Minutes issued on: 10th March, 2021

"To develop and roll-out an integrated package and tools for improving health, nutrition and early childhood development in Meghalaya"

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

Date of Pre- Proposal Conference: February 22, 2021; 1200 Hrs via Zoom Platform

Meeting ID: 914 6722 4370

Attendance:

1) Kmenbhalang Khongwir, Team Leader & M&E, MHSSP

- 2) Bryan Don, Procurement Officer, National Health Mission, Meghalaya & MHSSP
- 3) Annie S. Suchiang, State Asha Manager, National Health Mission, Meghalaya
- 4) Flourish Lyngdoh, RKSK Coordinator, National Health Mission, Meghalaya.
- 5) Mamta Rai, Manager Procurement, MHSSP.
- 6) Several firms via Zoom
- 7) No Physical Participation from any firms

Sr. No	Clause No. & Page No.	Original Clause in RFP	Change Requested/Clarification required	MHSSP Response
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1.	Page 70	The agency/ firm is	·	1. The two districts are West Garo Hills (Rongram
		expected to support the	please	Block) and Ribhoi (Umsning Block) District
	Section 7.	roll-out of this	2. How many villages are there per district?	2. Kindly refer to the 2011 Census Data
	Terms of	intervention in two	3. What is the category-wise (adolescent girls	3. The firm to refer to data from NFHS, DLHS,
	Reference,	districts of Meghalaya	and boys, women and children below 6 years of age	SRS, census data and RHS which is available in
		(names yet to be	attending AWCs and visiting health facilities of the	public domain.
		finalized) covering at	target districts. The frontline workers (ASHA,	
		least 60-80 villages.	ANM and AWW) and VHSNC members) total	
			target population village-wise?	

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2.	Page No. 69, Section-7: Terms of Reference Clause-3.2	1.1. Conduct training of Training of ASHAs, ANMs, Village Health Sanitation and Nutrition Committee (VHSNC) members and other key people (from other departments) on the integrated package.	Please clarify whether trainings to be imparted to identified audience only in two districts.	The training is to be imparted to various health functionaries of the entire state.
3.	Page No. 70, Section-7: Terms of Reference Clause-3.3	Develop a Health Helpline System which will support public health especially ECD, health and nutrition	 Please clarify the various modes of helpline being envisaged by the client. Is it pure telephonic / call center based or will also include complementing mobile app based helpline. Please clarify whether the bidders have to prepare the framework of health helpline system or will have to design and set up the helpline. 	 The Health Helpline System should incorporate telephonic/call-center based along with mobile app based helpline. The firms will only require to prepare the framework of the Health Helpline, train and provide handholding support to the staff
4.	Page No. 32, Section 2. Instructions to Consultants, E-Data Sheet Clause 17.7 and 17.9	The Proposals must be submitted no later than: Date: 3 rd March, 2021 Time: 1300 Hrs	We request you to extend the bid submission deadline for atleast 15 days to enable us to prepare the quality proposal and timely hardcopy submission at your office.	Deadline has been extended. PLEASE REFER TO THE ADDENDUM

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5.	Page 70 Section 7 Sub-section 3.2	The agency/ firm is expected to support the roll-out of this intervention in two districts of Meghalaya (names yet to be finalized) covering at least 60-80 villages	 Have the districts been finalized? Names, please How many villages are there per district? 	As responded at Sl. 1
6.	Page 70 Section 7 Sub-section 3.2	Regarding: Target Population	What is the category-wise total target population village-wise in each of the given categories? [For example, (i) what is the total population of ASHA workers in the selected geographical region village-wise; (ii) what is the total population of VHSNC members in the selected geographical region village-wise; etc.]	As responded at Sl. 1
7.	Page 34 Section 2 Sub-section 21.1, Part B: Evaluation Criteria (i)	Specific experience of the Consultant (as a firm) relevant to the Assignment: Experience of completing at least two (2) projects of similar nature, each having contract value not less than INR 1 crore executed in last five (5) years.	The Data Sheet states that the firm should have experience of completing at least two (2) projects of similar nature, each having contract value not less than INR 1 crore executed in last five (5) years. Is there any upper limit to the number of projects undertaken or the 10 marks are divided equally between 2 projects of similar nature with contract value of INR 1 crore executed in the last five years?	2 Projects (completed) is the minimum. The firm can show as many experiences. However, if the criteria of 2 projects worth INR 1 crore or more is met, the firm fetches full 10 marks.

