

**Request for Proposal(RFP)for**  
**SelectionofPatientProviderSupportAgency(PPSA)forPro**  
**viding Tuberculosis Related Services under NTEP for2**  
**districts (Amritsar & Patiala) of Punjab**

**RFP Ref.No.:NHM/NTEP/2024/03**

**E-Procurement mode**

**Only[https://eproc.punjab.gov.i](https://eproc.punjab.gov.in/)**

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## ABBREVIATIONS

ACF	ActiveCase Finding
AERB	AtomicEnergyRegulatoryBoard
AY	AssessmentYear
FY	FinancialYear
CB-NAAT	CartridgeBasedNucleicAcidAmplificationTest
C&DST	CultureandDrugSusceptibilityTest
DBT	DirectBenefit Transfer
DHS	DistrictHealthSociety
DOTS	directlyObservedTreatmentShortcourse
DR-TB	DrugResistant–Tuberculosis
DTC	DistrictTuberculosisCentre
EMD	EarnestMoneyDeposit
EPF	EmployeeProvidentFund
ESI	EmployeeStateInsurance
FDC	FixedDose Combinations
F-ICTC	FacilityIntegratedCounsellingandTestingCenters
LLP	LimitedLiabilityPartnership
GST	GoodsandServicesTax
HIV	HumanImmunodeficiencyViruses
ITR	IncomeTaxReturn
ITP	InstructionstoProposers
TBI	TB Infection
Lol	Letterof Intent
MDR–TB	Multi-DrugResistantTuberculosis
MoA	MemorandumofAssociation
MSME	Micro,Small&MediumEnterprises
NACO	NationalAidsControlOrganization
NHM	NationalHealthMission
NIC	NationalInformaticsCentre
NPY	NikshayPoshanYojana
NTEP	NationalTuberculosisEliminationProgram
PPIA	Private-ProviderInterfaceAgency
PPM	PublicPrivate Mix
PPMC	PublicPrivateMixCoordinators
PPSA	PatientProviderSupportAgency(PPSA)
PS	PerformanceSecurity
QCBS	QualityandCostBasedselection
NTEP	NationalTuberculosisEliminationProgram
RFP	RequestforProposal
RR	Rifampicin Resistant
SOP	StandardOperatingProcedures
STCI	StandardsofTBCareinIndia
STO	StateTuberculosisOfficer
TB	Tuberculosis
UIDAI	UniquelidentificationAuthorityofIndia
WHO	WorldHealthOrganization

## DISCLAIMER

1. This Request for Proposal (RFP) document is neither an agreement nor an offer by the **State Health Society (National Health Mission), Punjab** (here in after referred to as “State Health Society of Punjab”) to the prospective Proposers or any other person. The purpose of this RFP is to provide information to the interested parties that may be useful in the formulation of their Proposal pursuant to this RFP.
2. State Health Society of Punjab does not make any representation or warranty as to the accuracy, reliability, or completeness of the information in this RFP document and it is not possible for State Health Society of Punjab to consider needs of each party who reads or uses this document. RFP includes statements which reflect various assumptions and assessments arrived at by State Health Society of Punjab in relation to the statement of work. Such assumptions, assessments and statements do not purport to contain all the information that each Proposer may require. Each prospective Proposer should conduct its own assessment and analysis and check the accuracy, reliability and completeness of the information provided in this RFP document and obtain independent advice from appropriate sources.
3. State Health Society of Punjab will not have any liability to any prospective Proposer/ Firm/ or any other person under any laws (including without limitation the law of contract and tort), the principles of equity, restitution or unjust enrichment or otherwise for any loss, expense or damage which may arise from or be incurred or suffered in connection with anything contained in this RFP document, any matter deemed to form part of this RFP document, the award of the Assignment, the information and any other information supplied by or on behalf of State Health Society of Punjab or their employees, any agency or otherwise arising in any way from the selection process for the assignment. The State Health Society of Punjab will also not be liable in any manner whether resulting from negligence or otherwise caused arising from reliance of any Proposer upon any statements contained in this RFP.
4. State Health Society of Punjab will not be responsible for any delay in receiving the Proposals. The issue of this RFP does not imply that State Health Society of Punjab is bound to select a Proposer or to appoint the selected Proposer for the services and State Health Society of Punjab reserves the right to accept/ reject any or all of Proposals submitted in response to RFP document at any stage without assigning any reasons whatsoever. The State Health Society of Punjab also reserves the right to withhold or withdraw the process at any stage with intimation to all who submitted RFP Proposal.
5. The information given is not exhaustive on account of statutory requirements and should not be regarded as a complete or authoritative statement of law. The State Health Society of Punjab accepts no responsibility for the accuracy or otherwise for any interpretation or opinion on the law expressed herein.
6. State Health Society of Punjab reserves the right to change/modify/ amend any or all provisions of this RFP document. Such revisions to the RFP / amended RFP will be made available on the State e-Procurement Portal, i.e. <https://eproc.punjab.gov.in/>

# Section I – Request for Proposals for Selection of Patient Provider Support Agency (PPSA)

RFP Ref.No.....

Dated:.....

- A. State Health Society, NHM-PB intends to select agency (ies) via e-RFP for working as a Patient Provider Support Agency (PPSA) for providing Tuberculosis (TB) related services under National Tuberculosis Elimination Program (NTEP) in 2 districts i.e., Amritsar & Patiala in the state of Punjab with the aim of increasing notification of TB patients who seek care in private sector and ensuring successful treatment outcomes. The PPSA shall work as an interface agency between the State Health Society, NTEP, NHM, and private health sector, and shall be providing patient centric services at all levels. The PPSA as a package shall cover the entire spectrum of services including provider management, diagnostic linkages, drug linkages, HIV testing, DST linkages, facilitating notification, provider incentives and patient support services.
- B. This RFP is being issued for 2 districts i.e., Amritsar & Patiala of Punjab State. Details of districts are provided below:
- District–1:Amritsar
  - District–2:Patiala
- C. The RFP Document may be freely downloaded by interested eligible Proposers from the e-procurement portal-<https://eproc.punjab.gov.in/>.
- D. The Proposer/agency can propose for either one or more districts.
- i. However, in case the Proposer applies for one or more districts, then it shall be required to submit applicable **Earnest Money Deposit (EMD)** and after selection, **Performance Security (PS)** for respective districts separately and individually.
  - ii. The payment of EMD is not applicable to the entities falling under Micro, Small & Medium Enterprises (MSME) and the firms registered with concerned Ministries/Departments. All the Proposers who are eligible to avail themselves of the exemptions for EMD, must upload/ provide the exemption certificate with RFP document. Other than the above-cited entities, no proposer will be exempted from submitting the EMD & proposals without EMD shall be summarily rejected.
- E. The Proposers, who have downloaded the RFP Documents, shall be solely responsible for checking above e-procurement portals for any addendum/amendment issued, after publication of this RFP and take the same into consideration while preparing and submitting their Proposals.
- F. The official representatives from the Agency are invited to attend the pre-bid meeting at the address mentioned in Table in L: Schedule of events. Please note that non-attendance at the pre-bid meeting will not be the cause of the disqualification of the Proposers.
- G. Proposers should send their written requests for clarification over email 'ngo.ppp123@gmail.com', if any, **as per dates mentioned in L: Schedule of events**.
- H. Proposals must be submitted online on the e-procurement portal <https://eproc.punjab.gov.in/> on or before **15<sup>th</sup> April, 2024, 5:00 p.m** by adhering to the Proposal submission process specified in **Section D. Submission and Opening of Proposals** at the e-procurement portal <https://eproc.punjab.gov.in/>.
- I. The Proposals will be opened on the date specified in L. In the presence of the Proposers' designated representatives who choose to attend. Please note that non-attendance at the pre-proposal meeting will not be the cause of the disqualification of the proposers.
- J. At any time prior to the deadline for submission of the Proposal, the State Health Society of Punjab may, for any reason deemed fit by it, modify the RFP document by issuing suitable amendment(s) to it. Such amendment will be notified on the e-procurement portal (<https://eproc.punjab.gov.in/>) only. Any agency who has downloaded the RFP should check for amendments, if any, issued on the e-procurement portal and State Health Society of Punjab will not issue a separate communication to them. State Health Society of Punjab shall not be

responsible in any manner, if the prospective Proposers miss any notifications placed on the given e-procurement portal.

K. State Health Society of Punjab will not accept any Proposal which will be received after the stipulated date and time.

L. Schedule of Events:

Sr. No	Particular	Details
1	Name of Work	Selection of "Patient Provider Support Agency" for TB Care in Private Sector in the State of Punjab
2	Date of Publication of RFP Document	15 <sup>th</sup> March, 2024
3	Last Date of receiving written queries	22 <sup>nd</sup> March, 2024
4	Pre-bid Meeting on Date/Time/Venue	27 <sup>nd</sup> March, 2024, 11:30 a.m.
5	Last Date/Time for receipt of Proposals (Technical and Financial Proposals)	15 <sup>th</sup> April, 2024, <b>5:00 p.m.</b>
6	Date/time for opening of Technical Proposal	16 <sup>th</sup> April, 2024, <b>3:00 p.m.</b>
7	Date/time for opening of Financial Proposal	To be declared on the portal later
8	RFP Processing Fee (Non-refundable)	<b>INR 1000.00</b>
9	Earnest Money Deposit (EMD) Amount (INR)	<b>1. INR 1,80,000.00 for Amritsar</b> <b>2. INR 1,50,000.00 for Patiala</b>
10	Contact details (Name, Designation, Email & Phone No.)	Dr. Meenu Lakhanpal, Program Officer PPP/NGO, M: 7710100650, ngo.ppp123@gmail.com Dr. Kiran Chhabra, State TB Cell-Punjab, M: 9465215367, stopn@rntcp.org

**Note:**

A. Interested Proposers may obtain further information about this Request for Proposal (RFP) from the office of NHM, Punjab, Chandigarh.

B. Schedule may change in case if any day is declared a Holiday.

M. The Proposal must be accompanied by above mentioned **Earnest Money Deposit (EMD)** per district in favor of **State Health Society, Punjab** payable at **Chandigarh** in the form of **account payable demand draft** only with issuing date not later than the date of submission of the technical bid (15<sup>th</sup> April, 2024).

N. Non-refundable **RFP Processing Fee of Rs. 1000/-** (One Thousand rupees only) to be paid online to **State Health Society, Punjab, (Account Number 50100012642209, HDFC Bank, Sector 17C Chandigarh, IFSC HDFC0000213)**. Proof of payment should be enclosed along with the technical bid. However, payment of RFP Processing Fee is not applicable to the entities falling under Micro, Small & Medium Enterprises (MSME) and the firms registered with concerned Ministries/Departments.

O. The technical and financial Proposals must be submitted/ uploaded through e-Procurement Portal (<https://eproc.punjab.gov.in/>) before the date and time specified in the RFP. SHS, PB doesn't take any responsibility for the delay / Non-Submission of Proposal/ Non-Reconciliation of online Payment caused due to non-availability of internet connection, network traffic/ holidays or any other reason.

P. The Proposal documents shall be submitted in the mode as mentioned below:

(1) Earnest Money Deposit (EMD)	Offline (Note: EMD should not have been issued on a date later than the last date for submission of online Proposal document)
(2) Technical Bid(s)	Online & Offline (Hard copy) (Covering – Technical stage)
(3) Financial Bid(s)	Online (Covering – Cost Bid Stage)

Q. In the event of any of the above-mentioned dates being declared as a holiday/closed day for SHS, PB the EMD will be received on the next working day at the scheduled time.

R. State Health Society, NHM-PB reserves the right to accept or reject any or all Proposals or change the terms and conditions of RFP or cancel the RFP without assigning any reasons at any stage and time.

S. No contractual obligation whatsoever shall arise from the RFP document/process unless and until a formal contract is signed and executed between the State Health Society of Punjab and the Agency.

T. SHS, PB disclaims any factual or other errors in the RFP document (the onus is purely on each Proposers to verify such information) and the information provided therein are intended only to help the Proposers to prepare a Proposal in accordance with the terms and conditions as set out in this RFP document/ process.

U. For further enquiry and information, please contact the following numbers during office hours (9:00 A.M. to 5:00 P.M.) or by email on all working days-

Dr. Meenu Lakhnarpal, Program Officer PPP/NGO, M: 7710100650, O/o Mission Director, National Health Mission, Fifth Floor, Prayaas Building, Sector 38B, Chandigarh, [ngo.ppp123@gmail.com](mailto:ngo.ppp123@gmail.com)  
Dr. Kiran Chhabra, State TB Cell-Punjab M: 9465215367, [stopn@rntcp.org](mailto:stopn@rntcp.org)

V. All further notifications/ corrigendum/ addendum, if any, shall be posted on e-Procurement Portal <https://eproc.punjab.gov.in/> and shall be binding on all the Proposers.

**Disclaimer:** Please note, in the “Estimated value box” on the e-Procurement Portal (<https://eproc.punjab.gov.in/>), “Zero” has been mentioned by Office of National Health Mission, Punjab, Prayaas Building, 5th Floor, Sector - 38, Chandigarh. The actual value of the project depends on the rate decided by this RFP and therefore due to this, it has been mentioned “Zero”. However, the Proposers will be required to do financial estimations on their own and quote the Proposals based on the terms and conditions mentioned in the RFP document.

**Mission Director  
National Health Mission  
Punjab**



## **Section II – Instructions to Proposers**

### **A. GENERAL INFORMATION**

#### **1. Introduction**

In connection with the Request for Proposal (RFP) for **Selection of Patient Provider Support Agency (PPSA)**, the State Health Society of Punjab will select an Agency in accordance with the method of selection specified in the RFP. The selection of Agency shall be based on an evaluation by State Health Society of Punjab through the selection process specified in this RFP (the “Selection Process”). Proposers shall be deemed to have understood and agreed that no explanation or justification for any aspect of the Selection Process will be given and that State Health Society of Punjab’s decisions are final without any right of appeal whatsoever.

The Proposers are invited to submit Technical and Financial Proposals (collectively called as “the Proposal”), as specified in the Schedule of RFP, for the services required for the assignment. The Proposal will form the basis for grant of award of work order to the selected Agency. The Agency shall conduct the assignment in accordance with the Scope of Work (the “SoW”) **in Section III.**

This Section provides the relevant information as well as instructions to assist prospective Proposer in preparation and submission of Proposals. It also includes the mode and procedure to be adopted by the State Health Society of Punjab for receipt, opening, scrutiny and evaluation of Proposals and subsequent placement of award of contract.

The Proposer shall bear all costs and expenditure incurred and/or to be incurred by it in connection with its Proposal including preparation, submission and subsequently processing the same. The State Health Society of Punjab shall, in no case be responsible or liable for any such cost, expenditure etc. regardless of the conduct or outcome of the bidding process.

The State Health Society of Punjab is not bound to accept any Proposal and reserves the right to annul the selection process at any time prior to execution of the Contract, without thereby incurring any liability to the Proposers.

Proposal submitted by the Proposer and all subsequent correspondences and documents relating to the Proposal exchanged between the Proposer and the State Health Society of Punjab, shall be written in English language. All correspondence and other documents pertaining to the contract which are exchanged by the parties shall be written in the same language.

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 competent authority, whose decision shall be final.

Registration of Proposer: To participate in the e-RFP process, the Proposer is required to get itself registered with State Government Centralized e-Procurement Portal, i.e., <https://eproc.punjab.gov.in/>. The Proposer is required to visit the e-procurement portal.

Digital Signature Certificate (DSC): Each Proposer is required to obtain a class-II or Class-III Digital Signature Certificate (DSC).

