

**IHAT**  
**Request for Proposal**

**TITLE: Hiring of an agency for “Documenting the journey of ICT interventions at UP-TSU and its best practices”**

**1. Background**

IHAT was instituted in 2003 as a Charitable Trust under the Indian Trust Act, 1882 and is registered with the Ministry of Home Affairs under the Foreign Contribution (Regulation) Act, 1976, under section 12A(a) of the Income Tax Act, 1961 and with the Ministry of Corporate Affairs under the Companies (Corporate Social Responsibility Policy) Amendment Rules 2021. IHAT works closely with the Government of India and state governments to achieve its public health goals. The work of IHAT is aligned with the Sustainable Development Goals and it focuses in areas of prevention and control of HIV and Tuberculosis, in achieving significant improvements in Reproductive, Maternal, Neonatal and Child Health, improved Nutrition among mothers and children, and strengthening health systems.

Uttar Pradesh Technical Support Unit (UP-TSU) was set up under a Memorandum of Cooperation signed between the Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) to strengthen the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCHA+N) components under National Health Mission (NHM). University of Manitoba's (UoM) India-based partner, the India Health Action Trust (IHAT) is the lead implementing organization. UP-TSU provides techno managerial support to GoUP on maternal, new born, child health, nutrition and family planning across the continuum of care. UP-TSU also supports the GoUP at the state level in policy formulation, planning, budgeting, human resource management, monitoring, contracting, procurement, and logistics to improve healthcare throughout the state.

Uttar Pradesh has made significant headway in implementing digital health systems. Health interventions designed and implemented with the support of UP-TSU over the years have been commensurate with government's mission to create a digital health ecosystem that supports universal health coverage. In the state's efforts towards adopting a resilient digital health system, it is critical to reflect on the journey, flesh out the successes and failures, and actively learn from them. These reflections can be precipitated in the form of best practices, which the State and UP-TSU can carry forward. To aid this, documentation of UPTSU's journey is needed, with an undivided focus on the digital health initiatives it has put in place. The proposed documentation serves to help not just UP-TSU but also GoUP, and all states across the country, in their efforts to implement the Ayushman Bharat Digital Mission (ADBM).

**Major Information and Communication Technology (ICT) interventions at UP TSU**

The ICT team of UPTSU has implemented several important interventions at the levels of Health system, Facility and Community. Some of the major interventions can be organized under six major themes as below:

<b>Table 1: ICT Interventions</b>		
	<b>Major Themes</b>	<b>Components</b>
1.	Comprehensive Primary Health Care	e-Kavach
		BCPM-MIS (FLW - HR)/CCPM/CHO incentive

		VHND observation
		VHND Micro Planning
		Poshan Tracker
2.	Health facility	UPKSK
		DVDMS
		Medical/Nursing Colleges Geo-mapping
		ICDS - AWW geo-mapping
		UPKSK Mobile App
		Hospital Information System
		Pharmacy App
		DIA portal
3.	Human Resource Management	Manav Sampada
		Competency based digital capacity building
		Unified Mentoring App
		Experience Certificate Portal
		Counselling Portal
		Attendance App HR
4.	Health Management Information System	Critical Equipment
		HMIS/UPHMIS
		Buddy- Buddy doctors performance
		Health Information Exchange Layer
		ANM at source
5.	Unified Surveillance Platform	Dashboard
		COVID platform
		Mera COVID Kendra
		Lab results download
		Home Isolation app
6.	Digital Direct to Client communication	UP COVID dashboard
		D2C
		FAMS
		ICCC
		Citizen Health App
		Data Organization - SC- RV

### Purpose

IHAT/UP-TSU seeks to hire services of an agency to document the processes and components of the ICT related interventions of UP-TSU. The final outputs would be accepted in the form of a full length process document inclusive of knowledge products categorized under various themes and a comprehensive document outlining several best practices through this journey.

### Target Audiences

Government Departments, Academic institutions, Bilateral/ Donor agencies, Partner Organizations.

