No. NHM/NPCDCS/Oncology Project/ MoM/2021 (VII) Dated: 29.07. 2022

Tender Notice for Submission of Request for Proposal (RFP)

National Health Mission (NHM), Meghalaya is inviting Request for Proposal for **Selection of Project Implementation Partner (PIP) for Implementation of 'FIRST Cancer Care' project for the Department of Health and Family Welfare on a Public Private Cooperation (PPC) Model**. This tender call is published on NHM website at "https://nhmmeghalaya.nic.in/". All the terms and conditions are to be read jointly as mentioned in the RFP and in this document.

Bid calling date	1st August 2022
Pre-bid conference (Date, Time & Place)	10th August 2022, 11:00 A.M & NHM Conference Hall
Last date/time for receipt of queries from bidders by mail	8th August 2022
Bid Closing date and time	22nd August 2022 at 12:00 P.M
Bid Opening date and time	22nd August 2022 at 03:00 P.M
Contact Email	nrhmmegh@gmail.com, npcdcsmeghalaya@gmail.com

Any changes or any further notifications in respect to the above Request for Proposal Document shall be made available only at the above mentioned website. Hence respective bidders are advised to visit the website regularly for the above purpose.

Ram Kumar S *
Mission Director

The document is digitally approved. Hence signature is not needed.

State Health Mission & State Health Society
Directorate of Health Services
Red Hill Laitumkhrah, Shillong- 793003
Ph - +91-364-2507478/2504532,
E-mail : nrhmmegh@gmail.com

File Number: State Health Mission & State Health Society/CS/Health-First Cancer Care/RFP/22 Dt.----------

To,
The Prospective Bidders

Tender Notice for Submission of Request for Proposal (RFP)		
Sub: State Health Mission & State Health Society- Request for Proposals for **Selection of Project Implementation Partner (PIP) for Implementation of 'FIRST Cancer Care' project for the Department of Health and Family Welfare on a Public Private Cooperation (PPC) Model**.		
State Health Mission & State Health Society on behalf of the Department of Health and Family Welfare, Meghalaya seeks proposals from the prospective bidders to participate in the **Selection of Project Implementation Partner (PIP) for Implementation of 'FIRST Cancer Care' project for Department of Health and Family Welfare on a Public Private Cooperation (PPC) Model**.		
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	Contact Email	nrhmmegh@gmail.com, npcdcsmeghalaya@gmail.com
1.	Bids should be submitted online via emonly. **Note:** This tender call is published on NHM website at "https://nhmmeghalaya.nic.in/". All the terms and conditions are to be read jointly as mentioned in the RFP and in this document.	
2.	• Any deviations in format may make the quotation liable for rejection. Conditional bids are not acceptable and liable for rejection. • If the technical offer contains any price information the bid will be summarily rejected.	

3.	Principal Secretary, State Health Mission & State Health Society reserves the right to accept or reject any or all the quotations without assigning any reasons thereof and to add, modify or delete any of the terms and conditions without any notice.
4.	Principal Secretary, State Health Mission & State Health Society reserves the right to modify the technical specifications at any time till the notification of the pre-bid proceedings.
5.	Options will not be accepted.
6.	**Definitions** a. **Public Private Cooperation**- Public-Private Cooperation (PPC) refers to cooperation between the Government of Meghalaya and its agencies, Project Implementation Partner (PIP) and other stakeholders, for the purpose of realizing the objectives of **FIRST** Cancer Care project, also termed as FCC Project. In the envisioned PPC, PIP will be implementing a pilot for transforming health value pathways by leveraging solutions using emerging technologies in partnership with its consortium partners. The Government of Meghalaya (Department of Health and Family Welfare, other associated departments, and Government institutions) shall provide facilitation and cooperation towards meeting the project (**FIRST** Cancer Care) objectives through following activities: i. Convergence of field resources and central resources of the Department of Health and Family Welfare, Meghalaya ii. Access to health datasets available with it (subject to the applicable regulations and consent mechanisms) iii. Dovetailing of the applicable health schemes of the Centre and State. iv. Payments to the PIP as per the terms of payment defined in this RFP. The above list is not exhaustive, and the Govt. of Meghalaya can provide other support services b. **Health Value Pathway** - A 'value pathway' is a pragmatic combination of interventions that can produce quantifiable impact in specific segments of the value chain. For the **FIRST** Cancer Care project, 3 Health Value pathways have been provisionally identified by the Government of Meghalaya which will be finalized in association with the PIP after approval of the proposal. Three value pathways have been identified for execution under the FIRTST Cancer Care initiative. • Value Pathway 1: Awareness Building, Mass screening and Early Detection • Value Pathway 2: Capacity Building of Health Personnel (Doctors, technicians and field workers) • Value Pathway 3: Standards-based Oncology Data Model

c. **Project Implementation Partner (PIP)-** refers to an organization having experience of implementing health projects leveraging emerging technologies for transforming cancer care, in association with members of its consortium organizations, selected by the competent authority in pursuance of this RFP. The Project Implementation Partner (PIP) will be responsible for design, development and implementation of the specified use cases and providing demonstrable evidence of progress in meeting **FIRST** Cancer Care project objectives for the specified Health Value Pathway(s) in the pilot district, namely East Khasi Hills District, over a period of 2 years. The PIP shall act as the lead of the consortium that proposes to undertake the project.

d. **Consortium** – A group of entities operating in cancer care and Health-Tech domains across various sections of the value pathway and jointly responding to the RFP under the leadership of a Project Implementation Partner (PIP).

e. **Ecosystem Stakeholders** – Ecosystem stakeholders are defined as companies/institutions that may add specific value to the project through contribution to the various project activities at various stages, including the deployment of emerging technologies in alignment with project objectives. These stakeholders will associate with the PIP as part of the consortium and may agree on a financial or non-financial agreement with PIP. Suggested eco system partners include

   i. State Government - Department of Health and Family Welfare which will play an important role in funding the initiative and supervising the partnership for the **FIRST** Cancer Care project,

   ii. Health-Tech Start-Ups that bring in unique use cases and value propositions for the transformation of cancer care, as a part of the consortium.

   iii. C4IR (Center for 4th Industrial Revolution), World Economic Forum India- Community building and knowledge partnership.

   iv. District Steering Committee: Implement the project on various fronts such as assigning responsibilities and targets, reviewing and monitoring progress, establish needed IT and non-IT infrastructure in the facilities participating in the pilot, undertaking capacity building programs for the health professionals.

   v. FIRST Cancer Care Foundation (FCC Foundation or Foundation): A not-for-profit entity at the national level that provides part funding, guides the development of reusable artefacts (like the content for capacity building, ODM. *The Foundation is yet to be established. An existing Foundation operating in the health sector (preferably in cancer care) would be selected. Alternatively, the FCC Foundation will be registered afresh. In both*

the scenarios, the Forum would facilitate the process.

vi. Health Institutions, providing primary, secondary and tertiary healthcare in the public and private sectors, and located mainly in the pilot district. These include hospitals, care and rehabilitation centers, diagnostic facilities, teaching institutions and pharmacies.

7. **Pre-Qualification (PQ) criteria for bidders:**

Bidders shall satisfy ALL the following criteria for being eligible to be pre-qualified.

#	Criteria	Supporting Documents	PQ Bid Forms (Annexure 5)
1	**<u>Legal Entity:</u>** The Project Implementation Partner (Lead of the consortium) must be a legal entity registered under Company's Act 1956/2013; or a Trust/ Foundation registered under the Public Trust Act or Section 8 Companies Act. The PIP should be operating in India for the last X years as on March 31, 2022	1. Certification of Incorporation issued by Registrar of Companies/ Commissioner of Charities & Trusts 2. Copies of GST & Service Tax Registration certification & 3. Copy of PAN Card	Form 5.1
2	**<u>Consortium Structure:</u>** The consortium should have a balanced composition of the consortium partners representing solution providers, service providers, start-ups and healthcare institutions which together would accomplish the goals of FCC.	PIP should establish the structure of the consortium by submitting Consortium agreement or Partnership agreement(s), or MoUs, or letters of consent, covering all the members.	Form 5.2
3	**<u>Past Experience:</u>** The consortium as a whole should provide evidence of demonstrated experience, expertise or competency to implement all **the value pathways** specified in Annexure 1. Of these, at least 1 health value pathway should have already been implemented in	PIP should submit the following: i) Self-certification ii) Work orders or Contract Agreements iii) Certificate from client on work completion and satisfactory operation.	Form 5.4