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8.	Page 34 Section 2 Sub-section 21.1, Part B: Evaluation Criteria (iii)	Key Experts' qualifications and competence for the Assignment: [50]	The total points for criterion under the sub-category of key-experts says 60 marks however the heading says 50 marks. Kindly clarify	Kindly consider 60 marks as the actual mark for criterion No (iii). PLEASE REFER TO THE ADDENDUM
9.	Page 30 Section 2 ITC 14.1.2	Estimated input of Key Experts' time-input: 150 (approx.) person-months	 The Team Composition section mentions the manmonth requirement as 114. Please confirm. Please advise on how to incorporate the data collection team who will conduct the rapid assessment. Should the data collection team be budgeted as Non-key Experts or budget the data collection expenses (including the fees for field investigators) under reimbursable expense 	 1. 150 (approx.) person months is only the estimation provided. 2. The firm can propose as many Non-Key Experts as deem fit and budget be prepared accordingly.
10.	Page 34 Section 2 (C) Clause 21.1 - Part B: Evaluation Criteria, (iii)	Key Experts' qualifications and competence for the Assignment: [50]	Under Part B: Evaluation Criteria states, "Key Experts' qualifications and competence for the Assignment [50]" However it also mentions the Total points for criterion (iii): [60]	Responded at Sl. No 8 above. PLEASE REFER TO THE ADDENDUM

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11.	Page 69 Section 7. Terms of Reference. 3.1.2	"The World Bank has successfully completed an ECD pilot in West Garo Hills of Meghalaya. The pilot aimed to create awareness of ECD and to promote the adoption of appropriate ECD practices by parents/families/communities."	Request to share the ECD training package that has been tested in the state.	The final report is available at http://documents1.worldbank.org/curated/en/87399 1574054946489/pdf/India-Community-led-Pilot-in-Meghalaya-to-Improve-Early-Childhood-Development-Outcomes.pdf
12.	Page 32 Section 2 (E),(C) Clause 17.4	The Consultant must submit: (a) Technical Proposal: one (1) original, two (2) copies and a soft copy in USB drive; (b) Financial Proposal: one (1) original (HARD COPY ONLY)	Request for provision of additional time for the submission of hardcopy post online submission.	Kindly note that submission of Technical as well as Financial Proposal is via HARD COPY ONLY. The soft copy of the technical proposal in a USB drive is to be posted along with the Hard Copies. The project will not accept any submission online.
13.	Page 32 Section 2 (E),(C) Clause 17.7 and 17.9	The Proposals must be submitted no later than: Date: 3 rd March, 2021 Time: 1300 Hrs	Request to extend the submission by 2 weeks to allow for developing strong technical proposal	PLEASE REFER TO THE ADDENDUM

