Services (Dte.GHS), MoHFW to work on the “Report of the Working group on Emergency Care in India, 2011” as directed by the Hon’ble Supreme Court of India. Several meetings of this committee have been held so far to develop various documents as per the recommendations of the report. The Committee is in the process of framing of National Trauma System Plan, for which all the States/UTs have been requested to submit State Trauma Care Action Plan. The Committee has also finalized the technical specifications of the medical equipment component of the ambulances.
- A 6-months course curriculum on Neuro-trauma is being developed for General Surgeons.

B) National Programme on Prevention and Management of Burn Injuries (NPPMBI)

1. Background:

Burn injuries rank in the top 15 leading causes of the burden of disease globally. Burn injuries are among the most devastating of all injuries and a major global public health crisis. Burns are the fourth most common type of trauma worldwide, following traffic accidents, falls, and interpersonal violence. Globally, in 2004, the incidence of burns severe enough to require medical attention was nearly 11 million people.

India, the second most populous country in the world with over a billion people has an estimated annual burn incidence of approximately 6-7 million. This is the second largest group in injuries after road accidents. Most of the burn victims belong to vulnerable group of the society. The misery of burn patients is further aggravated as the treatment requires prolonged hospitalization and multiple corrective plastic surgeries, leading to economic hardship. Death and disability due to burn injury is preventable to a great extent provided timely and appropriate treatment is given by trained personnel.

The situation becomes further grim due to the absence of organized burn care at primary and secondary health care level. But the silver lining is that 90% of burn injuries are preventable. Death and disability due to burn injury is preventable to a great extent provided timely and appropriate treatment is given by trained personnel. The management of burns is a distinct branch of medical super specialty. However, trained human resources as well as dedicated burn units are restricted to bigger cities and that too in a few tertiary care hospitals in our country.

Keeping in view the magnitude of problem, a “Pilot Programme for Prevention of Burn Injuries” (PPPBI) was approved during the 11th five year plan period. This pilot programme was initiated in the year 2010 by Dte.GHS/Ministry of Health & Family Welfare in three Medical Colleges namely Post Graduate Institute of Medical Sciences, Rohtak in Haryana, Dr. Rajendra Prasad Medical College, Tanda at Kangra in Himachal Pradesh and Guwahati Medical College, Guwahati in Assam and six District Hospitals namely Gurgaon & Panipat in Haryana, Hamirpur & Mandi in Himachal Pradesh and Dhubri & Nagaon in Assam. The Goal of PPPBI was to ensure prevention of Burn Injuries, provide timely and adequate

treatment in case burn injuries do occur, so as to reduce mortality, complications and ensuing disabilities and to provide effective rehabilitative interventions if disability has set in.

The Empowered Finance Committee (EFC) and Cabinet Note for continuation of pilot project as full-fledged programme was approved during the 12th FYP and NPPMBI is now a National level on-going programme with an objective to reduce incidence so as to galvanize the available resources for more effective and standardized treatment delivery. During the 12th FYP, under NPPMBI there was a proposal to cover 67 State Government Medical Colleges and 19 District Hospitals. Till 31th March, 2017, 50 Medical Colleges and 17 District hospitals have been approved by the screening committee for establishing burn units.

2. Objectives of the NPPMBI:

- i) To establish adequate infrastructural facility and network for Behaviour change communication, burn management and rehabilitation interventions.
- ii) To reduce incidence of mortality, morbidity and disability due to Burn Injuries
- iii) To improve awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.
- iv) To carry out Research for assessing behavioural, social and other determinants of Burn Injuries in our country for effective need based program planning for Burn Injuries, monitoring and subsequent evaluation.

In the year 2012, NIHFW was entrusted by the Dte.GHS, MoH&FW to undertake the Concurrent Evaluation of the Pilot Programme for Prevention of Burn Injuries being implemented by Dte.GHS in the identified Medical Colleges and District Hospitals of the three states of Haryana, Himachal Pradesh and Assam. The evaluation was successfully done and a report for the same was submitted to Dte.GHS, MoH&FW. Similarly, in the year 2011–12 NIHFW was entrusted to do the evaluation of pilot project on Trauma care facilities.

Keeping in view of above facts, NIHFW has been assigned the task to evaluate these programmes by Dte.GHS, MoH&FW. The present evaluation process will be based on the objectives of these programmes and on rapid assessment mode.