			India with a footprint comparable to that of the pilot district of FCC. i.	iv) Impact assessment reports, letter of recommendation, etc.	
		4	**Dedicated Manpower :** The project implementation partner should be able include in their proposal, one dedicated **program manager** and other **field/ domain resources** as required for the project with deployment plan for minimum of 2 years (3 phases).	Declaration to be submitted.	Form 5.5
		5	**Turnover** The lead partner of the consortium should have had an average annual turnover of Rs **X** during the last X years, in the business relating to provision of healthcare services.	Certificate issued by the auditor or company secretary.	
	Note: Proposals of PIPs who do not conform to above PQ criteria will not be considered for further evaluation and shall be summarily rejected without any separate notice or assigning any reason whatsoever				
8.	**Project Funding**: FCC is a substantially funded project. The pilot would be funded by GoM and the FCC Foundation in an agreed proportion. It is felt essential to fully fund the pilots of this nature, as several solutions and hypotheses are being tried out intensively over a short period, with a non-profit motivation. Once the impact envisaged by FCC initiative is established, in terms of improvements in early detection and survival rate, comprehensive schemes of funding can be formulated for scaling. The following sections provide the project scope and the framework for cost estimation, besides a method for evaluation of the bids in a transparent manner.				
9.	**9.1. Context and Objective of FIRST Cancer care** World Economic Forum's Centre for Fourth Industrial Revolution, India designed a holistic strategy called FIRST Healthcare (Fourth Industrial Revolution for Sustainable Transformation of Healthcare) which identified 18 themes across Preventive care, Curative care, and Governance. Owing to the high disease burden being caused by it, cancer has been				

taken up as the first theme and in line with the same, the State of Meghalaya identified East Khasi Hills district as the pilot site for implementation of the FIRST Cancer Care initiative. The State leadership envisions digital transformation in health sector through emerging technologies such as Artificial Intelligence which can make a significant contribution in the growth of health sector. The Fourth Industrial Revolution technologies (like AI/IoT/AR/VR) can play a pivotal role in addressing specific issues in cancer care such as late diagnosis, lack of access, fragmentation of value chain/ care continuum, lack of knowledge/ skills among the local health personnel on the common types of cancer and lack of standards based EMR/PHR.

A core group on FCC was constituted by the World Economic Forum in April 2021 that included government, clinicians, industry, academia, and the start-up community. The core group held numerous interactions with a wide range of solution providers and start-ups, bolstered its findings with research into the areas in which emerging technologies are being deployed for cancer care and arrived at potential interventions. The interventions have then been prioritized based on impact, feasibility, cost effectiveness and scalability across the 3 value pathways. Annexure 1 lists the components of first cancer care health value pathways. The whitepaper published by the Forum on FIRST Cancer Care initiative can be seen here.

The vision and objectives of First Cancer Care initiative are stated below.

9.2. Vision:

The overarching goal of the initiative is to,

"Improve the quality of cancer care in all dimensions by harnessing emerging technologies"

"

9.3. Objectives: Leverage emerging technologies in healthcare to:

- To increase the early detection rate for Breast cancer, Lung Cancer, Cervical Cancer, Oral Cancer, Esophageal cancer through awareness and mass screening.
- To make the pilot district 100% cancer aware.
- To upskill healthcare personnel in diagnosis and treatment of cancer.
- To increase survival rate through continuum of cancer care till palliation and rehabilitation.
- To establish a digital registry and electronic and personal health records for cancer patients.

9.4. Objectives of this RFP

The broad objectives of this RFP are stated below:

a. To identify suitably qualified and experienced Project Implementation Partner and their partners consisting of leading cancer care ecosystem players and startups, to partner with Government of Meghalaya (GoM) to prove and establish the transformation potential of innovative technological solutions for enhancing the value, create new value or redistribute the value along the FCC value pathways.

b. To facilitate the deployment of innovative solutions, by the partners to be identified through this RFP.

c. To evolve methods for scaling of the proven solutions, across the State of Meghalaya. The PIP selected to implement the FCC Pilot will have ample opportunities when the project is rolled out across the State. These can be in the form of Right of First Refusal or Swiss Challenge or any other transparent method to be used by GoM for the rollout of FCC across the State.

9.5. Institutional Framework for FCC Pilot Implementation

Given the intricate relationships, roles and responsibilities spread across various levels we envisage a multi-tier institutional structure to take FCC forward. **Figure 1** is an indicative representation of a layered institutional structure for FCC initiative. The top 2 layers of the suggested structure can manage multiple pilots.

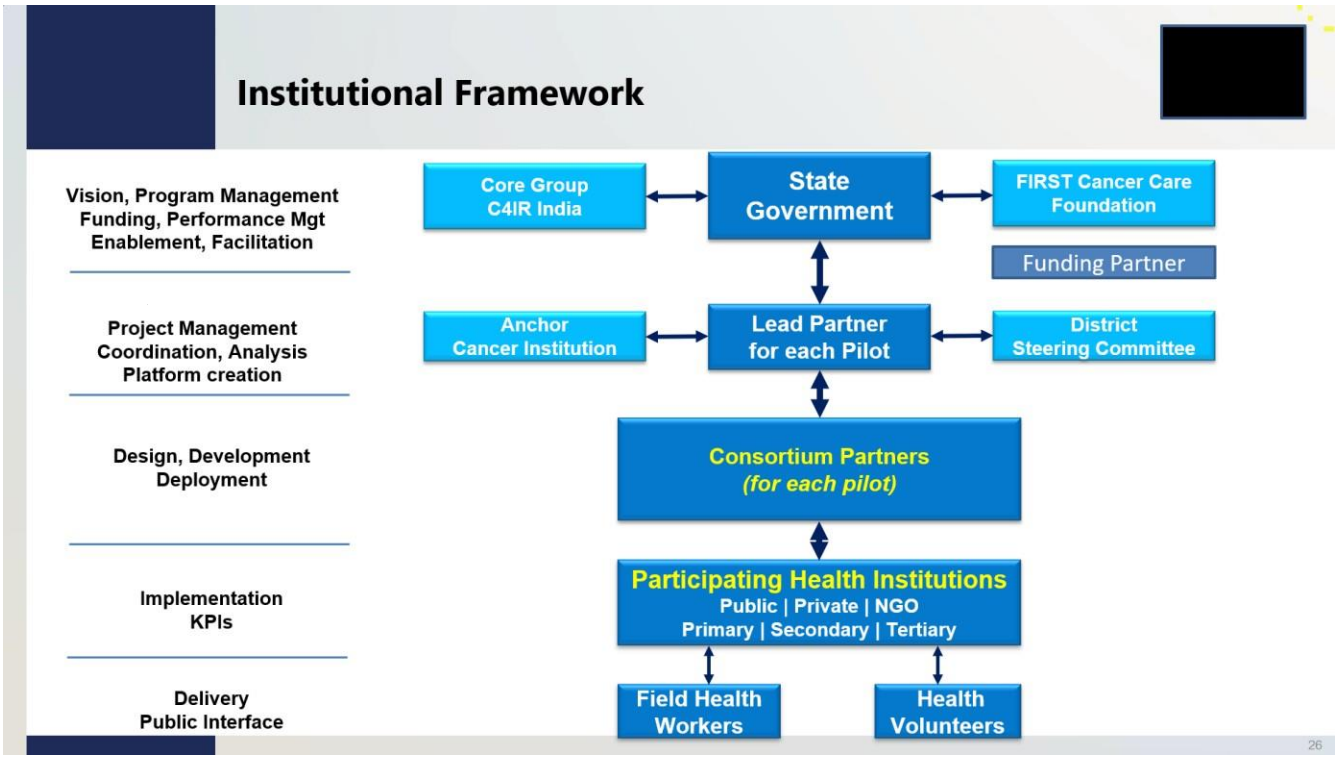


Figure 1: Institutional Framework for FCC

9.6. Initial scope of First Cancer Care

First Cancer Care is proposed to be implemented based on the principle – 'Think Big, Start Small, Scale Fast'. Given the complexities of a multi-stakeholder approach proposed for the pilot implementation, and the multi-dimensional nature of the pilot, it needs to be implemented in a phased manner. Accordingly, a 3-phase implementation plan spread over 2 years is suggested. The full functionality of the pilot would be attained by the 3rd phase. **Table 1** indicates the phasing plan proposed for the FCC Pilot in EKH District.

