

*Request for proposal:
Agency to Engage in a Qualitative Gender Review in Madhya Pradesh*

1. INTRODUCTION

1.0. About the Organization

India Health Action Trust was instituted in 2003 as a Charitable Trust with a vision to meaningfully impact the lives of vulnerable and marginalised people by addressing health and social inequities. The Trust is working towards reducing inequities by developing comprehensive and sustainable programmes to improve population health. Since its inception, IHAT has been working closely with the Government of India and state governments, including Uttar Pradesh, Madhya Pradesh, Bihar, Rajasthan and Delhi to achieve public health goals. Our work is focused 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. We use program science to optimise and scale public health programs while partnering with the governments and communities.

1.1. Purpose of Request for Proposal (RFP)

IHAT is keen to understand 'the gender related inequalities in roles and gender norms, decision making processes, power dynamics, needs and opportunities across different ecological levels during the ante natal and postnatal periods for women and their impact on neonatal mortality in Shahdol, Madhya Pradesh'. The proposed gender review will be conducted in fifteen sub-centres across the five intervention blocks of Shahdol district. This Request for Proposal is to appoint an agency with proven experience and expertise in undertaking qualitative gender reviews/studies, especially in the domain of RMNCH programming and developing a concrete set of intervention recommendations in consultation with the communities, community-based organisation, service providers and service authorities (health care facilities and systems).

1.2. Invitation for Bid

IHAT invites bid offers (Technical bid and Financial bid) for hiring an agency to Engage in a Qualitative Gender Review in Madhya Pradesh

Issuance of RFP document	29 th November 2024
Last Date for seeking queries through email	8 th December 2024
Response to queries	12 th December 2024
Last date and time for bid submission	22 nd December 2024
Date and time for opening of Technical bids	26 th December 2024
Date and time for opening of Financial bids	To be decided
Validity of Proposal	Validity of Proposal Proposals must remain valid for 90 days after the submission date
E-mail ID for tender-related queries, communication, and Technical & Financial Bid submission	procurement@ihat.in

Note: The subject line for the RFP-related queries, communication, and Technical & Financial Bid submission should be "**Hiring of an agency to " Engage in a Qualitative Gender Review in Madhya Pradesh"**
The soft copies of the technical and financial bids must be password protected.

1.3. Background

Gender Analysis Overview

Gender analysis is used to examine and explain gender-based gaps in households, communities, and countries. It identifies how gender norms, roles, and power dynamics shape access to resources, opportunities, and services. The analysis focuses on differences in the status of women and men, exploring the factors that influence their access to assets, opportunities, and decision-making power. In the context of reproductive, maternal, newborns, and child health (RMNCH), gender analysis plays a critical role in understanding how gender equality influences health behaviours and outcomes. Identifying gender norms that restrict access to RMNCH services for pregnant women, new mothers, and their newborns is crucial to improving maternal and child health outcomes. Addressing context-specific gender inequalities—at the individual, household, community, and health facility levels—can lead to more effective health interventions and better RMNCH results.

- Utilizing the **IHAT Gender Analysis Framework**, a gender analysis is proposed in Shahdol, Madhya Pradesh, to examine gender roles, decision-making processes, responsibilities, and power dynamics during the antenatal and post-natal periods. Shahdol division accounts for the highest neonatal mortality of 52 in the state according to NFHS-5. Furthermore, Shahdol is the division with an increase of 19 points in NMR from 33 to 52 deaths per 1000 live births. Likewise, Shahdol division has the highest MMR in all of the state with 306 deaths per 100,000 live births.

This multi-level approach, which looks at individual, family, community, and facility contexts, will shed light on barriers that hinder full utilization of services or lead to discriminatory service provision.

Given the role of IHAT's Madhya Pradesh Innovation Hub in strengthening the health system, this nuanced understanding of gender-related barriers provides a foundation for building the capacity of service providers to be gender-responsive. A focus on the root causes of gender inequality, intersectionality, and discrimination enables the setting of relevant and targeted objectives, ultimately contributing to the elimination of gender disparities in RMNCH.