3. Areas of inquiry

- a. To study the infrastructure developed in the various institutions and determine the extent to which they have adhered to the guidelines issued by the centre.
- b. To determine the availability of trained human resource in each level of the trauma care institutes and identified burn unit.
- c. To study the utilization of the facilities at each level of trauma care centres during the 11th FYP and functional burn unit.
- d. To find out the IEC activities conducted by state and district level related to trauma care facilities and care facilities related to burn injuries
- e. To document the bottlenecks, if any, in the implementation of the project and suggest possible solutions

Scheme 6: National Health Mission

Background:

The National Rural Health Mission (NRHM) was launched in 2005 by the Indian Government throughout the country with a special focus on 18 States. It sought to provide health care to rural populations, with specific goals such as reducing Maternal Mortality to 100 per 1,00,000 births, Infant Mortality to 30 per 1000 births, and Total Fertility Rate to 2.1 within 7 years (2012) and so on. Apart from the specific goals, there were additional qualitative goals such as decentralized, community owned, inter-sectoral health delivery systems which address issues of water, sanitation, education, nutrition and social and gender equality. In 2013, the Government of India launched the National Health Mission (NHM) which subsumed the NRHM and additionally launched the National Urban Health Mission (NUHM). The mission was extended in 2018 to continue until 2020.²⁴

The NHM is comprehensive in terms of the initiatives undertaken. These include introduction of Accredited Social Health Activists (ASHA), Patient Welfare Committees (Rogi Kalyan Samiti), Untied Grants to Sub-Centers, Health Care Contractors, Janani Suraksha Yojana (payment for birth in government health facility), National Mobile Medical Units (NMMUs), National Ambulance Services, Janani Shishu Suraksha Karyakram (Free services for pregnant women), Rashtriya Bal SwasthyaKaryakram (Child Health Screening and Early Intervention Services), Mother and Child Wings (MCH Wings), Free Drugs and Free Diagnostic Service, District Hospital and Knowledge Centre (DHKC), National Iron Initiative and Tribal TB Eradication Project.²⁵ The specific goals of the National Health Mission are the following: 4 Reducing Maternal Mortality Rate to 100 per 1,00,000 births, Reducing Infant Mortality Rate to 25/1000, Reducing Total Fertility Rate to 2.1, Prevention and Reduction of Anaemia in women aged 15-49, Reducing mortality from communicable/non-communicable diseases, emerging diseases, injuries. Additionally, it also aims to reduce household out-of-pocket expenditure, reduce incidence and mortality from TB by half, reduce prevalence of Leprosy to below 1 per 10,000 population and incidence to zero in all districts, annual Malaria incidence to be less than 1/1000 population, less than 1% microfilaria prevalence in all districts and Kala-azar Elimination by 2015, less than 1 case per 10,000 in all endemic blocks.²⁶

As the mission is coming to completing its term (2013-2020), it is proposed to carry out study of various NHM components, various programs and measure the NHM's progress in quantifiable terms what has worked and what has not worked with a specific focus on financing, human resources and governance, and study the success of the NHM in achieving its said objectives while focusing on areas of improvements and actionable recommendations in context to the framework of Ayushman Bharat and India's commitment for SDG Goals, UHC and Health Equity.

Principal Investigators:

1. Prof. Dr Rajesh Kumar, Professor and Head, Community Medicine and School of Public Health, PGIMER Chandigarh.
2. Prof. Dr Dilip Mavalankar, Director Institute of Public Health, Gandhi Nagar.

²⁴ <https://nhm.gov.in/>

²⁵ <http://vikaspedia.in/health/nrhm/national-health-mission/nrh-framework-for-implementation>

²⁶ <http://nhm.gov.in/nhm/about-nhm/goals.html>

Co-Investigator:

3. Dr Mita Choudhury, Associate Professor, National Institute of Public Finance and Policy, New Delhi (TBC)

The NHM study will be having three sub studies:

1. Impact of NHM on Health Outcomes:

Lead: Prof Dr Rajesh Kumar, PGIMER Chandigarh.

Areas of inquiry:

- a. To analyse the existing literature and evidence on the multiple programs and goals within the National Health Mission.
- b. To identify impact of spending on changes of outcome (dependent) variables. Using district PIPs and multiple data sources notably the NFHS, NSS, IDSP, and HMIS, district level regressions within state, and within India (using state fixed effects)
- c. To Conduct rigorous statistical analysis to understand India's progress vis-à-vis specific goals under the NHM Using iterations of the NFHS, and the NSSO data sets.
- d. To analyse the state of Maternal Mortality, NMMUs, JSY, National Ambulance Services, MCH Wings, JSSK, RBSK, and District Hospital and Knowledge Centre.
- e. Some examples of Dependent Variables include Maternal Mortality Rate, Infant Mortality Rate and so on.
- f. To study the quality of care and status of compliance with the prescribed national quality standards for each level of health care service delivery and suggest solutions to strengthen the same.
- g. To analyse/study the contribution of other variables such as road connectivity, mobile connectivity, ability to call an ambulance and so on for health outcomes.