FCC Pilot (EKH District)-flowchart of activities and targets

SI No	Value Pathway	Activity	Phase 1 (1-6 m)	Phase 2 (7-12 m)	Phase 3 (13-18 m)
1	**Awareness, Screening & Detection**	Awareness Campaign	100,000	200,000*	400,000*
		Screening for breast cancer	5,000	10,000*	20,000*
		Screening for cervical cancer	5,000	10,000	20,000
		Screening for oral cancer	5,000	7,500*	15,000*
		Screening for lung cancer		7,500*	15,000*
		Screening for esophageal cancer			5,000
2	**Capacity Building**	Screening methods & counselling	50 doctors+ 100 NCD nurses	100 doctors+ 200 NCD nurses	Refresher/CME
		Diagnosis	25 doctors+ 50 NCD nurses	25 doctors+ 50 NCD nurses	Refresher/CME
		Basic Biopsies	25 doctors	50 doctors	Refresher/CME
		Surgeries	25 surgeons	50 surgeons*	Refresher
		Telepathology		5 pathologists	
		Chemotherapy+MDT		10 doctors	
3	**Oncology Data Model**	Design and Development	MVP	Full product	
		Data Collection	Basic data	Complete data; Speech-to-text	EMR, PHR

*technology driven implementation

Table 1: Phasing of FCC pilot activities

The bidders are required to design and submit high-level implementation plans for the following components of the value pathways.

a. Awareness campaign to touch 700,000 citizens of the pilot area. This include all the high-risk groups. A method to identify and target the high-risk population (for 3 out of the 5 cancer types) should form part of the awareness capaign. The plan of the targeted campaign for the other 2 types of cancers shall be submitted before the end of Phase I (i.e within 6 months of the pilot kick-off)

b. Plan for undertaking mass screening for at least 3 out of the 5 cancers. This should include the technology solution proposed for mass screening for each type of cancer, the resources proposed to e deployed and the field support required from Govt.

The plan of the mass screening for the other 2 types of cancers shall be submitted before the end of Phase I (i.e within 6 months of the pilot kick-off).

c. Capacity building plan for training 130 doctors (including 15 surgeons and 5 pathoogists- see Table 1) and 225 NCD nurses on the topics indicated in the **Table 1**. This should specify the methods of training, souces of training content, and indicative names of the experts to be involved in the development of content and delivery of the capacity building program, besides end-of-the-program assessment of the level of knowledge / competency acquired by the participants.

d. Name, detailed description of the features, architeture, standards and ownership of

the Software Platform proposed to be deployed for registration of citizens for screening, and for capturing the events along the patient journey in respect of citizens dignosed positive during the mass screening.

The following may be noted in this regard:

(i) The platform should have been built on open source, using open source components.

(ii) The platform should have been in use for at least 3 years and should have been used to register at least 100,000 citizens/ patients (preferably cancer or any NCD)

(iii) The Govt of Meghalaya shall assume the responsibility for developing the Oncology Development Model, namely, the data standards and formats compatible with FHIR (release 4) and ABDM standards. The PIP is required to modify its platform or create appropriate extensions to its platform to be in conformity with the interoperable data standards to be designed and notified by the Govt of Meghalaya through ODM.

9.7. Functional and Technological Scope of the pilots:

The bidders shall identify and shortlist health-tech solutions on the basis of the needs and objectives of the pilot proposed for Meghalaya. These solutions will be dovetailed with the National Program for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS). A brief description of the potential solutions that can be considered by the bidders is given in **Annexure 2**.

PIP shall be responsible to

(i) Design and develop the FCC program with all its components and sub-components specified in this RFP

(ii) Establish appropriate project management team, including a mix of its personnel, and members of the stakeholder community.

(iii) Establish the unifying platform and the solution components in line with its proposal approved by GoM with such modifications as specified by GoM.

(iv) Implement the FCC plan drawn by it (PIP) and approved by the GoM.

(v) Achieve all the milestones and deliverables specified in this RFP, and the implementation plan proposed/ prepared by it (PIP)

(vi) Assess the impact of the program on the outcomes envisaged by FCC.

(vii) Prepare a strategy for scaling the pilot and submit it for the consideration of GoM.

Assumptions

a. The PIP will optimize all the cost elements, as they must (i) win the bid on the basis of minimum financial support sought from the Government and (ii) establish, prima facie, to the sponsors that they provide value-for-money.
b. The pilot envisages population-level screening. This would be a 2-step process. The first step involves collecting and analyzing the population demographics and identifying the persons to be actually screened. The second step involves carrying out the screening using conventional/ 4IR technologies. It is assumed that only 20% of the target population required to be actually screened. It is expected that the bidders would identify proven solutions/ methods for risk-assessment to optimize the number to be actually screened.
c. The age-group of 30-65 years has been proposed to be the target population for the purpose of the pilot, most importantly from the perspective of risk-profiling and screening, those exceeding the tolerable risk score.
d. The cost associated with screening, including consumables, transportation of beneficiaries, incentives, is estimated on the basis of informal inputs provided by a few startups and service providers.

9.8. Implementation model of FIRST Cancer Care project

First cancer care project is based on value pathway approach. There are multiple interventions which can be deployed on the field. However, keeping in view the role of technology, sustainability of interventions, capacity building of the present public health system, FCC has identified 3 value pathways which are a combination of inter-related and mutually reinforcing interventions, the details of which are given in the Annexure I.

While the Govt of Meghalaya envisions that the deployment and active adoption of emerging technologies will create a catalytical effect, it also understands the challenges that hinder scaling of such technologies including (i) Availability of healthcare data for enablement of deployment of innovative solutions using emerging technologies (ii) high cost of delivery of services (iii) Enablement of Start Ups (sharing of domain knowledge, technology validation, policy enablement and program convergence)

In line with the spirit of the PPC framework, the Government proposes to establish an enabling environment in collaboration with State institutions, which would address the aforesaid challenges and accelerate adoption and usage of health-tech solutions. It is expected that these support areas/incentives will generate confidence and required support for private

sector to co-invest in government's efforts.

The enabling environment to be promoted by the Government includes two major components serving specific purposes:

1. Access to Data- GoM will provide access to available data for private sector partners for developing/refining health tech solutions in the short run, on best effort basis. GoM will facilitate access to available data for health tech services by engaging with concerned authorities, stipulating appropriate conditions for ensuring the security and privacy of individuals, protection of personal data and sensitive personal data.

2. Facilitation offered for useful innovations to reach critical mass of adoption. Such facilitation functions include the following:

Support Areas	Support to be provided by GoM	Challenges Addressed
Domain Knowledge and Business Models	Leverage knowledge of specialized institutions, to validate health tech solutions from domain and technology perspectives. Also, provide periodic advisories to improve the solution to fit the needs of stakeholders.	Validation by a trusted institution will help start-ups update their technology platform and business model. This will increase their relevance for the market and reduce business risk.
Front-end enablement	Reducing operational expenses for health tech providers to acquire and serve the healthcare providers by sharing government infrastructure such as extension services, e-governance centers. This would also enable access to large customer base.	Gain new markets at a reduced cost of front-end delivery, positively impacting financial viability of the solutions.
Program Support	Explore convergence between NCPCDS and start-ups' efforts in identified value pathways to provide mass market reach	Enabling frameworks for private sector health tech services to gain quick foot

		while creating efficiency of operations for government.	on ground Scope for convergence between government and private sector health tech initiatives Guide the PIP or its partners in obtaining necessary approvals and permissions from the competent authorities.

Private Sector including start-ups and other ecosystem stakeholders on the other hand are expected to follow a consortium-led approach with a Project Implementation Partner to leverage the enabling environment for deployment of emerging technologies. Such an approach will help create a replicable and sustainable health tech model.

The PIP will be responsible to manage project implementation in each value chain in partnership with private sector ecosystem stakeholders.

The critical role of the PIP is to ensure that the multiple solutions proposed for each value pathway dovetail, complement and supplement each other so as to provide the benefits of continuum of care to the cancer patients.

10. **Rules of Engagement**

10.1. Period of Engagement

The Project should be implemented over three phases spread over 18 months from date of signing of MoU unless it is revoked by written consent of both the parties. The project period can be extended for a further period of one year on mutual agreement between the parties (GoM and PIP).