1.3 Specific objectives and scope of the Review

A comprehensive gender analysis is proposed to identify and address the root causes of gender inequalities in Shahdol, Madhya Pradesh. The objective is to design and implement a gender-responsive programmes strategy that will enhance access to, and utilization of, reproductive, maternal, new-born, and child health (RMNCH) services. By focusing on improving outcomes for women and children, this review and analysis will also contribute to the broader goals of gender equality and health equity especially in tribal context.

The gender review will provide an in-depth understanding of gender-based disparities in roles, norms, decision-making processes, power dynamics, and the specific needs and opportunities for women at various ecological levels (individual, household, community, and health facility) during the ante-natal and post-natal periods. Moreover, it will critically examine how these gender inequities influence neonatal mortality rates in Shahdol.

Review Objectives:

1. **Identify gender-related attitudes, beliefs, and norms:** To investigate the gender-related behaviours and cultural norms during the prenatal and postnatal periods, particularly their effects on neonatal health outcomes, including neonatal mortality.
2. **Analyse gender biases and disparities in decision-making:** To assess how gender-based power dynamics affect men's and women's ability to make decisions within families and communities, especially regarding control over RMNCH services, with a focus on neonatal health services.
3. **Examine the gendered division of roles and responsibilities:** To explore how the distribution of roles and responsibilities within families and communities impacts neonatal health outcomes, particularly in relation to neonatal mortality.

4. **Examine gender disparities in resource control and access:** To investigate the gendered management and control of resources such as household assets, income, social benefits, technology, and services, particularly as they relate to access and utilization of RMNCH services, especially neonatal care.
5. **Develop gender-transformative recommendations:** To provide evidence-based recommendations aimed at dismantling gender-related barriers to accessing and controlling RMNCH services, with a particular focus on improving neonatal outcomes.

IHAT is seeking to on-board an independent and experienced agency with the requisite skills in qualitative data collection and gender analysis in context of health programmes, especially in the tribal areas. This agency will conduct the review in five intervention blocks within the Shahdol district and engage in generating programme interventions.

This review will be undertaken with the engagement with IHAT's team and is scheduled to take place between January 2025 and July 2025.

1.4 Design of Gender Review

This review will adopt a **feminist approach**¹, placing the knowledge and lived experiences of women at the center of the research. By utilizing multiple qualitative methods², the review aims to gain deeper insights into whether and how gender equality influences reproductive, maternal, newborn, and child health (RMNCH) behaviors and outcomes. This approach will highlight the voices of women while acknowledging the socio-cultural and structural factors that shape health access and decision-making in the study area. To be used exclusively for programming purpose, this study will follow all data protection protocols and will be for internal use by IHAT only. Any further use of the information and data generated will be solely at the discretion of IHAT and under the purview of IHAT's MoU with the Government of Madhya Pradesh.

1.5 Study Geography

The review will be conducted over 7-month period across 15 selected Sub Health Centres (SHC) areas within five intervention blocks where IHAT is active, in the Shahdol district of Madhya Pradesh. The chosen SHC areas are intended to represent diverse settings, including regions, ensuring a comprehensive understanding of the factors influencing health outcomes in varied contexts.

1.6 Selection of respondents

The proposed review will adopt Purposive sampling to select participants based on their specific status, roles, experiences, involvement, and influence on the care of pregnant women and neonates. This process should will ensure the inclusion of the most relevant stakeholders, providing insightful data to aid in reaching the objectives of the proposed review. The sample will be drawn from IHAT's the selected SHCs in coordination with IHAT team at Shahdol and in consultations organised by frontline workers (ASHAs, ANMs).

Further, with the help of the ASHAs, women from their work geographies will be identified and the procedures will be followed by introducing these potential participants to the objective of the gender review and seek their consent for participation.

One design workshop will be organised by the prospective agency towards finalising the framework and timeline for the review in consultation with IHAT team and front-line workers. The prospective

¹ As opposed to traditional research, the objectives of the feminist approach include both the construction of new knowledge and the production of social change. It seeks to include feminism within the process, to focus on the meanings participants give to their world, while recognizing that research must often be conducted within institutions that are still patriarchal. Feminist principles inform all stages of the research, from choice of topic to presentation of data, acting as the framework guiding the decisions being made by the people involved in the research. It is interdisciplinary and transdisciplinary, and uses different methodologies, and it is constantly being redefined by the concerns of marginalized population coming from very different perspectives.