## 2. Code of Integrity

The State Health Society of Punjab and all officers or employees of the State Health Society of Punjab, whether involved in the procurement process or otherwise, and Proposers and their representatives or Consultants or Service Providers participating in a procurement process or other persons involved, directly or indirectly in anyway in a procurement process shall maintain an unimpeachable standard of integrity.

The State Health Society of Punjab prescribes to uphold the code of integrity, which prohibits officers or employees of Procuring Entity and Proposers, the following:

- (i) any offer, solicitation or acceptance of any bribe, reward or gift or any material benefit, either directly or indirectly, in exchange for an unfair advantage in the procurement process or to otherwise influence the procurement process.
- (ii) any omission, including a misrepresentation that misleads or attempts to mislead to obtain a financial or other benefit or avoid an obligation.
- (iii) Any collusion, Proposal rigging, or anti-competitive behavior impairs the transparency, fairness, and progress of the procurement process.
- (iv) improper use of information shared between the State Health Society of Punjab and the Proposers with an intent to gain unfair advantage in the procurement process or for personal gain.
- (v) Any financial or business transactions between the Proposer and any officer or employee of the State Health Society of Punjab, who are directly or indirectly related to RFP or execution process of contract.
- (vi) Any coercion including impairing, harming, or threatening to do the same, directly, or indirectly, to any party or to its property which influences the procurement process.
- (vii) any obstruction of any investigation or audit of a procurement process.
- (viii) making false declaration or providing false information for participation in-
  - procurement process or to secure a contract.
  - Disclosure of Conflict of Interest.
  - disclosure by the Proposer of any previous transgressions with any entity in India or any other country during the last three years or of any debarment by any other State Health Society of Punjab.

In case of any breach of the Code of Integrity by a Proposer or a prospective Proposer the State Health Society of Punjab after giving a reasonable opportunity of being heard, may take appropriate measures including –

- (i) Exclusion of the Proposer from the procurement process.
- (ii) Calling-off of pre-contract negotiations.
- (iii) Forfeiture or encashment Earnest Money Deposit.
- (iv) recovery of payments made by the State Health Society of Punjab along with interest there on at bank rate.
- (v) Cancellation of the relevant contract and recovery of compensation for loss incurred to the State Health Society of Punjab.
- (vi) Debarment of the Proposer from participation in any future procurements of any Procuring Entity for a period not exceeding three years.

## 3. Conflict of Interest

Conflict of Interest for a State Health Society of Punjab or its personnel and Proposers is a situation in which a party has interests that could improperly influence the performance of its duties or responsibilities, contractual obligations, or compliance with applicable laws and regulations.

The situations in which a Procuring Entity or its personnel may be in Conflict of Interest include, but are not limited to the following-

- a) Conflict of Interest occurs when the private interests of a State Health Society of Punjab or its personnel, such as personal, non-official, extra-professional or other relationships or personal financial assets, interfere or appear to interfere with the

proper performance of its professional functions or obligations as a procurement official.

- b) Within the procurement environment, a conflict of interest may arise in connection with such private interests as personal investments and assets, political or other social activities and affiliations while in the service of the State Health Society of Punjab, employment after retirement from service or of relatives or the receipt of a gift that may place the State Health Society of Punjab or its personnel in a position of obligation.
- c) Conflict of Interest also includes the use of assets of the State Health Society of Punjab including human, financial and material assets, or the use of the office of the State Health Society of Punjab or knowledge gained from official functions for private gain or to prejudice the position of someone the State Health Society of Punjab or its personnel does not favor.
- d) Conflict of Interest may also arise in situations where the State Health Society of Punjab or any of its personnel is seen to benefit directly or indirectly or allow a third party, including family, friends, or someone they favor, to benefit directly or indirectly from the decision or action of the State Health Society of Punjab.

The situations in which Proposers participating in a procurement process or their representatives may be considered to be in Conflict of Interest include, but are not limited to the following –

- a) If they or their personnel or representatives have any relationship or financial or business transactions or interests with any official of the State Health Society of Punjab that are directly or indirectly involved in or related to the procurement process or execution of contract.
- b) If they receive or have received any direct or indirect subsidy from any other Proposer.
- c) If they have the same legal representative for the purposes of the Proposal.
- d) If they have a relationship with each other, directly or through common third parties that puts them in a position to have access to information about or influence on the Proposal of another.
- e) If they participate in more than one Proposal in the same bidding process.
- f) If they have controlling partners in common.
- g) If a Proposer or any of its affiliates participated as a consultant in the preparation of the design or technical specifications of the subject matter of procurement of the bidding process or were involved in such preparation in any way.

In the 'Letter of Technical Proposal' to be submitted by the Proposer, as per format given in **Section V -Proposal Forms**, all Proposers shall provide a signed statement that the Proposer is neither associated nor has been associated directly or indirectly with the consultant or any other entity that has prepared the design, specifications, and other documents for the subject matter of procurement.

In case of a holding company having more than one independent unit or more than one unit having common business ownership or management, only one unit shall be allowed to submit Proposal or quote to prevent any Conflict of Interest. Similar restrictions shall apply to closely related sister or subsidiary companies. Such Proposers must proactively declare such sister or subsidiary company or common business or management units in similar lines of business.

#### **4. Eligible Proposers**

Proposer should be any legal or other entity including without limitation a company registered under the Companies Act 1956/2013 or a society registered under Societies Registration Act, 1860 or any other Indian law for registration of societies, a registered trust under Indian Trusts Act, 1882, or LLP registered under LLP Act 2008.

The Proposer can't be an individual or group of individuals.

In the 'Letter of Technical Proposal' to be submitted by the Proposer, as per format given in **Section V - Proposal Forms**, Proposers shall provide a signed statement that the Proposer fulfils the eligibility requirements given in the RFP document.

#### **5. Number of Proposals:**

No Proposer shall submit more than one Proposal per district (mentioned in section I). A Proposer bidding shall not be entitled to submit another Proposal either individually or as a member of any proposer.

#### **6. Right to reject any or all Proposals:**

Notwithstanding anything contained in this RFP, the State Health Society of Punjab reserves the right to accept or reject any Proposal and to annul the selection process and reject all Proposals, at any time without any liability or any obligation for such acceptance, rejection, or annulment, and without assigning any reasons thereof.

Without prejudice to the generality of above, the State Health Society of Punjab reserves the right to reject any Proposal if:

- At any time, a material misrepresentation is made or discovered, or
- The Proposer does not provide, within the time specified by the State Health Society of Punjab, the supplemental information sought by the State Health Society of Punjab for evaluation of the Proposal.

Such misrepresentation/ improper response by the Proposer may lead to the disqualification of the Proposer. If such disqualification/ rejection occurs after the Proposals have been opened and the highest-ranking Proposer gets disqualified/ rejected, then the State Health Society of Punjab reserves the right to consider the next best Proposer or take any other measure as may be deemed fit in the sole discretion of the State Health Society of Punjab, including annulment of the Selection Process.

#### **7. Acknowledgement by Proposer,**

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

- Made a complete and careful examination of the RFP.
- received all relevant information requested from the State Health Society of Punjab.
- accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of the State Health Society of Punjab.
- satisfied itself about all matters, things, and information, including matters herein above, necessary and required for submitting an informed Proposal and performance of all 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 terms hereof.

The State Health Society of Punjab and/ or its advisors/ officials shall not be liable for any omission, mistake or error on the part of the Proposer 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 State Health Society of Punjab and/or its officials.

## 8. Selection of Agency

State Health Society of Punjab shall be adopting the **QCBS (Quality and Cost Based Selection)** methodology for selection of agency for each division, where in 70% weightage shall be given to technical evaluation score based on the technical proposals and 30% weightage shall be given to the financial evaluation score based on the financial Proposal.

The contract agreement in each district shall be signed at State Level between the Proposer [*whose combined score i.e., technical, and financial evaluation is the highest in the concerned district(s)*] and State Health Society of Punjab, subject to all conditions laid down in the RFP document.

As part of the evaluation, a Proposer must fulfil the Minimum Qualification Criteria. In case a Proposer does not fulfil the Minimum Qualification Criteria, the Proposal of such a Proposer will not be evaluated further.

## **B. RFP DOCUMENT**

## 9. Content of RFP Document

The RFP Document includes the following Sections:

- Section I Notice Inviting Proposals
- Section II Instructions to Proposers
- Section III Scope of Work
- Section IV Terms and Conditions
- Section V Proposal Forms

Unless downloaded directly from the State Health Society of Punjab's e-procurement portal <https://eproc.punjab.gov.in/>, State Health Society of Punjab shall not be responsible for the correctness of the RFP document, responses to requests for clarification, the minutes of the Pre-bid meeting, if any, or amendment(s) to the RFP Document in accordance with ITP Para 9.

Proposers are expected to examine all instructions, forms, terms, and specifications in the RFP documents and to furnish with its proposal all information or documentation as is required by the RFP documents.

## 10. Clarification of RFP Document

A prospective Proposer requiring any clarification regarding terms & conditions, technical specifications etc. given in the RFP documents may submit a written request for clarification by specified dates from the date of RFP publication on given email IDs.

All the Proposers will be notified of response to clarifications only through the Procurement portal <https://eproc.punjab.gov.in/>. Any Proposer who has downloaded the RFP document should watch for clarifications, if any, issued on the above-mentioned portal. State Health Society of Punjab will not issue separate communication to them.

The State Health Society of Punjab shall not be responsible in any manner if a prospective Proposer fails to notice any notifications placed on the procurement portal <https://eproc.punjab.gov.in/>.

## 11. Pre-Bid Meeting

To provide response to any doubt regarding terms and conditions, scope of work and any other matter given in the RFP document, a pre-bid meeting has been scheduled to be held in the office of State Health Society of Punjab as per details given in section I.

During the pre-bid meeting, if any clarification sought by representative of prospective Proposers shall be responded appropriately. However, they shall clarify and may be asked to submit their written request as specified in terms of Clause 10. The State Health Society of Punjab shall upload written response on the e-Procurement Portal <https://eproc.punjab.gov.in/> to such requests for clarifications, without identifying its source. In case required, amendments, in terms of Clause 12, above shall be issued, which shall be binding on all prospective Proposers.

## 12. Amendments to RFP Document

At anytime prior to the deadline for submission of proposals, the State Health Society of Punjab may, for any reason deemed fit by it, modify the RFP by issuing suitable amendment(s) to it.

To afford the Proposers a reasonable time for taking the amendments into account, or for any other reason, the State Health Society of Punjab may at its discretion extend the proposal submission date.

Such an amendment will be notified on e-Procurement Portal <https://eproc.punjab.gov.in/> and the same shall be binding to all prospective Proposers.

Any Proposer who has downloaded the RFP document should watch for amendment, if any, issued on the above e-Procurement Portal <https://eproc.punjab.gov.in/> and the State Health Society of Punjab will not issue separate communication to them. The State Health Society of Punjab shall not be responsible in any manner if prospective Proposers miss any notifications placed on mentioned e-Procurement Portal <https://eproc.punjab.gov.in/>.

## **C. PREPARATION OF PROPOSALS**

### 13. Preparation of Proposals

The Proposal documents shall be submitted as specified in section I.

Sealed Envelope containing Hard copies (Offline) of technical bids only to be submitted by the date and time specified in the RFP.

Proposers are requested not to submit the hard copy of the Financial Proposal. In case the hard copy of financial proposal is submitted, the proposal shall be straight away rejected. Also, uploading the financial proposal in technical proposal will result in rejection of the proposal.

The Technical Proposal should provide the documents as prescribed in this RFP. No information related to the financial proposal should be provided in the technical proposal.

The RFP shall be duly signed and approved by the authorized person / appropriate authority, at the appropriate places as indicated in the RFP documents and all other pages of the RFP including printed literature, if any shall be initialed by the same person(s) signing the RFP. The RFP shall not contain any erasure or overwriting, except as necessary to correct any error made by the Proposer and, if there is any such correction; the same shall be initialed by the person(s) signing the RFP. The entire document being part of RFP document should be page numbered. The Authorization Letter shall also be furnished along with the RFP.

Proposers should note the last date of Proposal submission, as specified in Schedule of RFP, for submission of Proposals. Except as specifically provided in this RFP, no supplementary material will be entertained by the State Health Society of Punjab, and the evaluation will be conducted only based on documents received by the closing time of Proposal due date as specified in Schedule of RFP. Proposers will ordinarily not be asked to provide additional material, information or documents subsequent to the date of submission, and unsolicited material if

submitted will be summarily rejected. For the avoidance of doubt, the State Health Society of Punjab reserves the right to seek clarifications in case the Proposal is non-responsive on any aspects.

A person signing (manually or digitally) the RFP form or any documents forming part of the contract on behalf of another shall be deemed to warrant that he has authority to bind such other persons and if, on enquiry, it appears that the persons so signing had no authority to do so, the State Health Society of Punjab may, without prejudice to other civil and criminal remedies, cancel the contract and hold the signatory liable for all cost and damages.

Financial Proposal: While preparing the Financial Proposal, Proposers are expected to consider the various requirements and conditions stipulated in this RFP document. The Financial Proposal should be a lump sum Proposal inclusive of all the costs including but not limited to all taxes associated with the assignment. While submitting the Financial Proposal, the Proposer shall ensure the following:

- a. The Proposer shall submit the Financial Proposal as per the instruction provided in this RFP document and in online mode only.
- b. The financial Proposal submitted in any other format will be treated as non-responsive. The Proposer will be required to download the financial Proposal file from e-RFP portal and quote the prices in prescribed format before uploading it. The Proposer(s) shall not rename the financial Proposal files downloaded. If a Proposer quotes "Nil" charges in consideration, the Proposal shall be treated as unresponsive and shall not be considered.
- c. All the costs associated with the procurement shall be included in the Financial Proposal. These shall normally cover remuneration for all the personnel (Expatriate and Resident, in the field, office, etc.), accommodation, travel, transportation, equipment, printing, primary or secondary data collection, meetings, documentation etc. The total amount indicated in the Financial Proposal shall be without any condition attached or subject to any assumption and shall be final and binding. In case any assumption or condition is indicated in the Financial Proposal, it shall be considered non-responsive and liable to be rejected.
- d. The Financial Proposal shall consider all the expenses and tax liabilities and cost of insurance specified in the work order/Contract (as the case maybe), levies and other impositions applicable under the prevailing law. Further, all payments shall be subject to deduction of taxes at source as per applicable laws.

Proposers shall express the price of their services in Indian Rupees only.

#### **14. Documents establishing the compliance of Services.**

To establish the conformity of the services to the RFP document, the Proposer shall furnish as part of its Proposal a detailed item by item commentary, demonstrating substantial responsiveness to the Scope of work, and if applicable, a statement of deviations and exceptions to the provisions of the Section III – Scope of work.

Standards of the services specified by the State Health Society of Punjab in Section III – Scope of work, are intended to be indicative and not exhaustive. The Proposer may offer other services, provided it demonstrates, to the State Health Society of Punjab's satisfaction, that the substitutions ensure substantial equivalence or are superior to those specified in Section III – Scope of work.

#### **15. Period of validity of Proposals**

The price offered in the financial proposal by the Proposer for the applicable geography shall be valid till one year from the end date of the proposal submission and the validity may be extended as per mutual consent.

In exceptional circumstances, prior to the expiration of the proposal validity period, the State Health Society of Punjab may request Proposers to extend the period of validity of the proposals. The request and the responses shall be made in writing. A Proposer may refuse the request without forfeiting its bid security. A Proposer granting the request shall not be required or permitted to modify its Proposal.