### Deliverables

Sr. No.	Deliverables	Outline
Deliverable 1	<b>Detail Report on ICT Journey (Process documentation)</b> - Number of pages – 50-60	A process document of ICT journey of UP-TSU, which will highlight how the ICT interventions undertaken over the years have contributed in

	<ul style="list-style-type: none"> <li>- Inclusive of flow diagrams, tables, illustrations, images, graphs, and infographics</li> <li>- Each page to be designed as per the need</li> </ul>	<p>strengthening the digital public health ecosystem in the state leading towards improved health outcomes.</p> <p><b>Suggestive outline for the report:</b>  <b>Background</b> – Digital Health Scenario before UP TSU’s constitution.</p> <p><b>Systemic Strengthening of Digital Health Ecosystem</b> – Led by an evidence based approach, ICT team of UP-TSU has designed and implemented technical interventions that have a wide impact. Health system in the state has become more responsive, efficient and accessible. Thematic documentation of these interventions could be done as indicated below.</p> <p><b>1. Programmatic Theme</b> – Six major programmatic interventions as elaborated in Table 1.</p> <p><b>2. Project Theme</b> – A total of 35 minor project based ICT products falling within six major programmatic interventions.</p> <p><b>3. ICT interventions through the lens of Theory of Change</b> –  UP-TSU has developed an operational Theory of Change under its Phase 3 interventions, at the core of which lies optimization of priority interventions across health systems, facility and community platforms to maximize impact.</p> <p><b>a. Enablement</b>– The enablement brought about by the major and minor ICT products using the Availability, Utilization and Quality Framework:</p> <ul style="list-style-type: none"> <li><b>i. Availability</b>– Increased availability of healthcare products and services</li> <li><b>ii. Utilization</b>–Increased utilization of healthcare products and services</li> <li><b>iii. Quality</b>– Improved quality of healthcare products and services</li> </ul> <p><b>b. Time</b>–ICT enablement got a major push during pandemic phase in healthcare sector in UP. The timeline to be covered is pre, during and post COVID-19</p> <p><b>c. Launch of ABDM Program targeted at enabling a Digital Ecosystem</b> – The directional thrust of ABDM has a profound impact on digitization of healthcare services. Thus, another dimension to product alignment could be: -</p>
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Deliverable 2	<p>Compilation of Best Practices – Technically sound, reflective of programmatic and policy interventions as well as covering the human touch angle.</p> <ul style="list-style-type: none"> <li>- Compilation of a list of best practices (Approx. 15-20)</li> <li>- Document should include real pics, illustrations/ images/graphics and infographics etc.</li> </ul>	<ol style="list-style-type: none"> <li>1. A comprehensive document outlining good practices in enabling an interoperable, sustainable digital health ecosystem, compiling the findings from stakeholder interviews, lessons learnt and key decisions taken at critical junctures in the journey, reflective of the various twists and turns in the backdrop of an ever evolving scenario.</li> <li>2. The following pillars will be used to capture the lessons learnt and recommended best practices. The criteria for assessing the lessons learnt and whether these lessons may be termed as best practices may be on the basis of following points (to be discussed during stakeholder interviews): <ol style="list-style-type: none"> <li>1. <b>Generalization</b>-Possibility of generalization of lessons learnt under a given circumstance to handle the situation</li> </ol> <p><b>Best practices can be captured around key thematic areas from both the beneficiaries as well as the service providers through the lens of system strengthening</b></p> </li> </ol>

		<p>2. <b>Benefits-</b> Best Practices may be related to one or more of the following benefits:</p> <ol style="list-style-type: none"> <li>1. Sustainable Digital Ecosystem</li> <li>2. Integration of Systems</li> <li>3. Interoperability Considerations</li> <li>4. Exploratory efforts leading to Healthcare Provisioning Benefits</li> <li>5. Policy/process related change for excellence in healthcare sector</li> <li>6. Efficient Project Management</li> <li>7. Efficient Financing/Fund Utilization.</li> <li>8. Organizational Excellence</li> <li>9. Capacity Building for Upcoming Transformations</li> <li>10. Resource Optimization (Human and Non-Human)</li> </ol> <p><b>Annexure-</b> Compilation of Best Practices for Adaption</p>
For both the deliverables, the agency will conduct interviews with approximately 40–50 respondents across state, district and block levels including officials from GoUP as well technical/ non- technical and programmatic experts from UP-TSU		

#### Other Requirements

- Engagement of a highly experienced set of professionals/agency for developing content for all deliverables with level of linguistic proficiency in English.
- The agency will submit 2 samples of high quality, coloured and designed hardcopies of final documents for feedback before finalizing the documents.
- The agency will submit 5 digitally printed copies of the final documents.
- High resolution and high quality photographs to be submitted in JPEG and RAW file format, submitted in categorized folders.
- Duly signed consent forms for each photograph and case study to be included as part of the deliverables.
- Agency to share details of the team composition for the purpose of the assignment.