Methodology:

Desk review, Meta-analysis of the existing empirical evidence on NHM data and key informant interviews and primary data analysis where disaggregated data is available.

2. Impact on Health care spending and finances:

Lead: Dr Mita Choudhury, Associate Professor, NIPFP New Delhi.

Areas of inquiry:

To examine the extent to which Central transfers through NHM reinforced health expenditure in States. The study will analyse the following:

- a. The contribution of NHM funds in reducing inequality in health spending across States. Specifically, the extent of funds provided by NHM to States where levels of health spending were low, and the likelihood of increasing health spending from their own resources was small.
- b. The distribution of NHM spending across various components in each of the program areas of the mission, and how these fare vis-à-vis do the outcome targets of the program.

- c. The complementarity between NHM spending and health spending by State governments, and examine changes in States own health spending (if any) in areas where NHM has provided additional funds. Are states prioritizing health expenditures by spending more untied funds on health?
- d. The levels of utilisation of allocated funds under NHM in different states and program areas. The public financial management issues (including fund flows, unspent balances and financial design of NHM) that have affected utilisation of funds under NHM.
- e. Contribution of State share towards NHM and related financing issues in the light of Ayushman Bharat.
- f. Study the share of expenditure on preventive; primary and secondary care v/s tertiary care.
- g. Study changes in the out of pocket health expenditures (OPD, IPD, medicines and diagnostics) of households and changes in their major sources of healthcare financing, over time.
- h. Review the community based health insurance models and their financial implications. (User charges, social health insurance contributions etc)

Methodology:

Desk review of the existing NHM data vis a vis other finance data.

3. Impact on Health systems, Governance and HRH

Lead: Prof. Dr Dilip Mavalankar, Director IPH Gandhi Nagar.

Areas of inquiry:

- a. To analyze the strengths and weaknesses of the governance setup of the NHM, identify best practices going forward in context to the framework of Ayushman Bharat, SDGs, UHC and health equity.
 - i. To analyze the technical capacities and decision making at the central level.
 - ii. To analyze the effectiveness of district and hospital societies in terms of improved and need based planning and accountability to committed outcomes.
 - iii. To analyze the effectiveness of untied funds in improving quality of medical care and access to the same.
 - iv. To analyze the effectiveness of investment in the ASHA component of NHM and suggest solutions for enhancing the effectiveness of this investment.
- b. To analyze the systematic, technical capacity and decision making at the National, State-level in carrying out the NHM, and study the HR Capacities across difference states to:
 - i. Analyze the existing processes of district and city plan preparation and their aggregation into State PIPs and identify areas of improvement, if any. Suggest solutions to strengthen the existing systems and processes.
 - ii. Analyze the existing systems and processes of budget preparation and funds allocation to districts and city annual plans.
 - iii. Analyze the existing monitoring systems and their effectiveness in implementation of district and city plans and how these are contributing to accountability in terms of their respective annual plans.

- iv. Analyze the processes of preparation of capacity development plans and their implementation with special focus on quality of training and skills developed.
- v. Analyze the procurement and logistics management systems at State, District and City Levels to identify bottlenecks, if any and suggest solutions for strengthened and more accountable procurement & logistic management systems.
- c. To study human resource gaps by looking at the requirements vis-a-vis actual officers posted as a way of understanding the state capacities to carry out the mission. To analyse the State strategies, plans and actions taken to bridge the evident gaps in human resources and the effectiveness of such actions.

Methodology:

Desk review, Key informant interviews, qualitative inputs through field visits, High Round table discussions.

Ministry of AYUSH

Scheme 7: National AYUSH Mission (NAM)

1. Background

Centrally Sponsored Scheme of National AYUSH Mission (NAM) was launched on 15.09.2014 for 12th Plan. Ministry of AYUSH is implementing the National AYUSH Mission (NAM). Grant-in-aid is being provided to the State/UT Governments.