² The value of qualitative research is that it can go in-depth and gain a more nuanced understanding of the processes underlying gender socialization but to do this well, we need to focus on one site, rather than many. This study aims at gaining more in-depth understanding.

agency will develop an inception report that will provide all details related to the proposed review and timelines.

1.7 Selection of SHCs

The low performing 15 Sub Health centres from five blocks of Shahdol –Madhya Pradesh (3 per block) were selected using composite index scoring methodology.

1.8 Sample and Methods

Table 1: Sample size

Sample	Number
Number of Blocks selected	05
Number of Sub Centres	15
Number of sample women (Women in reproductive age from a household with child death in the last two years.)	45
Number of sample women (Women in reproductive age from a household with no child death in the last two years.)	35
Number of Household Gatekeepers (family members)	28
Number of Community Gatekeepers ((Teachers, Religious Leaders, Private Medical Practitioners (qualified, and not qualified), Community leaders, Elderly Women (dais, ammas of the village)	21
Number of Community Health Workers (CHO, ASHAs, AWWs, ASHA Supervisors)	25
Number of Health Service Providers – PHC and above including Sector MOs (Sector MO, PHC staff, sub centre staff, BMOs / BCMs, Specialists, Civil Surgeon, District Hospital Staff, Medical College staff, Chief Medical Health Officer, Dean of Medical college)	77
TOTAL SAMPLE	231

The following table provides details on the specific review methods used with which population group.

Table 2: Qualitative Methods, Topics of Discussion, and Respondents

Method	Social Network Mapping (Phase 1)	Lifeline+Freelisting+ Cannot do, Will not do, Should not do (Phase 1)	Key informant interviews with semi structured guide (Phase 1)	Complete-the-Story (Phase 2)
Women in reproductive age from a household with child death in the last two years.	7	14 life lines 07 groups for Free listing and : Cannot do, Will not do, Should not do		7
Women in reproductive age from a household with no child death in the last two years.	7			
Family Gate-keepers			28	7
Community Gate-keepers			21	7
Number of Community Health Workers			25	7
Number of Health Service Providers – PHC and above including Sector MOs			77	

2. Scope of work of the external agency

This qualitative gender review will be conducted in two distinct phases, with the engagement of an agency responsible for all consultations, executing the fieldwork and implementing activities to synthesize the findings and recommendations. To ensure alignment and progress throughout this process, an inception workshop is proposed to establish regular touch points between the agency and IHAT team at key milestones defined in the scope of work. Additionally, the agency will design and implement a comprehensive quality assurance and quality control plan, ensuring periodic reviews and updates to maintain as per agreed timelines.

Sl. No	Activity	Responsibilities	Timeline
Phase 1- Continuum of Care: Collect and analyzing data on gender roles, relations, including gathering sex-disaggregated data as well as qualitative information to understand gender relations within different contexts, such as households, communities and health facilities to collect this crucial information in areas such as RMNCH.			
1	Finalization of tools for review	Reviewing and suggesting changes in the proposed tools, mapped to the objectives of the study. The agency will be required to contribute to the draft tools developed by the IHAT.	Mid-January 2025
2	Recruitment and Training	Selection and recruitment of skilled FIs* on qualitative techniques (capturing verbal and non-verbal cues); an in-depth overview of the tools and concepts used; ethics and informed consent. *(a minimum of Bachelor's Degree in educational qualification, and proficiency of the local dialect and language with relevant qualitative research experience of 2-3 years)	January 2025
3	Pre-testing	Pre-testing of data collection tools and engaging the IHAT team in the modification of tools after the pre-test.	February 2025
4	Data collection-	Undertake timely fieldwork for data collection Formative phase: <ul style="list-style-type: none"> Social Network Mapping Combination of Lifeline, Free-listing, and cannot do, will not do and should not do statements Key informant interviews 	February 2025–March 2025
5	Data analysis - Phase-1	<ul style="list-style-type: none"> Undertake timely transcription, translation, and coding of the qualitative data. Share emerging themes with the IHAT team. Data analysis and submission of summary findings 	March 2025 - April 2025
Phase 2 - Solutions Phase			
6	Finalization of tools, Training of FIs, and Pretesting the tools	<ul style="list-style-type: none"> Reviewing the tools based on the findings from the formative phase Training of RIs and providing them with an in-depth overview of the tools, concepts used, and ethics Pretesting the tools for the Vignettes and the discussion 	Mid-April 2025
7	Data collection- Solutioning	Vignettes for solutioning <ul style="list-style-type: none"> Vignettes and FGD with married women, healthcare providers and gatekeepers 	April-May 2025
8	Data Analysis	<ul style="list-style-type: none"> Undertake timely transcription, translation, and coding of the qualitative data. Share emerging themes with the IHAT team. Data analysis and submission of summary findings 	May-June 2025
9	Data management and quality	Ensuring high-quality data management and adherence to quality and confidentiality assurance mechanisms as per agreed protocols, plans and schedules	January 2025 to June 2025
10	Final Submissions	<ul style="list-style-type: none"> First draft of report Submission of soft and hard copies of coded database (including audio recording). Submission of final report as per the agreed timelines. 	July 2025