#### Terms of engagement

The documentation agency will complete all deliverables by \_\_\_\_ <within three months' post issue of work order>\_\_\_\_\_ and submit all final deliverables with photographs and consent forms after completion of the task.

#### Timeline

The task has to be completed within three months from the signing of the contract.

S.No.	Task	Timeline (Work Order Date = W0 (Week 0))
1	Work Order Date	Week 0
2	Phase 1: Resource On-Boarding and Preparation	W0 + 2

3	Phase 2: Primary and Secondary Research	W0 + 6
3.1	Sharing of the outlines of the reports 1 and 2	W0 + 7
3.2	Sharing of the first draft of deliverable 1 and deliverable 2 for feedback	W0 +9
3.3	Submission of Second draft of designed documents of deliverable 1 and deliverable 2 for feedback	W0 +11
3.4	Finalization of designed document for deliverable 1 and deliverable 2 after incorporation of all feedback	W0 + 12
4	Submission of Final Documents-Deliverables 1 and 2	W0 + 12
Note: Each deliverable will be deemed to be complete once it has been approved by IHAT/UP-TSU		

### Payment Milestone

ADVANCE PAYMENT		
S.No.	Condition	% Payment of Contracted Amount (quoted in INR)
1	Mobilization Advance (on Request by Vendor after issue of the Work Order) on submission of Invoice	10%
PAYMENT TERMS		
S.No.	Deliverable / Condition	% Payment of Contracted Amount (quoted in INR)
2	Phase 1: Resource On-Boarding and Preparation: - a. <b>Resource Plan</b> – Submission and Acceptance of List of Resource to be Deployed with their profiles and deputation period b. <b>Schedule</b> – Submission and Acceptance of Work Plan (Schedule) c. <b>Approach and Methodology</b> – Submission and Acceptance of Approach and Methodology document	10%
3	Phase 2: Key Process for Documentation: - a. <b>Secondary Research and Analysis</b> – Submission and Acceptance of Brief Synopsis and Detailed Report on Secondary Research and Analysis b. <b>Identification and listing of key respondents</b> c. <b>Stakeholder Interviews</b> - Submission and Acceptance of a document with secondary research and stakeholder interviews d. <b>Findings</b> - Submission of findings from the analysis of secondary research and stakeholder interviews, including transcripts of all interviews.	20%
4	Submission of first draft documents-Deliverables 1 and 2	30 %
	Feedback sharing	
	Sharing of revised document by incorporating all feedback	

	Sharing of final feedback	
5	Submission final documents-Deliverables 1 and 2 as per SoW (in soft copy)	30%
	Finalization of both reports	
	Sharing of designed document	
	Feedback incorporation and finalization of both reports	
<b>Acceptance Criteria:</b> Each deliverable will be deemed to be accepted once it has been approved by IHAT/UP-TSU (UPTSU may form a steering committee for review, acceptance and approval of submitted documents)		

### Pre-Qualification Criteria

Sr. No.	Evaluation Criteria	Documents To Be Submitted
1	Minimum 5 years of experience in executing projects comprising of design and publishing documents	Suitable documents in terms of work orders / completion certificates
2	Publication of Documents – at least i) one documentation project worth more than 50 Lakhs, OR ii) two documentation projects worth more than 25 lakhs OR iii) Three documentation projects worth more than 15 lakhs, complying the following criteria: <ul style="list-style-type: none"> <li>completed projects each (with project completion certificate)</li> </ul>	Work Order / completion certificate specifically reflecting project value
3	Bidder should be registered in India as a Company/Limited Liability Partnership (LLP), Partnership Firm/Society/Trust	Certificate of Registration or Incorporation
4	The Bidder must have average annual turnover of Rs. 1 Crore in last three financial year ending at 31/03 /2022	Self-certified copies of the audited balance sheet and profit & loss statement for the last 3 completed financial years
5	The Bidder must have positive net worth in last 3 financial years ending at 31/03/2022	CA certificate with UDIN for positive net worth for each year from the last 3 Financial years

