

“Improving Medical Care Assessment methods in Health Facilities in Meghalaya”

Responses to the Pre-proposal and written queries raised by Consultancy Firms

Date of Pre- Proposal Conference: February 23, 2021; 1200 Hrs via Zoom.

[Meeting ID: 915 0093 5004](#)

Attendance:

- 1) Kmenbhalang Khongwir, Team Leader & M&E, MHSSP
- 2) Bryan Don, Procurement Officer, National Health Mission, Meghalaya & MHSSP
- 3) Mamta Rai, Manager – Procurement, MHSSP
- 4) Several firms via Zoom
- 5) No Physical Participation from any firms

Sr. No.	Clause No. & Page No.	Original Clause in RFP	Change Requested/Clarification required	MHSSP Response
1.	Page No:32 Section 17.1	The Consultants shall not have the option of submitting their Proposals electronically.	Will the deadline be extended to allow our proposal to incorporate the responses from today’s pre-proposal meeting? Per the meeting yesterday, it is our understanding that the deadline will be extended by 1 week AND that if we mail our proposal by courier by this Friday, from California, USA, we will satisfy the submission deadline.	Deadline has been extended. PLEASE REFER TO THE ADDENDUM

Sr. No.	Clause No. & Page No.	Original Clause in RFP	Change Requested/Clarification required	MHSSP Response
2.	Pg 57 Section Appendix A	Financial Negotiations - Breakdown of Remuneration Rates	We follow GAAP accounting principles and submit our financials to a BoD but do not prepare audited financials. Per our discussion yesterday, we will be providing three years of our company's financial statements and statement of authenticity as per usual accounting practices in California, USA.	The country audit systems recognized and approved in the home country of the agency shall be accepted for the purpose of proposal submission. The necessary supporting documents shall be sought by the state during evaluation process, if necessary.
3.	Pg 67 Section 7. Terms of Reference	The Meghalaya Health Systems Strengthening project wishes to include in the quantified quality checklist (QQC) in the RBF approach with a proven intervention that directly impacts the process of care delivery by physicians, nurses and midwives at the hospitals and at the primary health care (PHC) levels.	Can you please send the QQC checklist and the outlines of the RBF objectives and goals for our comments? From our conversation, we understand that you will do so. We ask that these be sent immediately so that we have the benefit of referring to those in our submission.	The QQC Checklist is still under development.
4.	Pg 17 ITC Clause 15, 15.1:	Technical Proposal Format and Content - Consultant shall not propose alternative Key Experts. Only one CV shall be submitted for each Key Expert position. Failure to	We would like to have our senior most staff involved in this project, our President and CEO, but given his responsibilities he would not realistically be able to spend the months required to lead the project full time. As we have done in other	As the clause does not allow proposing alternative Key-Experts, hence the same is not acceptable by the project.

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		comply with this requirement will make the Proposal non-responsive.	World Bank (WB) projects, we ask permission to share the K1 responsibilities internally with 2 full time QURE staff who work together every day. Both are physicians, both have led WB assessment and care improvement projects using simulations. If this is agreeable, you will have the benefit of having a person with 25 years of experience teamed up with a person who has 5-10 years of experience in this role. We will label this as the K1a and the K1b leader.	
5.	Pg 39	Section 3. Technical Proposal – Standard Forms	The TECH-7 Standard Form is referenced on the check list, yet pg 29, Section 10.1 is not acknowledged, nor is it a sample form on page 49-50. From our conversation, please confirm that there is no TECH-7 form to complete and this will be omitted.	Tech-7 form is not mandatory.
6.	General	General	Please provide us with the distribution of healthcare institutions and providers in Meghalaya: 1. Number of District Hospitals (DH), Sub-District Hospitals (SDH), Community Health Centres (CHC), and Primary Health Clinics (PHC) in Meghalaya.	There are only DHs, CHCs, PHCs in Meghalaya The firm is requested to visit our website www.nhmmeghalaya.nic.in under District-wise Listing Section for availing the tentative information. Also, please refer to the attachment for the list of approximate 6294 employees attached at annexure -1 for

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			2. Number of Doctors, by specialization including generalists in DH, SDH, CHC, and PCH. 3. Number of Nurses in DH, SDH, CHC, and PCH. 4. Number of Midwives in in DH, SDH, CHC, and PCH	reference only. A ±10% maybe there.
7.	Page No:69 Section 7. Terms of Reference – 3.1.1	Clinical Cases	It is requested to provide clarification whether the vignettes can be narrative text based or video/animation based.	It should be both considering internet problem may be there at certain areas.
8.	Page No:69 Section 7. Terms of Reference – 3.1.1	The consultant will develop a total of 24 clinical cases and evidence-based scoring sheets, with 8 variants for each of three clinical disease priority areas of the RBF: 1. Obstetrical care 2. Neonatal care and infant care 3. Non-communicable (cardiovascular) diseases (NCDs) The consultant will work with IPA-designated local clinical experts to discuss how the clinical cases can be best adapted to the local healthcare setting and practices in Meghalaya.	It is requested to clarify whether the same vignette would be administered to Doctors, Nurses and midwife or there would be separate situation for each category of Doctors, Nurses and midwife as the response for each situation would be different by each staff category.	As the job responsibilities are different for doctors, nurses and midwives, the Clinical Vignette can be appropriately adopted for each category of health staffs.