10.2. Financial Model:

a. FCC pilot will be a substantially funded project. GoM and the Foundation will

fund the pilot in appropriate proportion.

b. GoM shall be the single point of responsibility for making periodic payments to the PIP as per the terms of payment indicated in this document.

c. The PIP will be selected on a competitive basis, adopting the QCBS method. 80% weightage is given to the technical proposal-cum-bid and 20% for the financial bid.

d. The bidders are required to study the health environment of the pilot district, design high-level strategies, a unifying platform and proven solutions, including those innovated by the health-tech start-ups.

e. The bidders are required to estimate the effort required and the associated costs on **financial basis**, considering the cause it serves and the possibility of the pilot becoming a gamechanger in cancer care. **Annexure 4** provides detailed guidance to the bidders in appreciating the major components/ sub-components of the FCC pilot, and the statistics/ datapoints for estimating effort and cost for each component/ sub-component.

f. **Annexure 4** also provides complete clarity on the scope of work/ responsibility of the PIP.

g. **The bidders are required to quote their** cost for each component/ sub-component in the format of financial bid provided in **Annexure 5: Form 5.6**, **without any deviations, exceptions or assumptions**.

10.3. Roles and Responsibilities of the Partners

The roles and responsibilities of the major parties to the PPC arrangement are indicated below.

10.3.1. Project Implementation Partner (PIP)

1. At a high-level, the Project Implementation Partner needs to play the complex role of **coordinating and orchestrating** all the activities required to fulfil the goals of FCC Project.
2. At the outset, the Project Implementation Partner shall prepare a **comprehensive project plan** for implementing the pilot in EKH district, defining the following aspects of the pilot:

    i. functional scope
    ii. requirements of solutions to meet the outcomes
    iii. portfolio of services to be provided to the stakeholders, along with SLAs and KPIs

iv. requirements of a digital platform that can integrate the disparate solutions to the extent required
v. resource requirements (financial and human resources)
vi. locations where the project would be implemented
vii. nature of support required from the district administration and the other players of the local health ecosystem
viii. communication plan
ix. awareness campaign
x. strategy for mass screening
xi. capacity building plan

3. The Project Implementation Partner must put together a **consortium** of solution providers, service providers and local healthcare institutions, which together would accomplish the goals of FCC.
4. Play the role of a **program manager** of FCC initiative
5. Coordinate with and support the District Steering Committee and the health administration in implementing FCC Pilot.
6. Coordinate between the multiple players so that they act in unison. The PIP shall avoid stitching together different pieces but strive to weave the fabric of FCC.
7. Develop **SoPs and protocols for the operations**, and work towards mainstreaming the same in the local healthcare environment and the district administration to move the initiative to a sustainable auto-pilot stage.
8. Establish **monitoring and evaluation systems** and measure/ assess the outcomes at pre-defined/ regular intervals, through a dashboard.
9. Above all, PIP shall be **accountable** to the sponsors of the project for results and impact.

10.3.2. Government of Meghalaya

State Health Mission & State Health Society will provide following facilitation and support on best effort basis:

a) Program Oversight

Validation of the value pathways proposed by the FCC for the selected interventions and defining project outcomes, metrics for quality of services.

Government's Program Lead (Nodal Officer) will act as point of contact for implementing partner to provide technical, domain, and data related support.

b) Facilitation

Government will facilitate access to available non personal data within the defined

policies and laws of Government for development and delivery of envisaged Health Tech services by engaging with concerned data fiduciaries, subject to the applicable regulations, terms, and conditions.

Based on the interventions and value pathways, GoM may also suggest and facilitate Project Implementation Partner's partnership with other start-ups and ecosystem stakeholders, apart from the ones with whom Project Implementation Partner has formed the consortium.

c) Field Implementation Support

Provide on-field support through district administration and relevant district and block level healthcare officials (Field Leads)

Field Leads would enable front end delivery of health tech services by sharing the departmental infrastructure with private sector

Field Leads would also provide inputs to address field level local challenges etc. for effective implementation

d) Financial Support: GoM shall provide financial support to the PIP in respect of the specified components of the FFC project as per the financial bid approved by the GoM. It may be noted that the amount indicated against each item is the ceiling for that item.

e) Bidders are requested to optimize the cost adopting a not-for-profit financial model.

10.3.3. Role of State Health Mission & State Health Society

a) Tender Management & Identification of suitable PIP and Contract Finalization
b) Assist department in Evaluation and selection of suitable Solution Provider for specific module (in consultation with other partners)
c) Project Monitoring
d) Address issues of coordination to be brought before it by the PIP or other stakeholders.
e) Make payments to the PIP within a period of 30 days from preferring the claim by the PIP, on the items of project cost payable by the GoM, in terms of this RFP and the tri-partite agreement to be signed between the GoM, the PIP and the Foundation.

10.4. Governance Structure

The project will be governed by an Empowered Committee (EC) to be constituted by GoM. The EC will have representation from GoM, the State Health Mission & State Health Society, external experts from the industry and academia. The EC will be responsible to provide strategic directions, approve projects and work plans, take decisions on matters of importance, and ensure oversight on project delivery.

GoM shall also form appropriate working groups comprising of representatives of the departments and external experts to provide operational support to the partners.

10.5. Impact Measurement

The measures of success and impact for the FCC project are specified in Table 2 shown below. FCC will be led by the principle of impact-by-design. This involves designing appropriate metrics for measurement of outputs, outcomes, and impact right from the beginning of the pilot till the completion of 2 years and in the post-pilot period as well. It is expected that the partners will align their proposals to these indicators

Outcome, Output, Activity /Intervention	Indicator
Screening at the Health & Wellness Centers	# of HWCs covered
	# screenings per month/ cumulatively
Follow-up of suspected and confirmed cases	% of patients referred for consultation / diagnosis within one week of screening
	% of patients starting treatment within 30 days of diagnosis
Screening, Diagnosis and Treatment at District NCD clinic	# screenings per month

Implement training programs for skilling(including upskilling)	# of general physicians upskilled
	# of pathologists upskilled
	# of nurses upskilled
	# of ASHA's upskilled

Table 2: List of indicators of performance of pilot

It is also expected that the PIP proposes a monitoring plan to regularly review progress on measures of success and subsequently conduct impact assessment at the end of pilot implementation phase. The monitoring plan may include:

a) **Create a baseline** – Create a baseline of existing situation on different measures of success. This baseline will help establish project's contribution to positive impact on different indicators.

b) **Monitoring** – Partner will collect data at regular interval on PPC model's progress on specific measures of success. This data will be used for periodic review by government along with partner and to suggest course corrections, if any.

c) **Impact Evaluation** – GoM intends to conduct project's impact evaluation at its cost. The evaluation will be carried out at the end of the project through a third party. Evaluation will be conducted on measures of success and other direct and indirect outcomes of the project.

10.6. Intellectual Property Rights and liabilities

10.6.1. The IPRs relating to the software and processes, individually owned by GoM and the PIP or any of the partners of the consortium as at the date of commencement of the FCC project, shall continue to remain with the respective owners/ parties.

10.6.2. GoM and PIP shall jointly own the IP on the software and processes created jointly during the implementation of the FCC project. The GoM can use such a joint IP within its territory, without any cost to be paid to the PIP. The terms of usage of the joint IP outside the State shall be jointly agreed upon mutually between the parties.

10.6.3. Notwithstanding anything contained in para 10.6.2, the IP of the following digital assets shall vest with the FCC Foundation and the latter can deploy the same in

public interest in other geographies within India, since FCC would be funding these components fully.

(a) The final, deliverable content developed for the capacity building component of the FCC project, both in digital and analog forms.

(b) ODM protocols, standards and APIs

10.6.4. All data or information supplied by the Department of Health and Family Welfare to PIP, its partners, Service Providers and/or its employees or agents in connection with the project shall remain the property of the GoM.

10.6.5. Service Provider shall, at its own expenses without any limitation, defend and indemnify the department against all third-party claims or infringements of Intellectual Property Rights including patent, trademark, copyright, trade secret or industrial design rights arising from use of the deliverables or any part thereof in India or abroad.

10.6.6. PIP shall expeditiously extinguish any such claims and shall have full rights to defend itself there from. If the GoM is required to pay compensation to a third party resulting from such infringement(s), PIP shall be fully responsible therefore, including all expenses and court and legal fees.

10.7. Confidentiality

Information relating to evaluation of Proposals and recommendations concerning awards shall not be disclosed to the PIP who submitted the Proposals or to other persons not officially concerned with the process, until the publication of the award of Contract.

All the parties to the PPC agreement to be signed in pursuance of the award of FCC project, shall maintain the confidentiality of the information categorized as such and specified in the agreement.