## 16. Earnest Money Deposit (EMD)<sup>1</sup>

Earnest Money Deposit (EMD) must accompany the Proposal as described in section I (M, N, O).

Unsuccessful Proposer's EMD will be discharged/returned within a period of 30 days after award of contract to the successful Proposer.

The proposer shall not be entitled for any interest on EMD/Security deposit.

The successful Proposer's EMD will be discharged after signing the Contract and submitting the security deposit as stipulated.

The EMD shall be forfeited:

- a). The proposer fails to accept the purchase order.
- b). If a Proposer withdraws its Proposal during the period of Proposal validity as specified in the RFP.
- c). In case of a successful RFP, if the Proposer fails:
  - i). To sign the Contract in accordance with terms and conditions. **OR**
  - ii). To furnish security deposit as per RFP.

## 17. Documentation

Following documents must be submitted through online mode on e-Procurement Portal <https://eproc.punjab.gov.in/>.

- a). Proposal covering letter, as per "Annexure-1".
- b). Authorization Letter for signing of Proposal in favor of signatory to RFP documents as per "Annexure 2".
- c). Particulars of the Proposers, as per "Annexure-3"
- d). Self-attested copy of Certificate of registration under the relevant applicable Act.
- e). Self-Attested copy of the Memorandum of Association (MoA)/Deeds/ Byelaws or such other document evidencing vision, mission, objective and rules and regulations
- f). Self-attested copy of audited balance sheet and statement of:
  - (i) Income and Expenditure account (In case of non-profit organizations)
  - (ii) Profit and Loss (In case of for-profit organizations).
- g). Self-attested copy of the Income Tax Returns (ITR) acknowledgement for latest three completed financial years (2020-21, 2021-22, 2022-23)
- h). Self-attested copy of the PAN Card, GST Registration Certificate (if applicable), GST Exemption Certificate (if any), ESI & EPF registration certificate, MSME Registration Certificate (if applicable) issued by the appropriate authority valid as on date of submission of RFP documents.
- i). Certified copy of Certification of 12A/80G Registration under Income Tax Act (submit documented proof) or a valid exemption certificate, if applicable.
- j). Certificate from Statutory Auditor & Audited financial statements shall be submitted by the Proposer for the stated financial years ascertaining that the Proposer have a Positive net worth

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<sup>1</sup><https://doe.gov.in/sites/default/files/Amendment%20to%20Rule%20170%28i%29%20of%20General%20Finance%20Rules%20-GFR%202017.pdf>



in the last Three (3) Financial Years (2020-21, 2021-22, 2022-23). However, in case of non-profit organizations may have negative net worth.

- k). A declaration attested by notary public or sworn before the Executive Magistrate, from the Proposer in the format given in the "Annexure 4" to the effect that the firm has neither been declared as defaulter or black-listed/banned/ convicted by any court of law for any criminal or civil offences or declared ineligible by any State/ UT Government or Govt. of India or any local Self Government body or public sector undertaking in India for participation in future Proposals for unsatisfactory performance, corrupt, fraudulent or any other unethical business practices or for any other reason, as on date of submission Proposal document.
- l). Self-Declaration by the Director/ Partner/ CEO or Authorized Signatory of the Proposer; Copy of Agreement/ Work Order/Letter of Notification of Award; and Client's Certificate on satisfactory completion and/or satisfactory progress report of project, ascertaining that the Proposer should have 3 (three) years of experience (both completed and on-going projects/contracts in Health and/or social sector with public and/or private agencies in any State of India or at National level in the last 5 years as on due date for submission of Proposal).

Proposers should submit the following documents in support of fulfillment of Proposer's qualification, along with its Proposal.

Special marks will be given to the organization who have an experience of minimum two years working in Tuberculosis program (time-period FY 2018-19 to 2022-23).

Note: [projects with experience and contract period less than 1 (one) year would not be considered for eligibility matrix].

- m). Affidavit from the Proposer mentioning the key professionals indicating that the Proposer has mid-level (more than 3 years experienced) supervisory staff having significant experience of working in health and/or social sector with Public and/or Private agencies, as per Annexure 5.
- n). Undertaking to be submitted on a non-judicial stamp paper mentioning that-The Proposer shall inform State Health Society of Punjab of any such pending suits/ enquiry/ investigation against the Proposer in any court of law, legal authority, paralegal authority which may hamper the execution of works under this RFP.
- o). Proposed Concept plan/ strategy (Provider/Patient Management plan/ Operational Plan, Creativity and innovations, Implementation Plan (Proposed HR Structure with organogram for project implementation, Monitoring & Evaluation, Data management, Operational model with timelines, analysis, reporting)), as specified in technical scoring matrix.
- p). Proof of registration on NGO-DARPA portal.
- q). Copy of last three years Annual Reports.
- r). Evidence of local office premises or declaration for establishment of local office premises in the district of the State where it wants to operate once contract is awarded. If the agency is provided with a working space by the DTO, they may not need to establish an office separately. But if space is not available due to space crunch in district hospitals, then an office would need to be set up for streamlining activities of the agency and for the staff to have their own reviews as well.
- s). Unconditional undertaking as per format to be submitted on a non-judicial stamp paper as per Annexure-6.

## **D. SUBMISSION AND OPENING OF PROPOSALS**

### **18. Submission of Proposals**

Proposals are to be mandatorily submitted through online mode to the e-Procurement Portal <https://eproc.punjab.gov.in/>. at a time for the technical and financial Proposals using the Digital Signature Certificate (DSC). The documents will get encrypted (transformed into non-readable formats).

Each Proposer is required to obtain a class-II or Class-III Digital Signature Certificate (DSC) for submission of Proposals.

### **19. Deadline for Submission of Proposals**

Proposals must be received by the State Health Society of Punjab at the portal <https://eproc.punjab.gov.in/> and no later than the date and time specified in the RFP document.

The date of submission and opening of Proposals shall not be extended except when—

- a). sufficient number of Proposals have not been received within the given time and the State Health Society of Punjab is of the opinion that further Proposals are likely to be submitted if time is extended, or
- b). The RFP is required to be substantially modified because of discussions in pre-bid meeting or otherwise and the time for preparation of Proposals by the prospective Proposers appears to be insufficient for which such extension is required.
- c). Or as decided by the competent authority of State Health Society of Punjab.

In cases where the time and date of submission of Proposals is extended, an amendment to the RFP shall be issued, in which case all rights and obligations of the State Health Society of Punjab and Proposers previously subject to the deadline shall thereafter be subject to the deadline extended.

If the due date for submission of Proposals is not a working day, the Proposals shall be received and opened at the same time and hour on the next working day.

### **20. Late Proposals**

The State Health Society of Punjab's officer authorized to receive the Proposals shall not receive any Proposal that is submitted personally by hand after the time and date fixed for submission of Proposals under any circumstances.

### **21. Opening of Proposals**

Each Proposal received shall be opened by the Proposal Opening Committee in the presence of the Proposers or their authorized representatives who choose to be present. However, non-attendance of the Proposer in the meeting will not be the cause of disqualification.

The State Health Society of Punjab will open the proposals at the specified date and time. In case the specified date of proposal opening falls on / is subsequently declared a holiday or closed day for the State Health Society of Punjab, the proposals will be opened, on the next working day.

The Proposal opening committee shall announce the following details—

- (a) The name of the Proposer and whether there is a substitution or modification.
- (b) The Proposal security; and
- (c) Any other details the Committee may consider appropriate.

No Proposal shall be rejected at the time of Proposal opening except the already opened (in case of hard copy submission) and late Proposals.

The Proposal Opening Committee shall prepare a record of the proceedings of the Proposal opening that shall include the name of the Proposers and whether there is a withdrawal, substitution, or modification.

## **E. EVALUATION OF PROPOSALS**

### **22. Basic Principles**

Proposals will be evaluated based on the instructions given in terms & conditions in this section. Instructions to Proposers of the RFP document and without recourse to extrinsic evidence. No new criteria will be brought in while evaluating the Proposals.

Information relating to the evaluation of Proposals and recommendation of contract award, shall not be disclosed to Proposers or any other persons not officially concerned with the bidding process until information on Contract Award is formally communicated to all Proposers.

Any effort by a Proposer to influence the State Health Society of Punjab in the evaluation or contract award decisions may result in the rejection of its Proposal.

### **23. Preliminary Scrutiny and Determination of Substantial Responsiveness of Proposals**

The proposals will be scrutinized by the Proposal Evaluation committee appointed by the State Health Society of Punjab, to determine whether they are complete and meet the essential and important requirements, conditions and whether the Proposer is eligible and technically qualified as per criteria laid down in this RFP. The Proposal Evaluation Committee shall conduct a preliminary evaluation of the Proposals at the beginning to assess the prima-facie responsiveness and record its findings thereof particularly in respect of the following:

- a). that the Proposal is duly signed.
- b). that the Proposal is sealed.
- c). That the Proposal is unconditional (unconditional undertaking as per Annexure-6).
- d). Proposers must meet the eligibility and qualification requirements given in the RFP document.

The Proposals assessed responsive as above shall be examined to determine their substantial responsiveness to confirm that all requirements of RFP Documents have been met without any material deviation, reservation or omission where:

- “deviation” is a departure from the requirements specified in the Proposal documents.
- “reservation” is the setting of limiting conditions or withholding from complete acceptance of the requirements specified in the Proposal Documents; and
- “omission” is the failure to submit part, or all the information or documentation required in the Proposal document.

A “material deviation, reservation, or omission” is one that,

- a) If accepted shall:
  - (i) effect in any substantial way the scope, quality, or performance of the subject matter of procurement specified in the Proposal documents; or
  - (ii) limit in any substantial way, inconsistent with the Proposal Documents, the rights of the State Health Society of Punjab or the obligation of the Proposer under the proposed contract; or

- b) if rectified would unfairly affect the competitive position of other Proposers presenting substantially responsive Proposals.

The Proposal Evaluation Committee shall regard a Proposal as substantially responsive if it conforms to all requirements set out in the RFP document, or contains minor deviations that do not materially alter or depart from the characteristics, terms, conditions and other requirements set out in the RFP document, that is, there is no material deviation, or if it contains errors or oversights that can be corrected without any change in the substance of the Proposal;

The Proposal Evaluation Committee may waive non-conformities in the Proposal that do not constitute a material deviation, reservation or omission and deem the Proposal to be responsive.

The Proposal Evaluation Committee may request the Proposer to submit necessary information or documents which are historical in nature like audited statements of accounts, tax clearance certificate, PAN, or any other documents etc. within stipulated time provided by the committee. Failure of the Proposer to comply with the request within the stipulated time shall result in the rejection of its Proposal.

Proposals that are not responsive or contain any material deviation shall be rejected. Proposals declared as non-responsive shall be excluded from any further evaluation.

The Proposals, which do not meet the aforesaid requirements are liable to be treated as non-responsive and may be ignored. The decision of the State Health Society of Punjab as to whether the Proposer is eligible and qualified or not and whether the Proposal is responsive or not shall be final and binding on the Proposers. Financial Proposals of only those Proposers, who qualify on technical Proposal, will be considered, and opened.

## **24. Clarification of Proposals**

To facilitate evaluation of Proposals, the State Health Society of Punjab may, at its sole discretion, seek clarifications in writing from any Proposer regarding its Proposal. Notwithstanding anything contained in the RFP, the State Health Society of Punjab reserves the right not to take into consideration any such clarifications sought for evaluation of the Proposal.

At any point in time during the bidding process, if required by the State Health Society of Punjab, it is the Proposers' responsibility to provide required evidence of their eligibility as per the terms of the RFP, to the satisfaction of the State Health Society of Punjab. If no response is received by the due date, the State Health Society of Punjab shall evaluate the offer as per available information. The technical evaluation committee of the State Health Society of Punjab can verify the facts and figures quoted in the Proposal. The State Health Society of Punjab reserves the right to conduct detailed due diligence of the information provided by the Proposers for technical and financial evaluation.

No change in the prices or substance of the Proposal shall be sought, offered, or permitted, except to confirm the correction of arithmetic errors discovered by the Committee in the evaluation of the financial Proposals.

No substantive change to qualification information or to a submission, including changes aimed at making an unqualified Proposer, qualified or an unresponsive submission, responsive shall be sought, offered, or permitted under any circumstances.

All communication generated as above shall be included in the record of the procurement proceedings.

## 25. Fraud and Corrupt Practices

The Proposers and their respective officers, employees, agents, and advisers shall observe the highest standard of ethics during the selection process. Notwithstanding anything to the contrary contained herein, the State Health Society of Punjab may reject an application without being liable in any manner whatsoever to the proposer if it determines that the Proposer has, directly or indirectly or through an agent, engaged in corrupt practice, fraudulent practice, coercive practice, undesirable practice, or restrictive practice in the selection process.

Without prejudice to the rights of the State Health Society of Punjab hereinaforesaid, if a proposer is found by the State Health Society of Punjab to have directly or indirectly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice during the Selection Process, such Applicant shall not be eligible to participate in any RFP issued by the State Health Society of Punjab during a period of five years from the date such Applicant is found by the State Health Society of Punjab to have directly or indirectly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, as the case may be.

For the purposes of this Clause, the following terms shall have the meaning hereinafter respectively assigned to them:

- (i) **“Corrupt practice”** means the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence the actions of any person connected with the Selection Process (for avoidance of doubt, offering of employment to, or employing, or engaging in any manner whatsoever, directly or indirectly, any official of the State Health Society of Punjab who is or has been associated in any manner, directly or indirectly, with the Selection Process.
- (ii) **“Fraudulent practice”** means a misrepresentation or omission of facts or suppression of acts or disclosure of incomplete facts, to influence the Selection Process.
- (iii) **“Coercive practice”** means impairing or harming or threatening to impair or harm, directly or indirectly, any person or property to influence any person’s participation or action in the Selection Process.
- (iv) **“Undesirable practice”** means (i) establishing contact with any person connected with or employed or engaged by the State Health Society of Punjab with the objective of canvassing, lobbying or in any manner influencing or attempting to influence the Selection Process; or (ii) having a Conflict of Interest, and
- (v) **“Restrictive practice”** means forming a cartel or arriving at any understanding or arrangement among Applicants with the objective of restricting or manipulating a full and fair competition in the Selection Process.

## 26. Fulfilment of the Qualification Criteria

As part of the evaluation, a Proposer must fulfil the Minimum Qualification Criteria. In case a Proposer does not fulfil the Minimum Qualification Criteria, the Proposal of such a Proposer will not be evaluated further.