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14.	Page No: 72 Section 7. ToR, Sl. No 5	Duration of the assignment and deliverables	Please note deliverables are listed only upto Year 2 while the duration is for 36 months/ 3 years.	The firm is to submit the 5 th report by the third year as per the deliverable clause mentioned at Sl. 11 of the ToR, ie, Six monthly progress report on roll-out of package in the field targeting communities – at home, centres and during community events. This will begin after the first round of training of master trainers is complete and Submission of final report acceptable to the Client at Sl.12 which is clear that it is towards the end of the third year.
15.	Page No:68 Section 7. ToR, Sl. No 2	Training of the frontline workers of various government programs on the integrated package in both face-to-face and online training mode will be an integral part of the assignment.	With respect to online training, could you please inform if there is provision for ANMs to use Anmol tablets?	Yes
16.	Page 70 Section 7 Sub-section 3.2	The agency/ firm is expected to support the roll-out of this intervention in two districts of Meghalaya (names yet to be finalized) covering at least 60-80 villages.	Have the districts been selected or the vendor is required to suggest districts for the pilot.	Yes, districts have been selected. Please see response at Sl. 1 above
17.	Page No: 29 Section 2, E, Clause 10.2	Statement of Undertaking is required: Yes.	We understand that the Statement of Undertaking is required that would include paragraph (f) from Form Tech 1. Is there a format for the Statement of Undertaking?	Yes paragraph (f) from Tech 1 Form and there is no format.

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18.	Page No: 68 Section 7, Terms of Reference, Sl. No 3, 3.1.1	Carry out a rapid formative research/ assessment to understand the Early childhood development, nutrition and health practices/ challenges in the selected districts (2 in number) of the state.	Will the 2 districts be proposed by the department/PMU, or will the bidder have to propose the same? Is there an estimated sample size for the formative research?	The districts name has been provided as Sl. No 1 above. 2.Statistically significant sample size is expected – firm can propose numbers in their technical proposal.
19.	Page No: 69 Section 7, Terms of Reference, Sl. No 3, 3.1.4	Design and print the final package in local language for the roll-out.	Is the consultant expected to create the prototype and the government prints the same as per the requirement or does the consultant need to budget for printing the material? If latter, request an estimate on the volume of printing (no of copies). Request you to also provide clarity on type of material to be developed. i.e. print/video/mobile based etc.	MHSSP will take the responsibility to print the materials however the consultant will have to develop the prototype ready to print template. The firm can print a minimum of 3 samples for reference.
20.	Page No: 70 Section 7, Terms of Reference, S1. No 3.3	Develop a Health Helpline System which will support public health especially ECD, health and nutrition	Will the Health Helpline System draw linkages with existing state systems? Or is the bidder expected to create an independent and new system? If yes, will this system involve IT linkages? Will this development cost be included in the consultant budget?	The firm will draw linkages with existing Health Helpline System. However they are expected to design a suggestive IT infrastructure setup for the same.
21.	Page No: 73 Section 7, Terms of Reference, Sl. No 5, 11	Reporting Requirements and Time Schedule for Deliverables: Six monthly progress report on roll-out of package in the field	Could you please elaborate on the proposed timeline i.e. 5 reports (@ 3% per report) for deliverable no. 11.	Responded at Sl. No.14 above

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		targeting communities — at home, centres and during community events. This will begin after the first round of training of master trainers is complete 5 reports (@ 3% per report)		
22.	Section 7, Terms of Reference	Regarding qualifications for experts	Can the required qualifications for select experts be expanded to include qualifications in social sciences/ sociology etc.?	No Change
23.	Page No: 32 Section 2 (E),(C) Clause 17.7 and 17.9	The Proposals must be submitted no later than: Date: 3 rd March, 2021 Time: 1300 Hrs	We request an extension of at least 2 weeks to be able to submit a compliant and technically robust bid. Additionally, is it possible to do an online submission for the same?	 PLEASE REFER TO THE ADDENDUM No. Proposal to be submitted in Hard Copies ONLY.
24.	General – From Pre- Bid Meeting held on 22 nd February, 2021		1. The proposed team of experts (including the Team Leader and the three Subject Matter Experts) are proposed to be stationed in Meghalaya for the whole duration/man month proposed for each position in the RFP. Time divide is only proposed between Shillong and field (within Meghalaya) 2. Consultant expected to design and roll-out health helpline at the state level3. Consultant to include cost on printing the material developed, office space, and travel for training components (ToT). To make the bidding competitive and	 Yes As responded at Sl. 20 above (a) For printing please refer to Sl. No 19 above. (b) Client will provide sitting space for two Key Personnel only. The firm is expected to include all other costs including travel, office space, etc in their Financial Proposal.

