

DISTRICT MINERAL FOUNDATION : KEONJHAR

(2nd Floor, DRDA Building, Keonjhar - 758001)

(Email: dmfkeonjhar@gmail.com)

No. 1288 /DMF

Date: 19/09/2018

REQUEST FOR PROPOSAL

Sealed Proposals are invited from the eligible, reputed and qualified Agencies/organisations for "Establishment and Management of Four Nutritional Rehabilitation Centres (NRC) in Keonjhar District under District Mineral Foundation (DMF)". The detail terms and conditions along with the RFP documents can be downloaded from the district website www.kendujhar.nic.in.

The Proposal, complete in all respect, should reach the undersigned on or before 10/10/2018 upto 5 PM and will be opened on 11/10/2018 at 11 AM, in the presence of the committee constituted for the purpose.

The undersigned reserves the right to reject or cancel any or all the tenders without assigning any reason thereof.


Collector-cum-Chairman & Managing
Trustee, D.M.F. Keonjhar

Not to be published:

Memo No. 1289 (2)/DMF.

Date: 19/09/2018

Copy to the District Correspondent, Indian Express & Samaj (odia) of Keonjhar district for information and necessary action. They are requested to publish the advertisement in their esteemed dailies, immediately within minimum size and submit bill as per Govt. approved rate with complimentary copies for early payment of bills.


Collector-cum-Chairman & Managing
Trustee, D.M.F. Keonjhar

Memo No. 1290 /DMF.

Date: 19/09/2018

Copy to District Informatics Officer, NIC, District Unit, Keonjhar for information and necessary action. He is requested to upload the document in the district website, immediately for information of the public.


Collector-cum-Chairman & Managing
Trustee, D.M.F. Keonjhar

RFP Number: 4/DMF

Date: 05/09/2018

REQUEST FOR PROPOSAL (RFP)
FOR THE
SELECTION OF AN AGENCY FOR 'ESTABLISHMENT AND MANAGEMENT OF
FOUR NUTRITIONAL REHABILITATION CENTRES (NRC) IN KEONJHAR
DISTRICT' UNDER DISTRICT MINERAL FOUNDATION (DMF)

Issuer:

District Collector cum Chairperson and Managing Trustee,

District Mineral Foundation (DMF), Keonjhar

Government of Odisha

Phone: 06766-255401

Email: dm-keonjhar@nic.in

Address for Communication & Submission of Documents during Tender Period:

District Collector cum Chairperson and Managing Trustee,

District Mineral Foundation (DMF), Keonjhar

Second Floor,

District Rural Development Agency (DRDA), Keonjhar

Keonjhar – 758001

Email: dmfkeonjhar@gmail.com

DISCLAIMER

The information contained in this Request for Proposal (hereinafter referred to either as 'TENDER') document provided to the Bidders, by the District Mineral Foundation, Keonjhar, hereinafter referred to as DMF, or any of their employees or advisors, is provided to the Bidder(s) on the terms and conditions set out in this TENDER document and all other terms and conditions subject to which such information is provided.

The purpose of this TENDER document is to provide the Bidder(s) with information to implement the following assignment: **'ESTABLISHMENT AND MANAGEMENT OF FOUR NUTRITIONAL REHABILITATION CENTRES (NRC) IN KEONJHAR DISTRICT UNDER DISTRICT MINERAL FOUNDATION (DMF)'**. This TENDER document does not purport to contain all the information each Bidder may require. This TENDER document may not be appropriate for all persons, and it is not possible for the DMF, their employees or advisors to consider the business/investment objectives, financial situation and particular needs of each Bidder who reads or uses this TENDER document.

Each Bidder should conduct its own investigations and analysis and should check the accuracy, reliability and completeness of the information in this TENDER document and wherever necessary obtain independent advice from appropriate sources. DMF, their employees and advisors make no representation or warranty and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of the TENDER document.

DMF may, in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this TENDER document.

Section 1: Letter of Invitation (LoI)

District Collector cum Chairperson and Managing Trustee,
District Mineral Foundation (DMF), Keonjhar
Government of Odisha

Address:
District Collector cum Chairperson and Managing Trustee,
District Mineral Foundation (DMF), Keonjhar
Second Floor,
District Rural Development Agency (DRDA), Keonjhar
Keonjhar – 758001
Email: dmfkeonjhar@gmail.com

SUBJECT: Selection of an Agency for 'Establishment and Management of Four Nutritional Rehabilitation Centres (NRC) in Keonjhar District' under District Mineral Foundation (DMF)

The District Collector cum Chairperson and Managing Trustee, District Mineral Foundation (DMF), Keonjhar invites proposals from reputed agencies for 'Establishment and Management of Four Nutritional Rehabilitation Centres in Keonjhar District' under DMF.

The Agency will be selected based on Quality Based Selection (QBS) criteria described in this RFP.

The RFP comprises the following sections:

- Section 1 - Letter of Invitation (LoI)
- Section 2 - Definitions
- Section 3 - Factsheet
- Section 4 - Background and the need for a NRC
- Section 5 - Terms of Reference
- Section 6 - Instructions to applicant Agencies
- Section 7 - Technical Proposal - Standard Forms


District Collector cum Chairperson and Managing Trustee,
District Mineral Foundation,
Keonjhar

Section 2: Definitions

- a) "DMF" means the District Mineral Foundation, Keonjhar.
- b) "Client" is the District Collector cum Chairperson and Managing Trustee, Keonjhar, Government of Odisha.
- c) "ICDS" means the Integrated Child Development Services.
- d) "NHM" means the National Health Mission of the Govt. of India.
- e) "CDM & PHO" means the Chief District Medical & Public Health Officer of Keonjhar district.
- f) "DSWO" means the District Social Welfare Officer of Keonjhar district.
- g) "Agencies" means entities or persons that may provide or provides the Services to the Client under the Contract.
- h) "Nutritional Rehabilitation Centre (NRC)" means a unit in a health facility where children with Severe Acute Malnutrition (SAM) are admitted and rehabilitated.
- i) "Day" means calendar day.
- j) "Instructions to applicant Agencies" means the document which provides interested Agencies with the information needed to prepare their respective Proposals.
- k) "LOI" (Section 1 of the RFP) means the 'Letter of Invitation' being sent by the Client.
- l) "Personnel" means professionals and support staff provided by the selected Agency and assigned to perform the Services or any part thereof.
- m) "Proposal" means Pre-Qualification Documents, Technical Proposal and Financial Proposal.
- n) "RFP" means the Request for Proposal circulated by the Client for the selection of an Agency.
- o) "Assignment / job" means the work to be performed by the selected Agency pursuant to the Contract.
- p) "Terms of Reference" (TOR) means the information included in the RFP which explains the objectives, scope of work, activities, tasks to be performed, respective responsibilities of the Client and the selected Agency.

Section 3: Factsheet

Request for Proposal (RFP) document made available to the applicants	19 th September, 2018
Last date for receiving queries	29 th September, 2018 (by 17:00 Hrs)
Response to queries	4 th October, 2018
Last date for receipt of Proposals (Sealed Envelope)	10 th October, 2018 (by 17:00 Hrs)
Opening of Proposals received within the stipulated date	11 th October, 2018
Technical Presentation	23 rd October, 2018
Letter of Award	To be intimated to the selected Agency
Project Start Date	To be intimated to the selected Agency
Cost of Tender (Demand Draft)	INR 5,000 (Rupees Five Thousand Only)
Earnest Money Deposit (EMD) (Demand Draft)	INR 50,000 (Rupees Fifty Thousand Only)
Performance Bank Guarantee	INR 5,00,000 (Rupees Five Lakhs Only)
Method of Selection	Quality Based Selection (QBS)
Contact Details	District Collector cum Chairperson and Managing Trustee, District Mineral Foundation (DMF), Keonjhar Second Floor, District Rural Development Agency (DRDA), Keonjhar Keonjhar – 758001 Email: dmfkeonjhar@gmail.com

Note:

1. The Client reserves the right to change any schedule. Please visit the website www.keonjhar.nic.in regularly for the same.
2. Proposals must be submitted before the date, time and venue mentioned in the Factsheet through Speed/Registered Post or by hand. Proposals that are received after the deadline will not be considered.

Section 4: Background and the need for a NRC

Keonjhar is an administrative district of Odisha state. The district comprises of 5.3 per cent of Odisha's landmass with about 4.24 per cent of the population of the state. The district has abundant mineral resources and large forest reserves. Despite the vast natural resources, the district continues to be socio-economically backward. The poverty Head Count Ratio (HCR) of the district is 47 per cent.

More than 85 per cent of the population of the district live in rural areas. The district has high proportion of Schedule Caste (SC) and Scheduled Tribe (ST) population, of which SC accounts for 11.6 per cent and ST accounts for 45.5 per cent (2011 Census). Traditionally, these tribal and forest dwelling communities were dependent on subsistence shifting agriculture and various forest produces for their livelihood. However, rapid degradation of land and forests over the last few decades, due to mining and other anthropogenic reasons, has severely affected their lives and livelihoods.

Malnutrition stands as a consequence of several key social and economic factors such as lack of education, inadequate health care services and ill-informed cultural behaviours. Underpinning all these is poverty, which by and large, is the principal cause of poor feeding habits. Indicators showing the nutritional status of children are often regarded as representative of the health and general well-being of a society at large. High levels of malnutrition in children, particularly in those under the age of two, tend to prevail in those areas where levels of socioeconomic development are also low.

The National Family Health Survey – 4, conducted in 2015-16 says that in Odisha, 34.1% of children under the age of five are stunted, while 20.4 % of children of the same age group are wasted; about 6.4 % of the children are severely wasted, while 34.4 % of the children are underweight. Similarly, in Keonjhar; 44.6 % of children under the age of five are stunted, while 19.0 % of children of the same age group are wasted. About 5.3 % of the children are severely wasted, while 44.3 % of the children under the age of five are underweight. Hence, it can be concluded that efforts to address this issue is of paramount importance and have social, economic and cultural implications.

Under nutrition is associated with high rates of mortality and morbidity and is an underlying factor in children under five years who die each year of preventable causes. Strong evidence exists on synergism between under nutrition and child mortality due to common childhood illness including diarrhoea, acute respiratory infections, malaria and measles. According to a research by WHO, about fifty percent of infant and child mortality may be associated with malnutrition¹. As per the data maintained by National Health Mission (NHM), about 768 children under the age of five died in Keonjhar district in the year 2017-18 FY. Many of these deaths may be on account of malnutrition.