Objective of the scheme:

- To provide cost effective AYUSH Services, with a universal access through upgrading AYUSH Hospitals and Dispensaries, co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).
- To strengthen institutional capacity at the state level through upgrading AYUSH educational institutions,
- State Govt. ASU&H Pharmacies, Drug Testing Laboratories and ASU & H enforcement mechanism.
- Support cultivation of medicinal plants by adopting Good Agricultural Practices (GAPs) so as to provide sustained supply of quality raw-materials and support certification mechanism for quality standards, Good Agricultural/ Collection/Storage Practices.

Components:

Mandatory: -

AYUSH Services: -

- Mainstreaming of AYUSH through co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs)
- Up-gradation of exclusive AYUSH Hospitals
- Up-gradation of AYUSH Dispensaries
- Setting up of upto 50 bedded integrated AYUSH Hospitals
- Supply of Essential AYUSH Medicines to Hospitals and Dispensaries
- Public Health Outreach Activity
- AYUSH Gram
- School Health Programme
- Behaviour Change Communication

AYUSH Educational Institutions: -

- Up-gradation of Government UG/PG AYUSH Educational Institutions
- Setting up of Government AYUSH Educational Institutions in States where such institutions is not available in Government sector.

Quality Control of ASU&H Drugs: -

- Strengthening of State Govt. ASU & H Pharmacies, State Govt. ASU & H Co-operatives Pharmacies/State Govt. ASU&H PSUs
- Strengthening of State Drug Testing Laboratories for ASU & H drugs
- Strengthening of ASU&H drug control framework

- GIA to State Licensing Authority of ASU&H drugs for documentation, publication and dissemination of quality control material for States
- GIA for testing of survey/statutory samples

Medicinal Plants: -

- Production of planting material in Nurseries
- Cultivation
- Support for Medicinal plant processing and post-harvest management
- Demonstration plots and organic cultivation & certification

Flexible activities:

20% of total available resources are earmarked for flexible components to enable the State Governments to focus on need based activities to promote and develop AYUSH systems in the States/UTs.

Flexible activities include:

- AYUSH wellness centres including Yoga & Naturopathy
- Telemedicine
- Sports medicine through AYUSH
- Innovations in AYUSH including Public Private Partnership
- Interest subsidy component for Private AYUSH Educational Institutions
- Research & Development in areas related to Medicinal Plants
- Voluntary certification scheme
- Market Promotion
- Market Intelligence & buy back interventions for Medicinal Plants
- Reimbursement of testing charges
- Crop Insurance.

2. Scope of Study:

The study would be aimed at comprehensive and in – depth impact assessment of four sub components namely: - AYUSH Services, AYUSH Educational Institutions, Quality Control of ASU&H Drugs and Medicinal Plants of the Centrally Sponsored Scheme ‘National AYUSH Mission (NAM)’ implemented by Ministry of AYUSH, w.e.f. September, 2014.

3. Areas of inquiry

- To document the specific objectives/ deliverables of the scheme/ component on the extent of their clarity.
- To analyze the geographical distribution of the number of individual projects supported under the scheme,
- To analyze and report after comparison, the extent to which the Objectives of the projects supported, matched with the objectives of the scheme/ component (whether the right projects which conformed to the objectives actually supported).
- To document the financial performance of the scheme/ component in relation to the approved cumulative budget outlays provided.
- To document achievements and analyze to what extent the outputs/ outcomes (evidenced from objectively verifiable data) fulfill the objectives of the scheme/ component.
- The survey of the service provider (Doctors, Paramedics & staffs under the scheme/ component) and as well as client based survey is to be incorporated.

F. Guidelines for Evaluation Methodology

One of the objectives of the study is to evaluate each of the individual centrally sponsored schemes (CSS) implementation during the 14th Finance Commission (14th FC) cycle (April 2015- March 2020). Some of the CSS were launched during the 14th FC period e.g., Smart Cities. Some of the CSS have continued from 12th Five Year plan period, e.g. MGNREGA. Some have been re-launched during the 14th FC period (e.g., AMRUT, Ayushman Bharat) with an expanded or modified mandate. Depending upon the duration of the implementation period, the evaluation has to flexibly adopt the logical framework to evaluate the scheme (Figure 1).