### Technical evaluation Criteria (Evaluation of Qualified Bidders in accordance with Pre-Qualification Criteria)

This evaluation will be carried out on a total score of 100 on the basis of the following mentioned criteria:

S.No.	Evaluation Criteria	Evaluation Criteria
1	The Sole Bidder should have successfully executed or is executing projects comprising of design & documentation projects related to public policies/digital transformation or healthcare service provisioning in the last 5 years as on the last date of bid submission.	<b>Total Marks – 20</b> For projects cost $\geq$ INR 2 Crore = 20 Marks For project cost $\geq$ INR 50 Lakhs = 10 Marks per Project For project cost $\geq$ INR 25 Lakhs = 5 Marks per Project For project cost $\geq$ INR 15 Lakhs = 4 Marks per Project



		<p>Bidder can also come up with cumulative projects from each category, the maximum marks awarded will be 20.</p> <p>Ex:</p> <p>1) 5 project of 25 Lakhs: (5*5=25, but Max marks awarded will be 20)</p> <p>2) 1 project 50 Lakhs and 3 projects 25 Lakhs: (1*10 + 3*5) = 10+15=25, max marks awarded 20 only</p> <p>Document required: Work Order / completion certificate specifically reflecting project value</p>
2	<p>Number of full time technical employees in its pay roll. The technical skills of these employees must cover digital transformation documentation / public policy documentation/healthcare provisioning related documentation/document designer /interview (based) survey experts</p>	<p><b>Total Marks – 25</b></p> <p>5 to 10 employees: 10 marks</p> <p>11 to 20 employees: 15 marks</p> <p>21 to 30 employees: 20 marks</p> <p>More than 30 employees: 25 marks</p> <p>Document required: Self-certified list of employee on the letter head of organization</p>
3	<p>Qualifications and experience of proposed Manager (Single Point of Contact and Responsible for end-to-end execution and delivery of project):</p> <p>Post-graduate in relevant field with minimum 5 years of experience in documentation and delivery of projects related to report publishing (scientific / commercial writing and publication)</p>	<p><b>Total Marks – 15</b></p> <p><b>Qualification [4]:</b> PG Degree from UGC recognized university / institution: 2 marks, Relevant course/ certification: 1 marks for each relevant course/ certification,</p> <p><b>Professional Experience [4]:</b> 5 to &lt;10 years: 1.5 marks, 10 to15 years: 2.5 marks, 15+ years: 4 marks</p> <p><b>Project Lead experience [1]:</b> 1 mark</p> <p><b>Experience of 2 projects in digital transformation in public health sector [5], (cumulative):</b> I – 2.5 marks, II – 5 marks</p> <p><b>1 mark for previous experience in UP</b></p>

4	The Sole Bidder should have minimum average annual Turnover of INR 1 Crore for last 3 audited financial years (2019-20, 2020-21 and 2021-22).	<b>Total Marks – 10</b> >= 4 Crores: 10 marks >=2 Crore- < 4 Crores: 8 marks >=1 Crore- < 2 Crores: 6 marks
5	The Sole Bidder should have published 3 or more similar documents (related to digital transformation documentation / public policy documentation / healthcare provisioning and nearly same volume in terms of number of pages – must be more than more than 25 pages) in the last 5 years as on the last date of bid submission.	<b>Total Marks – 10</b> 3–5 documents (with 25+ Pages): 5 Marks > 5 documents (with 25+ Pages): 10 Marks
6	Presentation of the Proposed Approach & Methodology: Overall approach towards stakeholder interviews, data acquisition and secondary research, illustrating the journey, cover design and document design (Maximum 20 Marks)	<b>Total Marks – 20</b>

- i. The technical bids/proposals scoring at least 60 points/marks would be considered for financial evaluation. A technical proposal failing to achieve 60 marks shall be rejected.
- ii. In the second stage, financial proposals of those who have qualified the Technical screening would be evaluated and ranked to determine L1 through LCS methodology.