To prevent deaths due to Severe Acute Malnutrition (SAM), specialised treatment and prevention interventions are required. WHO and UNICEF in their joint statement have recommended two major approaches to address children with SAM: (i) Facility / hospital-based care for children with SAM and medical complication, (ii) Home/community-based care for children with SAM but without medical complications. The conventional community based care is through the ICDS programme, where SAM children are treated in their communities, and regularly monitored through the Village Health & Nutrition Day (VHND) sessions. However, SAM children with medical complications need specialised units with skilled manpower and adequate resources for nutrition rehabilitation to ensure high levels of survival. However, children managed at such specialised units located at health facilities also need to be followed up at their households and communities after being discharged for continued care and support and to prevent relapse. In other words, effective management of SAM must be based on the basic principle of "Continuum of Care" – from home to the community, to the health centre / health facility and back again.

¹ Source: <http://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

With this objective in view, District Mineral Foundation had funded an additional Nutritional Rehabilitation Centre (NRC) at Barbil, which supplemented the three NRCs in Keonjhar, Champua and Banspal run by NHM. However, due to various operational issues, NRC Barbil along with three new locations i.e. Harichandapur Community Health Centre (CHC), Telkoi Community Health Centre (CHC) and Anandapur Sub-Divisional Hospital (SDH), are sought to be handed over to reputed partners working in the field of maternal and child health and nutrition, so as to reduce the mortalities on account of Severe Acute Malnutrition (SAM) in the district.

Section 5: Terms of Reference

A. Description

Nutrition Rehabilitation Centre (NRC) is a unit in a health facility where children with Severe Acute Malnutrition (SAM) are admitted and managed. Children are admitted as per the defined admission criteria and provided with medical and nutritional therapeutic care. Once discharged from the NRC, the child continues to be in the Nutrition Rehabilitation program till the child is cured of SAM. In addition to curative care, special focus is given on timely, adequate and appropriate feeding for children; and on improving the skills of mothers and caregivers on complete age appropriate caring and feeding practices. In addition, efforts are made to build the capacity of mothers/caregivers through counselling and support to identify the nutrition and health problems of their child.

At these centres, nutritional and medical interventions that include appropriate antibiotics, de-worming tablets, iron supplementation and micronutrients are provided to the children. Supervised feeding of therapeutic diets² (F-75, F-100) is given and medical intervention is provided by the Paediatrician and nurses at the centre.

The children are discharged after a minimum period of 14 days, provided the child does not show any obvious signs of infection or edema, has received stipulated amount of micronutrients, is gaining at least 8-10 g/kg/day. The child is again brought to the centre on designated follow up dates (at 15 days, 1 months, 3 months and 6 months), following discharge from the NRC. The anthropometric measurements are taken on the follow up visits and the child is treated for medical conditions and re-admitted if needed.

B. Project objectives

1. To provide clinical management and reduce mortality among children with Severe Acute Malnutrition (SAM), particularly among those with medical complications
2. To promote physical and psychosocial growth of children with Severe Acute Malnutrition (SAM)
3. To build the capacity of mothers and other care givers in appropriate feeding and caring practices for infants and young children
4. To identify and address the social factors that contributed to the child slipping into Severe Acute Malnutrition (SAM)

C. Project Intervention: Services and care provided for the in-patient management of SAM children include:

- 24 hour care and monitoring of the child
- Treatment of medical complications
- Therapeutic feeding

² The therapeutic diets has to be prepared as per WHO standards outlined in the 'Training Course on the Management of Severe Malnutrition' available in the following URL:
http://apps.who.int/iris/bitstream/handle/10665/70449/WHO_NHD_02.4_Module4_eng.pdf;jsessionid=7177672E93978AA95A2D340947EE2415?sequence=7

- Providing sensory stimulation and emotional care
- Social assessment of the family to identify and address contributing factors
- Counselling on appropriate feeding, care and hygiene
- Demonstration and practice- by -doing on the preparation of energy dense child foods using locally available, culturally acceptable and affordable food items
- Follow up of children discharged from the facility

D. Location, infrastructure and size of NRC (to be handed over to the selected agency by the office of the CDM & PHO)

NRC is a special unit, located in a health facility and dedicated to the short term management and nutrition rehabilitation of children with Severe Acute Malnutrition (SAM). The selected agency would be provided infrastructure which would have 10 beds. The unit would be a distinct area within the health facility and would be in proximity to the paediatric ward/in-patient facility.

The facilities that will be provided to the selected agency would include:

- Patient area to house the beds; in NRC adult beds would be kept so that the mother can be with the child
- Play and counselling area with toys; audiovisual equipment like TV, DVD player and IEC material
- Nursing station
- Kitchen and food storage area attached to ward, or partitioned in the ward, with enough space for cooking, feeding and demonstration
- Attached toilet and bathroom facility for mothers and children along with two separate hand washing areas
- Open space along side NRC, which can be converted to a kitchen garden and play area for children
- Floor surfaces - Floor surfaces would be easily cleanable and would minimize the growth of microorganisms
- Walls - As with floors, the ease of cleaning and durability of wall surfaces will be considered
- Water supply - Unit would have 24 hour uninterrupted running water supply
- Power supply - Unit would have a 24 hour uninterrupted stabilized power supply
- Lighting - Would be well lit
- Ventilation – Would be adequately ventilated, especially for the kitchen area
- Mosquito and fly screen: Windows would be covered with mosquito and fly covers

The 10 bedded NRC that will be handed over to the selected agency would have a covered area of about 1950 square feet; this will include the patient area, play and counselling area, nursing station, kitchen, storage space, two bathrooms and two toilets. Also, walls will be brightly painted and decorated. There would be sufficient space for all mothers/caregivers staying with the children to sit together and be given cooking and feeding demonstration.

The four health institutions where NRCs are proposed to be established are Barbil CHC, Telkoi CHC, Harchandanpur CHC and Anandapur SDH.

The selected agency will ensure that the NRCs have a cheerful, stimulating and child friendly environment.

E. Steps in Project Implementation

Sl. No	Steps	Responsibility
1	Selection of Agency for project implementation	Client
2	Handover of building, equipments, instruments, and furniture to selected agency	Client
3	Implementation of the project	Selected Agency
4	Fund release to the selected Agency	Client
5	Review and monitoring of the project	Client

F. Scope of Work and Roles & Responsibilities of selected Agency

1. Ensure all the 'Project Objectives' and the 'Services and Care to be provided' as mentioned in Section 5 (B) and 5 (C) are met.
2. Formulate a Detailed Project Execution Plan (DPEP) for the establishment and operationalisation of four NRCs in the locations as specified by the client, with the 'Project Objectives' and the 'Services and Care to be provided' as mentioned in Section 5 (B) and 5 (C), being an integral part of the proposal. The DPEP should include:
 - a. Standard Operating Procedures (SOP) for day to day operation of the NRC (as per Government guidelines)
 - b. SOPs for handling emergency situations at the NRC
 - c. System linkages of the NRCs to the office of the CDM & PHO, and to District Social Welfare Officer with particular emphasis on the ICDS, VHNDs, etc.
 - d. Registers, guidelines, manuals and protocols. (to be developed or adopted from NHM, if available for referrals from/to health institutions, health check-up, individual feeding plan, growth chart, growth faltering, discharge criteria, follow-up , home visits and weekly menu for mothers / caregivers)

Note: All the registers, i.e. patient details, admission, daily feeding, medicine, follow-up, VHND, compensation for mother wages, screening of mothers, stock, consumables, phone,

etc. have to be maintained (in hard and soft copy). The standard protocols as approved by NHM should be adhered to. This is only a minimum list and the selected Agency can independently formulate more such systems.

- e. Developing training modules and training plan of the NRC personnel.
- f. Implementation schedules for placement of personnel, adoption/development of MIS, and other deliverables under this project.

Note: The selected agency will coordinate with the RCH officer of NHM, Keonjhar to prepare this plan so that it is in synchronous with the District NHM / RCH Plan.

3. Get approval for the DPEP and execute the approved plan.
4. Recruit capable personnel for the entire operationalisation of the NRCs and provide regular updates to the Client through the assigned point of contact in DMF. Organise exposure visits and training/capacity building programmes of the NRC personnel. Provide hands on training to the NRC personnel through external experts.
5. Maintain and enforce a biometric / geo-tagged attendance system for all the personnel hired under this project.
6. Maintain adequate supplies to the NRCs, uninterrupted and timely supply of drugs, minor maintenance of equipment, etc.
7. Develop and implement a supervision protocol which will define the frequency and process of supervision.
8. Develop / adopt a full-fledged online MIS to monitor and review the treatment of SAM children in this project in consultation with CDM & PHO. The MIS system should enable the daily monitoring of the SAM children, and the discharged cases.

Note: The online MIS can be adopted from NHM, if available.

9. Ensure proper documentation and record keeping of the treatment of SAM children in the NRC.
10. Ensure regular follow up of discharged cases.
11. Document all cases of mortality, including lessons learnt and recommendations/ change of practices as needed.
12. Submit necessary bills for release of funds to the client through the office of the CDM & PHO and submit Utilisation Certificates for the fund spent.
13. Submit monthly, quarterly and annual Progress Reports to the Client, through office of CDM & PHO.
14. Periodically appraise the client of the project implementation status and take/suggest corrective steps.

15. Identify critical gaps in existing child care and development interventions in the district and recommend any improvements/additions required.
16. Suggest measures to improve nutrition and health status of children across the district.
17. Attend all meetings as required by the office of the CDM & PHO, DSWO, and DMF related to progress and assessment of the program, and other meetings concerning infant and child care in the district.
18. Liaison with CDM & PHO and DSWO for effective linkages with Anganwadi Centres, Sub-Centres, VHNDs, PHCs, CHCs, Ambulance Services, ASHAs, ANMs, AWWs, etc.
19. Any other relevant work as directed by the Client.