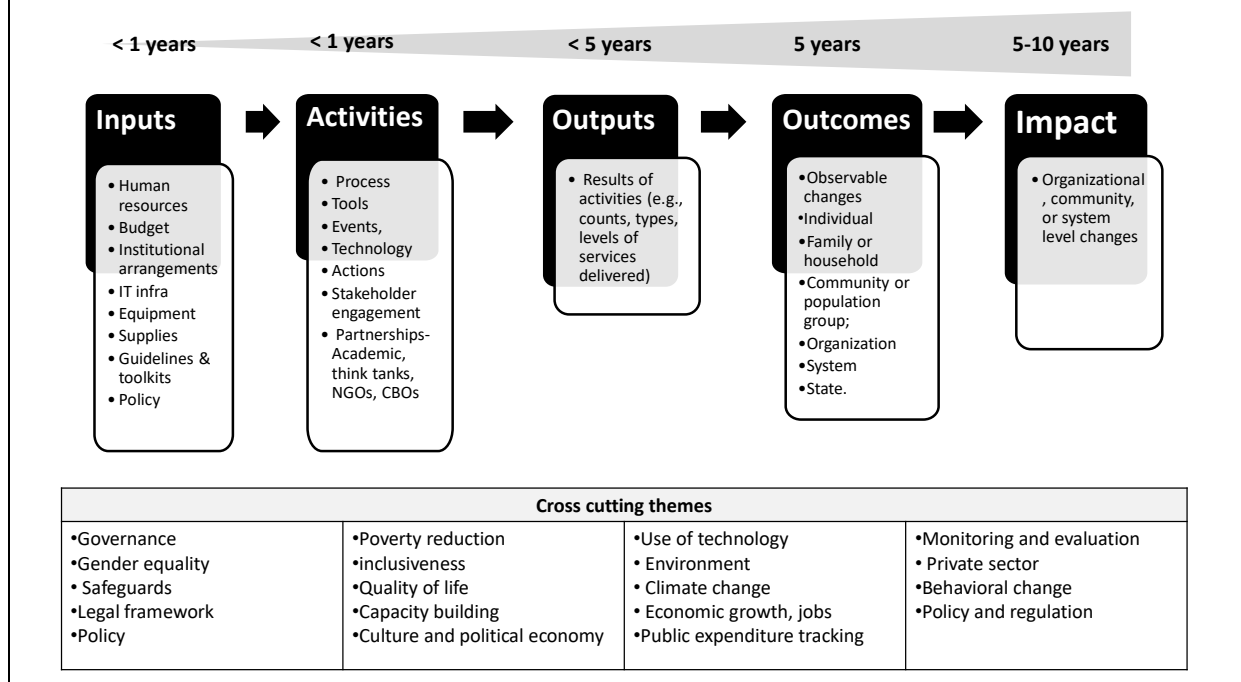
Logical Framework: Inputs, Activities, Outputs, Outcomes, and Impact

The evaluation will adopt the logical framework for consistency across all the 10 studies. The logical framework or *logframe* is an analytical tool used to plan, monitor and evaluate projects. It derives its name from the logical linkages to connect a project's means with its ends. The main components of logical framework are inputs, activities, outputs, outcome and impact, which are described below:

- a) **Inputs:** The financial, human, material, technological and information resources used for the development intervention.
- b) **Activity:** Actions taken or work performed through which inputs, such as funds, human resources, and other types of resources are mobilised to produce specific outputs.
- c) **Outputs:** The products and services which result from the completion of activities within a development intervention.
- d) **Outcome:** The intended or achieved short-term and medium-term effects of an intervention's outputs. Outcomes represent changes in development conditions which occur between the completion of outputs and the achievement of impact.
- e) **Impact:** Positive and negative long-term effects on identifiable population groups produced by a development intervention, directly or indirectly, intended or unintended. These effects can be economic, socio-cultural, institutional, environmental, technological or of other types.

The evaluation team will assess all the dimensions of the logical framework. In mature programs whose implementation period is more than 5 years, greater emphasis will be on outcomes and impact, while in more recently launched programs with less than 5 years of implementation period, the evaluation will focus more on activities, outputs and outcomes.

Figure 1: Logical Framework: Inputs, Activities, Outputs, Outcomes and Impact



Cross Sectional Themes

It is important for the evaluation to assess the relevant cross sectional themes, where such a theme is not the main component of the scheme but can indirectly influence scheme performance in terms its relevance, effectiveness, efficiency, equity and sustainability. The specific cross-sectional themes relevant to a sector have been covered in the evaluation study objectives.