3. Roles and responsibilities of external agency

3.1. Overall Roles and Responsibilities Assigned to the agency

The agency's principal responsibility is to conduct the study as per the scope of work, starting from the contract signing with IHAT and continuing until the completion of all assigned tasks. The agency must submit bio-data, identity proofs, and qualifications of all staff in advance and ensure adequate training, including refresher sessions, for the research investigators (RIs). Extra field personnel must be trained to account for attrition, and strict adherence to the study timeline is mandatory, with penalties for delays. Informed consent must be obtained from all respondents, and confidentiality of data must be maintained. The agency is required to fully cooperate with IHAT monitoring personnel, arrange group insurance for field staff, and is prohibited from subcontracting any activities. Any instructions from IHAT regarding data quality must be followed. Any modifications require prior consultation and approval from IHAT.

4. Implementation schedule/timeline

IHAT seeks to conduct the study during January 2025 to July 2025.

5. Key deliverables for the agency

- 1) Reviewing and suggesting changes in the proposed tools and sharing with IHAT
- 2) Data collection and analysis as per agreed timelines
- 3) Submission of cleaned and coded primary data (including qualitative transcripts) and analysis with IHAT.
- 4) Share the emerging themes from the preliminary analysis
- 5) Share top-line findings from fieldwork with IHAT
- 6) Discuss the structure of study report with the IHAT team.
- 7) Submission of the draft report to IHAT.
- 8) Finalize report based on the review and feedback from IHAT
- 9) Presentation of findings to IHAT
- 10) Submission of final report to IHAT

6. PAYMENT SCHEDULE

The payments will be made in instalments after achievement of mutually agreed deliverables by hired agency and IHAT. The payments shall, however, be released after deducting the performance guarantee (PG) equal to 10% of amount payable and applicable TDS.

Instalment	Task Deliverables	Verifiable Indicator	% of the Amount to be released	Tentative Timelines for achievement of Deliverables
1	Signing of contract		--	T
2	Submission of Inception Report	Report containing details of employees to be engaged for the survey and work plan for execution.	--	T+10 Days
3	Completion of training	List of trained candidates along with the contact details will be shared to concerned IHAT official or point of contact.	10%	T+30 Days
4	Coverage of COC phase of the data collection and submission of findings.	Submission of findings of the COC phase	20%	T+95 Days
5	Completion of solutioning phase of the data collection and submission of findings.	Submission of findings of the solutioning phase	20%	T + 155 Days
6	Project completion and submission of final report	<ul style="list-style-type: none">• Submission of soft and hard copies of coded database (including audio recording)• Submission of final report as per the agreed timelines	30%	T + 175 Days

Tax as applicable shall be deducted at source from all payments.

7. Performance guarantee:

The agency will deliver work in a professional skilfulness and ensure all deliverables are of high quality and completed in time. IHAT will deduct 10% of the invoice raised as Performance Guarantee, which shall be released on successful & satisfactory completion of the deliverables.

The accumulated performance guarantee shall be released at the end of the project. The pay-out shall depend on satisfactory completion / achievement of deliverables, which shall be decided on the basis of a 3 points rating scale as follows:

- 3: Output satisfactory - full pay-out
- 2: Output moderately satisfactory - 50% pay-out
- 1: Output not satisfactory - 0% pay-out

For both ratings of 1 and 2 above, a written note documenting gap in performance between desired and delivered has to be clearly indicated along with what time and opportunity was given to the /agency to correct the deliverables. There should be a documented feedback on the deliverables with an opportunity to correct the deliverables with at least 30 days' duration for the /agency to provide and alternate deliverable.