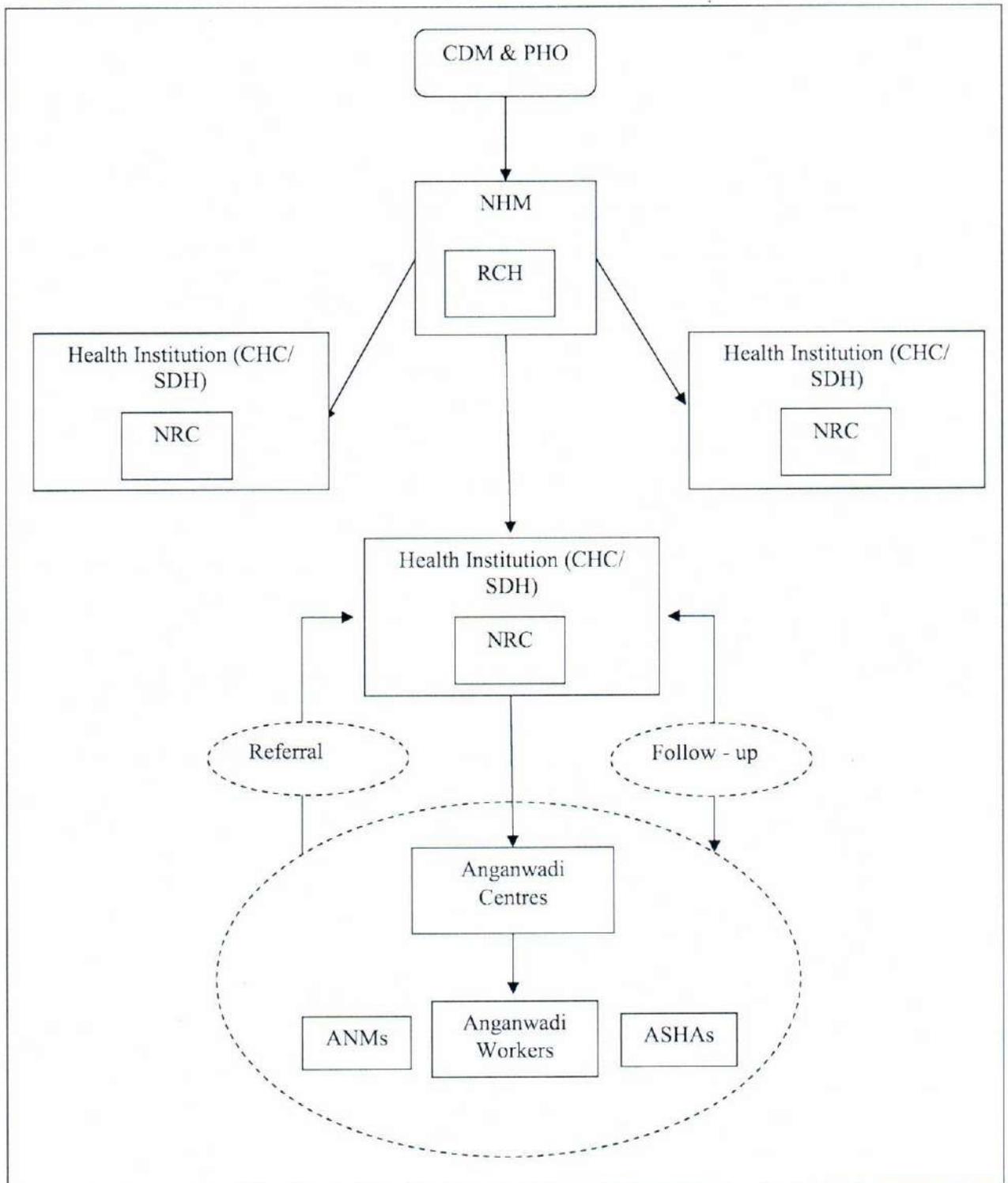
G. Project Duration

The duration of the contract will be for 3 years and may be extended for a further period of 2 years, subject to satisfactory performance, as determined by the Client.

H. Project Coverage

The NRC project will be implemented in Barbil CHC, Harichandapur CHC, Telkoi CHC and Anandapur SDH. Based on satisfactory performance of the selected agency and need of the district, the number of NRCs under this project may be expanded to two more locations.

I. Institutional Arrangement



J. Roles & Responsibilities of Key Stakeholders

1. Nodal Department

Health & Family Welfare (H&FW) Department represented by the Chief District Medical and Public Health Officer (CDM & PHO) will be the nodal department having overall responsibility for facilitation, monitoring, supervision and review of the project. Its responsibilities will include the following:

- a) Ensure the availability of building and infrastructure, as per the standards.
- b) Procure necessary equipments, instruments and furniture.
- c) Ensure necessary approvals / clearances for running the NRC from relevant authorities.
- d) Sign an agreement with the selected agency for project implementation.
- e) Approve the Detailed Project Execution Plan submitted by the selected agency. Ensure that the DPEP has systemic linkages with the child health component of the PIP prepared by NHM.
- f) Ensure quality of the NRCs through regular inspections.
- g) Ensure effective follow-up of children discharged from NRCs, through the ANMs in every VHNDs.
- h) Follow-up with ASHAs to ensure that the discharged children return for the scheduled follow ups at the NRC at 15 days, 1 month, 3 month and 6 month interval from the day following discharge from the NRC.
- i) Ensure the availability and maintenance of equipments, instruments and furniture, through periodic repairs.
- j) Verify and forward bills that are submitted by the selected agency to DMF for payment.
- k) Review and monitor the implementation of the project.
- l) Evaluate the outputs/outcomes of the project.

2. Responsibility of DMF

The responsibilities of DMF are as follows:

- a) Selection of agency for project implementation through this RFP.
- b) Scrutiny and release of funds to CDM & PHO as per actual bills.
- c) Undertake periodic monitoring and evaluation (mid-term, end-term, etc.) and suggest course correction.

3. Responsibility of DSWO

The responsibilities of the Women & Child Development (WCD) Dept. represented by the DSWO are as follows:

- a) Identify SAM children in the different Anganwadi centres (or crèches) of the district.
- b) Refer identified SAM children to the NRCs.
- c) Train and orient the Anganwadi workers, supervisors and CDPOs on the institution-based treatment and management of SAM children.
- d) Ensure that the child discharged from the NRC is enrolled in the AWCs (or crèches) and given supplementary food as per the guidelines.
- e) Ensure that the AWWs prioritize the discharged children for home visits, every week in the first 4 weeks, and then once in 2 weeks till the child is cured of SAM.
- f) Ensure that the discharged children are weighed every week at the AWC (or crèches).
- g) Follow-up with AWWs to ensure that the discharged children return for the scheduled follow ups at the NRC at 15 days, 1 month, 3 month and 6 month from the day following discharge from the NRC.
- h) Ensure that the AWWs observe feeding practices during home visits, and provide appropriate counselling and support to the mothers.
- i) Coordinate with NRC for effective community based management of SAM through the ICDS network.

K. Monitoring Indicators

The following gender and age disaggregated indicators will be used for monitoring the quality of service being provided by the NRC:

- Admissions
 - a. Gender & age disaggregated
 - b. Referred by AWWs/ASHAs/Self/Paediatric ward or emergency
- Average length of stay of SAM children in the NRC
- Rate of referral to higher facility by the NRC
- Bed Occupancy rate of the NRC
- Average weight gain of SAM children during the stay in the NRC
- Recovery rate of SAM children admitted in the NRC.
- Case fatality rate of SAM children admitted in the NRC
- Defaulter rate of SAM children discharged from the NRC
- Relapse rate of SAM children discharged from the NRC
- Non- respondents of SAM children admitted in the NRC

- Death rate following discharge from NRC while still in program i.e. till the child is cured of SAM
- Average length of stay of SAM children in the program i.e. till the child is cured of SAM

The following process indicators will be used to monitor the availability & quality of services in the NRC - HR, supplies, reporting and training needs. The following details will have to be submitted by the selected agency on a periodic basis:

- Staff in position
- Staff position lying vacant for more than one month
- Staff trained in management of SAM
- Staff in position for more than a month but not trained
- Stock outs of
 - a. Antibiotics
 - b. Consumables

L. Acceptable levels of care

Performance of NRCs will be assessed based on the criteria described below:

Indicators	Acceptable	Not Acceptable
Recovery rate	>75%	<50%
Death rate	<5%	>15%
Defaulter rate	<15%	>25%
Avg. Weight gain(g/kg/d)	>=8g	<8g
Length of stay (weeks)	1-4	<1 and >6
Bed Occupancy rate	>75%	<50%

The management fee to be paid to the selected agencies will be dependent on these parameters which are discussed more elaborately in Annexure III.

In case of any mortality of SAM child the selected will document all the lessons learnt in such cases so that corrective intervention can be undertaken to prevent such cases in the future.

M. Evaluation

Midterm evaluation will include: (a) the relevance of the project components and activities for achievement of the defined objectives; (b) an assessment of progress made during the project period; (c) results achieved in executing the components; (d) deviations from the project execution plan; (e) lessons learnt during project execution; and (f) recommendations that are considered necessary to fine-tune project execution to achieve the defined goals.

The final evaluation will be carried out at the end of the project and will consider the following aspects in addition to those addressed in the midterm evaluation: (i) progress made in decreasing the mortality rate due to SAM in the district (ii) the project's achievement with respect to the outputs & outcomes of the project (iii) lessons learnt and recommendations.

The midterm and final evaluation will be carried out by a committee constituted for the purpose by the District Collector cum Management Trustee of DMF Keonjhar.

N. Team Composition

The selected agency will engage such professionals and technical personnel as needed for effective implementation, monitoring and sustainability of NRC project.

Following are the minimum team deployment required for the project:

Sl. No	Position	Work timings	Numbers (for four NRCs)	Qualification and Experience	Remarks
1.	Paediatrician	Full time	4	MD – Paediatrics (Should have valid registration)	Additionally, he/she will sign an agreement with the office of the CDM & PHO to provide regular services in the health institutions where the NRC is located under the direct supervision of the Medical Officer Incharge

2.	NRC Program Manager	Full time	1	Post Graduate (Full time) in Public Health / Social Work or equivalent. Minimum three years of professional experience	Will be stationed in one of the NRCs established.
3.	Nutritionist cum Counsellor	Full time	4	Graduate in Food and Nutrition/Home Science or equivalent. Only female candidates should be posted.	
4.	ANM	6 hourly shift	4*4 = 16	HSc in Science (Pass) Must have completed 1.5 years training for multipurpose health worker (female) at the approved government training centres or recognized private institutions & must have registered with the Odisha Nursing Council.	
5.	Cook cum Attendant	8 hourly shift	4*3 = 12	7 th Class (Pass) Only female candidates should be posted.	
6.	Sanitation Worker		4	Unskilled Only female candidates should be posted.	

