

**“Selection of Technical Agency to conduct Annual Health Survey of Meghalaya under State Health Systems Resource Centre (SHSRC)”****Response to the pre-proposal queries**

- 1) Date of Pre- Proposal Conference: February 4th, 2026; 1400 Hrs via Zoom
- 2) Meeting ID: 832 0952 3948

**Attendance:**

S. No.	Name	Organization	Designation
1	Avik Chakraborty	TRIOs Development Support (P) Ltd. Delhi	Research Manager
2	Satyendra Keshari		M&E Expert
3	Dr. Pankaj Sharma	Athena Infonomics	Principal Consultant
4	Raji Sharma	Sambodhi Research and Communications	Manager- Strategy and Partnerships
5	Dr. Sangram Patel	Population Council Institute, New Delhi	Deputy Director
6	Manish Kumar	SPYM New Delhi	Team Leader
7	Aali Sinha	Intellecap	Principal
8	Dr Eliza Dutta	IIPH Shillong	Assistant Professor
9	Dr. Adreena Lyngdoh	SHSRC	Chief Coordinator-cum-Senior Consultant - CPHC
10	Dr. Byomakesh Mishra	SHSRC	Senior Consultant - M&E
11	Dabinagpura Sungoh	SHSRC	Junior Consultant - M&E
12	Burhana Begom Choudhury	SHSRC	Junior Consultant - HRH
13	Mebanialam Tang	SHSRC	Knowledge Management Consultant
14	Dhritiman Bhuyan	SHSRC	Knowledge Management Consultant

## Responses to Queries:

Sr. No.	Clause No. & Page No.	Original Clause in RFP	Change Requested/Clarification required	SHSRC Response
1.	Terms of Reference  Page:30-31	Background and Rationale	As per the information, the RFP of the proposed study intends to generate estimates of MMR and NMR among various maternal and child health indicators. These two indicators have low prevalence as per the existing recent evidence in the context of designing the study for Meghalaya. As a result, considering either of them as <b>p</b> value for sample size computation will result in a larger sample size. Therefore, we seek your guidance on whether the estimates of these two indicators are required at state level or even for each of the 12 districts of Meghalaya?gi	The survey is <b>not expected to generate precise district-level estimates</b> for indicators such as MMR and NMR. These indicators may be reported at the <b>state level or as contextual indicators</b> , while the primary focus of district-level estimation should remain on higher-prevalence NFHS- and SDG-aligned indicators.
2.	Terms of Reference  Page:31	Scope of Work - Data Collection	Under the broader theme of <b>health and wellbeing of persons in the state</b> , whether the sample for individual interviews should be limited to <b>women of reproductive ages</b> or men should also be included in the study domain, kindly clarify?	The survey is expected to cover <b>multiple respondent categories</b> , aligned with NFHS domains and Population Health & Wellness indicators. While women of reproductive age are a key group, <b>men and other relevant household members need to also be included</b> , as outlined in the proposed methodology.
3.	Terms of Reference  Page:31	Objectives of the Assignment	If the proposed study intent is to cover <b>SDG indicators</b> , whether it should be limited to <b>SDG health (2,3 &amp;5) or all 17 should be covered?</b> Please clarify the same as contents and coverage of the survey along with implementation strategy will require planning accordingly.	The survey is expected to focus on <b>health and health-related SDGs</b> , primarily SDGs 1, 2, 3, 5, & 6, where they directly relate to population health and wellbeing. Coverage of all 17 SDGs is <b>not expected</b> .
4.	Terms of Reference  Page:31	Scope of Work - Data Collection	The <b>SDG framework includes multiple CAB components and biomarkers</b> . Some of those CAB data would be collected using portable equipments, while others may require Dried Blood Sample (DBS) and lab based testing. Therefore, it would be helpful if <b>SHSRC could specify the list of biomarkers</b> on which data collection is expected?	The RFP intentionally does not prescribe a fixed biomarker list. Agencies are expected to propose a <b>feasible and policy-relevant set of biomarkers</b> , aligned with NFHS standards and the Population Health & Wellness framework. The final list will be <b>validated during the</b>