## 27. Qualification Criteria

The qualification criteria for a Proposer to qualify for technical Proposal evaluation are listed below:

Sr. no	Eligibility criteria for Proposers per district	Mandatory Documents to be submitted as evidence
<b>Recommended Criteria</b>		
1	The Proposer should be an established entity under Companies Act 1956/ 2013, Societies Registration Act 1860, Indian Trust Act 1882, or LLP Registered under LLP Act 2008.	Self-attested copy of certificate of registration relevant applicable act.
2	Certified copy of the MoA / deeds / byelaws or such other document evidencing vision, mission, objective and rules and regulations	Self-Attested copy of the MoA / deeds / byelaws or such other document evidencing vision, mission, objective and rules and regulations
3	<p>Proposer should have 3 (three) years of experience (both completed and on-going projects/contracts in Health and/or social sector with public and/or private agencies in any State of India or at National level in the last 5 years as on due date for submission of Proposal.</p> <p>Proposer should submit the following documents in support of fulfillment of Proposer's qualification, along with its Proposal.</p> <p>Special marks will be given to the organization who have an experience of minimum two Years working in Tuberculosis program (time period FY 2018-19 to 2022-23).</p> <p>Note: [projects with experience and contract period less than 1(one) year would not be considered for eligibility matrix].</p>	<ul style="list-style-type: none"> <li>• Self-Declaration by the Director/Partner/CEO or Authorized Signatory of the Proposer.</li> <li>• Copy of Agreement/Work Order/Letter of Notification of Award; and</li> <li>• Client's Certificate on satisfactory completion and/or satisfactory progress report of project.</li> </ul>
4	<p>The Proposers should have a Positive Net Worth in the last Three (3) Financial Years (i.e., 2020-21, 2021-22 &amp; 2022-23)</p> <p>However, in case of non-profit organizations may have negative net worth.</p>	Certificate from Statutory Auditor & Audited financial statements shall be submitted by the Proposer for the stated financial years.
5	<p>The Proposer must have average annual turnover of-</p> <p>a) Rs. 60,00,000/- (Sixty lakh rupees) if Proposal for Amritsar,</p> <p>b) Rs. 50,00,000/- (Fifty lakh rupees) if Proposal for Patiala,</p> <p>c) If applying for 2 districts, the turnover Requirement will be cumulative as of above</p>	<p>Audited balance sheet and</p> <p>(a) Statement of Income and Expenditure account. (If the Proposer is for non-profit entity)</p> <p>(b) Statement of Profit and Loss (if the Proposer is for profit entity).</p>
6	Certification of 12A and/or 80G Registration under Income Tax Act.	Valid Certificate of 12A and/or 80G Registration (submit documented proof), if applicable
Sr. no	Eligibility criteria for Proposers per district	Mandatory Documents to be submitted as evidence

7	Self-attested copy of Certificate issued by the appropriate authority valid as on date of submission of RFP documents.	Self-attested copies of 1. PAN card 2. GST Registration Certificate (if applicable) 3. GST Exemption Certificate (if any) 4. Copy of Income Tax Return (with computation) filed and submitted by the Proposer for three financial years FY 2020-21, 2021-22 and 2022-23. 5. ESI & EPF Registration certificate. 6. MSME Registration Certificate (if applicable)
8	The Proposer must not be (i) Blacklisted/ banned/ convicted by any court of law for any criminal or civil offences/ declared ineligible by any entity of any State Government or Govt. of India or any local Self Government body or public sector undertaking in India for participation in future Proposals for unsatisfactory performance, corrupt, fraudulent or any other unethical business practices or for any other reason, as on date of submission (upload) of online Proposal document.	Affidavit attested by Notary Public or sworn before Executive Magistrate
9	The Proposer shall inform State Health Society of Punjab of any such pending suits/ enquiry/ investigation against the Proposer in any court of law, legal authority, paralegal authority which may hamper the execution of works under this RFP as per the prescribed format.	Undertaking to be submitted on a non-judicial stamp paper
10	The Proposer should be registered, on the Government of India's (GoI) portal, DARPAN, <a href="https://ngodarpan.gov.in/">https://ngodarpan.gov.in/</a> maintained by NITI Aayog, Govt. of India.	Proof of registration on NGO-DARPAN portal
11	Unconditional undertaking	Undertaking as per the format to be submitted on a non-judicial stamp paper
<b>Additional criteria/document</b>		
1	Copy of last three years Annual Reports	
2	Evidence of local office premises or declaration for establishment of local office premises in the District of the State where it wants to operate once contract is awarded.	

## 28. Technical Evaluation

The committee ("Evaluation Committee") appointed by the State Health Society of Punjab will conduct the evaluation of Proposals based on the following evaluation matrix. If required, the State Health Society of Punjab may seek specific clarifications from any or all Proposer (s) at this stage. Technical evaluation of only those Proposer(s) shall be conducted of those meeting all the defined minimum pre-qualification criteria. After the technical evaluation, each Proposal will be given a technical mark as detailed below. The maximum points/mark to be given under each of the evaluation criteria are:

Technical Evaluation Matrix for each district				
SN	Particulars	Allocation of marks		Weightage for Marks
1.	Experience of implementing health and/or social sector program with Public and/ or Private agencies, in any three years of the last five Financial Years (2018-19, 2019-20, 2020-21, 2021-22 & 2022-23).	(a) Minimum 3 years	10 marks	20 marks
		(b) >3 years, <=5 years	15 marks	
		(c) >5 years	20 marks	
2.	Experience of working in TB program with Public and/or Private agencies in any two years of the last five Financial Years (2018-19, 2019-20, 2020-2021, 2021-2022 & 2022-23).	(a) Minimum 2 years	10 marks	20 marks
		(b) >2 years, <=5 years	15 marks	
		(c) >5 years	20 marks	
3.	The Proposer must have average annual turnover of— If applying for 2 districts, then turnover requirement will be cumulative	a) Rs.60,00,000/- (Sixty lakhs rupees) if Proposal for Amritsar, d) Rs.50,00,000/- (Fifty lakhs rupees) if Proposal for Patiala,	20 marks	20 marks
4.	Plan/Strategy for executing project in the concerned district with Technical Presentation (One Hard Copy of Technical Presentation to be submitted along with proposal)	1. Concept plan and methodology		30 marks
		Provider/Patient Management plan/Operational Plan <ul style="list-style-type: none"> <li>• Provider Mapping and Engagement</li> <li>• Notifications support</li> <li>• Handling linkages               <ul style="list-style-type: none"> <li>○ Linkages for free diagnostics (X-ray, sputum microscopy, Molecular Testing, DST services etc.)</li> <li>○ Linkages and drug distribution models for NTEP provided FDC.</li> <li>○ Linkages for comorbidity testing</li> </ul> </li> <li>• Patient support, Treatment adherence and follow-up till treatment outcome reporting</li> <li>• Contact Investigation and TB Preventive Treatment</li> <li>• Linkages for DRTB patients</li> <li>• Facilitate incentives</li> </ul>		20 marks



Technical Evaluation Matrix for each district			
SN	Particulars	Allocation of marks	Weightage for Marks
		1.2 Creativity and innovations	10 marks
		2. Implementation Plan (Proposed HR Structure with organogram for project implementation, <i>Monitoring &amp; Evaluation, Data Management, Operational model with timelines, analysis, reporting</i> )	<b>10 marks</b>
<b>Total Marks</b>			<b>100 marks</b>

## 29. Final Selection

Technical Proposal of the qualified Proposers shall be evaluated before opening the Financial Proposal.

The technical score would be calculated for each Proposer by the SHS, PB and all the Proposers who get a minimum of 65 marks out of 100 would only be considered for financial evaluation. Proposers who get a technical score of less than 65 out of 100 would not be considered for the financial evaluation.

State Health Society of Punjab shall adopt the QCBS (Quality and Cost Based Selection) methodology for selection of agency for each district: where in 70% weightage shall be given to technical evaluation score based on the technical Proposals submitted by the Proposer and 30% weightage shall be given to the financial evaluation score based on the financial Proposal submitted by the Proposer.

In the case of two or more Proposers quoting the same value, the Proposer having the higher annual average turnover as per the eligibility criterion would be the first in sequence.

The combined score of the technical and financial evaluation of the technically qualified Proposers as per the eligibility criteria, shall be calculated as per the formula:

$$\text{Score(S)} = (T/T \text{ High} \times 70) + (C/Low \times 30)$$

where:

T = Technical evaluation score of the Proposer

T High = Highest Technical score amongst the Proposers

C Low = Lowest quote of financial Proposal amongst the Proposers C =

Quote for financial Proposal by the Proposer.

**And the Proposer, securing the highest scores shall be shortlisted for the concerned assignment.**

For example,

Three Proposer(s) A, B and C, have applied for a particular assignment. Technical scores shall be arrived at by treating the marks of the Proposer scoring the highest marks (assuming Proposer A) in the technical evaluation as 100. The technical score of other Proposers (B, C etc.) shall be computed using the formula:

$$\text{Technical Score} = \text{Marks of B} / \text{Marks of the Highest Scorer (Assumed Proposer A)} \times 100.$$

Similarly, the financial score of the Proposers shall be arrived at taking the cost quoted by the L1 (Lowest Proposal quoted) Proposer i.e., let the lowest quoted Proposer be C, as 100.

Marks of the other Proposers shall be calculated using the formula:

$$\text{Financial Score} = \frac{\text{Cost of L1 Proposer}}{\text{Cost quoted by Proposer}} \times 100.$$

A "combined score" shall be arrived at, considering both technical and financial scores of each Proposer with a weightage of 70% for technical score and 30% for financial score. The successful Proposer shall be the one who has the highest combined score. For example,

Proposer	Technical Marks-asscored in technical evaluation	Technical Score (Mark of Proposer/Marks of the Highest Scorer X 100)	Technical Weightage (70%)	Quoted Value (In INR)	Financial Score (Cost of L1 Proposer/Cost Quoted by Proposer X 100)	Financial Weightage (30%)	Combined Score (Tech Weightage + Fin. Weightage)
A	79	$(79/91) \times 100 = 86.813$	$86.813 \times 70/100 = 60.769$	2300	$(2300/2300) \times 100 = 100$	$100 \times 30/100 = 30$	90.769
B	85	$(85/91) \times 100 = 93.406$	$93.406 \times 70/100 = 65.384$	2417	$(2300/2417) \times 100 = 95.156$	$95.156 \times 30/100 = 28.546$	93.930
C	91	$(91/91) \times 100 = 100$	$100 \times 70/100 = 70$	2576	$(2300/2576) \times 100 = 89.285$	$89.285 \times 30/100 = 26.785$	96.785

Hence, Proposer C, with the highest score of 96.785 becomes the successful Proposer.

In case of more than one Proposer with equal highest score up to 3 decimals in a district, then the Proposer with the highest financial score shall be declared as the shortlisted Proposer for the district.

In case, the shortlisted Proposer/ service provider denies/ fails to honor the contract agreement/Letter of Intent (LoI), the SHS, PB shall be at the freedom to negotiate with the Proposer, with the next highest combined score CS2, and CS3 (in this order), responsive Proposers with their consent to enter into an agreement with the State Health Society of Punjab *for working* as a Patient Provider Support Agency (PPSA) for providing Tuberculosis (TB) related services under National Tuberculosis Elimination Program (NTEP) in the concerned district(s).

SHS, PB reserves the right to accept in part or in full any proposal or reject any proposal(s) without assigning any reason or to cancel the RFP process and reject all proposals at any time prior to award of contract, without incurring any liability, whatsoever to the affected Proposer(s).

SHS, PB reserves the right at the time of Contract award and/or during validity of contract, to increase or decrease the scope of services without any change in unit price or other terms and conditions.

The successful Proposer must furnish to the SHS, PB the required Performance Security as applicable for the concerned district, before executing the contract/signing of the contract agreement positively failing which the EMD will be forfeited, and the award will be cancelled, and Proposer may also be blacklisted.

**30. SHS, PB has Right to Accept Any Proposal, and to Reject Any or All Proposals**

The State Health Society of Punjab reserves the right to accept or reject any Proposal, and to cancel / annul the bidding process and reject all Proposals at any time prior to contract award, without thereby incurring any liability to the Proposers for which the SHS, PB shall keep record of clear and logical reasons properly for any such action / recall of bidding process. In case of cancellation/ annulment, all Proposals submitted and specifically, EMD, shall be promptly returned to the Proposers.

**F. AWARD OF CONTRACT**

**31. Award Criteria**

The SHS, PB shall award the Contract to the Proposer whose Proposal has secured highest total combined score during evaluation of Proposals.

**32. Notification of Award**

SHS, PB Entity will notify the successful Proposer(s) in writing by issuing a Letter of Acceptance (LoA) that its proposal has been accepted for the concerned district, briefly indicating there in the essential details like description of services and corresponding prices accepted, subject to the contract agreement to be signed between the parties "floated from this RFP" having the terms and conditions etc., therein. The Proposer shall within 7 days of issue of the Letter of Intent (LoI), give his acceptance. Until a formal Contract is prepared and executed, the Letter of Acceptance (LoA) shall constitute a binding Contract.

**33. Performance Security**

Within twenty-eight (28) days of the receipt of Letter of Acceptance from the State Health Society of Punjab, the successful Proposer shall furnish the Performance Security equivalent to 5% of contract value for the year as applicable to each district, using the Performance Security Form included as Annexure-7, or another Form acceptable to the Procuring Entity.

Failure of the successful Proposer to submit the above-mentioned Performance Security or sign the Contract shall constitute sufficient grounds for the annulment of the award and forfeiture of the EMD. In that event the Procuring Entity may award the Contract to the next lowest evaluated Proposer, whose Proposal is substantially responsive and is determined by the Procuring Entity to be qualified to perform the Contract satisfactorily.

The validity of the performance security shall be for a period of 180 days beyond the date of completion of all contractual obligations.

**34. Signing of Contract**

The contract agreement will be signed between the State Health Society, Punjab and the selected service provider for each district and will be required to be signed within 28 days of the issue of the Letter of Intent (LoI). The stamp duty and registration charges, if any levied by the State governments or any other statutory body, payable on the contract agreement will be borne by the service provider.

### **35. Exclusion of Proposal/Disqualification**

State Health Society of Punjab may exclude or disqualify a Proposal if:

- a) The information submitted, concerning the qualifications of the Proposer, was false or constituted a misrepresentation; or
- b) The information submitted, concerning the qualifications of the Proposer, was materially inaccurate or incomplete; and
- c) The Proposer is not qualified as per pre-qualification/ eligibility criteria mentioned in the RFP document, even after seeking clarifications/ additional documents by committee.
- d) The Proposal materially departs from the requirements specified in the Proposal or it contains false information.
- e) The Proposer submitting the Proposal, his agent or anyone acting on his behalf, gave or agreed to give to any officer or employee of the NHM or other governmental authority a gratification in any form or any other thing of value to unduly influence the Selection Process.
- f) A Proposer, in the opinion of the State Health Society of Punjab, has a conflict of interest materially affecting fair competition.
- g) A Proposal shall be excluded/ disqualified as soon as the cause for its exclusion/ disqualification is discovered.

## Section III – Scope of Work

As per NTEP guidelines, all beneficiaries of private sector are entitled for all services under NTEP as provisioned for beneficiaries of public sector. NTEP Punjab needs to strengthen TB services in the private sector & PPSA Agency will be accountable for implementing program in private sector as per latest NTEP guidelines and directives under guidance from NTEP authorities in the state and districts. The scope of work covers all aspects of the program as per the NTEP guidelines and latest directives issued from competent authorities from national and state level. However, state is enumerating some important objectives below:

1. With an aim to increase notification of TB patients seeking care in the private health sector and for ensuring provision of Standards of TB Care in district(s) including successful treatment outcomes, the agency/bidder shall be working as an interface agency between the Health/NTEP department (*State Health Society, State TB Cell (STC) NTEP Punjab and District Tuberculosis Centre (DTC)*) and the private healthcare ecosystem in each of the district(s). It shall be taking care of all the TB patients (including DR-TB) in the private sector (including private laboratories and chemists) with notification, public health actions, Nikshay Poshan Yojana (NPY), linkages of service and treatment support, and shall be providing services like adherence management and support, adverse effect reporting, risk assessment of TB patients for differentiated care, free diagnostics and drugs and support services like counselling and referral to public sector, when required till the end of the treatment.
2. Under no circumstances, shall any payment be charged from the TB patients by the agency/bidder for any services including drugs and diagnostics. Agency should monitor and improvise strategies to minimize patient's/caretaker's out-of-pocket-expenditure (OOPE) for availing services for TB diagnosis & treatment.
3. Sensitization and Empowerment of
  - a) Private healthcare providers,
  - b) Chemists/pharmacies and
  - c) Private laboratories

The agency/bidder shall be conducting a landscape analysis of private healthcare providers in each of the district(s). The agency will undertake analysis on who, where and how private providers are involved in TB care cascade. This includes all types of providers-private clinics, hospitals, AYUSH, informal providers, pharmacies, and laboratories (NABL accredited/NTEP approved). The agency will review existing data, gathering insights by interviewing professional associations, pharmacies, laboratories, patient support groups, if any, NGOs working in the area. Schedule H1 register (private drug sale data of anti TB Drugs) may also help identify key providers. Based on information gathered, reviews and interviews, identified key or priority providers shall be targeted for engagement under NTEP. AYUSH and informal providers cannot be registered as PHIs in Nikshay and are not eligible for notification and treatment outcome incentives. They can however be given informant incentives. The agency would be required to maintain a list of all such providers and collect their bank details and the cases they notify. These providers can also be registered as treatment supporters for these cases and are eligible for the treatment supporter incentive too.