Mixed Methods and Triangulation

Given various constraints and complexity of the evaluation of CSS, a flexible mixed methodology, relying on triangulation of existing evidence and primary data to be collected by the evaluation study would be required. Mixed methods approaches are used to increase validity of evaluation findings by using a variety of data collection techniques. Using both qualitative and quantitative data collection, along with meta-analysis of previous evaluation studies and monitoring reports produced by the government (central, state, government agencies, etc.) and by non-government agencies (think tanks, academia, international development agencies), the evaluation study will triangulate the findings to evaluate the scheme using the Relevance, Effectiveness, Efficiency, Equity, Sustainability and Impact framework. During the designing of the evaluation tools—qualitative and quantitative--the evaluation consultant will keep in view the relevance, effectiveness, efficiency, sustainability, equity and impact framework, which is described below:

Assessments using the core criteria of relevance, effectiveness, efficiency, sustainability, impact (REESI)²⁷ and equity

²⁷ ECG. 2011. Good Practice Standards for Public Sector Operations. Washington, DC: <https://www.ecgnet.org/documents/4794/download>

Relevance. The relevance assessment addresses the extent to which: (i) the intended outcomes of the scheme were strategically aligned with India's national priorities (considering both what is included in the scheme and what ought to be included) and did not duplicate other government initiatives; and (ii) the scheme design was appropriate for achieving the intended outcomes, i.e., competent analysis was carried out, lessons were applied, the right financing instrument or modality was chosen, innovation and transformative effects were given attention, and the indicators and targets at various levels were laid down well and lent themselves to measurement.

In assessing for relevance, credit should be given to scheme design elements that are innovative and/or that contribute to transformative effects, in terms of significantly improving the beneficiaries' well-being, or promoting positive reforms. A scheme's approach to addressing an identified development constraint should be assessed relative to existing good practice standards.

Effectiveness. The effectiveness assessment looks at whether the scheme's intended outcomes were achieved or were expected to be achieved at the time of observation, and whether any unintended outcomes had inadvertently reduced the value of the scheme. The outcomes are evaluated against the baselines and targets listed in the scheme documents at the outcome level. Outcomes must be available to the intended scheme beneficiaries. For a scheme to be assessed as effective, outcomes should have been achieved or be likely to be achieved and output targets should normally also have been substantially achieved. Scheme-level output-outcome monitoring framework indicators provided as part of the terms of reference will be used for assessment of effectiveness.

Data on outputs and outcomes need to be derived from credible and documented sources. When no data on outcomes are available, it may be possible to review available data on the quality of outputs and capacity of the facilities developed by the scheme, as well as available data on demand conditions, to infer the likely level of usage of the outputs and the attainment of outcomes. Some outputs can serve as leading indicators of outcomes. Lack of any credible evidence can be reason to assume the outcomes were not fully achieved.

Schemes can have unintended adverse effects on people if social and environmental risks are not dealt with. If scheme interventions resulted in environmental degradation or in scheme communities or women being negatively affected (in spite of safeguard measures or gender action plans), the effectiveness assessment will be reduced. If well executed safeguard plans have led to net benefits, for instance if they have improved the livelihoods of affected people or improved the environment, this will improve the effectiveness assessment.

Efficiency: The efficiency of a scheme is a measure of how well it used resources to achieve its outcomes. It indicates whether the scheme used resources efficiently for the country and/or on a whole-of-life basis. A quantitative assessment that weighs the scheme's economic benefits against economic costs is generally needed to assess efficiency. Scheme economic performance indicators, such as the EIRR, net present value, and the benefit–cost ratio, are often used to determine whether the net gains from investing in a particular scheme will be enjoyed by society following scheme completion. Applying the traditional EIRR approach may not always be feasible, for instance for some social sector schemes, or for other schemes where benefits are not easy to quantify comprehensively. In such cases, alternative analytical methods may have to be used: least cost analysis, among others.

Unit cost analysis can be used as a proxy for economic efficiency where benefits cannot be quantified with a high degree of confidence, or where data on benefits are not available. Efficiency can sometimes be analyzed for an assumed level of economic benefits, based on an average unit cost analysis based on industry benchmarks, at the time of appraisal and completion. Analysis can be based on unit costs for comparable activities that could achieve the same or similar benefits in order to assess efficiency on a least unit cost basis. If financial data are lacking, estimates can be prepared for indicators such as average financial unit costs for achieving a defined development outcome. Cost per beneficiary estimations can also be used in sectors such as education and health.

A process efficiency assessment should examine aspects such as the scale of delays and cost overruns and their effects on scheme performance, including the factors that resulted or contributed to these overruns.