Sr. No.	Clause No. & Page No.	Original Clause in RFP	Change Requested/Clarification required	SHSRC Response
				<p><b>inception phase</b> in consultation with SHSRC.</p> <p>Biomarker data which can be collected through point-of-care devices only will be collected.</p>
5.	Payment Criteria Page:10-11	Duration + Payment Milestones	Generally, the complete cycle of <b>planning, designing, implementation, data processing and report writing of large-scale surveys like NFHS as per our experience</b> , takes approximately <b>30 months at the national level and about 12-15 months</b> even at the <b>state level</b> . Considering the scope of work involved—designing a scientifically robust study, developing data collection tools, training manpower, sampling, field level data collection, data processing, analysis and report writing —the estimated duration would realistically be <b>12-15 months</b> . Completing the entire exercise within <b>32 weeks</b> may therefore be challenging. In view of this, <b>SHRC may consider revisiting the proposed timeline</b> , as a shorter duration may lead to repeated requests for extensions during the project period which will further hamper smooth implementation phase and staff engagement on the part of commissioned agencies, kindly guide?	The proposed duration of <b>32 weeks reflects SHSRC's requirement</b> for timely, annual data availability to support planning and decision-making. Agencies are expected to design efficient implementation strategies within this timeline. Extensions, if required, may be considered only under <b>exceptional circumstances and by mutual agreement</b> .
6.	Data Sheet Page 2-3	Data sheet 2. Method of selection	The RFP does not specify any indicative budget or estimated tender value for the assignment.	An indicative budget is not disclosed as the evaluation follows a Quality and Cost Based Selection (QCBS) process, where the initial assessment will be of the technical bid comprising 70% and then the financial bid comprising 30% of the total assessment. Agencies are expected to propose a budget that is realistic and sufficient to ensure the proper implementation of the overall exercise based on the defined scope.

Sr. No.	Clause No. & Page No.	Original Clause in RFP	Change Requested/Clarification required	SHSRC Response
7.	Terms of Reference Page:31	Scope of Work	While the RFP specifies coverage across all districts of Meghalaya, it does not explicitly define the household sample size, sample selection criteria, eligibility norms for individual respondents, or the number of individual respondents to be interviewed within each selected household. At the same time, the ToR requires the bidder to "develop a detailed survey protocol, sampling strategy, and implementation plan consistent with NFHS methodology and representativeness at the district level."	The RFP does not prescribe a fixed sample size. The technical agency is expected to propose an appropriate sample size ensuring district-level representativeness, consistent with NFHS methodology. Sample adequacy will be assessed during technical evaluation.
8.	Terms of Reference Page:30	2. Background & Rationale Environmental Determinants – measures of water availability, sanitation, and other local environmental health factors.	The RFP mentions environmental factors. What specific indicators are required, and does this include water quality testing?	Environmental data is primarily related to water and sanitation. This will be captured via questionnaires (e.g., whether drinking water sources are available, availability of sanitation facilities) similar to NFHS standards. No physical water quality testing is required.
9.	Evaluation criteria Page 8	5.2: Has conducted a minimum of two large-scale population surveys (>5,000 households) in the last 5–7 years.	Given Meghalaya's population size, can the criteria for selection of technical agencies be modified to 10,000 individuals instead of 5,000 households?	The 5,000-household threshold is a standard metric to assess an agency's capacity to handle large-scale surveys. This is an eligibility benchmark for agency "fit" and remains unchanged.
10.	Evaluation criteria Page 8	5.2: Has conducted a minimum of two large-scale population surveys (>5,000 households) in the last 5–7 years.	According to the selection criteria, it states the firms should have conducted a minimum two large-scale surveys. How many projects must be shown to receive the maximum 5 points? Is it two, or is there a further breakup?	Agencies can submit any two projects that adequately represent the required scale and scope as outlined in the selection criteria, and which would be sufficient to be considered for maximum points.