The agency/bidder shall be taking a comprehensive approach of group influence and repetitive one-to-one personal communication with private healthcare providers for engaging them for notification and referral initially, and for linkages of services, and patient support later under NTEP. Since, health care establishment engagement is a continuous process, the agency/bidder shall sustain the relationship and build rapport, to encourage, pursue and ensure standards for TB care are followed in their clinical practice, and to provide regular feedback to private healthcare providers on notification and standards for TB care in India parameters. Agency will be mapping services of all private healthcare providers and integrating with Hub-&-Spoke model of the state.

The agency/bidders shall be providing information materials like latest guidelines and

directives, Standard Operating Procedures (SOPs), information on process of notification and linkages, patient benefits to all the private sector providers and training, sensitizing, and assisting private providers on procedure for notification and linkages.

For HIV & Diabetes testing, drug resistance & drug susceptibility testing and Drug Resistant (DR)-TB treatment, contact tracing and TB Preventive Therapy (TPT), adherence support, NI-KSHAY Poshan Yojana (NPY) and treatment outcome reporting, the agency/ bidder shall sensitize all empaneled private/ government health establishment (providers, chemist and labs), and not only update them about latest standards and guidelines but also advocate to prescribe and support these public health actions by giving complete and correct information to TB patients.

The agency/ bidder shall register private sector providers on Ni-kshay and facilitate generation of Ni-kshay ID (if not already registered on Ni-kshay) for each private provider/healthcare facility. The ID and password shall be used by the provider to enroll 100% presumptive cases with due details, notify the TB cases, and subsequently recording all treatment related activities in Ni-kshay portal.

If private provider doesn't do entries in Ni-kshay Portal, then notification will be supported by the agency/bidder itself.

The agency shall collect the bank account details from private providers and share with the District TB Centre to facilitate incentives for private provider through DBT.

The agency/ bidder must inform private health establishments (providers, chemists, and laboratories) about incentives, rights, and responsibilities.

4. Agency/Bidder will ensure time frame of activities in patient care.

Immediate enrollment of all presumptive TB cases in Ni-kshay portal

Diagnosis within 7 days from enrollment as presumptive case

Treatment initiation within 7 days from diagnosis

HIV testing, RBS, & UDST within 7 days from diagnosis

Ensure that samples for F-LPA and S-LPA for all eligible patients are facilitated accordingly.

Contact tracing home visits within 7 days from diagnosis, encouraging the eligible family members to undergo IGRA/ Cy-TB test and TPT at the earliest.

Treatment modification if needed within 15 days from UDST or C&D ST report.

Treatment outcome must be entered in Nikshay Portal within 60 days from treatment completion date.

Periodic 6 monthly follow-up of patients for 2 years.

The agency/ bidder shall ensure that the Turn Around Times for complete diagnosis and initiation of treatment for patients are as per prevailing NTEP guidelines.

Death audit should be done within 21 days of death of patient.

All required follow-ups for all TB patients should be done as per guidelines.

5. **Counselling support to be given to TB patients by Agency/Bidder on home visits.**

Treatment counselling

Nutrition counselling

Family/community counselling

TPT counselling

6. **Adherence Support**

Daily monitoring of adherence in Ni-kshay portal digitally/physical counting

Follow up with defaulting patients immediately – telephonically and/or physical visit if needed. Timely intervention by agency/bidder and later with the help of DTC Staff for prevention of loss to follow-up.

Notifying NTEP counterparts (DTO/STS) and planning for follow-up in coordination

Ensure the verification of the diagnosed patient's residential address, do adherence counselling and screen family contacts for TB by home visits. Also, adherence management with the help of any ICT enabled adherence tool like 99DOTS, 99DOTSLite, MERM to be undertaken. These would be provided by the district and must be implemented and monitored by the agency in conjunction with NTEP staff.

Transit support: Support patients during patient transfer for one Treatment Unit to another, travel, to ensure continued treatment.

## **7. Linkages for Ni-kshay Poshan Yojana**

The agency/bidder should ensure information on NPY and make TB patients aware of their rights and responsibilities.

The agency should inform private healthcare providers on NPY and advocate to counsel and give information to patients to get their cooperation in giving bank account number and Aadhar details, along with mobile numbers (including alternate numbers).

The agency/ bidder to get bank account details of all TB patients in area of private healthcare facilities – complete, and correct verifying with physical records. If the patient does not have a bank account, the agency/bidder will facilitate bank account opening.

The agency shall update patient bank account details on NI-KSHAY. Agency should also maintain physical / digital records of bank related information such as copies of passbook and AADHAR. The same shall be required to be shared with NTEP/DTC.

The agency will follow up with NTEP to ensure subsequent payment. For such payment, information of patients on treatment will be updated to State NTEP Department/DTC in the format prescribed by State TB Cell or DTC.

## **8. Contact Tracing and TB Preventive Treatment (TPT)**

Screening of contacts (family members / person who co-habit the same house as the patient) of Pulmonary bacteriologically confirmed index TB case (including DR-TB) in the household with symptoms and/or X-Ray and identify presumptive TB patients, within 7 days of notification of index TB case by home visit.

Complete evaluation of presumptive TB with microscopy, X-Ray, and molecular tests as per the diagnostic algorithm of NTEP at PHI. The Agency/Bidder will ensure appropriate pediatric and extra pulmonary presumptive TB sample collection will be responsible for sample transport.

Facilitate to initiate treatment of person diagnosed with TB among contacts.

Identify eligible contacts for preventive treatment. Eligible contacts, who do not have TB symptoms should undergo IGRA/ Cy-TB testing and if found positive, should be initiated on Preventive Treatment (Preventive regimen will be as per the TPT guidelines of NTEP)

Coordinate with private healthcare provider of TB patient and NTEP for initiation of preventive treatment and regular dispensation of TPT drug(s).

Counsel the family on the importance of TPT completion.

Ensure adherence and support person on preventive treatment for completion of treatment throughout the course.

Facilitate linkages with appropriate private or public health provider if any adverse drug reaction complained by beneficiaries in due time.

Regular follow up of contact fortnightly and track contact back to continue treatment, if in case contacts interrupt preventive treatment.

ADR management: Agency/Bidder should map referral system and coordinate for prompt ADR management.

Update contacts record physically (treatment card), on NIKSHAY and/or any other platform prescribed by NTEP. These would be available with the DTOs of respective districts and need to be collected from them and kept at various private doctors for easy

access.

Updatepreventivetreatmentoutcomesinportal.

MonitoringofsupplyofTPTdrugsforChemoprophylaxisincoordinationwithNTEP staff.

## **9. Drug supply chain management**

The District Drug Stores/ TU Stores shall be providing anti-TB drugs for patients in private sector. For this, it can supply drugs to private health provider or private pharmacy/ chemist.

The agency/bidder shall be responsible for logistics management of drugs (ensuring no stock out) from District Drug Store/District Tuberculosis Centre (DTC) and availability at dispensing unit(s) i.e., Private Healthcare providers and chemists/ pharmacies/doorstep delivery to the patient.

The agency will ensure the patient gets free ATT as prescribed closest to his choice of place. The agency/ bidder shall be required to map and follow-up with chemists and register them on Ni-kshay portal.

Place of dispensation of ATT drugs to be decided in consultation with private providers depending upon choice of provider and patient convenience. If private health establishments/ providers are ready to stock the drugs and dispense, the drugs to be supplied to them. Inventory management for opening balance, stock, consumed and closing balance should be maintained to ensure regular drug supply. If nearby chemist/pharmacy is the place of dispensation, the pharmacy should be pursued to stock, dispense, and indent the drugs. Drug should be supplied as the case above to pharmacy/ chemist. Doorstep delivery of FDCs to patients also to be explored.

The agency/ bidder shall be coordinating with NTEP for forecasting and regular supply of FREE Anti-TB drugs to private health establishments and chemists/pharmacy.

The agency/bidder shall provide standard formats of inventory management and patient's details to the chemist/pharmacies and private healthcare providers and shall be responsible for coordinating updating of patient-wise prescription details in NI- KSHAY and NI-KSHAY Aushadhi.

The agency/bidder should also find more pharmacies to engage in this process to have ease of drug access for TB patients.

The agency shall be required to enter logistics data in the NI-KSHAY Aushadhi, or any other software or format as communicated by STC/DTC.

In case, the patients, at his own intends to purchase drugs from open market, the agency/bidder shall allow him/her to purchase and not force, to consume only the Drugs/FDCs provided by the STC/DTC. In such a case, the agency/bidder shall be required to update the drugs/FDCs purchased from the open market by the patient on NI-KSHAY.

## **10. Specimen Management (Sample collection and transportation) – Microscopy, Molecular Diagnostics and Cultures**

The agency/ bidder shall be responsible for sample specimen collection from presumptive TB, presumptive Drug Resistant (DR)-TB or follow-up patients referred from the OPD of the private healthcare providers and deliver to the NTEP laboratories (Govt./NABL accredited). And shall be responsible for coordinating the delivery of soft copy and hard copy of the test report to the doctors at the private healthcare providers, and finally, for entering the report in NI-KSHAY. Drugs and consumables would be provided by the program. Sample transportation would be carried out by the agency, and they would be expected to procure sample transportation boxes for the same.

The agency/ bidder shall liaise with Nucleic Acid Amplification Test (NAAT)/ Microscopy/ Culture and DST labs/ Intermediate Reference Labs/ National Reference Labs in notified public sector labs/ linkages with private labs in the concerned



district(s), the details of some of which are mentioned in **Annexure 8: Updated list of TB Diagnostic Centers with NAAT.**

The agency/bidders shall be responsible for collection of samples, transportation to the nearest testing center, facilitate packaging of samples with bio-safety precautions as per NTEP guidelines, ensuring labeling and completion of lab request form, and, for maintaining biological specimen examination request form, and laboratory register, logbooks of samples transported.

Agency/Bidder will ensure laboratory follow-ups as per treatment guidelines are done as per timeframe for all TB patients. Data entries of all the interim outcomes should be recorded in Ni-kshay Portal.

11. The agency/bidder shall be required to ensure **Universal drug susceptibility testing (UDST)** for all bacteriologically confirmed TB patients and linkage of TB patients diagnosed with Rifampicin Resistance to Drug Resistant (DR) – TB Centre, notified in the district. Also, shall advocate private healthcare facilities for prescribing UDST for all bacteriologically confirmed TB patients, share protocol for UDST, provide falcon tubes and transportation of sample to the NTEP laboratory in the district, and shall be responsible for coordinating the delivery of soft copy and hard copy of the test report to the doctors at the private healthcare providers, and finally, for entering the report in NI-KSHAY.
12. The agency would also facilitate the samples for F-LPA and S-LPA of all eligible patients are collected and transported to a facility from where they will be packed, sealed, labelled and sent to the nearest C-DST laboratory for testing.
13. **X-ray services:** The agency/bidder shall facilitate X-ray of the patients from free services being provided at Government healthcare facilities and local labs may be empaneled for X-Ray facility.

**14. HIV Testing**

The agency shall ensure all TB patients diagnosed in the private sector are with known HIV status (and the same is reflected in Ni-kshay). For this, the agency shall be required to advocate with private healthcare providers on need of HIV Testing, share update or information on the matter, and establish referral linkages for HIV Testing at notified Facility Integrated Counselling and Testing Centers (F-ICTC) or ICTC or NACO empaneled HIV Testing Centers.

For patients with the test result reactive on screening, the agency/ bidder shall be responsible to establish effective linkages between patients and the nearest ICTC for confirmatory testing. If found HIV positive the patients shall be linked to the nearest ART center for TB-HIV management.

15. **Blood sugar testing for Diabetes Mellitus:** The agency/ bidder shall ensure all patients are evaluated for DM using RBS test. NTEP provides free blood sugar testing in designated public health facilities and agency/bidder may coordinate for the same. Agency/Bidder will ensure that result is updated in Ni-kshay portal of every patient.
16. **Linkage for other comorbidities:** Agency/ bidder will ensure linkages with all concerned comorbidity departments as per guidelines. (Tobacco, Hepatitis B & C, De-addiction, COVID, Pregnancy etc.)
17. **ADR management:** Agency/Bidder should map referral system and coordinate for prompt ADR management.

**18. Roles of both parties (Agency and NTEP) under RFP/agreement:**

SN	Service Area	Role of Agency	Role of NTEP
	Provider engagement	<ul style="list-style-type: none"> <li>• Private sector mapping, landscape analysis and networking of private providers in Hub &amp; Spoke model.</li> <li>• Sensitization of private providers (private hospitals, clinics, nursing homes, standalone clinics, chemists/pharmacists, laboratories,</li> </ul>	<ul style="list-style-type: none"> <li>• Issue authority letter to agency for reaching out to the private sector providers to facilitate NTEP services.</li> <li>• Regular payment of eligible provider incentives as per NTEP guidelines</li> </ul>

SN	ServiceArea	RoleofAgency	RoleofNTEP
		<p>etc.) on notification and other related services in coordination with NTEP</p> <ul style="list-style-type: none"> <li>• Registration of engaged providers on Ni-kshay Portal.</li> <li>• Regular update on NTEP services through in clinic visits as well as engaging them in CMEs /Workshops (IMA, IAP, FOGSI etc.)</li> <li>• Communication and facilitate collection of account details and seeding on Ni-kshay for provider incentives</li> </ul>	
2	Notification support	<ul style="list-style-type: none"> <li>• Facilitate real-time enrolment of presumptive cases and notification on Ni-kshay.</li> <li>• Develop strategies to increase private sector notifications</li> </ul>	<ul style="list-style-type: none"> <li>• Provide Ni-kshay login credentials to agency with access as per services under agreement</li> </ul>
3	Diagnosis		
3.a	Knowledge /Attitude /Practices	<ul style="list-style-type: none"> <li>• Promote and advocate for bacteriological confirmation over clinical diagnosis and appraise the availability of diagnostic modalities under NTEP.</li> <li>• Regular update on Universal DST services for all TB patients</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure availability of tests as per estimated patient load</li> </ul>
3.b	Sample Collection and transportation	<ul style="list-style-type: none"> <li>• Ensure/Establish sample collection center in private healthcare facility. /Community for DST Baswell as DRTB Patients.</li> <li>• Identify designated areas as well as nodal persons for sample collection and packaging.</li> <li>• Counsel and train the patient on expectorating a good sample.</li> <li>• Ensure accurate packaging and labelling of collected specimens as per the NTEP guidelines.</li> <li>• Transportation of samples from identified collection centers to the linked TB laboratories as per NTEP guidelines.</li> <li>• Ensure appropriate specimen storage facility (as per NTEP guidelines) in case of delays in transport.</li> <li>• Coordinate with corresponding laboratories for delivery of results in a timely manner.</li> <li>• Maintain biological specimen examination request form and</li> </ul>	<ul style="list-style-type: none"> <li>• Provide the agency with SOPs, NTEP formats for sample collection and packaging as well as access to Ni-kshay user credentials as will be instructed from GoI.</li> <li>• Train concerned staff on specimen collection, packaging, and transportation with requisite safety precautions as per NTEP guidelines from the collection site to the nearest testing site.</li> <li>• Identify and specify laboratory linkages.</li> <li>• Provide as sufficient supply of sputum sample containers.</li> <li>• Provide results of the sample transported by agency as per TAT recommended under NTEP</li> </ul>