11.	**Bidding Procedure:** Bids should be submitted in three parts namely, ‚Pre-Qualification bid', ‚Technical bid ‚and Financial Bid on eProcurement website, ‚https://meghalayatenders.gov.in'. The PIP should upload all the required formats and documents as mentioned in the tender document.

11.1. Pre-Qualification Bid:

1. Bid Letter Form-Annexure 5 –
2. General Information of PIP along with Address & Contact Person Details –Form 5.1
3. Consortium Structure and roles & responsibilities of each partner – Form 5.2
4. Use Cases Details with relevant supporting documents/ Past Experience – Form 5.3 and Form 5.4
5. Proposed Team structure and their roles for the project – Form 5.5
6. PAN card and GST certificate
7. Other documents, if any, such as proof of experience

11.2. General business information:

The bidders shall also furnish any other general business information about the consortium to facilitate assessment of its professional, technical, and financial capacity and reputation.

11.3. Technical Bid: Minimum Details Required in the Proposal

The proposal of the bidders shall include following details:

i. Overall Project Scope, Understanding of the project
ii. Detailed Project Plan viz. Scale, Focus, Stakeholders and their roles, RACI matri etc.
iii. Deliverables, milestones and Implementation Timelines
iv. Details of the solutions proposed (in line with Form 5.3), their value proposition to various stakeholders and the problem it addresses in the health value pathway of the proposed interventions within the context of deployment under RFP
v. Project Implementation Strategy to operationalize the proposed solutions on-ground
vi. Requirements from government on front end facilitation, domain knowledge and policy support
vii. Monitoring and evaluation plan including results chain, measure of success, plan for baselining, regular monitoring, and reporting, etc.
viii. Risk management strategy.
ix. Plan to synergistically leverage existing partnerships (outside consortium structure) for augmenting project implementation
x. Approach to transition to self-sustainable practices and processes to ensure continued Health Tech Innovation from a future outlook beyond the RFP duration.
xi. Exit strategy after completion of project

11.4 Financial Bid:

The Financial Bid shall be submitted, in the manner prescribed by the e-Procurement portal, in the Financial Bid Format prescribed in Annexure 5 – Form 5.6

The Proposal of the Project Implementation Partner should include the following details:

i. Financial Plan for each of the three value pathways

	ii. The appropriated budget to be distributed in three phases. iii. Details of audit to be undertaken by third party in the use funds **11.5 Bid Submission**: Online. i. Procedure for Bid Submission Bids shall be submitted online on ,https://meghalayatenders.gov.in` platform ***ii. PIP is requested to submit the bids after issue of amendments/clarifications duly considering the changes made if any. PIPs are totally responsible for incorporating/complying the changes/amendments issued if any before bid submission time & date.*** iii. For each quotation should be submitted. Technical bid should be duly filled and relevant & required documents should be submitted as per the format. iv. The PIP who is desirous of participating in eProcurement shall submit their technical bids as per the standard formats available at the eProcurement portal. v. The PIP should scan and upload the respective documents in Pre-Qualification and Technical bid documentation. The PIP shall sign on all the statements, documents certificates uploaded by them, owning responsibility for their correctness/authenticity. Note: - 1. The participating PIP in the tender should register themselves free of cost on eProcurement platform on the website ,https://meghalayatenders.gov.in`. 2. PIP can log-in to eProcurement platform in secure mode only by signing with the Digital certificates.
12.	**Bid Evaluation Process:** The Bid evaluation shall be undertaken by the Evaluation Committee to be constituted by GoM. The bids received on eProcurement portal as on bid closing date & time, shall be opened for evaluation. The bids shall be verified prima-fascia with the tender conditions. The Technical bids of only the qualified PIP at the Pre-Qualification stage shall be opened. The bidder's response will be evaluated as per the PQ requirements specified in the RFP and adopting the evaluation criteria spelt out in this RFP. The respondents are required to submit all required documentation in support of the evaluation criteria specified (e.g., detailed project citations and completion certificates, client contact information for verification, profiles of project resources and all others) as required for evaluation. RFP Proposals will be evaluated in as follows: • Evaluation Committee will apply pass-fail test for Pre-Qualification Evaluation, as per the criteria mentioned in 7 Pre-Qualification Criteria for submission of proposal by PIP. Only the qualified Bidder at prequalification phase will progress to technical evaluation stage. • Considering the scale of the project, the evaluation would be done on both the

historical projects, etc. and the proposed plan for First Cancer Care.

- Technical Evaluation Criteria for Proposals

The technical evaluation criteria specified below shall be adopted by the Evaluation Committee.

#	Technical Evaluation Scoring Criteria	Points	Relevant Content
1	Coverage of the proposed value pathways	15 Points	
	All the 3 value pathways are proposed to be implemented as per Annexure 1, comprehensively, including all components and sub-components of the program.	10	Form 5.3, Detail No. iv as req. per Sec 11.3
	Evidently distinct value pathway as proposed beyond the list of 3 in Annexure 1	5	
2	Past Experience	35 points	
			Form 5.4
	Experience of the consortium in deploying technology solutions in the specific value pathway (pref. in India) as proposed under the RFP @ 5 (max) per each pathway	15	
	Experience of the consortium in deploying emerging technologies in the proposed interventions on-ground in India. @ 2 per each solution with a cap of 10.	10	
	Scale of the past deployments of technology solutions by the consortium in terms of geographical coverage i, @ 2 Max per district with a population of 5 lakhs.	10	
3	Value Proposition of the Proposal	30 points	
	Vision and strength to execute the project at scale: • Understanding of the scope of the project • Robustness of the overall architecture of the technical proposal and proven efficacy of the individual health tech solutions	5	Detail No. i,ii,iii as req. per Sec 11.3
	Adequacy of the proposed methodology and work plan relevant to the RFP: • Approach to the project implementation and fulfilment of roles and responsibilities as underlined in the RFP • Articulation and extent of support required from the government • Robustness of monitoring and evaluation plan	10	Detail No. iv v,vi,vii as req. per Sec 11.3
	Adequacy of the team structure, relevant qualification and	5	Form 5.5,

		experience of key staff, and plan for team expansion to support efficient deployment		Detail No. viii as req. per Sec 11.3
		Existing partnerships of the PIP and their potential to augment the project's implementation such as with certification agencies, technology organizations, health service providers, etc.	5	Detail No. ix as req. per Sec 11.3
		Approach to build a self-sustainable ecosystem by the end of project duration	5	Detail No. x,xi as req. per Sec 11.3
	1	Presentation on	**20 points**	
		Presentation of the project plan should detail: a. Overall understanding of the FIRST Cancer Care Vision and requirements, and how the Consortium intends to realize the same. b. Understanding and explanation of the spirit of PPP inherent in the project c. Presentation of how strongly the consortium is unified in terms of achieving project vision and objectives. demonstration – live or screenshots/ videos etc – of previous project(s) of deploying technological solutions in the proposed values pathways, detailing the following aspects: *geography, demographic profile of population, scale of the project in terms of population screened, health personnel trained, budget handled, stakeholders engaged(public and private), assessment studies and reports of past works, partnerships with key institutions which will help also in the current project.* e. Team structure detailing present management and operations staff, their qualifications and years of experience relevant to the project. The proposed project lead should preferably lead the operational/ technical part of the presentation. *f. The Project plan with assumptions and risk mitigation strategy* *g.Any suggestions for enhancing the project outcomes.*	20	

13. **Other conditions**

1. After uploading the documents, the copies of the uploaded statements, certificates, documents, are to be submitted by the PIP to the O/o Principal Secretary, State Health Mission & State Health Society, Directorate of Health Services, Red Hill Laitumkhrah, Shillong- 793003