Sr. No.	Clause No. & Page No.	Original Clause in RFP	Change Requested/Clarification required	SHSRC Response
11.	Evaluation criteria Page 8	5.2: Has conducted a minimum of two large-scale population surveys (>5,000 households) in the last 5–7 years.	In the section for showcasing past projects conducted by the agencies. It states the projects highlighted should be of 5-7 years. Can this experience window be increased to 7–10 years?	Modifications cannot be made for a single firm. Any changes to the criteria would require consultation with higher authorities and would only be considered if multiple organizations express a similar need.
12.	Instructions Page 8	C. Preparation of proposals  13) The Consultant shall NOT subcontract the whole of the Services.	Is there a cap on the number of agencies that can form a joint venture or partnership?	There is no specific cap; and although limited subcontracting is allowed, however, the preference is for a singular lead agency to sign the contract with SHSRC and take full ownership of the deliverables.
13.	Submission, Opening & Evaluation Page 6	The signed Proposal shall be marked “ORIGINAL”, and its copies marked “COPY” as appropriate. The number of copies is TECHNICAL PROPOSAL: - (a) ONE ORIGINAL (a) ONE COPY OF THE ORIGINAL (C) PENDRIVE (soft copy of the technical proposal). FINANCIAL PROPOSAL: - (1) original (HARD COPY ONLY).	Should the financial and technical proposals be submitted in hard copy or soft copy?	Proposals must be submitted in <b>hard copy</b> to the address mentioned in the RFP.
14.	Submission, Opening & Evaluation Page 6	The signed Proposal shall be marked “ORIGINAL”, and its copies marked “COPY” as appropriate. The number of copies is TECHNICAL PROPOSAL: - (a) ONE ORIGINAL (a) ONE COPY OF THE ORIGINAL (C) PENDRIVE (soft copy of the technical proposal). FINANCIAL PROPOSAL: - (1) original (HARD COPY ONLY).	Are deliverables required only in soft copy, or are hard copies and design files also required?	The selected agency is expected to provide both soft copies and hard copies for the state report and district-level factsheets.

Sr. No.	Clause No. & Page No.	Original Clause in RFP	Change Requested/Clarification required	SHSRC Response
15.	Data Sheet Page 2-3	General	Can the submission deadline be extended by a few days to account for logistics and possibility of delays “considering the terrain of the Northeast?”	The deadline cannot be extended due to the strict timeline required by state leadership for annual data availability. Late submissions may only be considered under exceptional, unavoidable circumstances
16.	Terms of Reference Page: 31	Scope of Work	Will the Clinical, Anthropometric, and Biochemical (CAB) equipment be provided by SHSRC?	No. The selected agency is expected to procure all necessary equipment and should budget for this within their financial proposal.
17.	Terms of Reference Page: 31	2. Background & Rationale  4 key dimension:  4. System KPIs – core outcome measures such as maternal mortality ratio, infant and under-five mortality, and mortality due to major NCDs.	Should we consider the vital stats data for the core outcome measures in System's KPI	Yes, vital statistics data (including CRS/SRS and other official mortality datasets) may be considered for the estimation of core outcome indicators under system KPIs, particularly where primary survey estimation is not statistically feasible.
18.			Other than Meghalaya's District Fact sheet, what other source of data we must consider.	Query not clear.
19.	Terms of Reference Page:32	Deliverables and Payment Mechanism	What is the expected duration of data collection?	The RFP specifies the overall implementation timeline rather than a fixed fieldwork duration. Agencies are expected to propose an <b>efficient fieldwork plan</b> within the 32-week assignment period. Typically, field data collection is expected to be completed within the <b>survey implementation window leading up to the 24-week deliverable</b>

Sr. No.	Clause No. & Page No.	Original Clause in RFP	Change Requested/Clarification required	SHSRC Response
				<b>milestone</b> , subject to the approved work plan.
20.	Terms of Reference Page:30	2. Background & Rationale	The RFP mentions 5 key dimensions; however, four dimensions are elaborated. Is there any 5th dimension?	<p>There are <b>four dimensions</b> of the Population Health &amp; Wellness Score include: (1) Individual Wellness, (2) Environmental Determinants, (3) System Responsiveness ((4) System KPIs</p> <p>There is a typo in the RFP document. There should be four dimensions for the Population Health &amp; Wellness Score estimation.</p>
	Terms of Reference Page:31	Objectives of the Assignment	You mentioned that proposed indicators should align with the NFHS indicators, but to further clarify that, should our proposal consider all the indicators from NFHS?	<p>The survey is <b>not expected to replicate the entire NFHS indicator framework</b>. Agencies are expected to propose a <b>contextually relevant subset of NFHS-aligned indicators</b>, prioritised based on state program needs, Population Health &amp; Wellness dimensions, and feasibility within the survey scope. The final indicator list will be validated during the inception phase in consultation with SHSRC.</p>

**Sd/**  
**Ramakrishna Chitturi, IAS**  
**Mission Director**  
**National Health Mission**  
**Government of Meghalaya**