8. RISKS OF ENGAGEMENT

- a) In case of data loss or damage or manipulation of data or of poor quality of data; fresh data will be re-collected by FA without any additional cost from IHAT.
- b) Payment will be done in phases after ensuring that pre-decided deliverables are completed and data quality standards are met.

9. ELIGIBILITY CRITERIA FOR TECHNICAL EVALUATION

The eligibility criteria for the agency to qualify for the technical evaluation have been provided in the table below:

Sl. No.	Pre-Qualification Criteria	Proof/Documents Required
1	<ul style="list-style-type: none">I. Name and address of the agencyII. Year of establishmentIII. Whether agency is registered in INDIA under society Registration ACT, 1860 or is an autonomous body or a Limited company or a firm etc., and details there of (e.g., name(s) of partners, Managing Directors, Chief Executive Officers, key persons)	Copy of Certificate of Incorporation/Registration/MoU as applicable
2	The agency should have a valid PAN/TAN and GST Registration in India.	Copy of PAN/TAN card and Goods and Service Tax Registration
3	The agency should have a minimum annual turnover of Rs. 1.2 crore during the last three financial years	Copy of Audited Profit/Loss Statement and Balance sheet
4	The agency should have proven experience of conducting qualitative studies (data collection, analysis and report writing).	Copy of the work order and certificate of completion.
5	The agency should have core staff members on this proposal to manage the study	The agency must furnish details of core staff
6	The agency should not be blacklisted by Central/State Government departments / Undertakings of Govt. of India.	As per Annexure B

10. GUIDELINE FOR SUBMITTING PROPOSALS

10.1. Technical Proposal

Items to be included in the proposal are as follows:

a. Agency Profile

- I. Name and address of the agency.
- II. Year of establishment.
- III. Legal status of the agency – Whether agency is registered under society Registration ACT in India or is an autonomous body or a Limited company or partnership firm, etc., and details thereof (e.g., name(s) of partners, Managing Directors, Chief Executive Officers, key persons)
- IV. Principal nature of activities undertaken.
- V. Agency structure and names of personnel, their titles, and *curriculum vitae* including nature of appointment and duration with the agency of the key personnel proposed to be involved in this study
- VI. Communication details of the agency: mailing address, telephone and email address, etc.

b. Experience

- I. Area of specialization of qualitative research/studies as stated in pre-qualification criteria (enclose a copy of the papers, letter of engagement, etc.)
- II. The geographical coverage (State/UT) of studies conducted by the agency.
- III. List of qualitative study/surveys conducted by the agency with information on the geographical area covered.
- IV. Names and addresses of sponsoring or funding agencies for whom the earlier surveys were conducted. (Indicate key person's name and contact details of sponsoring/ funding agencies).
- V. Were the studies completed in time? If not, reasons thereof.
- VI. The cost of each study conducted should be submitted separately in a tabular form with documentary evidence.
- VII. Documentary evidence of experience of conducting at least one large-scale demographic and/or health surveys in the last three years.

c. Financial Status of the Agency (For the last 3 financial years)

- I. Total revenue and expenditures of the agency.
- II. Latest copy of the certified Audited Annual Accounts in support of the financial status
- III. The agency having an annual turnover of minimum Rs. 1.2 crore can only bid

10.2. Financial Proposal

- I. The financial quotes should cover the entire cost of the qualitative survey, training of survey staff, travels & allowances, all resource costs etc. Use template at *Annexure A* for providing the budget.
- II. The total cost quoted should be inclusive of all taxes.
- III. The financial proposal will be evaluated only when an agency has qualified upon evaluation of the technical proposal

10.3. Submission of Proposal

The agency shall submit all bid documents via email. Bid must consist of the following:

- a. Eligibility criteria as per the criteria given in Annexure - A of this document
- b. Technical proposal as “**Technical Bid a Qualitative Gender Review in Madhya Pradesh**”.
- c. Financial proposal as “**Technical Bid a Qualitative Gender Review in Madhya Pradesh**”.
- d. Technical & Financial bids must be submitted online in a separate file. The soft copy of the financial bid must be password protected. If the soft copy of the financial bid is not found password protected, then it may lead to rejection of the financial bid. Technically responsive bidders will have to provide a password separately, when asked by IHAT during opening of the financial bid.