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9.	Page No:69 3.1.2 Provider Roster and Provider Survey Instrument	The consultant will prepare a self-administered provider questionnaire to be completed by participants, a facility questionnaire administered by local field survey teams to be completed by the facility administration, a log to track case vignettes administration at the health worker and health facility level, and documentation to track the development and delivery of the feedback	For the duration of the contract, the consultant will require a subscription, license, and use of an online, web-based survey platform service that will be used to access the vignettes online. It is understood that this ongoing subscription will be needed to sustain the project after the tasks are completed herein Please clarify whether the assessment will be carried out using paper-based questionnaires or using online platform	Given the Internet Connectivity challenges at different areas, both paper-based and online based questionnaires will be preferred.
10.	Page No:69 3.1.2 Provider Roster and Provider Survey Instrument	The consultant will prepare a self-administered provider questionnaire to be completed by participants, a facility questionnaire administered by local field survey teams to be completed by the facility administration, a log to track case vignettes administration at the health worker and health facility level, and documentation to track the development and delivery of the feedback	Please clarify the purpose and subject of developing these questionnaires and the person responsible for keeping the log, maintaining the documentation and collecting the questionnaires for analysis	The idea is to create a database of human resources that will be targeted by these serial knowledge tests. It will assist the Government/ DoHFW to better interpret the intervention results.

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11	Page No:70 Section 7. Terms of Reference	Tasks (Intervention Implementation) – b Within 3 weeks of receiving all completed and translated case simulations for a site, the consultant will score the vignettes and produce and return feedback reports to the RBF team at the DoHFW for distribution to the specific facilities.	Please clarify whether the feedback is provided post completion of self-administered questionnaires containing the vignettes or instant feedback needs to be developed for online simulation tool	As mentioned in the clause.
12.	Page No:71 Section 7. Terms of Reference	Tasks (Intervention Implementation) – d Primary Care Pilot	Please clarify where to implement primary care pilot.	West Garo Hills and Ri-Bhoi District.
13.	Page No:115 III. Special Conditions of Contract, clause 46.2	Payment Schedule – No 4 Administration of the clinical vignettes and submission of quarterly progress reports	It is assumed that this task will be initiated post deployment of online tool (6 months) i.e. will start from 9th month and end by 54 months of project completion. Post that 3 weeks are spent on generation of quarterly report and 5 months will be spent on generation of final report. Please clarify	The milestone No. 4 includes submission of progress reports every quarter against which the payment of 4% will be made. No extra 3 weeks will be provided for generation of the reports. The last 6 months of the contract will be in accordance to the milestone mentioned at Sl. No 5

Sd/-
Ram Kumar S, IAS
Project Director, MHSSP
Department of Health & Family Welfare

Annexure - 1

Sl. No	Category	Details of HRH
		Sanctioned
A	DH and below level HR	
1	MPW Female/ ANM	1419
2	MPW Male	0
3	Staff Nurse	1468
3.a	Psychiatric nurse	7
3.b	Community nurse	8
3.c	PHNs (public health nurse)	34
4	Lab technicians	279
5	MO MBBS full time	702
5.a	No. of EmOC trained doctors	16
5.b	No. of LSAS trained doctors	9
6	MO MBBS part time	16
7	Total Specialists	332
7.a	OBGY	42
7.b	Pediatricians	30
7.c	Anesthetists	36
7.d	Surgeon	28
7.e	Physician	41
7.f	ENT surgeon	12
7.g	Ophthalmologist	30
7.h	Psychiatrist	23
7.i	Radiologist	19
7.j	Pathologist	16
7.k	Microbiologists	3
7.l	Other Specialists	52

Sl. No	Category	Details of HRH
		Sanctioned
8	Pharmacists (Non AYUSH)	233
9	Pharmacists (AYUSH)	11
10	AYUSH Mos/ AYUSH Physician	112
11	Dentists/ Dental Surgeon	77
12	Dental Technician	8
13	Dental Hygenist	14
14	Dental Assistant	15
15	Radiographer/ X-Ray Technician	79
16	OT Technician	16
17	Physiotherapist	17
18	Counsellors	50
18.a	Counsellor mobile blood bank	2
18.b	PNDT counsellor	49
19	Audiologists	7
20	Audiometric Assistants	2
21	Optometrist	3
22	Ophthalmic Assistant	35
23	Nutritionists cum counsellors	7
24	Cold Chain Handlers	2
25	Store Keeper	9
26	Trained social worker	10
27	Lab Assistant	2
28	District Vaccine Logistics Handlers support staff	11
29	Ophthalmic Assistant	10
30	Audiometric Assistant	2
31	Instructor for Hearing Impaired Children	2
32	TBHV	14