#### Financial Bid Evaluation (Stage–2)

- i. Financial bid of only those bidders shall be considered who qualify the technical evaluation. The format for submission of financial bid is given under ANNEXURE.
- ii. The Financial Bids of technically qualified bidders will be opened on the prescribed date as per IHAT policy.
- iii. IHAT will determine whether the Financial Proposals are **complete and unconditional**. The cost indicated in the Financial Proposal shall be deemed as final and reflecting the total cost of services.

#### Final Evaluation (shortlisting of bidder)

The Minimum technical qualifying marks shall be 60 marks out of 100 marks as per the Technical Evaluation Criteria. Qualified and technically responsive Bidders quoting the lowest Financial Bid shall be selected based on the Least Cost Selection (LCS)/ method, IHAT may negotiate the Financial Bid with the qualified bidder quoting the lowest Financial Bid if required.

*Note: In the event, the financial quotes are 'tied', the bidder securing the highest technical score will be adjudicated as the Best Value Bidder for award of the Project.*

## Instructions to Bidder

### General:

- i. The Client (called "IHAT") will select an organization/Agency in accordance with the method of selection specified in the RfP.
- ii. The Applicants are invited to submit Technical and Financial Proposals (collectively called as - the Proposal), for the services required for the Assignment. However, the technical bid and the financial bid must be submitted in two separate envelopes (with all the requisite documents). These two separate envelopes must be placed under another (bigger) envelop and submitted before the last date of submission
- iii. The Proposal will form the basis for the grant of a work order to the selected Agency. The Agency shall carry out the assignment in accordance with the Scope of Work of this RfP.
- iv. IHAT requires that the Applicant hold IHAT's interest paramount, avoid conflicts with other assignments or its own interests, and act without any consideration for future work. The applicant shall not accept or engage in any assignment that may place it in a position of not being able to carry out the assignment in the best interests of IHAT and the Project.
- v. Applicants shall bear all costs associated with the preparation and submission of their proposals, and their participation in the Evaluation Process, including but not limited to postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by IHAT or any other costs incurred in connection with or relating to its Proposal.
- vi. It is the IHAT's policy that the Applicants observe the highest standard of ethics during the Evaluation Process and execution of work/assignment. In pursuance of this policy, the IHAT:
  - will reject the Proposal for award if it determines that the Applicant has engaged in corrupt or fraudulent activities in competing for the work order in question;
  - will declare an Applicant ineligible, either indefinitely or for a stated period of time, to be awarded any contract or work order if it at any time determines that the Applicant has engaged in corrupt or fraudulent practices in competing for and in executing the work order.
- vii. Dispute Resolution: If any dispute or difference of any kind whatsoever arises between the parties in connection with or arising out of or relating to or under this RfP, the parties shall promptly and in good faith negotiate with a view to its amicable resolution and settlement. In the event no amicable resolution or settlement is reached within a period of thirty (30) days from the date on which the above-mentioned dispute or difference arose, such dispute or difference shall be finally settled by Executive Director, TSU, whose decision shall be final.
- viii. The Agencies shall submit their proposal in two covers namely, Technical Proposal and Financial Proposal respectively. The technical evaluation will be carried out first and then a list of technically qualified Applicants shall be prepared in the order of their merit. The Financial Proposals of technically qualified Applicants will be thereafter opened.
- ix. Number of Proposals: No applicant shall submit more than one application.
- x. Misrepresentation of the content of RfP/ improper response by the applicant may lead to the disqualification of the applicant. If such disqualification/rejection occurs after the proposals

have been opened and the highest ranking applicant gets disqualified/ rejected, then the IHAT reserves the right to consider the next best applicant, or take any other measure as may be deemed appropriate at the sole discretion of the IHAT.

xi. Acknowledgement by Applicant:

It shall be deemed that by submitting the Proposal, the applicant has:

- made a complete and careful examination of the RfP;
- Received all relevant information requested from IHAT;
- accepted the risk of inadequacy, error or mistake in the information provided in the RfP or furnished by or on behalf of IHAT;
- satisfied itself about all matters, things and information, including matters herein above, necessary and required for submitting an informed application and performance of all of its obligations there under;
- acknowledged that it does not have a Conflict of Interest; and
- agreed to be bound by the undertaking provided by it under and in term hereof.