SN	ServiceArea	RoleofAgency	RoleofNTEP
		<p>Sputumcollectionregister.</p> <ul style="list-style-type: none"> <li>• Ensuretimelydeliveryofresultsto the specimen collection center&amp;/or patients.</li> <li>• Bio-safetystandardscompliance forsamplcollection,packaging, and transport.</li> <li>• Samplecollectionwouldhavetobe facilitatedforbothUDSTandLPA.</li> </ul>	
4	Treatment	<ul style="list-style-type: none"> <li>• EnsurethatalITBpatientsareput on treatment.</li> <li>• Linkages to NTEP provided FDC (based on patient’s willingness) PrivatePHIwillbedispensingdrugs.</li> <li>• Develop drug delivery models, identifiystockingpointsconsidering the convenience of patients and providers and ensuring no possibilities of stockouts.</li> <li>• Recordingandreportingas per NTEP in Ni-kshay Portal</li> </ul>	<ul style="list-style-type: none"> <li>• ForecastingofFDCincluding private sector patients</li> <li>• Ensure regular supply of FDCs to agencyforfurtherdistributionto patients</li> </ul>
5	PublicHealthAction		
5.a	HIVTesting	<ul style="list-style-type: none"> <li>• EnsureHIVTestingofallTBpatients through linkages with public facilities.</li> <li>• IdentifyfacilitiesforestablishingF-ICTCs</li> </ul>	<ul style="list-style-type: none"> <li>• SupportestablishingF-ICTCsat facilities identified by agency</li> </ul>
5.b	Diabetes Testing	<ul style="list-style-type: none"> <li>• EnsureDiabetesstatustestingofall TB patients through linkages with publicfacilities</li> </ul>	<ul style="list-style-type: none"> <li>• Support Diabetes testing at appropriatepublichealthfacilities</li> </ul>
5.c.	Contact Tracingand TPT	<ul style="list-style-type: none"> <li>• Ensure that all eligible contacts of patientsarevisitedwithin7daysof diagnosis of the index case.</li> <li>• Ensurethatalleligiblecontactsare screenedforTBandstartedonthe appropriate ATT or TPT regimens.</li> <li>• Regular counselling of the contacts andfamilymembersforcompleting TPT.</li> <li>• ReportingandrecordinginNi-kshay.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that IGRA/ Cy-TB testing facilities for TBI are available in thedistrictforalleligiblecontacts inadequate quantities.</li> <li>• Ensure that drug regimens for availableinadequatequantities.</li> </ul>
5.d	Treatment Adherence andOutcome	<ul style="list-style-type: none"> <li>• Counselling and treatment adherence support to all TBpatientsthroughhomevisitsaswell as telephonic follow up at regular intervals as well as update on Ni-kshay covering following aspects: <ul style="list-style-type: none"> <li>○ TBinfectionanddisease</li> <li>○ ContactscreeningandTB Preventive Treatment</li> <li>○ Ni-kshayPoshanYojana /linkageswithother social Securityschemes,asper</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Providing standard operating procedureds, training, and referencematerialtotheagency</li> <li>• Timelypaymenttoalleligible beneficiaries as per NTEP guidelines</li> </ul>

SN	ServiceArea	RoleofAgency	RoleofNTEP
		<ul style="list-style-type: none"> <li>○ applicability</li> <li>○ Nutritionalcounselling</li> <li>○ Followupvisitsand investigation.</li> <li>○ Adverseeffectreporting</li> <li>○ Statusofoutcome</li> <li>○ Long-termfollow-up</li> <li>○ PromotingArogyaSaathi app</li> </ul>	
6	Paymentto Agency	<ul style="list-style-type: none"> <li>● Timely submission of vouchers alongwithsupportingdocuments as per agreement</li> <li>● Providejustification/clarity wherever sought by NTEP</li> </ul>	<ul style="list-style-type: none"> <li>● Providechecklistforvoucher submission.</li> <li>● Completevalidation/verification within 30 days of voucher submission</li> <li>● Provisionofdetailsincaseof penalty</li> <li>● TimelyPaymenttoagencyasper provisions in the contract</li> </ul>

## 19. Manpower

The agency/bidder shall appoint adequate, qualified, and trained staff in accordance with the proposed HR structure and organogram to implement the activities listed above. The bidder/agency will follow all the laws applicable for employee compensation. The manpower appointed by the Agency shall not be the staff/ or employee of the STC/DTC in anyway, nor can claim any advantage of it in any way or for any purposes whatever it maybe. There shall be no employer employee relationship between the state/ STC and the personnel to be deployed by the agency/bidder in the contract service. Employees' liability, financial or otherwise, will be the responsibility of the agency/ bidder and not of the SHS/DHS, PB.

The agency/biddershall beproviding digitaltoolsto its staffto recordinformation and monitor patients, and for real time entry and updating of TB patients inNI-KSHAY. The agency/bidder shall be required to provide communication and internet support tothe manpower deployed in the project. Nikshay login ID and passwords will be provided by the district while the tools suchas mobilehandsets, tabs or laptops to use these login IDs will be provided by the agency to their staff.

The bidder or agency shall be responsible to comply with all applicable laborlegislation (Compensation, Minimum wages, EPF, ESI or any other Act or Legislation, which may govern the nature of the contract and/or being issued by Central or State Government from timeto time)inrespectof themanpowerappointed orhiredby the bidder or agency in respect of execution and implementation of the project and shall indemnify and keep indemnified the STC/ DTC of any claim, action or demand whatsoever in that regard. It will be the sole responsibility of the Bidder or agency to abide by the provisions of the rules/acts related to the manpower appointed or hired for performance of this contract. The manpower appointed by the agency shall not be the staff/ employee of SHS/ DTC in any of the contract/ outsource services in any manner.

The Agency will ensure timely salary payment and opening of ESI and EPF account for each of the employees and timely deposit of applicable ESI and EPF (*Employer's contribution and employees' contribution*) and failure to that if any, shall be at the risk and responsibility of the agency.

The STC/DTC will not entertain any dispute between the manpower appointed by the agency andthe concernedagency onany issue relatedto functioningof the project. In caseofanysuchdisputeaffectingtheperformanceoftheservicesdonebythe

agency, strict action as per penalty provisions mentioned in the RFP or a consequential action under the terms of the agreement, whatever it may be, will be taken against the service provider.

The selected agency will have to observe ethical behavior and standards with the manpower appointed by the agency in the project. The SHSPB/concerned DTC will have a right to hold an enquiry, and act to take appropriate action with respect to this aspect.

## **20. Miscellaneous**

The agency/bidder shall be required to start the project within the specified time mentioned in the work order.

The agency/ bidder shall be required to establish project offices in the district for the complete duration of the project.

## **21. Data management, reporting and confidentiality.**

Agency/bidder will be recording all awarded activities and will be sharing monthly reports to the DTO and STO. NTEP promotes maximum use of Ni-kshay Portal and agency/ bidder will prioritize updating activities in the portal. Only Nikshay reports will be considered. No hard copy data would be taken into consideration.

Agency/bidder will be making interim (whenever asked) and annual reports of the project for STC/DTC. STC will have the right to call upon the agency/bidder to furnish required additional supplementary reports, or other documents, papers, or writings as in the opinion of the STC are necessary or proper in connection with the completion of the project.

At the end of the contract period, the agency shall be required to share all the data and materials, reports available with them to the concerned DTO and STO.

By default, STC will own all data and related documents arising from the contracted work and without prior permission it cannot be used, reproduced, or shared by the agency/bidder. The agency shall not share any data or material or information or report to any person or agency other than authorized by STC/DTC.

All service delivery data from notification of patient to outcome to be entered by agency on Ni-kshay. Credentials for the same would be provided by STC/DTC.

As and when required STC at their own cost, may conduct third party assessment of services rendered under the project and conduct of the agency/bidder during/after completion of the project.

The agency/bidder shall maintain all confidentiality including patient information.

## **22. The DTC shall be responsible for:**

Providing NTEP drugs and laboratory consumables (like Falcon tubes, packing materials, forms, and registers etc.) for use as per NTEP guidelines to the agency/ bidder for channelizing it through its network of empaneled private healthcare providers, chemists and labs in the districts in the concerned district.

Providing technical guidelines, updates, manuals & circulars, format etc.

Regular monitoring of activities and review of work being undertaken by the agency/bidder throughout the complete cycle, till the contract agreement remains in force.

Ensuring availability of NAAT and LPA testing for all private sector patients.

Ensure timely payments to beneficiaries for NPY and incentives to notified providers and treatment supporters.

Define the cohort of eligible TB patients: All existing cases on treatment, post treatment and new patients within the time frame of agreement.

Processing and timely release of payments to the agency/bidders, as per the performance indicators and indicated target after deduction of applicable penalties, as per the payment plan mentioned in **Clause 5, of Section IV: Terms and Conditions.**

## **Section IV – TERMS AND CONDITIONS**

### **1. Use of contract documents and information**

The Agency shall not, without the SHS, PB's prior written consent, disclose the contract or any provision thereof or any information furnished by or on behalf of the SHS, PB in connection therewith, to any person other than the person(s) employed by the Agency in the performance of the contract emanating from this RFP Document. Further, any such disclosure to any such employed person shall be made in confidence and only so far as necessary for the purposes of such performance in this contract.

Further, the Agency shall not, without the SHS, PB's prior written consent, make use of any document or information mentioned in sub-clause 1.1 above except for the sole purpose of fulfilling this contract.

Except the contract issued to the Agency, every other document mentioned in sub-clause 1.1 above shall remain the property of the SHS, PB and, if advised by the SHS, PB, all copies of all such documents shall be returned to the SHS, PB on completion of the Agency's performance and obligations under this contract.

### **2. Intellectual Property Rights**

2.1. The agency shall, always, indemnify and keep indemnified the SHS, PB and DHS, free of cost, against all claims which may arise in respect of goods & services to be provided by the agency under the contract for infringement of any intellectual property rights or any other right protected by patent, registration of designs or trademarks. In the event of any such claiming respect of alleged breach of patent, registered designs, trademarks etc. being made against the SHS, PB or DHS, it shall notify the agency of the same and the agency shall, at his own expenses take care of the same for settlement without any liability to the SHS, PB.

### **3. Insurance**

The agency shall be responsible for insuring all the IT machines and equipment, human resources, etc. for accidents, theft, damage, burglary etc.

The SHS, PB or DHS shall not be responsible for damages of any kind or for any mishap/ injury/ accident caused to any personnel/property of the agency while performing duties as mentioned under the contract. All liabilities, legal or monetary, arising in that eventuality shall be borne by the agency.

### **4. Duration of hiring of services of PPSA**

The duration of the contract shall be two years, which may be extended for another year at the same rates subjected to availability of funds, performance, requirement & mutually agreeable terms & conditions. The performance of the contract shall be reviewed annually and as required by the committee constituted by the State Health Society of Punjab. Any extension shall not be the right of the agency. The contract can be terminated in case performance is rated unsatisfactory, i.e., inability to meet targets on more than one criterion.

### **5. Payments**

The Agency shall be paid by the State Health Society of Punjab, or the authorities decided by State Health Society of Punjab, against the invoices (*as prescribed under GST Act 2017*) raised by the agency, on quarterly basis on the basis of the number of TB patients notified, increase in notification, HIV and DM testing, DST, treatment outcome in NIKSHAY and on the rate discovered (*quoted by the shortlisted agency*) through this RFP, as per the payment plan mentioned below:

A.Fortwodistricts

Payment amount (%ofthe quoted value)	Milestone Indicators	Performanceindicators
20%	Number of TB patientsnotifiedin private sector	<b>100% achievement against target. If falling short, payment will be done on pro-rata basis (between 70%-90%) where 70% will be minimum to be considered for payment claim.</b>
10%	Microbiological confirmationof patients at diagnosis	<b>At least 60 % of patients should be tested formicrobiological confirmation out of total notification of private sector. If falling short, payment will be done on pro- rata basis (between 40% - 60%) where 40% will be minimum to be considered for payment claim.</b>
5%	UDST	<b>All patients who undergo microbiological confirmation should be mandatorily subjected to NAAT testing for assessing the status of Rifampicin resistance. 100% such microbiologically confirmed patients should have UDSTdone within 7 days of bacteriological/ microbiological diagnosis. If falling short, payment will be made on pro-rata basis (between 70%-95%)where 70%will be minimum to be consideredforpaymentclaim.Precioussampleshouldbe offeredNAAT/C&amp;DSTdirectlyaccordingly.</b>
5%	F-LPAandS-LPA	<p><b>All those samples which come Rifampicin sensitive on NAAT aspertheaboveindicatorwillhavetobeensuredtobesent for F-LPA.</b></p> <p><b>All those samples which come Rifampicin resistant on NAAT aspertheaboveindicatorwill havetobeensuredtobesent for F-LPA and S-LPA.</b></p> <p><b>The agency will have to ensure that all eligible samples are collected and transported to the NAAT sites/ DTC from where they will be packed and sent to IRL Patiala.</b></p> <p><b>100% ofsucheligiblesamples shouldbesentfor this testing. If falling short, payment will be done on pro-rata basis (between70%-95%) where 70% will be minimum to be considered for payment claim.</b></p>
5%	HIVandDMTesting	<b>100% of patients should have done HIV &amp; DM testing. If falling short, payment will be done on pro-rata basis (between 95%-100%) where 95% will be minimum to be considered for payment claim.</b>
25%	SuccessfulOutcome	<b>At least 95% of patients should have successful outcomes. If falling short, payment will be done on pro-rata basis (between 85%-95%) where 85% will be minimum to be considered for payment claim.</b>

5%	Microbiological confirmation of TB patients at the end of the treatment	<b>Microbiological Confirmation at the end of the treatment will have to be 70%-100% of those that were microbiologically confirmed during diagnosis where 70% will be minimum to be considered for payment claim. Microbiological confirmation at the end of the treatment is applicable only for those patients who undergo microbiological confirmation at the beginning, before treatment initiation.</b>
10%	Validated bank account details	<b>100% all patients should be followed up for bank details &amp; details should be entered in Ni-kshay portal. All patients who forego NPY will be recorded in written and submitted to DTC. If falling short, payment will be done on pro-rata basis (between 80%-100%) where 80% will be minimum to be considered for payment claim.</b>
10%	5% for TBI testing	<b>100% pulmonary bacteriologically confirmed patients that get notified should be visited within 7 days and do geo-tagging and contact tracing. The agency would be required to ensure that at least 70% of all contacts of pulmonary microbiologically confirmed TB patients undergo IGRA/ Cy-TB testing. If falling short, payment will be done on pro-rata basis (between 40%-70%) where 40% will be minimum to be considered for payment claim.</b>
	5% for TPT Initiation and completion	<b>A minimum of 80% eligible beneficiaries to be put on TPT. If falling short, payment will be done on pro-rata basis (between 60%-80%) where 60% will be minimum to be considered for payment claim.</b>
5%	Six monthly follow up with patients for 2 years	<b>100% patients must be followed up for 2 years. If falling short, payment will be done on pro-rata basis (between 30%-70%) where 30% will be the minimum to be considered for payment claim. The patients who are eligible for follow up, post treatment before onboarding of PPSA would be shared with the agency for follow up. Similarly at the completion of PPSA contract, the last cohort of patients requiring follow up need not be followed up by the agency.</b>

\*Alternatively, patient cohort based on enrollment facility OR current facility may be considered.