Sustainability: The sustainability assessment will focus on the likelihood that scheme outcomes and outputs will be maintained over the economic life of the scheme or over a meaningful timeframe. Since evaluation in some schemes is carried out during the first few years of the scheme's operational life, evaluators must make assumptions about the likely sustainability of operational arrangements, many of which are new, and about probable future operations and maintenance arrangements. They must also look into the wider environmental effects of schemes. The major factors to be considered when assessing sustainability are as follows:

- a) *Sustainability and managing risks.* Assessments of sustainability should consider risks such as political, economic, institutional, technical, social, environmental, and financial events that might limit the extent to which the scheme's achievements continue to be felt. The assessment should also consider the adequacy of risk mitigation measures.
- b) *Financial sustainability.* This can be assessed on a qualitative or a quantitative basis depending on the feasibility of assessing the scheme's income (revenue) and expenditure flows. Financial viability for revenue-generating schemes is based on the estimated financial internal rate of return (FIRR) of these incremental cash flows. Key aspects of the financial sustainability of both revenue and non-revenue generating schemes are: the financial capacity of the agency involved, prospects for the demand for services or products, cost recovery mechanisms, and the availability of resources for O&M of the scheme outputs.
- c) *Institutional sustainability.* The assessment of institutional sustainability needs to consider factors such as the ability to ensure adequate levels of qualified human resources, finance, equipment and other inputs, and the suitability of organizational arrangements and processes, governance structures, and institutional incentives. An institutional assessment may include an analysis of how the ownership, functions, structures, and capacity of scheme-related agencies affected scheme-related inputs and service delivery, including the institution's capacity to assume its identified role or mandate.
- d) *Environmental and social sustainability.* The scheme's likely medium- to long- term effects on natural resource management, pollution, biodiversity, and greenhouse gas

emissions should form part of the sustainability assessment, if applicable. Close attention also needs to be paid to the effects of the scheme on social sustainability, for instance how the scheme is accepted by the local communities and stakeholders.

Impacts: The development impacts assessment is focused on long-term, far-reaching changes to which the scheme has plausibly contributed. It should answer questions such as: Does the scheme contribute to reaching higher-level development objectives (preferably, overall objective/national priorities)? What is the impact or effect of the intervention in proportion to the overall situation of the target group or those affected? Further, the assessment should also consider possible unintended positive and negative development impacts.

Special development impacts: If the scheme aimed to have demonstration effects and/or had innovative features, their impact may be considered. The assessment can also include a discussion of any efforts to scale up and replicate successful features of the scheme that were not previously evident in other schemes in the country or in communities, that have been made during or after scheme implementation. Other elements that would receive positive consideration include successful capacity building activities, and potential for positive institutional or governance impacts.

Attribution to the scheme: Development impacts to which the scheme contributes tend to be outside the scheme's direct control and their achievement is often not solely attributable to the scheme outcomes. Typically, they are dependent on other development efforts. The focus of analysis should be on the contribution of scheme outcomes to the achievement of the impacts.

Equity: In addition to the globally accepted REESI framework, it is important to conduct the evaluation through the lens of equity. It assesses the extent to which government services are being made available to and accessed by different social groups. Particularly in schemes designed for universal coverage, the fair inclusion or intended or unintended exclusion of beneficiaries belonging to vulnerable, marginalized, disadvantaged groups and weaker sections of society must be considered. The existence and effectiveness of targeted action for these groups should also be assessed. Further, the schemes should be assessed based on their contribution to the reduction of inequality of opportunity and income.

It should be assessed whether this principle has been integrated into the scheme at the design stage, as well as whether it is playing out in implementation, i.e. whether all sub-groups within the target beneficiary group are getting equitable benefits. This will involve identifying barriers to participation among different groups, and whether these barriers have been sufficiently addressed by the scheme design and implementation. Equity should thus be factored in during data collection, preparation of findings and conclusions and in the recommendations arising from the evaluation.

Tools for evaluation

Both qualitative and quantitative tools will be utilized by the consultant to assess the CSS from the relevance, effectiveness, efficiency, sustainability and impact framework. While framing the questionnaires for qualitative and quantitative tools, the audience, questions and information use given at Figure 2 may be considered.

Qualitative tools: The consultant will utilize in-depth interviews and focus group discussion.

In-depth Interview: It is a personal interview that is carried out with one respondent at a time. This is purely a conversational method and invites opportunities to get details in depth from the respondent. One of the advantages of this method provides a great opportunity to gather precise data about what people believe and what their motivations are. These interviews can be performed face-to-face or on phone and usually can last between half an hour to two hours or even more.