**IHAT and/ or its advisors/ employees 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 IHAT and/ or its employee.**

Bidding Schedule

Sl. No	Particular	Deadline
1.	Issuance of RfP document	<b>19-04-2023</b>
2.	Pre-Bid meeting with the bidders	<b>24-04-2023 at 15:00 to 17:00 Hrs</b> <b>Meeting Venue</b> India Health Action Trust 404, 4th Floor, Ratan Square Building, Vidhan Sabha Marg, Lucknow, PIN- 226001 <b>Zoom Link :</b> <a href="https://us06web.zoom.us/j/81643231516?pwd=cVF2dU9ydUczS1krSGQ2eGtmRERhdz09">https://us06web.zoom.us/j/81643231516?pwd=cVF2dU9ydUczS1krSGQ2eGtmRERhdz09</a>
3.	Last Date for seeking queries , if any	<b>25-04-2023; 23:59 Hrs</b>
3.	Response to Queries	<b>02-05-2023</b>
4.	Start date and time for bid submission	<b>11-05-2023; 00:00 Hrs</b>
5.	Last date and time for bid submission	<b>19-05-2023, 18:00 Hrs</b>
6.	Date and time for opening of Technical bids	<b>22-05-2023</b>
7.	Date and time for opening of Financial bids	<b>To be intimated later</b>
8.	Validity of Proposal	Proposals must remain valid for 90 days after the submission date
9.	Address for submission of Bids	To, Procurement (Administration Section) India Health Action Trust 404, 4th Floor, Ratan Square Building, Vidhan Sabha Marg, Lucknow, PIN- 226001
10.	Contact Details	<a href="mailto:procurement@ihat.in">procurement@ihat.in</a>

## ANNEXURE -A

### 1. FINANCIAL PROPOSAL

Financial Implications for scope of work defined in RfP should be as per below formats:

Table i: Format for Development Cost

S.no	Activity	Cost INR in Figures (Exclusive of GST)
A	B	C
1	Deliverable – 1: Detail Report on ICT Journey (as mentioned in SoW)	
2	Deliverable – 2: or Compilation of Best Practices (as mentioned in SoW)	
3	<b>Total</b>	

**Note: Any change / deviation in the quoted financial bid from above format would be considered disqualified bid.**

**ANNEXURE-B****Format for CV of proposed Manager**

1. Proposed Position		
2. Full Name of the resource proposed		
3. Date of Birth		
4. Nationality		
5. Education	Qualification	
	University/Institution	
	Year of award	
6. Certifications , if available	Certification	
	Awarded by	
	Year of award	
7. Total number of years of Work Experience		
8. Countries of Work Experience		
9. Employment record	Employer	
	Position held	
	From Year – To Year	
	<i>(Add more tables, if necessary)</i>	
10. Total Number of projects / programs handled that best illustrate the capability to handle assigned tasks as per the scope of the work		
Project Experience	Name of the project	
	Brief description of the project	
	Client/Project awarding agency	
	Duration and years of project	

	Location of project(country/state/Location)	
	Role performed by the resource	
	Category/ Categories of Project and associated details (As per clause 5.1.2 of the ITB)	
	Description of activities carried by the resource	
	<i>(Add more tables, if necessary)</i>	

**Certification:**

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

- i. This CV correctly describes my qualifications and my experience.
- ii. I understand that any wilful misstatement described herein may lead to my disqualification or dismissal, if engaged.
- iii. I certify that I have been informed by the firm that it is including my CV in the Bid for the '**Hiring of a consultant for undertaking an assessment of diagnostics services at public health facilities in Uttar Pradesh and developing a long-term vision for provision of diagnostic services at public health facilities in Uttar Pradesh**'. I confirm that I will be available to carry out the assignment for which my CV has been submitted in accordance with the consulting arrangements and schedule set out in the Bid.

[Signature of staff member]

Full Name:

Date: