

**EXPRESSION OF INTEREST (EoI)**



**CONSULTANCY SERVICES FOR  
“CONDUCTING PRIMARY SURVEY AND DATA AGGREGATION / ANALYSIS FOR  
MEASURING MATERNAL MORTALITY RATIO (MMR) & INFANT MORTALITY  
RATE (IMR) IN HIMACHAL PRADESH “**

**Department of Health and Family Welfare  
Himachal Pradesh  
Department B - 6, SDA Complex,  
Shimla - 171009**

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## **Terms of Reference**

### ***Background & Purpose:***

The Department of Health & Family Welfare of government of Himachal Pradesh looks after the health related issues of about 70 lakh people residing in the 12 districts of the state.

The Department intends to hire a consultancy firm for conducting primary survey and data aggregation / analysis to measure MMR (Maternal Mortality Ratio) and IMR (Infant Mortality Rate) in Himachal Pradesh.

The department already has impressive statistics with respect to most health indicators and aims to follow best in class practices to achieve the goal of the State Government of welfare maximization. Collecting a detailed analysis report, will help in identifying the effect of initiatives taken by the department in last few years and will also pave way for the future development.

### ***Objectives of the Assignment:***

To assess the Maternal Mortality Ratio (MMR) and Infant mortality Rate (IMR) in the State of Himachal Pradesh.

### ***Scope of work:***

- Preparing a project plan and study design
- Conducting primary survey and data collection
- Collation and analysis of gathered primary data
- Preparation of analysis report

### ***Qualifying Requirements:***

Organizations meeting the following minimum criteria are eligible to apply:

- a) Consulting firm should be working in Healthcare Sector for at least five years with a demonstratable track record of rendering services for a project of the magnitude envisaged.
- b) The firm either single or in association must be a company under the Indian Companies Act / Society Registered under the Societies Registration Act, 1860.
- c) Project Head to be proposed by the Organization for the position at the State Level should have minimum 10 years of post qualification experience with strong understanding and expertise in Healthcare Sector.

- d) The firm should have annual turn-over of more than Rs. 15 Crores for each of the last three financial years. As a matter of proof, the firm should submit duly audited statements in the above regards for five financial years. (Refer Annexure VI)
- e) The party should have carried out:
  - (i) Two consultancy contracts with total professional fees not less than Rs.75 lacs each in the last 5 financial years.
  - (ii) Or three consultancy contract with a total professional fees not less than Rs.50 lacs each in the last 5 financial years.
  - (iii) Or one consultancy contract with a total professional fees not less than Rs.150 lacs in the last 5 financial years.
- f) Consulting firm should have prior experience in conducting primary research at State and National level during the last five years. The scope of the project should have encompassed a large sample size and advanced data analytics (Annexure – V).
- g) The firm should have a permanent office in Northern India or should be willing to set up a permanent office in Northern India within a month of issue of work-order to facilitate the processes.

### ***Timeline and Deliverables:***

The final analyzed report should be submitted **within 90 days** of signing of the contract.

*The report covering assignment objectives and all background documentation including computer databases of questionnaires will be the property of the Department of Health and Family welfare, Government of Himachal Pradesh. Softcopy in a CD and hard copies of above reports and other documents must be submitted to the Government of Himachal Pradesh.*

**The interested agencies are advised to submit EoI and financial proposal, elaborating on their capacity to undertake the assignment.**

### ***Submission of Proposals:***

The interested consulting agency may submit their proposal in one sealed envelope-marked as super scribing on the top of the envelope **“Consultancy Services for conducting primary survey and data aggregation / analysis for measuring MMR and IMR in Himachal Pradesh”** by 1700 hrs (IST) on or before **13<sup>th</sup> February 2012** on any working day between 10.30 hrs to 17.00 hrs (IST) to the Mission Director. Proposals received after the due date and time shall not be entertained.

The sealed cover should contain the Application Letter (Annexure – I) and following two envelopes:

- a. Sealed envelope marked as Envelope A, "Technical Proposal", containing all EoI documents as per **Annexure II, IV, V, VI & VII** and method of sampling and aggregation/analysis.
- b. Sealed envelope marked as Envelope B, "Financial Proposal", containing Financial Proposal as per **Annexure III**. The consulting agency is required to submit the sealed “Financial Proposals” incorporating the Lump sum fee for preparation of the analysis report,

chargeable gross of all taxes including Service Tax. The Proposal should be unconditional.

**Applications for this consultancy assignment should be sent to:**

The Mission Director  
National Rural Health Mission  
Dept of Health & Family Welfare  
Govt of Himachal Pradesh  
Department B-6, SDA Complex  
Shimla – 171009 (Himachal Pradesh)

***Undertaking by Consultant:***

The consulting agency shall furnish the Undertaking as under as a part of the proposal:

*"We certify that there has been no conviction by a Court of Law or indictment / adverse order by a regulatory authority for a grave offence against us or any of our sister concern. It is further certified that there is no investigation pending against us or our sister concern or the CEO, Directors / Managers / Employees of our concern or of our sister concern. It is certified that no conflict of interest exists as on date and in future if such a conflict or interest arises, we will intimate the Government of the same."*

***Financial Proposal:***

The prospective consulting agency would give the Financial Proposal with Lump sum Amount (with break-up details) for preparation of Analysis Report

***Evaluation Criteria & Process:***

For final Evaluation the Evaluation Committee shall take into consideration the score in the Technical proposal with a weightage of **75%** and the score in the Financial Proposal with a weightage of **25%** and shall make a combined evaluation to determine the combined scores of offeror and also the rankings. The bidder who scores the highest score in the combined evaluation (Cs = Combined core for Ranking) will be awarded the project.

$$Cs = Ts*0.75+Fs*0.25$$

Cs = Combined Score for Ranking

Ts = Technical Score

Fs = Financial Score

Parameters on which the Technical Proposal of the bidder will be evaluated:

Heads	Maximum Points
<b>Pre-Qualification: Total 100 Marks</b>	
Overall understanding of the Indian Healthcare Scenario at various levels in urban as well as rural areas. This should be manifested in regular research, publications and data analysis.	30
Experience of conducting surveys at State / Pan India Level	25
Current project understanding and Research Methodology followed	15
Experience of working with Government agencies	10
Overall Organizational Experience and Project Management Capacity in Healthcare Sector	10
Qualification of the Core Team of the Organization	10
<b>Total</b>	<b>100</b>

### ***Financial Proposal Evaluation:***

Full marks will be awarded to the lowest qualifying bidder. For subsequent bidders the marks will be a ratio of the lowest bidder. If the lowest bid is for “X” and bid for “Y” needs to be evaluated then its mark will be “highest mark”\*(X/Y).

### ***Terms & Conditions:***

- Interested resource agencies are required to submit the EoI along with Proposal on or before the due date.
- The proposal should be complete with all enclosures duly signed by authorized signatory.
- All the information/details to be supported by authentic documents duly certified by the authorized signatory.
- The Mission Director reserves the right to negotiate the Lump-sum Fee with the selected Consultant.
- The Mission Director reserves the right to reject any or all proposals (EoI) without assigning any reason thereof as well as the right to add / delete / modify any one or more of the terms and conditions.
- All Judicial matters would be dealt at Shimla only.

### ***Agreements:***

The selected Consultancy firm or resource agency shall enter into a Confidentiality Agreement with applicable clauses.

# ANNEXURE - I

## Application Letter

(On the letterhead of the Resource Agency)

To,

The Mission Director  
National Rural Health Mission  
Dept of Health & Family Welfare  
Govt of Himachal Pradesh  
Department B-6, SDA Complex  
Shimla – 171009 (Himachal Pradesh)

*Ref: Your Letter no.*

*Dated-*

**Subject: “Consultancy Services for conducting primary survey and data aggregation / analysis for measuring MMR and IMR in Himachal Pradesh”**

Dear Sir / Madam,

Being duly authorized to represent and to act on behalf of (Hereinafter referred to as “the consulting agency”), and having reviewed and fully understood all of the requirements of the EoI and information provided, the undersigned hereby apply for the project referred above.

We are enclosing the followings as per the requirements of the EoI, for your evaluation:

1. Putting in a sealed envelope “A” marked as “**Consultancy Services for conducting primary survey and data aggregation / analysis for measuring MMR and IMR in Himachal Pradesh**”, including:
  - a. Sampling method, Project Approach & Methodology and Analytical Tools applied
  - b. Annexure II,IV,V,VI,VII
2. Financial Proposal (in a sealed envelope B) as per Annexure III

We understand that the Mission Director reserves the right to reject any application without assigning any reason. We also understand that application along with above required documents not completed in all respect is liable to rejection.

Your’ sincerely

(Signature)

Name (Authorized Signatory):

Date:

Encl:

## **ANNEXURE – II**

### **Details of Consultancy Firm**

(Please attach copy of your registration certification, CVs of all the consultants as per Annexure - IV, five abstracts of work done on similar lines as per Annexure - V)

1. NAME OF THE CONSULTANCY FIRM:
2. REGISTERED OFFICE:
3. DATE OF INCORPORATION
4. CONSTITUTION OF CONSULTANCY FIRM
5. MAIN BUSINESS ACTIVITIES
6. DETAILS OF MAIN & OTHER BRANCHES
7. DETAILS OF CONTACT PERSON FOR THE PROPOSED ASSIGNEMENT
  - 7.1 NAME
  - 7.2 DESIGNATION
  - 7.3 CONTACT TEL NO.
  - 7.4 MOBILE NO.
  - 7.5 FAX NO.
  - 7.6 EMAIL ID
  - 7.7 POSTAL ADRESS

\_\_\_\_\_  
(Signature of Authorized signatory)

# **ANNEXURE – III**

## **Format for Financial Proposal**

### **FINANCIAL PROPOSAL**

**(On the letterhead of the Resource Agency)**

To,

The Mission Director  
National Rural Health Mission  
Dept of Health & Family Welfare  
Govt of Himachal Pradesh  
Department B-6, SDA Complex  
Shimla – 171009 (Himachal Pradesh)

**Sub: “Consultancy Services for conducting primary survey and data aggregation / analysis for measuring MMR and IMR in Himachal Pradesh”**

Dear Sir / Madam,

1. I / We have perused the EoI document for subject assignment contracting Scope of Work and other details am / are willing to undertake and complete the assignments as per terms and conditions stipulated in the proposal document.
2. Our offer is inclusive of all taxes (including service tax, incidentals, overheads, traveling expenses, printing and binding of reports, all sundries, all other expenditure for execution of this service / assignment covering all 'Scope of Work' is as follows:-

**Lump sum amount Rs..... (i.e. in words Rupees.....)**

Witness Signature  
Name:

Signature of Authorized Signatory  
Name:

Address:

Address:

## ANNEXURE - IV

### List of Curriculum Vitaes

<i>S. No.</i>	<i>Names</i>

### Team Composition & Task Assignments

<i>1. Technical / Managerial Staff</i>		
<i>Name</i>	<i>Position</i>	<i>Task</i>

<i>2. Support Staff</i>		
<i>Name</i>	<i>Position</i>	<i>Task</i>

**FORMAT OF CURRICULAM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF**

**Proposed Position** :

**Name of Firm** :

**Name of Staff** :

**Profession** :

Date of Birth :

Years with Firm/Entity : Nationality:

Membership in Professional Societies:

Detailed Tasks Assigned :

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**Key Qualifications:**

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**Education:**

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**Employment Record:**

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**Languages:**


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**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

Date:

*(Signature of staff member and authorized representative of the firm)*      *Day/Month/Year*

Full name of staff member:

Full name of authorized representative:

## ANNEXURE – V

### Project Case Studies

<b>1. Assignment Name:</b>		<b>Professional Staff Provided by Your Firm/Entity (profiles):</b>
<b>Location within Country:</b>		<b>Sample Size:</b>
<b>Name of Client:</b>		<b>Number of Staff:</b>
<b>Address:</b>		<b>Number of Staff-Months; Duration of Assignment:</b>
<b>Start Date (Month/Year):</b>	<b>Completion Date (Month/Year):</b>	<b>Approx. Value of Services (in INR):</b>
<b>Name of Associated Consultants, If Any:</b>		<b>Number of Months of Professional Staff Provided by Associated Consultants:</b>
<b>Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved and Functions Performed:</b>		
<b>Brief Description of Project:</b>		
<b>Description of Actual Services Provided by Your Staff:</b>		

## ANNEXURE – VI

### Financial Capacity of the Applicant

S.No	Financial Year	Annual Revenue (INR Crore)
1		
2		
3		

**Certificate from the Statutory Auditor**

This is to certify that .....(name of the Applicant) has received the payments shown above against the respective years on account of professional fees.

(Signature, name and designation of the authorized signatory)

Date:

Name and seal of the audit firm:

In case the Applicant does not have a statutory auditor, it shall provide the certificate from its chartered accountant that ordinarily audits the annual accounts of the Applicant.

In the event that the Applicant does not wish to disclose its Annual Revenue, it may state that it has received more than the amount specified in the aforesaid certificate.

## ANNEXURE – VII: Sample Questionnaire