	Failure to furnish any of the uploaded documents, certificates, will result in rejection of the bid. The State Health Mission & State Health Society shall not hold any risk on account of postal delay. Similarly, if any of the certificates, documents, etc., furnished by the PIP are found to be false / fabricated / bogus, the PIP will be disqualified, blacklisted, action will be initiated as deemed fit. 2. State Health Mission & State Health Society will not hold any risk and responsibility for non-visibility of the scanned and uploaded documents. 3. The Documents that are uploaded online on eProcurement Portal will only be considered for Bid Evaluation.
14.	**General Conditions of Bidding:** **1. Authentication of Bid** The original and all copies of the bid shall be typed or written in indelible ink. The original/copies shall be signed by the PIP, or a person or persons duly authorized to bind the PIP to the contract. A letter of authorization shall be supported by a written power of attorney accompanying the bid. All pages of the bid, except for un-amended printed literature, shall be signed and stamped by the person or persons signing the bid. **2. Validation of Interlineations in Bid** The bid shall contain no interlineations, erasures or overwriting except as necessary to correct errors made by the PIP, in which case such corrections shall be counter signed by the person or persons signing the bid. **3. Contract Finalization and Award** State Health Mission & State Health Society will issue notification of award /Purchase Order to the PIP(s) whose bid has been determined to be substantially responsive as per Overall Evaluation Process, provided further that the PIP has demonstrated that it is qualified to perform services required for the project satisfactorily. **4. Rights to Accept / Reject any or all Proposals** The Evaluation Committee reserves the right to accept or reject any proposal, and to annul the bidding process and reject all bids at any time prior to award of contract, without thereby incurring any liability to the affected Solution Provider or PIP or any obligation to inform the affected Solution Provider or PIP of the grounds for Committee's action. **5. Modification and withdrawal of bids** No bid can be modified subsequent to the deadline for submission of bids. **6. Tripartite agreement:** On the conclusion of the bid evaluation and award of the pilots, a tri-partite agreement would be signed by the State Government, the FCC Foundation and the PIP. Such an agreement would delineate in fine detail,

a. the roles and responsibilities of the three parties,
b. deliverables,
c. metrics and methods for measuring progress/benefits/impact,
d. terms of payment to PIP (linked to performance against the aforesaid metrics),
e. liabilities,
f. governance structure and
g. monitoring mechanisms.

7. Force Majeure

i. The PIP shall not be liable for forfeiture of its performance security, liquidated damages, or termination for default if and to the extent that its delay in performance or other failure to perform its obligations under the Contract is the result of an event of Force Majeure.

ii. For purposes of this clause, ‚Force Majeure' means an event beyond the control of the PIP and not involving the Service Provider's fault or negligence and not foreseeable. Such events may include, but are not restricted to, acts of the State Government in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.

iii. If a Force Majeure situation arises, the PIP/Bidder shall promptly notify the State Health Mission & State Health Society in writing of such condition and the cause thereof. Unless otherwise directed by the State Health Mission & State Health Society / User Dept. in writing, the PIP/bidder shall continue to perform its obligations under the Contract as far as is reasonably practical and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event.

8. Terminate the Contract

i. Any losses caused to User Dept as a result of such event of default and the PIP shall compensate User Dept for any such loss, damages or other costs, incurred by User Dept in this regard. Nothing herein shall affect the continued obligation of the PIP / other members of its Team to perform all their obligations and responsibilities under this Contract in an identical manner as were being performed before the occurrence of the default.

ii. Invoking the measures of recovering such other costs/losses and other amounts from the PIP may have resulted from such default and pursue such other rights and/or remedies that may be available to User Dept under law.

9. Governing Language

	The contract shall be written in English. All correspondence and other documents pertaining to the contract which are exchanged by the parties shall be written in same languages. **10. Applicable law** The contract shall be interpreted in accordance with appropriate Indian Laws. **11. Notices** i. Any notice given by one party to the other pursuant to this contract shall be sent to the other party in writing or by Telex, e-mail, Cable or Facsimile and confirmed in writing to the other party's address. ii. A notice shall be effective when delivered or tendered to other party whichever is earlier.

Annexures

Annexure 1:
Components of Health Value Pathways

Value Pathway	Components of value pathway	Expected Outcomes
Awareness & Screening	• Electronic & Print media campaigns • Targeted approach to high-risk population	• Prevention • Early Detection • Higher Survival Rate • 100% cancer aware district
Capacity Building	• Blended CME for doctors and surgeons • Skill development for NCD Nurses and FLWs • Use of AR/VR/MR	• Early Detection • Right Diagnosis • Right Treatment Plan • Improved Patient Journey • Continuum of Care
Oncology Data Model	• Development of standards-based data model • Tech enabled data collection • Oncology EMR	• Paperless cancer registry • Enhanced convenience of patients due to availability of comprehensive history • Enhanced efficiencies

Annexure 2:

Technology Scope

Functional and Technological Scope

1. Capacity Building

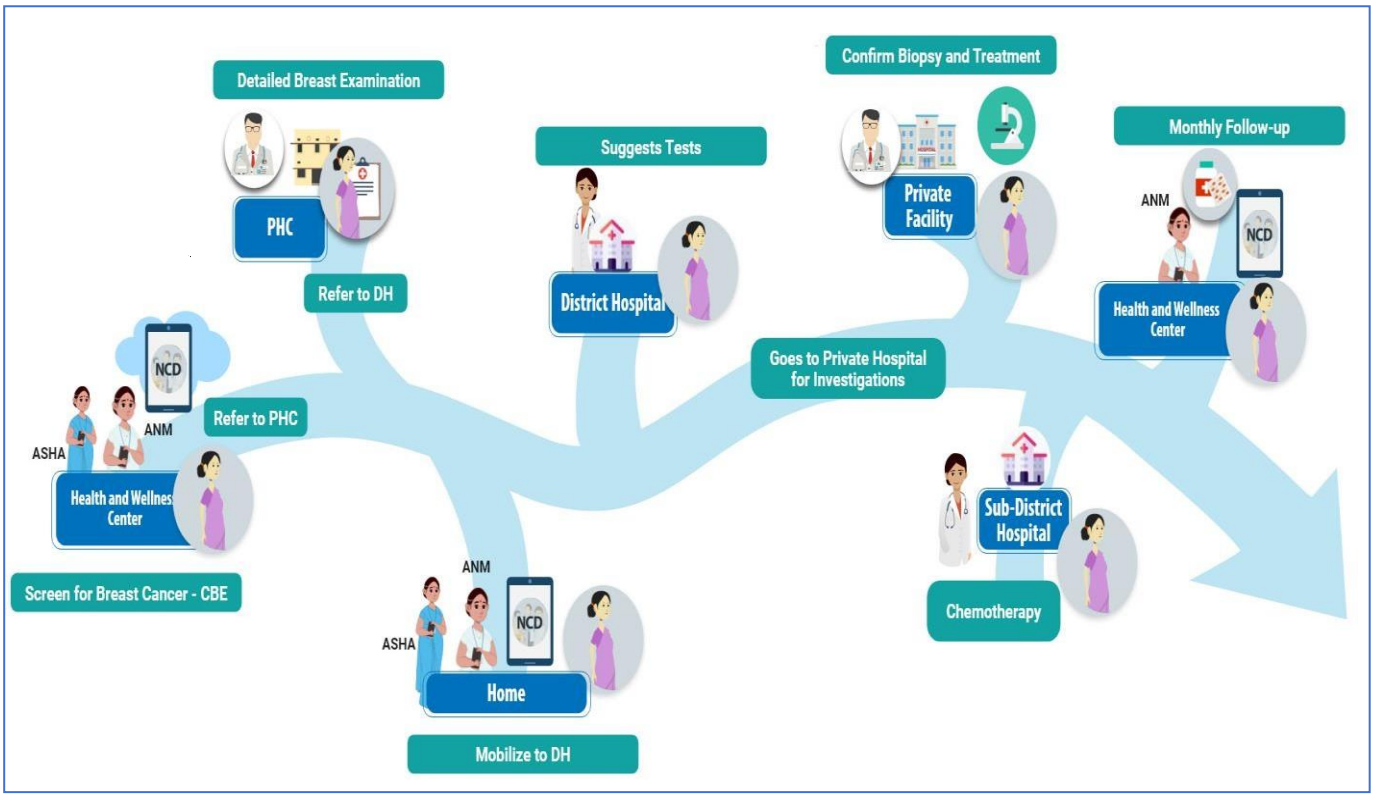
   Capacity building is aimed at developing the skills of the healthcare personnel at all levels specific to cancer care for better health outcomes at population scale. **I**t is envisioned to develop blended learning model for doctors & field workers The primary target groups will be family physicians, general practitioners and dentists field workers while the secondary targets group will be oncologists and specialists.

   It will be directed in a phased manner and the training will include screening methods and counselling, diagnosis, basic biopsies and surgeries for doctors, surgeons and NCD nurses followed by telepathology, Chemotherapy+ MDT (Multidisciplinary team) for pathologists and doctors.

2. Screening and awareness
   Screening for the following cancers will be conducted for the target population: Breast, cervical and oral during the first phase, followed by lung cancer in second phase and esophageal cancer in the third phase. The visual screening will be dovetailed with the National Cancer care programme.

   In the later phases, use of technology can be adopted for screening. Non-invasive, handheld devices can be made use of which will be both cost effective and time saving solution for breast and lung cancer.