The agency will raise invoices (as prescribed under GST Act 2017) on completion of services of the previous month on pro-rata basis, and the invoices must be submitted to the NHM till 14<sup>th</sup> day of the month, along-with supporting documents/progress report. The payment will be subject to TDS as per the Income Tax Rules /GST Act (if applicable) and other statutory deductions as per applicable laws.

The payments will be made through PFMS or any other mode as per by SHS, PB.

For clarity on the payment modalities and expected payments based on performance please refer **Annexure-8: Guidance documents on performance linked payment plan (Indicative).**



Periodic verification by Nikshay or site visit/telephone through interaction/ interview of patients

Category	Percentage/lab
<b>TB patients/Contact</b> notified for verification of notification, bank account, HIV and DM testing, DST and TPT	At least 5%
<b>TB patients</b> with successful treatment outcomes	At least 5%

Any performance-related payments shall be adjusted in the last quarter of each year.

## 6. Performance Review, Incentives & Penalty provisions

SHS, PB/NTEP, PB will organize a quarterly review of the agency. The cost of which may be borne by the SHS, PB.

SHS, PB/NTEP, PB and respective district health societies shall assess the performance of the Agency based on the Key Performance Indicators (KPIs).

Notwithstanding, as contained otherwise, and besides above as the case may be, the penalties may be imposed for each occurrence as per the identified Key Performance Indicators (KPIs). The applicable penalty will be deducted from monthly/quarterly invoice.

Parameters	Applicable Penalty
<b>Discrepancy</b> found on verification of <b>TB patients</b> notification, bank account, HIV and DM testing, DST and TPT	Double the amount quoted by the agency per case discovered of false information/ listing on NIKSHAY
<b>Discrepancy</b> found on verification of <b>TB patients with</b> successful treatment outcomes	Double the amount quoted by the agency per case discovered of false information/ listing on NIKSHAY

## 7. Signing of the contract

The contract agreement between SHS, PB and the agency should be executed within 28 days of the issue of the Letter of Acceptance (LoA) by the SHS, PB for the concerned district. The selected agency must submit the Performance Security before the execution of the contract and registration on NGO Darpan.

Non-fulfilment of the above condition will result in cancellation of the award and forfeiture of the EMD with consequential action if so desired.

## 8. Start of the services

The agency shall establish project offices in each of the districts and recruit and depute the human resources in full conformity to the contract, within 45 days of the date of signing of the contract agreement with the SHS, PB. If the services are not rolled-out within this timeline, SHS, PB or the authorities decided by SHS, PB may impose a penalty of INR 10,000/- per day of delay.

If an agency fails to start the services beyond 60 days, the contract may be terminated, and the selected agency may be blacklisted and might result in forfeiture of performance security/ bank guarantee to which the selected agency shall have no claims. In such a case, the SHS, PB shall be at freedom to negotiate with H2, and then H3 (in this order) responsive proposers for

the concerned district with their consent to enter into an agreement with the SHS, PB, for

providing services as mentioned in the RFP document, at the rate quoted by the last service provider.

## 9. Subcontract

Sub-letting/ Sub-contracting of the contract work assigned would not be allowed under any circumstances and the contract may be terminated if the agency sublets or sub-contracts its liabilities/ responsibilities/ obligation to other. Penal action may also be taken against the agency/bidder.

However, the agency/bidder shall be allowed outsourcing the following services:

- a) Sample collection from private health facility and transportation to the lab.
- b) Consumable supply chain management.
- c) X-ray facility from private lab.

## 10. Modification to Contract

The contract when executed by the parties shall constitute the entire contract between the parties in connection with the jobs/ services and shall be binding upon the parties. Modification, if any, of the contract shall be in writing and with the consent of both the parties.

## 11. Income Tax Deduction at Source

Income tax deduction at source and other taxes shall be made at the prescribed rates from the agency's bills under the prevailing rate(s).

## 12. Force Majeure

Either contracted agency will not be liable in respect of failure to fulfil its obligations, if the said failure is entirely due to Acts of God, Governmental restrictions or instructions, natural calamities or catastrophe, epidemics, or disturbances in the country.

Force Majeure shall not include (i) any event which is caused by the negligence or intentional action of a contracted agency or by or of such agency's agents or employees, nor (ii) any event which a diligent Agency could reasonably have been expected both to take into account at the time of being assigned the work and avoid or overcome with utmost persistent effort in the carrying out of its obligations hereunder.

An agency affected by an event of Force Majeure shall immediately notify the State Health Society of Punjab within 7 working days of such event, providing sufficient and satisfactory evidence of the nature and cause of such event, and shall similarly give written notice of the restoration of normal conditions as soon as possible.

The failure of an agency to fulfil any of its obligations under the work order/ Contract shall not be considered to be a breach of, or default under the work order/ Contract insofar as such inability arises from an event of Force Majeure, provided that the agency affected by such an event: - has taken all precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the work order/ Contract, and has informed the other party within 7 days from the occurrence of such an event, including the dates of commencement and estimated cessation of such event of Force Majeure; and the manner in which the Force Majeure event(s) affects the Party's obligation(s) under the work order/ Contract.

### **13. Termination of Contract**

Any agency found to be involved in fraudulent practices (misrepresentation or omission of facts or suppression/hiding of facts or disclosure of incomplete facts), in order to secure eligibility to the bidding process during the submission of bid or after release of Letter of Intent (LoI) or agreement formalization, shall be liable for punitive action amounting to blacklisting of the agency, including the forfeiture of concerned EMD (Bid Security) and/or Performance Security also.

SHS, PB, without prejudice to any other contractual rights and remedies available to it, may, by written notice of default sent to the Agency, terminate the contract in whole or in part, if the agency fails to perform services as specified in the present contract read with the terms of the contract agreement or any other contractual obligations within the time period specified in the contract or for any breach of the contract, the performance security may be forfeited and other suitable action may also be taken against the service provider.

In the event SHS, PB terminates the contract in whole or in part, SHS, PB may carry out risk purchase of services like those cancelled, with such terms and conditions and in such manner as it deems fit and the Agency shall be liable to the SHS, PB for the extra expenditure, if any, incurred by the SHS, PB for arranging such services.

In the case of the termination of contract, any unspent balance, if any, shall be refunded by the agency to the SHS, PB.

**Termination of Insolvency:** If the agency becomes bankrupt or otherwise insolvent, it will inform SHS, PB with 30 days of written notice to terminate the contract. The SHS, PB reserves the right to terminate, without any compensation, whatsoever, to the Agency, and SHS, PB may forfeit the performance security.

**Termination by Mutual Consent:** In the event the SHS, PB & Agency mutually agrees to terminate the contract, either party shall give 90 days of written notice to the other party and after the consent of both parties' agreement may be terminated without any Legal or Financial Obligation on any Party to the contract.

**Termination for Force Majeure:** In event that a Force Majeure event continues for 90 (ninety) days and/ or State Health Society of Punjab or the Agency does not see any feasibility of continuing the project due to a Force Majeure event, then State Health Society of Punjab may, on expiry of 90 (ninety) days or at any period before that in event of no foreseeability of project, issue a termination notice to the Agency, terminating the Contract with immediate effect. The Agency shall be awarded 30 (thirty) days to complete any pending activities and clear the premises provided by the State Health Society of Punjab. Payments for works done prior to the commencement of the Force Majeure period shall be duly paid to the Agency by the State Health Society of Punjab.

### **14. Notices**

Notice, if any relating to the contract given by one party to the other, shall be sent in writing or by e-mail or facsimile or post. The addresses of the parties for exchanging such notices will be the addresses as incorporated in the contract.

### **15. Resolution of disputes**

Any dispute or difference or claim arising out of or in relation to this contract, will be settled by Chairperson, State Health Society of Punjab as per the extant law of land through the competent court of law in state under the territorial jurisdiction of concerned district only.

## Section V – Proposal Forms

### (i) Proposal Covering Letter

[On the Letterhead of the Proposer]

Date:

To

[State Health Society of Punjab]

**Re: RFP for selection of service providers for working as a Patient Provider Support Agency (PPSA) for providing Tuberculosis (TB) related services under National Tuberculosis Elimination Program (NTEP) in ..... districts in the state of .....**

Dear Sir/Madam,

We, the undersigned, offer **for selection of service providers for working as a Patient Provider Support Agency (PPSA) for providing Tuberculosis (TB) related services under National Tuberculosis Elimination Program (NTEP) program in ..... districts in the state of .....**, in the district...  
..... <Mention the name of the districts>, in accordance with your Request for Proposal vide Ref No..... dated ..... We are hereby submitting our Proposal for the same.

We hereby declare that all the information and statements made in this proposal are true and accept that any misinterpretation contained in it may lead to our disqualification.

Our proposal is binding upon us and subject to the modifications resulting from the project specific contract and contract negotiations.

We understand that the State Health Society of Punjab may cancel these selection process at any time and that you are neither bound to accept any proposal you receive nor to select the agency, without incurring any liability to the Proposers. We acknowledge the right of State Health Society of Punjab to reject our Proposal without assigning any reason or otherwise and hereby waive our right to challenge the same on any account whatsoever.

We shall make available to the State Health Society of Punjab any additional information it may find necessary or require supplementing or authenticate the proposal.

We certify that in the last three years, we have neither failed to perform on any contract, as evidenced by imposition of a penalty or a judicial pronouncement or arbitration award, nor been expelled from any project or contract nor have had any contract terminated for breach on our part.

**We declare that:**

- a. We have examined and have no reservation to the RFP Documents, including any Addendum issued by State Health Society of Punjab.
- b. We have not directly or indirectly or through an executive engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice, or restrictive practice; and
- c. We hereby certify that we have taken steps to ensure that no person acting for us or on our behalf

will engage in any corrupt practice, fraudulent practice, coercive practice, undesirable practice, or restrictive practice.

- d. We declare that We/any member of the Agency, are/is not a member of a/any other company applying for this RFP.
- e. We certify that in this regard that we have not been convicted by a court of law.
- f. We hereby irrevocably waive any right which we may have at any stage at law or howsoever otherwise arising to challenge or question any decision taken by State Health Society of Punjab in connection with the selection of agency or in connection with the selection process itself in respect of this RFP.
- g. We agree and understand that the proposal is subject to the provisions of the RFP document. In no case, I/We shall have any claim or right of whatsoever nature if the assignment is not awarded to me/us or our proposal is not opened.
- h. We agree to keep this offer valid for one year from the proposal due date specified in RFP.
- i. The Power of Attorney (PoA) in favor of the authorized signatory to sign and submit this Proposal and documents is also attached herewith.
- j. In the event of my/our Agency being selected, I/We agree to enter a contract for the services awarded to us by the State Health Society of Punjab.
- k. We agree and undertake to abide by all the terms and conditions of the RFP document. In witness thereof, I/ we submit this proposal under and in accordance with the terms of the RFP document.

Yours sincerely,

Authorized Signature [In full and initials]: Name

and Title of Signatory:

Name of Company: Date

signed:

## (ii) Proposer Information Form

[The Proposer shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted.]

Date: [insert date (as day, month, and year) of Proposal Submission]

Proposal Ref. No.: [insert number of bidding process]

1. Proposer's Name [insert Proposer's legal name]
2. Proposer's year of registration: [insert Proposer's year of registration]
3. Proposer's Address: [insert Proposer's legal address]
1. Proposer's Authorized Representative Information Name: [insert Authorized Representative's name] Address: [insert Authorized Representative's Address] Telephone/Fax numbers: [insert Authorized Representative's telephone/fax numbers] Email Address: [insert Authorized Representative's email address]
5. Attacheded are copies of original documents of [check the box(es) of the attached original documents] <input type="checkbox"/> Self-attested copy of certificate of registration under the relevant applicable act. <input type="checkbox"/> Self-Attested copy of the MoA/ deeds/ byelaws or such other document evidencing vision, mission, objective and rules and regulations <input type="checkbox"/> Self-Declaration by the Director/ Partner/ CEO or Authorized Signatory of the Proposer. Copy of Agreement/ Work Order/ Letter of Notification of Award; and Client's Certificate on satisfactory completion and/ or satisfactory progress report of project. <input type="checkbox"/> Certificate from Statutory Auditor & Audited financial statements shall be submitted by the Proposer for the stated financial years. <input type="checkbox"/> PAN Card <input type="checkbox"/> GST Registration Certificate (if applicable) <input type="checkbox"/> GST Exemption Certificate (if any) <input type="checkbox"/> Copy of Income Tax Return (with computation) filed and submitted by the Proposer for three financial years FY 2020-21, 2021-22 & 2022-23. <input type="checkbox"/> ESI & EPF registration certificate. <input type="checkbox"/> MSME Registration Certificate (if applicable) <input type="checkbox"/> Affidavit attested by Notary public or sworn before Executive Magistrate <input type="checkbox"/> Undertaking to be submitted on non-judicial stamp paper. <input type="checkbox"/> Proof of registration on NGO-DARPA portal <input type="checkbox"/> Undertaking to be submitted on non-judicial stamp paper

(iii) **Letter of Financial Proposal**

*The Proposer must prepare the Letter of Financial Proposal on its letterhead clearly showing the Proposer's complete name and address.*

***Note: All italicized text is for use in preparing these forms and shall be deleted from the final products.***

Date: **[insert date (as day, month, and year) of Proposal Submission]**

Proposal Ref. No.: **[insert number of bidding process]**

To: **[State Health Society, Punjab]**

- (a) We have examined and have no reservation to the RFP Document, including Addenda issued in accordance with Instructions to Proposers.
- (b) We hereby submit a Financial Proposal for the total per patient cost of Rs. \_\_\_\_\_ (inclusive of all taxes and duties/ GST)
- (c) The duly filled Price Schedule, in accordance with instructions given in ITP Para 12 is annexed here to; and
- (d) We understand that you are not bound to accept the lowest evaluated Proposal or any other Proposal that you may receive.

Name of the Proposer \_\_\_\_\_

Name of the person duly authorized to sign the Proposal on behalf of the Proposer. \_\_\_\_\_

Title of the person signing the Proposal \_\_\_\_\_

Signature of the person named above. \_\_\_\_\_

Date signed. \_\_\_\_\_



(iv) **Form of Price Schedule**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5=3x4</b>	<b>6</b>	<b>7</b>
<b>Sr. No.</b>	<b>Brief Description of Services</b>	<b>Indicative No. Of Patient for Year-1</b>	<b>Fee per Patient (exclusive of taxes and duties/GST(Rs .))</b>	<b>Total contract amount (exclusive of taxes and duties/GST)</b>	<b>Taxes and Duties/GST (payable if contract is awarded) as currently applicable</b>	<b>Total contract amount (inclusion of taxes and duties/GST)</b>
I						

Signature and seal of Proposer's authorized signatory

**Authorization Letter for Signing of Proposal**

(On Non-judicial stamp paper of Rs..... /-duly attested by notary public)

**POWER OF ATTORNEY**

Know all men by these present, we \_\_\_\_\_ (name and address of the registered office of the Lead Proposer) do hereby constitute, appoint and authorize Ms./Mr. \_\_\_\_\_ R/o \_\_\_\_\_ (address of residence) who is presently employed with us and holding the position of \_\_\_\_\_ as our authorized representative, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to the Proposal of the firm/organization, \_\_\_\_\_ for “ **Selection of service providers for working as a Patient Provider Support Agency (PPSA) for providing Tuberculosis (TB) related services under National Tuberculosis Elimination Program (NTEP) in .....districts in the state of .....**”(the “Project”), including signing and submission of all documents and providing information/ responses to State Health Society of Punjab, representing us in all matters in connection with our Proposal for the said Project.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds, and things done by our aforesaid attorney shall and shall always be deemed to have been done by us. Dated this of..... month of Year.....