Job Description

NRC Program Manager:

- Functioning of all the NRCs established under this project.
- Building and maintaining a high performing team of Paediatrician, Nutritionist cum Counsellor, ANMs, Cook-cum-attendants and Sanitation Workers.
- Ensuring that the 'Project Objectives', 'Services to be provided in the NRC' and other deliverables under the 'Scope of Work and Role & Responsibilities of Selected Agency' as mentioned in Section 5(B), 5 (C) and 5 (F) are satisfied in a timely manner.
- Preparing and maintaining database for each block in the district i.e. database of the Anganwadi Centre, Sub-Centres & PHCs and name & contact number of the AWWs/ANMs & ASHAs.
- Liaisoning with Medical Officers, Hospital Manager, and other health and administrative stakeholders for effective running of the NRCs.

- Reporting child mortality cases immediately to the Medical Officer i/c of the health institution. Investigating / identifying the reasons for mortality including medical, socio-economic, and cultural causes. Developing necessary protocols to prevent such cases.
- Ensuring smooth logistical arrangements of all groceries, medicines, consumables and supplies to the NRCs.
- Ensuring all registers related to the operation of the NRCs is updated and maintained in hard and soft copies. Generating and submitting necessary reports to CDM & PHO.
- Disbursing monthly salaries to NRC personnel, within the first week of the following month. Submitting of all bills to CDM & PHO for reimbursement.
- Conducting regular internal review meetings for assessing progress and further action /activities.
- Attending at least four VHNDs per month preferably in pockets / areas with high incidence of SAM.
- Inspecting each NRC once every week, and report adherence to the acceptable levels of care, and subsequent development of strategy for each NRC, through a field visit report along with note in the visitor's diary maintained at the respective NRCs.
- Ensure follow up of the children discharged from the NRC by contacting mothers and frontline workers of ICDS (AWWs) and Health (ANMs/ASHAs).
- Attending District level meetings on nutrition, child health, IMR & MMR, etc.
- Maintaining a tour diary of all visits to NRCs, VHND meetings, review meetings and all related travels undertaken for the project.
- Any other related tasks that may be assigned.

Paediatrician:

- Overall in charge of the NRC where posted & will be responsible for clinical management of children admitted in the NRC.
- In addition to the duty at NRC, the Paediatrician will be engaged full time in the health institution where the NRC is located i.e. CHC/PHC, and provide health services to the patients under the supervision of the concerned Medical Officer Incharge. To facilitate the same, he/she will sign an agreement with CDM & PHO.
- Examining each admitted patient every day & attending to emergency calls as per need.
- Ensuring that screening has been done properly, prescribing treatment as per recommended guidelines & monitoring the progress of improvement in children admitted in NRC.
- Any other related tasks that may be assigned.

- Reporting child mortality cases immediately to the Medical Officer i/c of the health institution. Investigating / identifying the reasons for mortality including medical, socio-economic, and cultural causes. Developing necessary protocols to prevent such cases.
- Ensuring smooth logistical arrangements of all groceries, medicines, consumables and supplies to the NRCs.
- Ensuring all registers related to the operation of the NRCs is updated and maintained in hard and soft copies. Generating and submitting necessary reports to CDM & PHO.
- Disbursing monthly salaries to NRC personnel, within the first week of the following month. Submitting of all bills to CDM & PHO for reimbursement.
- Conducting regular internal review meetings for assessing progress and further action /activities.
- Attending at least four VHNDs per month preferably in pockets / areas with high incidence of SAM.
- Inspecting each NRC once every week, and report adherence to the acceptable levels of care, and subsequent development of strategy for each NRC, through a field visit report along with note in the visitor's diary maintained at the respective NRCs.
- Ensure follow up of the children discharged from the NRC by contacting mothers and frontline workers of ICDS (AWWs) and Health (ANMs/ASHAs).
- Attending District level meetings on nutrition, child health, IMR & MMR, etc.
- Maintaining a tour diary of all visits to NRCs, VHND meetings, review meetings and all related travels undertaken for the project.
- Any other related tasks that may be assigned.

Paediatrician:

- Overall in charge of the NRC where posted & will be responsible for clinical management of children admitted in the NRC.
- In addition to the duty at NRC, the Paediatrician will be engaged full time in the health institution where the NRC is located i.e. CHC/PHC, and provide health services to the patients under the supervision of the concerned Medical Officer Incharge. To facilitate the same, he/she will sign an agreement with CDM & PHO.
- Examining each admitted patient every day & attending to emergency calls as per need.
- Ensuring that screening has been done properly, prescribing treatment as per recommended guidelines & monitoring the progress of improvement in children admitted in NRC.
- Any other related tasks that may be assigned.

Nutritionist cum Counsellor:

- Supervisor, Trainer & Counsellor for the staffs posted in the NRC as well as for the mothers/caregivers.
- Screening and identifying of SAM child in OPD and IPD wards and referring them to NRC by counselling the mothers.
- Assessing the feeding problem of each child & giving individual counselling to mothers. Charting out specific therapeutic diet plan for each child as per the Guidelines in consultation with the Paediatrician. Monitoring the preparation & distribution of feeds as per diet charts.
- Bringing all mothers & caregivers of the admitted children together & demonstrating the preparation of low cost nutritious energy dense culturally acceptable child foods.
- Counselling and demonstrating on various topics like nutrition & malnutrition, hygiene & sanitation, infant & young child feeding practices, immunisation, family planning, etc.
- Counselling the mothers/caregivers on the emotional needs of her child & encouraging them to give sensory stimulation.
- Providing group counselling & demonstrating to mothers on structured play therapy for psychosocial stimulation. Engaging the children in play therapy for at least 30 minutes each day.
- Providing group counselling to mothers of all children admitted in the health facility (e.g. Paediatric or general ward) and also to mothers of children present in outpatients department on designated days (e.g. Immunisation day).
- Maintaining various NRC records including registers, e-reports, sheets, etc.
- Filling up the discharge cards with the support of the ANMs & counselling mothers/relatives regarding follow-up schedule at the NRC & home visits by AWWs/ANMs/ASHAs.
- Overseeing the cleanliness & ensuring hygiene practices at NRC.
- Maintaining a daily time table for activities assigned to various stakeholders.
- Liaisoning with Medical Officers, Hospital Manager, and other health and administrative stakeholders for effective running of the NRCs.
- Liaisoning with ASHAs, ANMs, AWWs in the catchment area.
- Following up of the children discharged from the NRC by contacting mothers and frontline workers of ICDS (AWWs) and Health (ANMs/ASHAs).
- Attending block level meetings on nutrition, child health, IMR & MMR, etc. Attending ASHA sector meetings/block level ANM monthly meeting/AWW sector meeting every month for orienting the frontline workers on identification of SAM, referral to NRC along with medical and other services available at NRC for SAM children and their mothers.

- Any other related tasks that may be assigned.

ANM:

- Providing nursing care including recording weight of admitted children periodically; measuring, mixing & dispensing food, etc.
- Administering the right dose of drugs and injectables at the right time as per prescription of Paediatrician.
- Administering intra-venous fluids as per guidance and advice of the Paediatrician.
- Assessing the clinical signs and filling the multi chart with all routine information.
- Filling the daily intake sheet, the SAM information sheet & consulting with Nutritionist on the time table and therapeutic diet plan for each child.
- Carrying out screening and following all the steps in the management of SAM cases as per the recommended Guidelines.
- Any other related tasks that may be assigned.

Cook cum Attendant:

- Preparing therapeutic diet (F 75, F 100 and Food-based Diet) for children as prescribed by the Paediatrician under the supervision of the Nutrition Counsellor. Involving mothers & care givers of admitted children in the preparation of such therapeutic food.
- Preparing appropriate food for the mothers/caregivers as per approved weekly menu.
- Purchasing daily requirements such as groceries, milk, etc. locally under the supervision of the Nutrition Counsellor.
- Cleaning the utensils, kitchen & the equipment used in the kitchen for the preparation of food.
- Any other related tasks that may be assigned.

Sanitation Worker:

- Maintaining clean & hygienic environment in the NRC.
- Sweeping and mopping the NRC twice daily with appropriate disinfectant under the supervision of the Nutrition Counsellor.
- Disinfecting the toilets twice daily with 0.5% active chlorine solution.
- Any other related task that may be assigned.

Section 6: Instruction to applicant Agencies

- 1.1 The District Collector cum Chairperson and Managing Trustee, District Mineral Foundation (DMF), Keonjhar will select an Agency, in accordance with the method of selection specified below:

Name of the Client: District Collector cum Chairperson and Managing Trustee, District Mineral Foundation (DMF), Keonjhar

Method of selection: Pre-Qualification of eligible applicant Agencies followed by Quality Based Selection [QBS]

- 1.2 Interested applicant Agencies are invited to submit a Proposal, for the assignment named below:

Name of the Project: 'Selection of an Agency for Establishment and Management of Four Nutritional Rehabilitation Centres in Keonjhar district' under DMF.

The detailed scope of the project has been described in the Terms of Reference in Section 5.

- 1.3 **The Proposal submission address is:**

District Collector cum Chairperson and Managing Trustee,
District Mineral Foundation (DMF), Keonjhar
Second Floor,
District Rural Development Agency (DRDA), Keonjhar
Keonjhar – 758001
Email: dmfkeonjhar@gmail.com

- 1.4 The Proposal (comprising of Pre Qualification documents, Technical Proposal and Financial Proposal) must be submitted by hand or by registered/speed post, which should be received by the Client, no later than the following date and time:

Date: 26/09/2018 Time: 17:00 hrs

- 1.5 The Proposal, technical presentation, and any clarifications provided by the applicant Agencies along with the Terms of Reference provided in the RFP will be the basis for selection and ultimately for a signed Contract with the selected Agency.