- *Guide for Review of Documentation and Interviews with Policymakers, Managers, and Other Key Stakeholders:* From your perspective, what is the program trying to accomplish, and what resources does it have? What results have been produced to date? What results are likely in the next year or two? Why would the program produce those results? What are the program's main problems? How long will it take to solve those problems? What kinds of information do you get on the program's performance and results? What kinds of information do you need? How do you (how would you) use this information? What kinds of program performance information are requested by key stakeholders?
- *Guide for Review of Documentation and Interviews with Operating-Level Managers and Staff:* What are your goals for the project or program? What are the major project activities? Why will those activities achieve those goals? What resources are available to the project? Number of staff? Total budget? Sources of funds? What outputs are being delivered by the project? To whom? What evidence is necessary to determine whether goals are met? What happens if goals are met? What happens if they are not met? How is the project related to local priorities? What data or records are maintained? Costs? Services delivered? Service quality? Outcomes? Something else? How often are these data collected? How is this information used? Does anything change based on these data or records? What major problems are you experiencing? How long will it take to solve those problems? What results have been produced to date? What results are likely in the next two to three years?

Focus Group: A focus group is a group interview of approximately six to twelve people who share similar characteristics or common interests. A facilitator guides the group based on a predetermined set of topics. The facilitator creates an environment that encourages participants to share their perceptions and points of view. Focus groups are a qualitative data collection method, meaning that the data is descriptive and cannot be measured numerically. Focus groups are useful for: gathering feedback on activities, projects and services; generating and evaluating data from different groups that use a service or facility, or that an agency wants to target; generating and evaluating data from different groups within a local community or population; and developing topics, themes and questions for further research activities like questionnaires and more detailed interviews. They are good in use in conjunction with other forms of evaluation as they can help 'triangulate' findings.

Figure 2: Audience, questions, and information use

Audience	Question	Information Use	Audience	Typical Questions
<ul style="list-style-type: none"> For each focus area identified, list the audiences that are most likely to be the most interested in that area 	<ul style="list-style-type: none"> For each focus area and audience identified, list the questions they might have about your program 	<ul style="list-style-type: none"> For each audience and questions identified, list the ways and extent to which you plan to use the evaluation information 	Program Management and Staff	<ul style="list-style-type: none"> Are we reaching our target population? Are our participants satisfied with our program? Is the program being run efficiently? How can we improve our program?
			Beneficiaries	<ul style="list-style-type: none"> Did the program help me and people like me? What would improve the program next time?
			Community Members	<ul style="list-style-type: none"> Is the program suited to our community needs? What is the program really accomplishing?
			Public representatives, NGOs, CBOs	<ul style="list-style-type: none"> Who is the program serving? What difference has the program made? Is the program reaching its target population? What do participants think about the program? Is the program worth the cost?
			Cross cutting: experts, researchers	<ul style="list-style-type: none"> Is what was promised being achieved? Is the program working? Is the program worth the cost?

Quantitative Tools

Household/individual level survey: The household survey is important to evaluate the quantity and quality of outputs (services rendered by the government or publicly funded services but provided through private or non-government organizations). Household surveys also give deeper insights into outcomes, although establishing cause-effect relationship between an individual CSS outputs to outcomes may be not that clear. With help of innovative survey designs, triangulation between qualitative and quantitative, along with weight of past evidence, a more robust understanding of umbrella and individual CSS’s contribution to desired sector outcomes can be arrived for policy making purposes.

Household surveys will consist of two parts: household level questions and individual level questions.

To ensure consistency across all the 10 studies, both household and individual level survey questionnaires will consist of standardized questionnaires as well as sector specific variable questionnaires. The standardized questionnaire will be provided around the time of bid award, but will broadly follow the household characteristics of 69 and 71 rounds of the National Sample Survey of India, and individual characteristics of 71 round of the National Sample Survey of India.²⁸

Generalizability of the findings

The key to quantitative surveys is to find a means to strengthen the generalizability of findings once desired outcome are measured. The key questions to ask to strengthen the generalizability of findings include:

²⁸ http://mospi.nic.in/download-reports?main_cat=Nzly&cat=All&sub_category=All

- a) To what groups or sites will generalization be desired?
- b) What are the key demographic (or other) groups to be represented in the sample?
- c) What sample size, with adequate sampling of important subgroups, is needed to make generalizations about the outcomes of the intervention?
- d) What aspects of the intervention and context in which it was implemented merit careful measurement to enable generalizability or transferability of findings?