Sl. No	Category	Details of HRH
		Sanctioned
33	PRO (public relations officer) mobile blood van	2
34	Technical Supervisors BCSU	2
35	Case registry assistants	11
36	Zonal Programme Officers for HWCs	2
B	HR for MMU/ Ambulance/ Mobile Health Team/ RBSK	
1	MPW Female/ ANM	78
2	MPW Male	0
3	Staff Nurse	8
4	Lab technicians	8
5	MO MBBS	4
6	Specialists	0
7	Pharmacists (Non AYUSH)	0
8	Pharmacists (AYUSH)	78
9	AYUSH Mos/ AYUSH Physician	156
C	HR for Programme Management NHM	
1	State Programme Manager	1
2	State Finance Manager	1
3	State ASHA Community Process Manager	1
4	RCH Consultant	1
5	Training Coordinator	1
6	M&E Coordinator	1
7	HMIS Consultant	1
8	RBSK Consultant	1
9	Programme Officer (RKSK)	1
10	Procurement Officer	1

Sl. No	Category	Details of HRH
		Sanctioned
11	Hospital Strengthening Coordinator	1
12	Referral Transport Coordinator	1
13	Programme officer (state) PNNDT	1
14	State Coordination Officer blood cell	1
15	Quality Assurance Consultant	1
16	Manager HR & Admin	1
17	Programme Executive	1
18	Demographer	1
19	Communication Officer	1
20	IEC Consultant	1
21	State Community Process Coordinator	1
22	State Vaccine and logistics manager	1
23	MCTS Coordinator	1
24	System Analyst	1
25	State Data Manager	1
26	State Accounts Manager	1
27	FMIS Coordinator	1
28	Internal Auditor	1
29	Finance Consultant	1
30	Accounts Executive (Billing & Cash)	1
31	Finance Associate (Billing & Cash)	1
32	Accountant (NRHM & RCH)	1
33	Accountant (NRHM & RCH)	1
34	Administrative Assistant	1
35	Secretarial Assistant	1
40	Asst. Programme Officer/Epidemiologist	1
41	M & E	1

Sl. No	Category	Details of HRH
		Sanctioned
42	DRTB Coordinator	1
43	TB/HIV Coordinator	1
44	PSCM	1
45	IEC/BCC	1
46	State Epidemiologist	1
47	Consultant-Training/ Technical	1
48	State PPM Coordinator	1
49	Technical officer - procurement and logistics	1
50	Entomologists	1
51	State Microbiologist	1
52	State Veterinary consultant	1
53	State Data Manager	1
54	Data analyst	1
55	BFO cum Admn. Officer	1
56	Finance Consultant (FC)	1
57	Accounts Officer/State Accountant	1
58	Consultant-Finance/Procurement	1
59	Statistical cum Account Asstt	1
60	Secretarial assistant	1
61	Admn. Asst.	1
62	Secretarial assistant	1
63	TBHV- Govt. Medical college	1
64	Store Assistant - SDS	1
65	Technical Officer (Surveillance, M&E ,CST Coordination and Research)	1
69	Epidemiologist	1
70	State Program Coordinator	1

Sl. No	Category	Details of HRH
		Sanctioned
71	Programme Coordinator	1
72	Budget and Accounts Officer	1
73	Fin. Cum Logistic Consultant	1
74	Administrative Assistant	1
78	District Programme Manager	11
79	DEIC Managers	11
80	Programme officer (dist) PNDT	1
81	District Programme Coordinators (RBSK/RKSK/WIFS)	4
82	District Quality assurance manager	2
83	District Community Processes Coordinator	11
84	IEC/ BCC Manager	4
85	District Data Manager	11
86	District Accounts Manager	11
87	Accountants Asst.	11
91	District Epidemiologists	7
92	District VBD consultant	7
93	Zonal entomologist	4
94	Sr. DOTS plus TB HIV supervisor	7
95	District Program Coordinator	7
96	District PPM/ACSM Coordinator	4
97	District Data Manager	7
98	TBHV	5
99	Accountant-full time	7
103	Epidemiologist	4
104	District Program Coordinator	4
105	M&E officer	8

Sl. No	Category	Details of HRH
		Sanctioned
106	Fin. Cum Logistic Consultant	4
110	Block Programme Manager	39
111	Block Data Manager	39
112	Block Accounts Manager	39
113	Accountants PHC	110
116	STS (supervisor)	24
117	STLS (supervisor)	15
118	VBD technical supervisor	39