- 1.6 **Applicant Clarifications:**

- The Client shall invite queries from applicant Agencies as per the details mentioned in the Fact Sheet of this document.
- The Applicants must ensure that their queries should reach DMF, Keonjhar, on or before last date mentioned in Fact Sheet of this document only through the e-mail of the Client i.e. dmfkeonjhar@gmail.com
- The queries should necessarily be submitted in the following format:

Section/Page No.	Content of RFP requiring clarification	Change/clarification requested	Remarks

- d) Client shall not be responsible for ensuring that the Applicant's queries have been received by them.
- e) Any requests for clarifications post the indicated date and time may not be entertained by the Client.
- f) The purpose of query clarification is to provide the Applicants with information regarding the RFP, project requirements, and opportunity to seek clarification regarding any aspect of the RFP and the project.
- g) However, the Client reserves the right to hold or re-schedule the process.

Responses to Queries and Issue of Corrigendum:

- a) The Authorized Representative of the Client will endeavour to provide timely response to the queries. However, no representation or warranty as to the completeness or accuracy of any response made in good faith, nor does undertake to answer all the queries that have been posed by the Applicants.
- b) At any time prior to the last date for receipt of Proposals, the Client may, for any reason, whether at its own initiative or in response to a clarification requested by a prospective Applicant, modify the RFP Document by a corrigendum.
- c) The Corrigendum (if any) & clarifications to the queries from all Applicants will be uploaded on the website <http://kendujhar.nic.in>. Any such corrigendum shall be deemed to be incorporated into this RFP.
- d) In order to provide prospective Applicants reasonable time for taking the corrigendum into account, the Client may discretionally extend the last date for the receipt of Proposals.
- e) The Client's representative is: Project Director, District Rural Development Agency (DRDA) cum Chief Executive, District Mineral Foundation, Keonjhar.

1.7 Applicant Agencies shall bear all costs associated with the preparation and submission of their proposals and contract negotiation. The Client is not bound to accept any proposal, and reserves the right to annul the selection process at any time prior to Contract award, without thereby incurring any liability to the applicant Agencies.

1.8 Conflict of Interest:

- a) Client requires that the selected agency shall perform the required services, provide professional, objective, and impartial advice and at all times hold the Client's interests paramount, strictly avoid conflicts of interest with other assignments or their own interests and act without any consideration for future work. Without limitation on the generality of the foregoing, the agencies, and any of their affiliates, shall be considered to have a conflict of interest and shall not be engaged, under any of the circumstances set forth below:

Conflicting Relationships:

- b) Applicant Agencies (including its Personnel and Sub-Agencies) that has a business or family relationship with a member of the Client's staff who is directly or indirectly involved in any part of (i) the preparation of the Terms of Reference of the Assignment, (ii) the selection process for such Assignment, or (iii) supervision of the Contract, may not be awarded a Contract, unless the conflict stemming from this relationship has been resolved in a manner acceptable to the Client throughout the selection process and the execution of the Contract.
- c) Applicant Agencies have an obligation to disclose any situation of actual or potential conflict that impacts their capacity to serve the best interest of the Client, or that may reasonably be perceived as having this effect. Failure to disclose said situations may lead to the disqualification of the applicant / selected Agency or the termination of its Contract.

- d) No Agency or current employees of the Client shall work as Agency under their own ministries, departments or agencies.

1.9 Unfair Advantage

If an applicant Agency could derive a competitive advantage from having provided other services related to the assignment in question, the Client shall make available to all other applicant Agencies together with this RFP all information that would in that respect give such applicant Agency any competitive advantage over competing applicant Agencies.

1.10 Fraud and Corruption

It is required that applicant Agencies participating in the project adhere to the highest ethical standards, both during the selection process and throughout the execution of the contract.

The Client:

a) Defines the terms set forth below as follows:

- i. "corrupt practice" means the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence the action of a public official or members of the Evaluation Committee, in the selection process or in contract execution;
- ii. "fraudulent practice" means a misrepresentation or omission of facts in order to influence a selection process or the execution of a contract;
- iii. "collusive practices" means a scheme or arrangement between two or more applicant Agencies with or without the knowledge of the Client, designed to establish prices at artificial, non-competitive levels;
- iv. "coercive practices" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in a procurement process, or affect the execution of a contract;

- b) will reject a proposal for award, if it determines that the Agency recommended for award has, directly or through an agent, engaged in corrupt, fraudulent, collusive or coercive practices in competing for the contract in question;

Applicant Agencies should be aware of the provisions on fraud and corruption stated in the specific clauses in the Contract.

Applicant Agencies shall furnish information on commissions and gratuities, if any, paid or to be paid to agents relating to this proposal and during execution of the assignment if the applicant Agency is awarded the Contract.

1.11 Only one Proposal

An applicant Agency may only submit one proposal. If an applicant Agency submits or participates in more than one proposal, all such proposals shall be disqualified.

1.12 Proposal Validity

Proposals must remain valid for 90 days after the submission date. During this period, applicant Agencies shall maintain the availability of Professional staff nominated in the Proposal and fully commit to their financial proposal, unchanged. The Client will make its best effort to complete negotiations within this period. Should the need arise; however, the Client may request applicant Agencies to extend the validity period of their proposals. Applicant Agencies who agree to such extension shall confirm that they maintain the availability of the Professional staff nominated in the Proposal, unchanged, or in their

confirmation of extension of validity of the Proposal, applicant Agencies could submit new staff in replacement, who would be considered in the final evaluation for contract award. Applicant Agencies who do not agree, have the right to refuse to extend the validity of their Proposals, under such circumstances, the Client shall not consider such proposal for further evaluation.

1.13 Preparation of Proposals:

- a) The Proposal as well as all related correspondence exchanged by the applicant Agencies and the Client, shall be written in English.
- b) In preparing their Proposal, applicant Agencies are expected to examine in detail the documents comprising the RFP. Material deficiencies in providing the information requested may result in rejection of a Proposal.

The Proposal consists of three parts (i) Pre-Qualification documents (ii) Technical Proposal (iii) Financial Proposal.

1.14 Pre-Qualification Documents

The Technical Proposals of only those applicant Agencies who meet the pre-qualification criteria in the table below will be opened. **Applicant Agencies failing to meet these criteria or not submitting requisite proof for supporting pre-qualification criteria are liable to be rejected summarily.** Applicant Agencies should fill the Pre-Qualification Form which is included in Section 7 of this RFP. The filled up Pre Qualification Form and the supporting documents should be enclosed in a separate envelope marked as 'Pre Qualification Documents'.

S.No	Basic Requirement	Specific Requirement	Documents Required
1.	Legal Entity	The Agency should be a not-for-profit organization registered under <ul style="list-style-type: none"> • Societies' Registration Act 1860 • Indian Trust Act 1882 • Companies Act 1956 	<ul style="list-style-type: none"> • Certificate of incorporation • Registration Certificate • PAN No. • GST No.
2.	Operation	The Agency should have been in operation for the past three (3) years as on 31/03/18 and filed ITRs for the last 3 FYs	Last three FY's Audited Financial Statement duly signed by a Chartered Accountant
3.	Financial Capacity	The Agency should have an average annual turnover of at least Rupees One Crore over the last three FYs (15-16, 16-17 & 17-18). This must be the individual Agency's turnover and not that of group companies/organizations.	Last three FY's Audited Financial Statement duly signed by a Chartered Accountant
4.	Consortium	No consortium / JVs / associations / subcontracting shall be allowed under this project.	Declaration of submitting as independent Agency from the Authorized Signatory

5.	Blacklist	The Agency should not have been blacklisted by any Central / State Government Ministry in India or Public Sector Undertakings or any Government Agencies.	Undertaking by the Authorised Signatory
6.	Experience	The Agency should have prior experience in implementing Mother and Child Health and Nutrition projects.	Copies of Work Orders/ Sanction Orders/ MOUs/ Engagement Letters/ Completion Certificates or equivalent documentary evidence should be provided as proof
7.	Authorized Representative	A Power of Attorney/ Board Resolution in the name of the person signing the proposal	Original Power of Attorney or Board Resolution Copy
8.	Cost of Tender/ Tender Fee	The Agency should furnish a Tender Fee of ₹5,000 (Rupees Five Thousand Only), in the form of Demand Draft in favour of <i>The District Collector cum Chairperson and Managing Trustee, District Mineral Foundation (DMF), Keonjhar</i> , and payable at <i>Keonjhar</i> .	Original Demand Draft
9.	Earned Money Deposit (EMD)	The Agency should furnish an EMD of ₹50,000 (Rupees Fifty Thousand Only), in the form of Demand Draft in favour of <i>The District Collector cum Chairperson and Managing Trustee, District Mineral Foundation (DMF), Keonjhar</i> , and payable at <i>Keonjhar</i> .	Original Demand Draft

NOTE: The copies of documents submitted towards Pre-qualification criteria are to be substantiated through production of originals, if and when required.

1.15 Technical Proposal Format and Content

Applicant Agencies are required to fill the **Technical Evaluation Form**. The filled up Technical Evaluation Form and the corresponding Tech Forms (in Section 7) should be enclosed in a separate envelope along with all necessary/supporting documents to justify the claims. The supporting documents have to be produced in original by the applicant Agencies, if and when demanded by the Client. Submission of the wrong type of Technical Proposal will result in the Proposal being deemed non-responsive.

The formats of the Technical Proposal (in Section 7) to be submitted are:

- a) Tech Form 1: Letter of Proposal Submission
- b) Tech Form 2: Applicant Agency's Organization and Experience
- c) Tech Form 3: Description of Approach, Methodology and Work Plan for Performing the Assignment

- d) Tech Form 4: Team Composition and Task Assignments
- e) Tech Form 5: Curriculum Vitae (CV) of proposed staff
- f) Tech Form 6: Undertaking regarding any Conflicting Activities and Declaration thereof

The Technical Proposal shall not include any financial information. A Technical Proposal containing financial information shall be declared non responsive.

1.16 Financial Proposals

The Financial Proposal shall be prepared using the attached Fin Form (in Section 8). The financial proposal shall not include any conditions attached to it and any such conditional financial proposal shall be rejected.