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			comparable, request a tentative number on printing material and nature of material to be developed	
25.	Page No: 32 Section 2 (E),(C) Clause 17.7 and 17.9	The Proposals must be submitted no later than: Date: 3 rd March, 2021 Time: 1300 Hrs	Please can the bid due date be extended up to March 12, 2021? Courier services would take longer than usual to reach the destination given the uncertain situation of the pandemic in several states right now. Thank you.	PLEASE REFER TO THE ADDENDUM
26.	Page No: 32 Section 2 (E),(C) Clause 17.4	The Consultant must submit: (a) Technical Proposal: one (1) original, two (2) copies and a soft copy in USB drive; (b) Financial Proposal: one (1) original (HARD COPY ONLY)	Request you to permit submission of technical bids online post which we can submit the bid hardcopy as well. This will help expedite the evaluation process.	Responded at Sl. 12 above
27.	Page No: 39 Section 3	Technical Proposal – Standard Forms	Would the board resolution be fine in lieu of Power of attorney since EY is a registered LLP? Additionally, request you to Increase the Power of Attorney page limit from 1 to 3 pages.	Board Resolution is accepted unless the resolution authorizes the signatory for signing of proposals, etc. Page limit is accepted as submitted.
28.	Page No: 68 - 70 Section 3, Terms of Reference		Please help quantify the volume of the integrated package and tools. For example, approximately how many booklets, pamphlets, brochures, etc are needed, their page count etc. Please help quantify the volume of the training materials.	 As responded at Sl. No 19 above. The firm to propose accordingly

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			For example, how many pages of the trainer booklet, how many slides. How many videos are envisioned and what will be each video's duration?	
29.	Page No: 68 Section 3, Terms of Reference		Please clarify whether assessments/surveys will be carried out using paper-based questionnaires or would online platforms be used.	Online/application-based questionnaires to be used however the firms will be expected to submit their assessments/data both in hard and soft copies
30.	Page No: 70 Section 3, Terms of Reference, Sl. No 3.3	Develop a Health Helpline System which will support public health especially ECD, health and nutrition	Will onboarding of an agency to support the helpline be undertaken by the consultants? Please also specify: • Will this be a phone based or web-based helpline? • What the hours of operation of the helpline will be (e.g. Mon-Fri 10am – 5pm) What languages are in scope for the helpline?	 Yes Please refer to Sl. No 20 above. 7AM to 7PM English, Khasi, Jaintia, Garo, Bengali and Hindi.
31.	Page No: 71 Key Experts		Request the authority to relax the quantum of experience for project experience from: 1. 15+ years to 10+ years for Team leader and From 10+ years to 7+ years for Public Health or Nutrition Expert or ECD expert	No change
32.	Page No: 90 General Conditions of Contract, B, Clause 12	Termination of Contract for Failure to Become Effective	Request the authority to permit addition of the clause during final contract stage: "The Consultant may terminate this Agreement, or any particular Services, immediately upon written notice to the Client if the consultant reasonably determines that it can no longer provide the Services in accordance with applicable law or professional obligations."	No change