3. Paperless Data Registry
   An interoperable Electronic Medical Record System can be conceptualized in the form of Oncology Data Model which will help patients, care providers and policy makers by creating an ecosystem of interoperable API based structure. Scope of technological solutions will be to help facilitate data collection and build a paperless cancer registry to record data only once to reduce the complexity of data flows in cancer care.
   Technological solutions in the later phases will also be implemented through apps which will be voice based, text to speech to create EMR in less than 30 seconds.



Continuum of care

Credit – Dell Technologies

Annexure 3:

Relevant statistics and targets for FCC Pilot (EKH)

Statistical basis of financial model of FCC Pilot in Meghalaya (EKH District)			
Item	**East Khasi Hills**		
	Male	Female	Total
Population (2011)			824,000
Incidence of cancer per lakh	227.9	118.6	
Number of new cases p.a	1879	977	2856
Basis of arriving at targets for screening			
Population to be targeted over 5 years @ 25% of population *(As per census 2011, 35.87% population is in age group of 30-65 years. Assuming a coverage of 80% in rural and 50% in urban areas, the percentage at national level comes to **25% of total population**. This is taken as the population to be targeted for profiling and screening as needed)*			206,000
Population to be targeted over 2 years (40% of 5-year target)			82,400
Target for screening after optimization (through profiling, risk-based assessment and clinical examination) - assumed @ 20% of the 2-year target.			**16,480**
Screening target for Year 1 @ 40% of 2-year target			6592
Screening to be done by technicians positioned by partner (in year 1) @ 20% of Year 1 target			1318
Basis of arriving at targets for capacity building			
Number of PHCs			26
Number of sub-centres			74
Average Screening target per PHC annually			51
Average screening target per PHC per month			4
Number of Doctors to be trained @ 5 per PHC area (including pvt sector) in Year 1 & 2			**130**
Number of Field Health Workers to be trained @ 3 per sub-centre area (including pvt sector) in Year 1 & 2			**222**

Annexure 4 – Guidance to bidders on cost estimation and scope of work of PIP

	Guidance to bidders on estimating financial bid -Meghalaya (EKH)-			
Sl No	**Component /Sub-component**	**Responsibility for funding**	**Inputs for estimating cost and effort**	**Responsibility of PIP in execution of the component/ sub-component**
1	**Capacity Building for doctors, specialists**			
1A	Content Development	FCC Foundation	1. EKH pilot will develop content for training of doctors, oncologists, surgical oncologists, radiologists, and pathologists w.r.t 2 types of cancers - oral and oesophageal cancers. 2. The content for the other 3 types of cancer, namely, breast, cervical and lung cancers) will be developed as a part of another pilot project being implemented in another State. Such content will be made available free of cost to the PIP selected for the EKH Pilot. 3. The content shall be in the form of series of short videos (10-12 min) recorded by experts, demo videos, or digital text, suitable for viewing on mobile devices. 4. Effort should be made for creating immersive content, where experiential learning adds immense value to the learner.	1. PIP shall constitute a panel of at least 15 experts in the 5 types of cancer, to develop the content - textual, audio-visual, AR/VR-based. 2. The content (in pdf and ppt formats) available with the Govt for 1 type of cancer (namely oral cancer) will be provided to the PIP free of cost. The PIP will have to develop content for the oesophageal cancer from the beginning. 3. FCC Foundation may provide support and guidance to the PIP in the development of the content. 4. The content should cover preventive, diagnostic and curative aspects of oncology, surgical oncology, pathology, and radiation oncology relevant for each type of cancer. 5. The budget provision is for honorarium and travel cost to be paid to the experts and for creation of multi-media content, and to a limited extent, immersive content.

			5. The ownership of the content developed in its final shape (analog and digital forms) shall be with the FCC Foundation and can be used for public good for similar initiatives to be taken up across India. **6.** The FCC Foundation shall curate the content in association with a group of experts, and also get the protocols approved by the competent authority as required.	
Sl No	**Component /Sub-component**	**Responsibility for funding**	**Inputs for estimating cost and effort**	**Responsibility of PIP in execution of the component/ sub-component**
1B	Content Delivery	State Govt	1. Honorarium and travel/ stay costs for experts 2. A hybrid method may be used with major part (~ 70%) of the delivery happening through virtual sessions and the rest involving short visits of experts to the pilot district.	1. Preparation of capacity building plan for 5 types of cancers. **2.** Execution of capacity building programs through hybrid-mode of training. **130 doctors and specialists to be trained.** 3. Assessment of the proficiency of the trainees.

1C	Certification of successful candidates	State Govt	Towards subscription for certification.	Facilitation of certification of the trainees by the competent professional body/Association.
2	**Capacity building for field health workers**			
2A	Content Development	FCC Foundation	Similar to item 1(a) above relating to capacity building of doctors, but scaled down to suit the level of MNC nurses.	Similar to item 1(a) above relating to capacity building of doctors but scaled down to suit the level of MNC nurses.
2B	ToT of trainers/ mentors	State Govt	4 Trainers/ mentors selected by the State Govt to be trained at a specialist institution. Cost of travel, stay and training fee to be included.	1. Preparation of capacity building plan for 5 types of cancers. 2. Execution of capacity building programs (ToT and end-user training).
2C	Content Delivery	State Govt	225 NCD nurses to be trained.	
2D	Incentives	State Govt	225 NCD nurses to be assessed and list of successful candidates to be recommended to State Govt.	Assessment of the proficiency of the trainees.
3	**Awareness campaign**			
3A	Mobile & digital campaign	State Govt	Mobile messages, social media	Sending periodic mobile messages to high-risk population (duly observing applicable privacy regulations) 2. Impact analysis of the campaign.
3B	Electronic & Print media	State Govt	Awareness Campaign through local print & electronic media, focusing on 5 types of cancer.	1. Design of a media campaign to be run for 2 years 2. Approval of the campaign through a consultative mechanism. 3. Execution of media campaign in the pilot district. 4. Impact analysis of the campaign.

Sl No	Component /Sub-component	Responsibility for funding	Inputs for estimating cost and effort	Responsibility of PIP in execution of the component/ sub-component
3C	Workshops, rallies, awareness weeks	State Govt	Target high-risk and vulnerable groups in face-to-face mode through workshops, short events organized at convergence points and running awareness weeks through innovative methods. 20 events to be planned during the pilot period of 2 years.	1. Design an awareness campaign at key convergence points of the vulnerable/ high-risk groups. 2. Execute the plan during the pilot period. 3. Impact analysis of the campaign.
3D	Tobacco-deaddiction program	State Govt	Leverage the Programs of the Central and State Govts	Support the State Govt in its campaign against tobacco and in the de-addiction programs run by Govt/NGOs.
4	**Screening**			
4A	Customization of health-tech solutions	State Govt	Tech Solutions for the 5 types of cancer identified by the PIP (Consortium) are to be refined, tested, and got certified by the competent authority.	1. Identify proven cost-effective solutions for mass screening for deployment at field level. 2. Facilitate interaction with the local health institutions and experts to help the partner customize the solution to local needs. 3. Oversee the customization and testing. 4. Obtain the applicable certifications and permissions.
4B	Screening for Breast and cervical cancers	FCC Foundation & State Govt (in 50-50 ratio)	Target population as specified (41,000 women to be targeted and 8,300 screened after triage)	1. Obtain the demographic details of the target population in the age group of 30-65 years from the State Govt. 2. Apply an AI-based risk-assessment tool to identify high-risk cases to be screened. The risk assessment will

4C	Screening for oral lung and oesophageal cancers	Donor agency identified by and partnering with the PIP	Target population as specified (82,400 to be targeted and 12,800 to be screened after triage)	be done at 2 stages - initially through a desktop analysis and subsequently at the POS level in interaction with the beneficiary. 3. Design a mass screening drive in consultation with the local health administration. 4. Collaborate with the local health administration to execute the drive, to achieve the targets specified foreach of the 3 phases. 5. Create insight reports on the efficacy of the screening program. 6. Coordinate with the local health administration to refer the screen-positive cases for treatment.
Sl No	**Component /Sub-component**	**Responsibility for funding**	**Inputs for estimating cost and effort**	**Responsibility of PIP in execution of the component/ sub-component**
5	**Oncology Data Model (ODM)**			
5A	Software Development	FCC Foundation	The ODM Model will be developed by the organization to be identified by the FCC Foundation.	PIP shall provide field-inputs if required by the developer, and also participate in periodic product-review meetings and advise the development of the data standards and protocols of ODM.
5B	Data Collection (screening)	State Govt	Demographic data and screening data to be entered for 82,400 beneficiaries	PIP shall provide handholding support to State Govts in data collection at PoS. Organize trainings for data entry operators. Ensure quality check of 10% of cases.
5C	Data Collection(+ve cases)	State Govt	Diagnostic data (post-screening) and referral data to be entered for 1,800 beneficiaries	
6	**Program management**			

6A	Program management	State Govt	Towards district coordinator, M&E, Communications etc for 2 years	1. Appoint PMU of appropriate size, including a district coordinator and field staff 2. Provide oversight 3. Support the Steering Committee formed by the Govt. 4. Provide monthly reports on progress w.r.t deliverables, outputs, and outcomes. 5. Create dashboards for senior management & field staff.
	The bidders have to quote their competitive costs for all the above line items except 2D, 3D and 5A.			