1.17 Tender Fee, Earnest Money Deposit (EMD) and Performance Guarantee

Tender Fee

Tender Fee of Rupees Five Thousand (₹5,000), in the form of Demand Draft (DD) drawn in favour of "District Collector cum Chairperson and Managing Trustee, District Mineral Foundation (DMF), Keonjhar" and payable at Keonjhar, must be submitted along with the Proposal. Proposals not accompanied by Tender Fee shall be rejected as non-responsive.

1.18 Earnest Money Deposit

An Earnest Money Deposit (EMD) of Rupees Fifty Thousand (₹ 50,000), in the form of Demand Draft (DD) drawn in favour of "District Collector cum Chairperson and Managing Trustee, District Mineral Foundation (DMF), Keonjhar" and payable at Keonjhar, must be submitted along with the Proposal. Proposals not accompanied by Tender Fee and EMD shall be rejected as non-responsive. No interest shall be payable by the Client for the sum deposited as EMD and no bank guarantee will be accepted in lieu of the EMD. The EMD of the successful and unsuccessful bidders would be returned within one month of signing of the contract.

The EMD shall be forfeited by the applicant Agencies in the following events:

- a) If Proposal is withdrawn during the validity period or any extension agreed by the applicant Agencies thereof.
- b) If the Proposal is varied or modified in a manner not acceptable to the Client after opening of Proposal during the validity period or any extension thereof.
- c) If the applicant Agencies tries to influence the evaluation process.
- d) If the selected Agency withdraws its proposal during negotiations.

1.19 Performance Bank Guarantee

The selected Agency shall be required to furnish a Performance Bank Guarantee of ₹ 5,00,000/- (Rupees Five Lakhs Only) in the form of an unconditional and irrevocable bank guarantee from a Nationalized/Scheduled bank in India in favour of "District Collector cum Chairperson and Managing Trustee, District Mineral Foundation (DMF), Keonjhar" for the entire period of contract with 90 days claim period. The bank guarantee must be submitted after award of contract but before signing of contract. The successful bidder must renew the bank guarantee on same terms and conditions for the period up to contract including extension period, if any. Performance Bank Guarantee would be returned only after successful completion of tasks assigned to them and only after adjusting/recovering any dues recoverable/payable from/by the selected Agency on any account under the contract. On submission of

this performance guarantee and after signing of the contract, demand draft submitted towards EMD would be returned in original. The format for the Performance Bank Guarantee is provided in Annexure I.

1.20 Submission, receipt and opening of proposals

- a) The Proposals (Pre-Qualification, Technical Proposal and Financial Proposal) shall contain no interlineations or overwriting, except as necessary to correct errors made by the applicant Agencies themselves. The under signee person for the proposal must provide his initial beside such corrections. Submission letters for the Technical Proposal and Financial Proposals should respectively be in the format specified.
- b) An authorized representative of the applicant Agency shall initial all pages of the original Pre-Qualification, Technical and Financial Proposals. The authorization shall be in the form of a written power of attorney accompanying the Technical and Financial Proposals or in any other form demonstrating that the representative has been duly authorized to sign.
- c) The Pre Qualification form and all documents (listed in 1.14) including the Tender Fee, EMD, declaration of submission as independent agency and power of attorney shall be placed in a separate sealed envelope clearly marked "PRE QUALIFICATION DOCUMENTS". The Technical Proposal including all the Tech Forms and supporting documents (listed in 1.15) shall be placed in a separate sealed envelope clearly marked "TECHNICAL PROPOSAL". Similarly, the Financial Proposal including the Fin Form (described in 1.16) shall be placed in a separate sealed envelope clearly marked "FINANCIAL PROPOSAL". All the three sealed envelopes shall be placed in an outer envelope and sealed. This outer envelope shall bear the submission address and shall be clearly marked "DO NOT OPEN, EXCEPT IN PRESENCE OF THE OFFICIAL APPOINTED, BEFORE 17:00 hrs ON 04/10/2018". The Client shall not be responsible for misplacement, loss or premature opening if the outer envelope is not sealed and/or marked as stipulated. This circumstance may also be deemed as fit case for Proposal rejection. If the Proposal is not submitted in separate sealed envelopes duly marked as indicated above, this will constitute grounds for declaring the Proposal non-responsive.
- d) The Proposals must be sent to the address indicated and received by the Client no later than the time and the date of submission, or any extension to this date in accordance with corrigendum. Any proposal received by the Client after the deadline for submission shall be returned unopened.
- e) From the time the Proposals are opened to the time the Contract is awarded, the applicant Agencies should not contact the Client on any matter related to its Technical and/or Financial Proposal. Any effort by applicant Agencies to influence the Client in the examination, evaluation, ranking of Proposals, and recommendation for award of Contract may result in the rejection of the applicant Agencies' Proposal.

1.21 Evaluation of Technical Proposal

- a) An Evaluation Committee (EC) will be constituted by the Client for the purpose of evaluating the proposals.
- b) In the first stage of evaluation, only responsive proposals which satisfy the Pre-Qualification Criteria shall be further taken up for evaluation. A Proposal shall be rejected if it is found deficient as per the requirements indicated.
- c) The EC shall then evaluate the Technical Proposals on the basis of their responsiveness to the Terms of Reference and by applying the evaluation criteria, sub-criteria specified in the Table below.
- d) The Evaluation Committee while evaluating the Technical Proposals shall have no access to the Financial Proposals until the technical evaluation is concluded and the competent authority accepts the recommendation.
- e) Agencies shall also make a presentation before the Evaluation Committee, which will be evaluated.
- f) Each responsive Proposal will be given a technical score.

- g) A Proposal shall be rejected at this stage if it does not respond to important aspects of the RFP and particularly the Terms of Reference or if it fails to achieve the minimum technical score indicated below.

Criteria, sub-criteria, and points system for the Evaluation of Technical Proposals:

Sl.	Evaluation Criteria	Supporting Form	Max. Marks
1.	Experience	Tech Form 2	25
1.1	Prior experience of implementing community based management of malnutrition projects in partnership with Government / other development agencies (Marks awarded would be proportional to the number of projects and years of experience)		6
1.2	Prior experience of implementing institution based management of malnutrition projects in partnership with Government / other development agencies (Marks awarded would be proportional to the number of projects and years of experience)		7
1.3	Experience in management of Urban PHC/PHC/bedded hospital / Clinics established under Clinical Establishment Act in partnership with Govt. / other development agency (Marks awarded would be proportional to the number of projects and years of experience)		6
1.4	Prior experience of implementing maternal child health and nutrition project in Keonjhar district (Marks awarded would be proportional to the number of projects and years of experience)		6
2	Personnel	Tech Form 4	20
2.1	Paediatrician (4) (Full time)		10
2.2	NRC Program Manager (1) (Full time)		2
2.3	Nutritionist cum Counsellor (4) (Full time)		4
2.4	ANM (16) (Full time)		4
3	Presentation of Approach, Methodology and Work Plan before the evaluation committee	Tech Form 3	5
Total Marks			50

Note: The minimum qualifying mark is: 30 (60%)

1.22 Evaluation of Financial Proposal

- a) The Financial Proposal is only a declaration of acceptance of the proposed budget (including Management Fee) by the applicant Agencies and is non-evaluative in nature.
- b) Financial Proposals of only those applicant Agencies who are technically qualified (i.e. obtain minimum 60% in Technical Evaluation) shall be opened.

1.23 Final Selection of Agency

All applicant Agencies who are technically qualified (i.e. obtain minimum 60% in Technical Evaluation) shall be ranked on the basis of marks obtained in the Technical Evaluation and the Agency scoring the highest marks will be selected by the Client.

1.24 Expected date and address for contract negotiations

Date to be communicated later.

Address:

District Collector cum Chairperson and Managing Trustee,
District Mineral Foundation (DMF), Keonjhar
Second Floor,
District Rural Development Agency (DRDA), Keonjhar
Keonjhar – 758001
Email: dmfkeonjhar@gmail.com

Expected date and place for commencement of services

To be communicated later.

1.25 Negotiations

Negotiations will be held at the address indicated above. The invited Agency will, as a pre-requisite for attendance at the negotiations, confirm availability of all Professional staff. Failure in satisfying such requirements may result in the Client proceeding to negotiate with the next-ranked Agency. Representatives conducting negotiations on behalf of the Agency must have written authority to negotiate and conclude a Contract.

a) Technical Negotiations

Negotiations will include a discussion of the Technical Proposal including the proposed technical approach and methodology, work plan, organization and staffing, and any suggestions made by the selected Agency to improve the Terms of Reference. The Client and the selected Agency will finalize the Terms of Reference, staffing schedule, work schedule, and reporting. These documents will then be incorporated in the Contract as "Description of Services". Special attention will be paid to clearly defining the inputs and facilities required from the Client to ensure satisfactory implementation of the assignment. The Client shall prepare minutes of negotiations which will be signed by the Client and the selected Agency.

b) Financial Negotiations

After the technical negotiations are over, financial negotiations will be carried out in order to discuss any changes in financials due to change in scope of work or due to clarification on any aspect of the technical proposal during the technical negotiations. Under ordinary circumstances, the financial negotiation shall not result in any increase in the proposed budget. However, in case of exceptional reasons/circumstances, the client may consider an increase/modification in the budget.

c) Conclusions of Negotiations

Negotiations will conclude with a review of the draft Contract. To complete negotiations the Client and the selected Agency will initial the agreed Contract. If negotiations fail, the Client will invite the next-ranked Agency to negotiate a Contract.

1.26 Award of Contract

- a) After completing negotiations the Client shall issue a Letter of Intent to the selected Agency, and promptly notify all applicant Agencies who have submitted proposals about the decision taken.
- b) The selected Agency will sign the contract after fulfilling all the formalities/pre-conditions including submission of the Performance Bank Guarantee within seven (7) working days of issuance of the Letter of Intent.

1.27 Confidentiality

Information relating to evaluation of Proposals and recommendations concerning awards shall not be disclosed to the applicant Agencies who submitted the Proposals or to other persons not officially concerned with the process, until the publication of the award of Contract. The undue use by any Agency of confidential information related to the process may result in the rejection of its Proposal.