The last date for submission of complete proposal (Technical and Financial) with all supporting documents (by email) is **22nd December, 2024**. If required, the agency may be requested to present its proposal for better understanding. IHAT may also like to contact the shortlisted agency’s team and discuss about the proposed study before contracting process.

11. Selection of Agency

- Agency are required to score a minimum of 70 points out of 100 (70%) to qualify in the technical proposal.

Technical Evaluation on the basis of:

SN	Evaluation Items	Marks
1	Agency Profile (Experience in Gender Studies especially in Health programming and Experience in Tribal Areas)	20
2	Experience in conducting large-scale demographic health surveys/ and qualitative studies in Hindi-speaking central Indian states mainly in Madhya Pradesh/Chhattisgarh. Agency may demonstrate experience in qualitative research, especially in tribal areas	20
3	A detailed description of how the agency will approach, plan, and complete the scope of work outlined in the RFP.	40
4	A proposed timetable outlining the specific steps to be taken in completing the activities in the scope of work.	20

- Agency have to submit a financial bid in a separate sealed envelope. The evaluation committee reserves the right to decide whether the financial bid should be opened or not.
- For the final selection, Quality and Cost Based Selection (QCBS) criteria will be adopted. The weightage for technical and financial proposals will be 70 and 30 percent, respectively.
- Points obtained by the agency for both Technical (70%) as well as Financial (30%) scores would be clubbed for the final selection.

Total Score = 0.70 x Technical Score + Lowest Financial Bid/Financial Bid of the agency x 0.30

12. General Terms & Conditions

- a) The proposal, along with all the correspondence and documents exchanged by the agency and the IHAT, shall be written in the English language.
- b) IHAT reserves the right to amend any of the RFP conditions or apart thereof before the last date for the receipt of the proposal, if necessary.
- c) Bidding agency are requested to submit queries/clarifications pertaining to the RFP and must refer to the specific sections and clauses of the RFP in writing through **EMAIL ONLY** at **procurement@ihat.in on or before 08-December-2024**
- d) **Response to the queries will be shared by email by 12-December-2024.**
- e) **No proposal shall be accepted unless it is password protected.**
- f) The Financial Proposal will be evaluated only when a Bidder has qualified the technical proposal.
- g) The proposal will be valid for 90 days from the date of submission. IHAT will make its best effort to elect an agency within this period.
- h) The bidders are advised to enclose any additional information that is considered necessary to establish its capabilities. No further information will be entertained after submission of application unless it is required by IHAT. IHAT, however, reserves the right to call for additional information and clarification on information submitted by the agency.
- i) The data, schedules, reports and other material used by the agencies during the implementation of the study shall remain the property of the IHAT. The agency will not be allowed to use this information in any forum, national or international, without the explicit permission given in writing by IHAT.
- j) Bidding in form of "Consortium/Collaboration" will be not entertained.
- k) Final selection of the agency is the sole right of the IHAT selection committee. IHAT will not entertain any query from the bidders related to selection process.
- l) IHAT reserves the right to cancel the RFP at any stage without citing any reason.

Annexure -A

Format for Financial Proposal

Proposed Budget Template Sheet for Gender Analysis Method					
S. No.	Budget Heads				
1	Consultancy Fee	Duration	Unit Cost (Per day)	No. of Persons	Amount in Rs.
	Position Name (Add row below as required)				
	Sub Total				
2	D. A. (Accommodation & Food)	Duration	Unit Cost (Per day)	No. of Persons	Amount in Rs.
	Position Name (Add row below as required)				
	Sub Total				
3	Travelling Cost	Duration	Unit Cost (Per day)	No. of Vehicle	Amount in Rs.
	Describe line item (add row below as required)				
	Sub Total				
4	Training Cost	Duration	Unit Cost (Per day)	Quantity	Amount in Rs.
	Describe line item (add row below as required)				
	Sub Total				
5	Stationery etc.	Duration	Unit Cost	Quantity	Amount in Rs.
	Describe line item (add row below as required)				
	Sub Total				
6	Misc. Exp.	Duration	Unit Cost	Quantity	Amount in Rs.
	Describe line item (add row below as required)				
	Sub Total				
A	Total (1 to 6)				
B	Agency overhead cost				
Total (A+B)					
Total for GST					
C	GST				
Grand Total (A+B)+C					
Amount in Words:					