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33.	Page No: 90 General Conditions of Contract, B, Clause 15	Entire Agreement	Request the authorities that the following clauses around limitation of liability be allowed to be included in the contract. The Client shall not recover from the Consultant, in contract or tort, under statute or otherwise, any amount with respect to loss of profit, data or goodwill, or any other consequential, incidental, indirect, punitive or special damages in connection with claims arising out of this Agreement or otherwise relating to the Services, whether or not the likelihood of such loss or damage was contemplated. The Consultant shall not recover from the Consultant, in contract or tort, under statute or otherwise, aggregate damages in excess of the fees actually paid for the Services that directly caused the loss in connection with claims arising out of this Agreement or otherwise relating to the Services.	No Change
34.	Page No: 70 Section 7, Terms of Reference	The agency/ firm is expected to support the roll-out of this intervention in two districts of Meghalaya (names yet to be finalized) covering at least 60-80 villages.	The agency/ firm is expected to support the roll-out of this intervention in two districts of Meghalaya (names yet to be finalized) covering at least 60-80 villages.	Please refer to Sl. No 1 above
35.	Page No: 69 Section 7, Terms of Reference, SI No: 3.1.2	The agency/ firm is encouraged to build further on the package developed under the World Bank assisted study to include both	Can you provide a link or share the World Bank developed ECD package?	Please refer to S.No. 11 above

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		face-to-face and online trainings		
36.	Page No: 69 Section 7, Terms of Reference, SI No: 3.1.4	Design and print the final package in local language for the roll-out	Design and print the final package in local language for the roll-out. We assume the package to be printed in English. Would there be additional languages required?	Please refer to Sl. No 19 above.
37.	Page No: 70 Section 7, Terms of Reference, SI No: 3.2.4	Provide hand holding support to the master trainers to further train the pool of district level trainers and further training of the ASHAs, ANMs, VHSNC members from health department and other identified workers (e.g., AWW) from other state departments	Can you provide an approximate range of Master trainers (state level) who need to be trained and indicative count of district level Master trainers?	To be decided later
38.	Page 73> Section 7: S1. No: 5; Reporting Requirement s and Time Schedule for Deliverables Line number 11	Six monthly progress report on roll-out of package in the field targeting communities — at home, centres and during community events. This will begin after the first round of training of master trainers is complete	Please can you clarify this milestone as it mentions Proposed timeline as "5 reports (@ 3% per report)" Also, under description does "Six Monthly" mean: 1. 6 times per month OR 2. After each interval of 6 months Kindly clarify.	 Responded at Sl. No: 14 above. After each interval of 6 months.

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39.	General Questions		Would it be fair to assess that the contents of the toolkit would be brochures, posters, pamphlets, flipbooks, guidelines, infographics and resources which will be used to communicate and create awareness?	The firm to propose accordingly in their technical proposal.
			If yes, what could be an indicative volume of such components within the toolkit. Also, how many such kits need to be printed for distribution across the community meetings, Home visits, and Meetings	
40.			Approximately how many functionaries will need to be trained across the states and district levels?	To be decided - firm can propose the details in the methodology
41.			Assuming a batch size of 15-20 functionaries, approximately how many training sessions, face to face or virtual will need to be conducted in all.	Firm to propose accordingly in their technical proposal.
42.			Considering pandemic situation are the key experts required to be onsite for complete duration or can they also work virtually for tasks that do not require field work?	As per the estimate man-months provided against each key-experts in the ToR.
43.			Are non – key experts required to travel as well, or can the development work be done at their base locations?	Depends upon the scope of work.
44.			Would respective district functionaries be available for initial discussion during the formative assessment stage?	Yes.
45.			What is expectation around online content? Can we assume the content will be animated videos, webbased learning etc.?	Yes

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46.			Can you indicate the approximate learning duration for each of the online content types in terms of number of hours of content to be deployed?	Firm to propose accordingly in their technical proposal.
47.			Will World Bank provide access to a platform or any online portal or websites on which the learning content be hosted for end audience consumption?	MHSSP will provide access to their existing online portal
48.			Are vendors expected to provide a delivery platform or host the online content on a portal/website for accessed by functionaries and end beneficiaries?	host the online content on a portal/website for accessed by functionaries and end beneficiaries
49.			Can you share the ECD study conducted by World Bank for Garo Hills as that has been referenced extensively in this RFP	Pl. refer to serial no. 11 and 35 above

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