Annexure 5 – Formats for Bidding

Bid Letter Form

(To be submitted in PQ bid)

From:
(Registered name and address of the Project Implementation Partner (PIP))

To:
The Principal Secretary,
State Health Mission & State Health Society,
Directorate of Health Services
Red Hill Laitumkhrah, Shillong- 793003

Subject: Submission of Expression of Interest for ,Implementation of 'First Cancer Care' Project on a PPC Model` in the state of Meghalaya.

Sir,

We have examined the Ref_____document, and we submit our expression of interest declaring that all the information and statements made in this proposal are true and we accept that any misrepresentation will lead to disqualification

Following details are submitted for your kind perusal:

1. Legal Status of the Company (RoC, GST and PAN copies)
2. Structure of the Consortium and roles and responsibilities of each partner
3. Bid Documents in 3 parts
    i. Pre-bid qualification document (with attachments)
    ii. Technical proposal-cum-bid (including solution overview and implementation plan)
    iii. Financial bid

We agree to abide by the bid conditions, including pre-bid meeting minutes if any, which remain binding upon us during the entire bid validity period and bid may be accepted any time before the expiration of that period.

We understand that you are not bound to accept the lowest or any bid you may receive, nor to give any reason for the rejection of any bid and that you will not defray any expenses incurred by us in bidding.

Place: PIP's signature
Date: and seal.

Form 5.1 – General Information of the PIP

#	Description	Supporting Documents with page nos.
1	Name of the Company (PIP)	
2	Date of Incorporation (Registration Number & Registering Authority) PAN No. and GST in Meghalaya	ROC, PAN & GST.
3	Legal Status of the Company in India & Nature of Business in India	Public Ltd Company/ Private
4	Address of the Registered Office in India	
5	Name & e-mail id, Mobile number of the Contact Person	Name: Mobile: Email:
6	Website	
9	Certification details (if any) (valid documents to be submitted)	

Date Signature of PIP & Stamp

Form 5.2 – Consortium Structure

(This form needs to be filled for each consortium partner)

S. No.	
Name of Entity	
Type of Entity (with proof)	
Address in India (if applicable)	
Nature of Business or Area of Expertise	
Website	
Segment of the value pathway the partner shall contribute to	
Roles and Responsibility	
Proof of Partnership (e.g. Consent form)	

Notes: The table/form can be replicated as many times as the number of partners in the consortium. The entities directly responsible for development and implementation of use-cases are certainly required be considered a part of the consortium.

Place: **PIP's signature**

Date : **with seal**

Form 5.3 – Details of Health Value Pathway Proposed

Information in the following format shall be provided in respect of each of the value pathways proposed by the bidder.

1. Name of the Value Pathway
2. Overview of the value Pathway
3. Key Components of the value Pathway, with a brief description of each component
4. Value proposition proposed to be delivered to the stakeholders through the solution(s)
5. Evidence of the efficacy and impact of the solution proposed for the Value Pathway
6. Any other relevant information about the solution.

Place:
Date:

PIP's signature with seal

Form 5.4 – Experience with proposed pathway

Name of concerned member of consortium	
Is the underlined solution/pathway proposed for this RFP? (Y/N)	

Brief descriptive name of solution/product:	Value Pathway Category (as per Annexure 1)
Assignment name: Cancer type:	Country: Location within country:
Start date (month/year): Completion date (month/year): Duration of assignment (months):	Impact of the project: Geographical area impacted:
Name of Client: (if sharable) Address of Client: (if sharable)	Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/Coordinator, Team Leader):
Narrative description of Project describing the solution, value proposition, and stakeholders:	
Summary of Impact resulting from the project:	

Outlay of the project, as evidenced by letter of award

Note:

1. *Please submit supporting documents to support the claim and the certificates must be signed by Senior Executive/ Deputy GM of the organization (lead amongst consortium partners) clearly indicating his/her name, designation and contact details such as Telephone Number, Fax number, email-id etc.*
2. *Please attach certificate from the client for the successful completion & implementation of project (if sharable). If not sharable, provide a self-declaration anonymizing the client identity.*

Place: **PIP's signature**

Date: **with seal**

Form 5.5 – Dedicated Manpower

1. Team Structure

An organization chart needs to be included here with clear differentiation between dedicated and part-time manpower. A resource with certain ad hoc work of the organization can be treated as a dedicated resource if he/she shall always prioritize the concerned project and will ensure timely deliverables.

<Insert Diagram>

2. Proposed Team Members

#	Name	Designation	Qualification	Area of Expertise OR Role in project	Years of Experience
1		*Program Manager (State level)*	Qualification: MBBS/BDS/BAMS/ BHMS with Post-Graduation in Public Health or Health Administration	Project management, stakeholder engagement, reporting and knowledge management	3-4 yrs of experience in managing state level health projects, preferably national health programs
2		*District Lead*	Qualification: Post-Graduation in Public Health or Health Administration	Project management, stakeholder engagement, reporting and knowledge management	1-2 yrs of experience in managing block/ district level health projects preferably national level health programs
3		*Technology*	Qualification		3-5 yrs

		Lead	MCA/ BTech		experience in supporting health informatics/ HealthTech Projects
4		*Field/Domain Resources (Bidder may pl specify the number of resources proposed to be deployed)*	Qualification: Bachelors in any domain	Advocacy, Mobilization, Field reporting	1- 2 yrs of experience in field data collection, advocacy and mobilization.
5					

Note:

1. A consolidated team structure at the consortium level is required, and not for each individual consortium member.
2. Illustrative designations have been mentioned in table above, the PIP may choose his own terminology.
3. The diagram/table should have all envisioned personnel as required per the team structure, whether they are already hired or shall be hired before project initiation. If already hired, then CVs need to be included and if not, the identifiers can be left blank, but role needs to be specified, nevertheless.
4. The form can split over multiple pages if required.

Place: **PIP's Signature**

Date: **with Seal**_____

Space for Notes

Form 5.6 –

Format of Financial Bid (All financial figures to be denominated in rupees)

Sl No	Component /Sub-component	Unit Cost	Number of Units (if applicable)	Total cost
1	**Capacity Building for doctors, specialists**			
1A	Content Development			
1B	Content Delivery			
1C	Certification of successful candidates	NA	NA	NA
	COST OF THE COMPONENT 1			
2	**Capacity building for field health workers**			
2A	Content Development			
2B	ToT of trainers/ mentors			
2C	Content Delivery			
2D	Incentives	NA	NA	NA
	COST OF THE COMPONENT 2			
3	**Awareness campaign**			
3A	Mobile & digital campaign			
3B	Electronic & Print media			
Sl No	**Component /Sub-component**	**Unit Cost**	**Number of Units (if applicable)**	**Total cost**
3C	Workshops, rallies, awareness weeks			
3D	Tobacco-deaddiction program	NA	NA	NA
	COST OF THE COMPONENT 3			
4	**Screening**			

4A	Customization of health-tech solutions			
4B	Screening for Breast and cervical cancers			
4C	Screening for oral, lung and oesophageal cancers			
	COST OF THE COMPONENT 4			
5	**Oncology Data Model (ODM)**			
5A	Software Development	NA	NA	NA
5B	Data Collection (screening)			
5C	Data Collection(+ve cases)			
	COST OF THE COMPONENT 5			
6	**Program management**			
6A	Program management			
	COST OF THE COMPONENT 6			
	TOTAL COST OF THE BID			
	The bidders have to quote their competitive costs for all the above line items except 1C, 2D, 3D and 5A.			

Place: **PIP's Signature**

Date: **with Seal**

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