Annexure -B

Declaration by the Bidder for Non- Blacklisting and non-conviction (On the letter head of Agency)

1. I, the undersigned, do hereby certify that all the statements made in our bid are true and correct.
2. The undersigned hereby certifies that neither our _____ (Please mention: OPC / Company / Society / Trust / LLP / Partnership or Any Institution formed under an act of Parliament or State / UT Legislature of India) M/s _____ nor any of its Directors/President/Chairperson/Trustee has abandoned any work for the Government of Madhya Pradesh or any other State Government or Government of India during last five years prior to the date of this Bid.
3. The undersigned also hereby certifies that neither our _____ (Please mention: OPC / Company / Society / Trust / LLP / Partnership or Any Institution formed under an act of Parliament or State / UT Legislature of India) M/s _____ nor any of its Directors / President / Chairperson / Trustee have been debarred / blacklisted by Government of Madhya Pradesh, or any other State Government or Government of India for any work.
4. The undersigned further certifies that
 - a. Our _____ (Please mention: OPC / Company / Society / Trust / LLP / Partnership or Any Institution formed under an act of Parliament or State / UT Legislature of India) M/s _____ has not been criminally indicted or punished for any offence, nor is/are any criminal case(s) pending before any Competent Court; and/or
 - b. The Directors / President / Chairperson / Trustee of our _____ (Please mention: OPC / Company / Society / Trust / LLP / Partnership or Any Institution formed under an act of Parliament or State / UT Legislature of India) M/s _____ criminally indicted or convicted of any offence nor is/are any criminal case(s) or pending before any Competent Court.
 - c. We have not been found guilty and are not found to be involved in any pending /ongoing CBI or Criminal Litigations. In case of any pending /ongoing litigation(s) of the aforementioned nature, involving our _____ (Please mention: OPC / Company / Society / Trust / LLP / Partnership or Any Institution formed under an act of Parliament or State / UT Legislature of India), we agree to declare the same.
5. The undersigned hereby authorize(s) and request(s) any bank, person, firm, Competent Authority or corporation to furnish pertinent information deemed necessary and requested by IHAT, Madhya Pradesh to verify this statement or regarding my (our) competence and general reputation.
6. The undersigned understands and agrees that further qualifying information may be requested, and agrees to furnish any such information at the request of the IHAT, Madhya Pradesh.

(Signature of the Authorized Signatory)

(Name and Designation of Authorized Signatory)

Annexure - C

Block	Sector	Facility Code	SHC Name	Pop	Composite Index (ANC & PNC)	Composite Index (Immunization)	Overall Index
Gohparu	Khannoudi	413517	SHC Berha	4024	39	7	23
Gohparu	Gohparu	413493	SHC Sersi	2492	42	5	24
Gohparu	Gohparu	413492	SHC Chandela2	3350	40	9	24
Beohari	New Sarsi	413688	SHC KUWAN	5864	30	4	17
Beohari	New Sarsi	413687	SHC Saptā	3316	33	8	21
Beohari	New Sarsi	413579	SHC Pathrehi	3938	36	16	26
Jaisinghnagar	Jaisinghnagar	413418	SHC Mohni2	2177	43	4	24
Jaisinghnagar	Ufari	414899	SHC Semra2	3056	40	9	25
Jaisinghnagar	Amjhor	413448	SHC Chitraon	3049	40	13	26
Burhar	Amalai	415906	SHC JHAGRAHA2	4038	20	8	14
Burhar	Keshwahi	415943	SHC KHAIRAHANI	3553	27	5	16
Burhar	Rampur	415920	SHC DEWARI	3546	31	4	18
Sohagpur	Amraha	413212	SHC Kathautiya	4791	30	10	20
Sohagpur	Singhpur	413207	SHC Padmaniya Khurd	4576	34	9	21
Sohagpur	Maiki	413231	SHC Maiki	4361	34	13	23