Section 7: Standard Forms

Pre-Qualification Form

S.No	Basic Requirement	Specific Requirement	Documents Required	Document Submitted (Yes/No)
1.	Legal Entity	The Agency should be a not-for-profit organization registered under <ul style="list-style-type: none"> • Societies' Registration Act 1860 • Indian Trust Act 1882 • Companies Act 1956 	<ul style="list-style-type: none"> • Certificate of incorporation • Registration Certificate • PAN No. • GST No. 	
2.	Operation	The Agency should have been in operation for the past three years as on 31/03/18 and filed ITRs for the last 3 FYs	Last three FY's Audited Financial Statement duly signed by a Chartered Accountant	
3.	Financial Capacity	The Agency should have an average annual turnover of at least Rupees One Crore over the last three FYs (15-16, 16-17 & 17-18). This must be the individual Agency's turnover and not that of group companies/organizations.	Last three FY's Audited Financial Statement duly signed by a Chartered Accountant	
4.	Consortium	No consortium / JVs / associations / subcontracting shall be allowed under this project	Declaration of submitting as independent Agency from the Authorized Signatory	
5.	Blacklist	The Agency should not have been blacklisted by any Central / State Government Ministry in India or Public Sector Undertakings or any Government Agencies	Undertaking by the Authorised Signatory	
6.	Experience	The Agency should have prior experience in implementing Mother and Child Health and Nutrition Projects	Copies of Work Orders/ Sanction Orders/ MOUs/ Engagement Letters/ Completion Certificates or equivalent documentary evidence should be provided as proof	
7.	Authorized Representative	A Power of Attorney/ Board Resolution in the name of the person signing the proposal	Original Power of Attorney or Board Resolution Copy	

8.	Cost of Tender/ Tender Fee	The Agency should furnish a Tender Fee of ₹5,000 (Rupees Five Thousand Only), in the form of Demand Draft in favour of <i>The District Collector cum Chairperson and Managing Trustee, District Mineral Foundation (DMF), Keonjhar</i> , and payable at <i>Keonjhar</i> .	Original Demand Draft	
9.	Earned Money Deposit (EMD)	The Agency should furnish an EMD of ₹50,000 (Rupees Fifty Thousand Only), in the form of Demand Draft in favour of <i>The District Collector cum Chairperson and Managing Trustee, District Mineral Foundation (DMF), Keonjhar</i> , and payable at <i>Keonjhar</i> .	Original Demand Draft	

Note: All claims should be substantiated through production of supporting documents.

Technical Proposal Forms

Technical Evaluation Form:

Sl.	Evaluation Criteria	Supporting Tech Form	
1.	Experience	Tech Form 2	
1.1	Prior experience of implementing community based management of malnutrition projects in partnership with Government / other development agencies (Marks awarded would be proportional to the number of projects and years of experience)		<i>[Provide project wise details of year of start, year of completion, etc.]</i>
1.2	Prior experience of implementing institution based management of malnutrition projects in partnership with Government / other development agency (Marks awarded would be proportional to the number of projects and years of experience)		
1.3	Experience in management of Urban PHC/PHC/bedded hospital / Clinics established under clinical establishment act in partnership with Govt. / other development agency (Marks awarded would be proportional to the number of projects and years of experience)		
1.4	Prior experience of implementing maternal child health and nutrition project in Keonjhar district (Marks awarded would be proportional to the number of projects and years of experience)		
2	Personnel	Tech Form 4	
2.1	Paediatrician (4) Full time)		<i>Meets all eligibility requirements (Yes/No)</i>
2.2	NRC Program Manager (1) (Full Time)		<i>Meets all eligibility requirements (Yes/No)</i>
2.3	Nutritionist cum Counsellor (4) (Full time)		<i>Meets all eligibility requirements (Yes/No)</i>
2.4	ANM (16) (Full time)		<i>Meets all eligibility requirements (Yes/No)</i>
3	Presentation of Approach, Methodology and Work Plan before the evaluation committee	Tech Form 3	

Note: All claims should be substantiated through production of supporting documents.

Tech Form 1: Letter of Proposal Submission

To,

The District Collector cum Chairperson and Managing Trustee,
District Mineral Foundation (DMF), Keonjhar

Dear Sir,

We, the undersigned, offer to execute the assignment - '**Establishment and Management of Four Nutritional Rehabilitation Centres in Keonjhar District**' under DMF in accordance with your Request for Proposal dated _____. We are hereby submitting our Proposal, which includes the Pre-Qualification Documents, Technical Proposal and Financial Proposal, sealed in separate envelopes.

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 Contract negotiations.

We undertake, if our Proposal is accepted, to initiate the services related to the assignment not later than the date indicated.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature [*In full and initials*]: _____

Name and Title of Signatory: _____

Name of Agency: _____

Address: _____

Location: _____ Date: _____

Tech Form 2 – Agency’s Organization and Experience

A – Agency’s Organization

[Provide here a brief description of the Agency’s background including ownership details, date and place of registration, objectives, etc. Provide an outline of experience/assignments of similar nature including name of assignment, duration, contract amount, client details, staff involved, tasks carried out, etc. Apart from this, also provide details and supporting information/documents under the Pre-qualification criteria and Evaluation criteria].

Note 1: Information provided in this form should sufficiently support/justify the criteria of the Technical Qualification Form.

Note 2: All the claims should be substantiated through production of supporting documents.

Tech Form 3 – Description of Approach, Methodology and Work Plan for Performing the Assignment

[Technical approach, methodology and work plan are key components of the Technical Proposal. You are suggested to present your Technical Proposal divided into the following three chapters:

a) Technical Approach and Methodology,

b) Work Plan, and

c) Organisation and Staffing]

- a) **Technical Approach and Methodology:** In this chapter, you should explain your understanding of the objectives of the assignment, approach to the services, methodology for carrying out the activities and obtaining the expected output, and the degree of detail of such output. You should highlight the problems being addressed and their importance, and explain the technical approach you should adopt to address them. You should also explain the methodologies you propose to adopt and highlight the compatibility of those methodologies with the proposed approach.
- b) **Work Plan:** In this chapter, you should propose the main activities of the assignment, their content and duration, phasing and interrelations, milestones (including interim approvals by the Client), and delivery dates. The proposed work plan should be consistent with the technical approach and methodology, **showing understanding of the TOR** and ability to translate and implement **each of the objectives, services and care to be provided, and scope of work** into a feasible working plan. A list of the final documents, including reports, drawings, and tables to be delivered as final output, should be included here. The work plan should be consistent with the Work Schedule.
- c) **Organization and Staffing:** In this chapter, you should propose the structure and composition of your team. You should list the main disciplines of the assignment, the key expert responsible, and proposed staff. The details of these resources shall be given in Tech Form – 4.

Note 1: Information provided in the form should correspond to the Technical Presentation.

Note 2: All the claims should be substantiated through production of supporting documents.

Tech Form 4 – Team Composition and Task Assignments

Professional Staff			
Name of Staff	Area of Expertise	Position Assigned	Task Assigned

Note 1: Information provided in the form should correspond to Key Personnel criteria of the Technical Qualification form.

Note 2: All the claims should be substantiated through production of supporting documents.

Tech Form 5 - Curriculum Vitae (CV) of Proposed Staff

1. Proposed Position
2. Name of Agency:
3. Name of Staff:
4. Date of Birth
5. Nationality
6. Education

Name of Institution	Degree(s) or Diploma(s) obtained:	Date
---------------------	-----------------------------------	------

7. Membership in Professional Associations/ Trainings attended

8. Languages

Language	Reading	Speaking	Writing
English			
Odia			
Hindi			
Any other			

9. Employment Record:

FROM : _____ TO: _____
 EMPLOYER _____
 POSITION/S HELD _____

FROM: _____ TO: _____
 EMPLOYER _____
 POSITION/S HELD _____

FROM: _____ TO: _____
 EMPLOYER _____
 POSITION/S HELD _____

10. Work Undertaken that Best Illustrates Capacity to Handle the Tasks Assigned

Name of assignment or project:
 Year:

Location:

Client:

Main project features:

-

Position/s held:

Activities performed:

-

Name of assignment or project:

Year:

Location:

Client:

Main project features:

-

Position/s held:

Activities performed:

-

11. Certification

I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes me, my qualifications, and my experience. I understand that any wilful misstatement described herein may lead to my disqualification or dismissal, if engaged.

Full name of authorized representative:

Note 1: Information provided in the form should correspond to the Key Personnel Criteria of the Technical Qualification form.

Note 2: All the claims should be substantiated through production of supporting documents.

Tech Form 6 – Undertaking Regarding any Conflicting Activities and Declaration Thereof

Are there any activities carried out by your Agency which are of conflicting nature as mentioned in para 1.8 of section 6. If yes, please furnish details of any such activities.

If no, please certify,

[We hereby declare that our Agency has not indulged in any such activities which can be termed as the conflicting activities under para 1.8 of the section 6. We also acknowledge that in case of misrepresentation of the information, our proposals /contract shall be rejected / terminated by the Client which shall be binding on us.]

Authorized Signature [In full and initials]:

Name and Title of Signatory:

Name of Agency:

Address:

Section 8

Fin Form

[Location, Date]

To,

District Collector cum

Chairperson and Managing Trustee,

District Mineral Foundation (DMF), Keonjhar

Dear Sir,

We, the undersigned, offer to provide services for the assignment '**Establishment and Management of Four Nutritional Rehabilitation Centres in Keonjhar district**' under DMF in accordance with your Request for Proposal (RFP) dated _____ and our Technical Proposal.

We fully accept the proposed budget (including the Management Fee) in the RFP. The proposed budget (including the Management Fee) shall be binding upon us subject to the modifications resulting from Contract negotiations, up to expiration of the validity period of the Proposal.

We understand that the management fee will be released on the quarterly assessment of the achievements of acceptable levels of care as specified in Annexure III of the RFP documents.

We hereby certify that we have taken steps to ensure that no person acting for us or on our behalf will engage in bribery. We undertake that, in competing for (and, if the award is made to us, in executing) the above contract, we will strictly observe the laws against fraud and corruption in force in India namely "Prevention of Corruption Act, 1988".