For.....

(Name, Designation, and address)

Accepted.

..... (Signature)

(Name, title, and address of the Attorney)

Date:

Note:

- (i) The mode of execution of the Power of Attorney (PoA) should be in accordance with the procedure, if any, laid down, by the applicable law and the charter documents of the executants and when it is so required the same should be under common seal affixed in accordance with the required procedure.
- (ii) In case an authorized director of the Proposer/agency signs the Proposal, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney (PoA).

**ParticularsoftheProposer'sOrganization**

Nameandfulladdressofthe organization	
DetailsofRegisteredOfficeAddress Telephone No(s) FaxNo(s) E-mail address ( <i>Official</i> ): Organizatione-procurementportal: Year of Incorporation:	
TurnOveroftheOrganization(in lacs) <b>2020-21:</b> <b>2021-22:</b> <b>2022-23:</b>	
IncomeTaxRegistrationnumber(PAN)	
GoodsandServicesTax(GSTN):	
Typeoforganization(Company/Society/Trust)	
RegisteredinPlanningCommissionPortalforNGOs/NGODarpan	
Name and addresses and designation of the persons who will represent the Proposer while dealing with the State Health Society of Punjab (Attachletterofauthority)	
Has the organization blacklisted by any state or central government entity or any of its undertakings	
(AuthorizedSignatory) Name: _____ Designation and Authority: _____ Place: _____ Date: _____ Stamp: _____	

**Declaration by Proposer**

**Format for Affidavit Notary attested and sworn before executive magistrate certifying that Entity/Promoter(s)/ Director(s)/ Members of Entity are not blacklisted (On a Stamp Paper of INR100)**

**Affidavit**

I, M/s....., (the names and addresses of the registered office) hereby certify and confirm that we or any of our promoter(s) / director(s) are not blacklisted/barred/convicted by any court of law for any criminal or civil offences/ declared ineligible by any state/ UT's National Health Mission/ DHS or any other entity of Govt. or any entity of state government or Govt. of India, or any local self-government body or public undertaking in India for participating in future Proposals for unsatisfactory performance, corrupt, fraudulent or any other unethical business practices or for any other reasons, as on date of submission (upload) of online Proposal document.

And that we are hereby, declaring all ongoing litigations (if any) where our promoter(s)/director(s) are involved, and as mentioned below:

- 1.
- 2.
- 3.
- 4.

We further confirm that we are aware that, our application for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the contract period and the amounts paid till date shall stand forfeited without further intimation.

Dated this..... Day of....., Year.....

Name of the Proposer/agency.....

Signature of the Authorized Person:

Name of the Authorized Person:

Designation of the Authorized Person:

**Affidavitforexperiencedmanpowerbytheagency/Proposer**

**(OnNon-judicialstamp paperofRs.1,00/-dulyattestedbynotarypublic/executivemagistrate)**

We.....<Mentionthenameoftheagency/Proposer>,havingitsregisteredoffice at

.....<Mentiontheregisteredofficeaddress>,havethesufficientnumberof mid-level(morethan3 years experienced) supervisory staff of working in Health/ social sector with Public and/ or Private agencies, as required for working as a Patient Provider Support Agency (PPSA) for providing Tuberculosis(TB) related services under National Tuberculosis Elimination Program (NTEP) program in the concerned district namely,.....<Mention the name of the district(s), in the state of.....

We are listing the name of manpower with more than 3 years' experience working in Public Health, with Public and/ or Private agencies, working with us:

S. No	Placeof Contract	Name of Client, Contact Details (email ID and Phone number)	Year of commencement Oftheservices of conducting Test pursuant to the work order/contract.	Year of end of contract (ifany)	Thematic Area (TB/HIV/primary Educationetc.)	

NameoftheProposer/agency.....

Signature of the Authorized Person:

Name of the Authorized Person...

DesignationoftheAuthorizedPerson:

Enclosed:CurriculumVitae/Resumeoftheprofessionalsmentionedintheaffidavit.

**Unconditional Undertaking**

(Duly signed scanned copy to be attached with technical Proposal)

To

**[State Health Society of Punjab]**

Madam/Sir,

**ACCEPTANCE OF STATE HEALTH SOCIETY OF PUNJAB RFP CONDITIONS**

1. The RFP document for the work of "Selection of service providers for working as a Patient Provider Support Agency (PPSA) for providing Tuberculosis (TB) related services under National Tuberculosis Elimination Program (NTEP) in .....districts in the state of ....." has been published by State Health Society of Punjab and I/We hereby certify that I / we have inspected and read the entire terms and conditions of the RFP document downloaded from e-Procurement portal, i.e., ..... and I/ We shall abide by the conditions /Clauses contained therein.
2. I / We hereby unconditionally accept the RFP conditions of State Health Society of Punjab RFP document in its entirety for the above work.
3. The contents of RFP document have been noted where in it is clarified that after unconditionally accepting the RFP conditions in its entirety, it is not permissible to put any remarks/ conditions in the price Proposal and the same has been followed in the present case. In case this provision of the RFP is found violated after opening price Proposal, I/We agree that the proposal shall be rejected.
4. That I / We declare that I / we have not paid and will not pay any bribe or approach for any influence on any officer of State Health Society of Punjab during the course of procurement or execution, and further if any officer of State Health Society of Punjab asks for bribe/gratification, I / We will immediately report it to the Appropriate Authority of State Health Society of Punjab.

Date:

Yours faithfully,

(Signature of the Proposer with rubber stamp)

**Performa For Bank Guarantee for Performance Security**

(To be stamped in accordance with Stamp Act)

Ref: Bank Guarantee No.:

Date:

To

**[State Health Society of Punjab]**

Dear Sir,

WHEREAS..... (Name of Proposer) hereinafter called "the Proposer", has been identified and Selected for the district of..... (*Mention the name of the district*), and has undertaken, in pursuance of Contract dated..... year (herein after referred to as "the Contract") to implement the [*Request for Proposal*] for selection of service providers for working as a Patient Provider Support Agency (PPSA) for providing Tuberculosis (TB) related services under National Tuberculosis Elimination Program (NTEP) program in..... districts in the state of.....

AND WHEREAS it has been stipulated in the said Contract that the Proposer shall furnish a Bank Guarantee ("the Guarantee") from a Scheduled Bank for the services/performance of the [*Request for Proposal*] for selection of service providers for working as a Patient Provider Support Agency (PPSA) for providing Tuberculosis (TB) related services under National Tuberculosis Elimination Program (NTEP) program in ..... Districts in the state of..... as per the contract. WHEREAS we ("the Bank", which expression shall be deemed to include its successors and permitted assigns) have agreed to give the State Health Society of Punjab the Guarantee:

THEREFORE, the Bank hereby agrees and affirms as follows:

1. The Bank hereby irrevocably and unconditionally guarantees the payment of....., to the State Health Society of Punjab under the terms of their contract dated on account of full or partial non-performance/non-implementation and/ or delayed and/ or defective performance/ implementation. Provided, however, that the maximum liability of the Bank towards State Health Society of Punjab, under this Guarantee shall not, under any circumstances, exceed in aggregate.
2. In pursuance of this Guarantee, the Bank shall, immediately upon the receipt of a written notice from State Health Society of Punjab) stating full or partial non-implementation and/ or delayed and or defective implementation, which shall not be called in question, in that behalf and without delay/demur or set off, pay to State Health Society of Punjab any and all sums demanded by State Health Society of Punjab under the said demand notice, subject to the maximum limits specified in **Clause 1** above. A notice from State Health Society of Punjab to the Bank shall be sent by Registered Post (Acknowledgement Due) at the following address: Attention Ms./ Mr..... (*Mention the official address of the Proposer*)

3. This Guarantee shall come into effect immediately upon execution and shall remain in force for a period of **30 months** from the date of its execution.
4. The liability of the Bank under the terms of this Guarantee shall not, in any manner whatsoever, be modified, discharged, or otherwise affected by:
  - a. any change or amendment to the terms and conditions of the Contract or the execution of any further contracts/Agreements.
  - b. Any breach or non-compliance by the Proposer with any of the terms and conditions of any contracts/ credit arrangement, present or future, between Proposer and the Bank.
5. The Bank also agrees that State Health Society of Punjab at its option shall be entitled to enforce this Guarantee against the Bank as a Principal Debtor, in the first instance without proceeding against agency and notwithstanding any security or other guarantee that State Health Society of Punjab may have in relation to the Proposer's liabilities.
6. The Bank shall not be released of its obligations under these presents by reason of any act of omission or commission on the part of State Health Society of Punjab or any other indulgence shown by State Health Society of Punjab or by any other matter or thing whatsoever which under law would, but for this provision, have the effect of relieving the Bank.
7. This guarantee shall be governed by the laws of India and only the courts of Punjab, shall have exclusive jurisdiction in the adjudication of any dispute which may arise hereunder.

Dated this the.....Day of.....Year.....

Witness

(Signature)      (Signature)(Name)      (Name)BankRubberStamp

(OfficialAddress)      DesignationwithBank



### **Guidancedocumentsonperformancelinkedpaymentplan(Indicative)**

- The information mentioned in this section is for the purpose of bringing greater understanding on the performance linked payment plan.
- Wehavetaken the following **assumptions**, namely:
  - Targetno.ofpatients(fromprivatesector):**1,000**(usedtomakethecalculationeasier)
  - Price quoted by the bidder for the complete services till the treatment: **1,000** (used to make the calculations easier)
  - Totalexpectedpaymentfromtheproject(Rs.):**10,00,000(Tenlakhrupees)**(Multiplied values in 2.1 to the values in 2.2)
  - Formakingthecalculationeasier,wehavenotconsideredanypenaltiesortaxesinthecalculations.
  - Consideringthepformanceevaluationcriteria:

SrNo	Parameters	Weightage	Targets	
1	NumberofTBpatients notified	25%	80%	Oftheprivatesector target
2	Validatedbankaccount details	15%	80%	Ofthepatientsnotified
3	UDST	20%	70%	Ofthepatientsnotified
4	HIVandDM Testing	10%	80%	Ofthepatientsnotified
5	Contacttracing and chemoprophylaxis(TPT)	5%	80%	Ofthepatientsnotified
6	SuccessfulOutcome	25%	85%	Ofthepatientsnotified

We have assumed that we have received the data for each of the parameters (*Notification, Bank Details, DST, HIV +DM, TPT and Outcome*) via NIKSHAY of all the notified patients for the year 2019.

#### **MethodologyofPro-rataCalculations:**

Considering the price quoted as Rs 1,000, and the performance evaluation criteria mentioned in sub-clause 2.4, we have made this table: -

SrNo	Parameters	Weightage	EquivalentvalueinRs.
1	NumberofTBpatientsnotified	25%	250
2	Validatedbankaccountdetails	15%	150
3	UDST	20%	200
4	HIVandDMTesting	10%	100
5	Contacttracingandchemoprophylaxis (TPT)	5%	50
6	SuccessfulOutcome	25%	250

Inthecaseof notifications, thetargetis keptat80%oftheprivatesector targetnotifiedi.e., $1000*80\% = 800$ . Therefore, if the agency achieves 800 or more notifications in the year, then the calculated payment would be  $25%*1000 = \text{Rs.}250$  per patient notified. However, if the agency, achieves less than 800notifications(i.e.,80%oftheprivatesectortarget,here500notificationsforexample),thenthe

pro-rata weightage may be calculated as [(initial weightage/notification target %) \*notification achievement %] i.e. [(25%/80%) \*50%] = 15.62%. Hence the amount paid per patient may be 15.62%\*1000 = Rs. 156.20 per patient. (Note the calculations may be rounded up to maximum of 2 places of decimal.)

Understanding payment mechanism via cases representing agencies performance in a year's time:

**Case1: Achieved notification targets but didn't meet other targets (for Bank details, DST, HIV+DM, TPT & Outcome)**

Sl	Parameters	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	Total	Achievements	Performance
1	Notification	84	83	82	80	90	70	82	85	79	91	86	88	1000	100%	Over-achieved
2	Bank details	52	56	55	53	61	54	66	60	59	58	66	60	700	70%	Shortfall
3	UDST	35	30	25	36	39	41	32	30	33	38	31	30	400	40%	Shortfall
4	HIV +DM	52	56	55	53	61	54	66	60	59	58	66	60	700	70%	Shortfall
5	TPT	35	30	25	36	39	41	32	30	33	38	31	30	400	40%	Shortfall
6	Outcome	52	56	55	53	61	54	66	60	59	58	66	60	700	70%	Shortfall

(Note: For a patient notified in a particular quarter, the payments for parameters like DST, Bank details, HIV +DM and Outcome may be made in subsequent quarters based on the actual achievements)

Parameters	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	Total	Achievements	Calculation logic
Notification	262.50	259.38	256.25	250.00	281.25	218.75	256.25	265.63	246.88	284.38	268.75	275.00	3,125.00		Rs 250 x notification achievements
Bank details	97.50	105.00	103.13	99.38	114.38	101.25	123.75	112.50	110.63	108.75	123.75	112.50	1,312.50		Rs150x bank details achievements
UDST	100.00	85.71	71.43	102.86	111.43	117.14	91.43	85.71	94.29	108.57	88.57	85.71	1,142.86		Rs200x DST achievements
HIV+DM	65.00	70.00	68.75	66.25	76.25	67.50	82.50	75.00	73.75	72.50	82.50	75.00	875.00		Rs100x HIV +DM achievements
TPT	21.88	18.75	15.63	22.50	24.38	25.63	20.00	18.75	20.63	23.75	19.38	18.75	250.00		Rs50x TPT achievements
Outcome	152.94	164.71	161.76	155.88	179.41	158.82	194.12	176.47	173.53	170.59	194.12	176.47	2,058.82		Rs250x Outcome achievements
Indicative payout	699.82	703.55	676.94	696.86	787.09	689.09	768.05	734.06	719.69	768.53	777.06	743.43	8,764.18		

**ListofCBNAAT Machines**

Sr.No.	District	Location
1	Amritsar	1. DistrictTBCentre,Amritsar 2. DistrictTBCentre,Amritsar 3. CivilHospital,Amritsar
2	Patiala	1. TBHospital,Patiala 2. TBHospital,Patiala 3. DMCTBHospital,Patiala 4. Govt.MedicalCollege,Patiala 5. Govt.MedicalCollege,Patiala

**ListofTrueNAAT Machines**

Sr.No.	District	Location
1	Amritsar	1. SriGuruRamDasMedicalCollegeVallah 2. SDHAjnala 3. CHCLopoke 4. DTCAmritsar(3machinesatthissite)
2	Patiala	1. CHSamana 2. CHRajpura 3. CHBhadson 4. RajindraHospital

**TargetoftheTBNotificationandPopulation**

Sr.No.	District	Population	NotificationTargets
1	Amritsar	2702617	3550
2	Patiala	1939628	3000