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature [In full and initials]: _____

Name and Title of Signatory: _____

Name of Agency: _____

Address: _____

ANNEXURE- I

DRAFT PERFORMANCE BANK GUARANTEE

(To be issued by a Bank _____)

This deed of Guarantee executed at _____ by _____ (Name of the Bank) having its Head/Registered Office at _____ (hereinafter referred to as "the Guarantor") which expression shall unless it be repugnant to the subject or context thereof include its heirs, executors, administrators, successors and assigns.

In favour of **Collector & Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar** having its office at (Keonjhar) (hereinafter called DMF, Keonjhar, which expression shall unless it be repugnant to the subject or context thereof include its heirs, executors, administrators, successors and assigns);

Whereas _____, an organisation registered/formed under _____ (specify the applicable law) and having its registered office at _____ (hereinafter referred to as the Agency) has been, consequent to conduct and completion of a competitive bidding process in accordance with the Request for Proposal (RFP) document No. ___ dated _____ issued by **Collector & Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar**, selected for the Agreement by Collector & Chairperson cum Managing Trustee, DMF Keonjhar as more specifically defined in the aforementioned Document including statement of work and the Agreement executed between the **Collector & Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar** and Agency .

The Agreement requires the Agency to furnish an unconditional and irrevocable Bank Guarantee for an amount of ₹ _____/- Rupees _____ only) by way of security for guaranteeing the due and faithful compliance of its obligations under the Agreement.

Whereas, the Agency approached the Guarantor and the Guarantor has agreed to provide a Guarantee being these presents.

Now this Deed witnessed that in consideration of the premises, we, _____ Bank hereby guarantee as follows:

1. The Agency shall implement the project – '**Establishment and Management of Four Nutritional Rehabilitation Centres in Keonjhar district**' under DMF in accordance with the term and subject to the conditions of the Agreement and fulfil its obligations there under
2. We, the Guarantor, shall, without demur, pay to **Collector & Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar** an amount not exceeding ₹ _____ (Rupees _____ only) within 7 (seven) days of receipt of a written demand from **Collector & Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar** stating that the Agency has failed to fulfil its obligations as stated in Clause 1 above.
3. The above payment shall be made by us without any reference to the Agency or any other person and irrespective of whether the claim of the **Collector & Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar** is disputed by the Agency or not.
4. The Guarantee shall come into effect from _____ (Start Date) and shall continue to be in full force and effect till the earlier of its expiry at 1700 hours Indian Standard Time on _____ (Expiry Date) (both dates inclusive) or till the receipt of a claim, from the **Collector &**

- Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar** under this Guarantee, which is one month after the expiry of performance guarantee, whichever is earlier. Any demand received by the Guarantor from **Collector & Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar** prior to the Expiry Date shall survive the expiry of this Guarantee till such time that all the moneys payable under this Guarantee by the Guarantor to **Collector & Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar**.
5. In order to give effect to this Guarantee, **Collector & Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar** shall be entitled to treat the Guarantor as the principal debtor and the obligations of the Guarantor shall not be affected by any variations in the terms and conditions of the Agreement or other documents by **Collector & Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar** or by the extension of time of performance granted to the Agency or any postponement for any time of the power exercisable by **Collector & Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar** against the Agency or forbear or enforce any of the terms and conditions of the Agreement and we shall not be relieved from our obligations under this Guarantee on account of any such variation extension forbearance or omission on the part of **Collector & Chairperson cum Managing Trustee, District Mineral Foundation, Keonjhar** to the Agency to give such matter or thing whatsoever which under the law relating to sureties would but for this provision have effect of so relieving us.
 6. The Guarantee shall be irrevocable and shall remain in full force and effect until all our Obligations under this guarantee are duly discharged.
 7. The Guarantor has power to issue this guarantee and the undersigned is duly authorized to execute this Guarantee pursuant to the power granted under _____.

In witness, whereof the Guarantor has set its hands hereunto on the day, month and year first here-in-above written.

Signed and Delivered by _____ Bank by the hand of Shri _____ its
_____ and authorized office.

Authorised Signatory _____ Bank

ANNEXURE- II
BUDGET & FUND FLOW

1. ABSTRACT OF BUDGET

Cost for operationalising Four NRCs (Over three years)			
Sl. no.	Item	Costs (in ₹)	Remarks
1	Recurring Cost	5,70,16,800	Includes personnel costs, running costs, medicine costs, incentives, etc. to be reimbursed to the selected agency
2	Management Fee*	42,76,260	7.5% of recurring Cost
TOTAL		6,12,93,060	

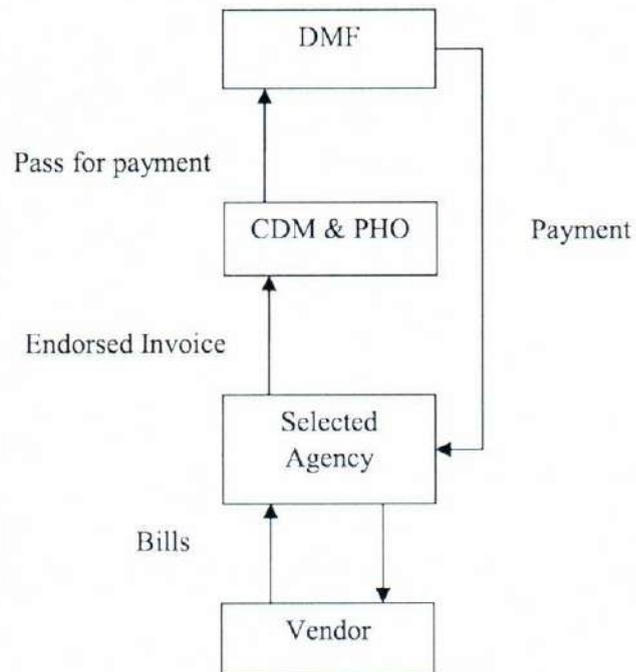
*Management fee will be based on actual recurring expenditure incurred

2. DETAILED RECURRING COST

Sl. no.	Item	Cost Estimate per month/NRC	Annual Costs (in ₹)/NRC	Remarks
1	Personnel Cost			
i	Paediatrician	1,20,000	14,40,000	
ii	Program Manager (@ 32000)	32,000	3,84,000	
iii	Nutritionist - cum - Counsellor: 1 no. (@ ₹13800 + ₹3450 PI)	17,250	2,07,000	
iv	ANM 4 (@₹10300)	41,200	4,94,400	
v	Cook cum Attendant: 3 @ ₹8250	24,750	2,97,000	
vi	Sanitation Worker @₹ 6750	6,750	81,000	
vii	Travelling Cost @ 20% of the HR cost of Program Manager/month	6,500	78,000	
Sub-total		2,48,450	29,81,400	
2	Running Cost			
i	Food / Diet Therapeutic Diet for Child @ ₹75/- per day	22,500	2,70,000	
ii	Transportation Cost for mothers (₹200 at the time of discharge, ₹200 per each follow-up)	20,000	2,40,000	Account transfer only
iii	Diet for Mother @₹100 per day	30,000	3,60,000	
iv	Wage Compensation for care givers @₹200 per day	60,000	7,20,000	Account transfer only.
Sub-total		1,32,500	15,90,000	
3	Pharmaceuticals and Diagnostic Costs: (Medicine, clinical Investigations & micro nutrients required)	5,000	60,000	
Sub-total		5,000	60,000	
4	Maintenance Cost	3,500	42,000	

	Sub-total	3,500	42,000	
5	Establishment Cost	1,500	18,000	
	Sub-total	1,500	18,000	
6	Performance incentive to ASHAs (₹50 for admission, ₹50 per follow-up)	5,000	60,000	Account transfer only.
	Sub-total	5,000	60,000	
	TOTAL	3,95,950	47,51,400	
	TOTAL (for 4 NRCs)	15,83,800	1,90,05,600	

3. FUND FLOW MECHANISM



ANNEXURE- III

Criteria for Release of Management Fee to selected Agency

The management fee for a particular Project Year will be released:

- In four equal instalments based on quarterly assessment

For assessing the achievements of acceptable levels of care the following table would be used for the calculation of 'Cumulative Points'

Sl. No	Indicators	Criteria for points	
1	Recovery rate (Number of beneficiaries that have reached discharge criteria within the reporting period divided by the total exits)	$\leq 75\%$	= 0 points
		75 % – 85 %	= + 10 points
		85+ %	= +20 points
2	Death rate ((Number of deaths/ number of children admitted)* 100))	$>= 5\%$	= 0 points
		$< 5\%$	= +10 points
3	Defaulter rate (Number of beneficiaries that defaulted during the reporting period divided by the total exits) Note: A person is considered as a defaulter when he/she has not attended the NRC for 3 consecutive days.	$>= 15\%$	= 0 points
		10% – 15%	= +5 points
		$< 10\%$	= +10 points
4	Average Weight gain (g/kg/d) (Sum of weight gains (g/kg/d) of all the children discharged during the month/ total number of children discharged during the month)	$\leq 8g$	= 0 points
		8g – 9g	= +10 points
		9g – 10g	= +20 points
		10g+	= +25 points

5	<p>Average Length of stay (weeks)</p> <p>Average length of stay (in days) = (Total inpatient days of care / Total admissions)</p> <p>Total Inpatient Days of Care - Sum of each daily inpatient census for the time period examined. For instance, if the time period examined is a week, and the daily inpatient census was as follows: Day 1 = 7, Day 2 = 8, Day 3 = 6, Day 4 = 10, Day 5 = 10, Day 6 = 9, Day 7 = 8, Then the Total Inpatient Days of care for one week would be 7+8+6+10+10+9+8 or 58 total inpatient days or 204 total inpatient days.</p> <p>Total Admissions - The total number of individuals formally accepted into inpatient units of the hospital during the time period examined.</p>	<p>< 8 days or > 28 days = 0 points</p> <p>8 days – 28 days = +10 points</p>
6	<p>Occupancy rate</p> <p>(Inpatient Days of Care / Bed Days Available) x 100</p>	<p><75% = 0 points</p> <p>75 – 85 % = +15 points</p> <p>85 – 90 % = +20 points</p> <p>90+ % = +25 points</p>
Total Cumulative Points (CP)		= _____

The cumulative points achieved in the six indicators as mentioned above will be used to calculate the management fee which will be paid quarterly.

Formula for the payment of Management fee

Quarterly payment = 7.5% * Actual Recurring Expenditure incurred in the quarter * (CP/100)