

# **REQUEST FOR PROPOSAL**

## **ESTABLISHMENT OF**

### **ASSAM MCTS CALL CENTRE**

RFP No: NHM/MCTS/Call-Centre/2938/2016-17/Pt-I/4348      dated 24<sup>th</sup> August 2016



OFFICE OF THE MISSION DIRECTOR,  
NATIONAL HEALTH MISSION, ASSAM  
SAIKIA COMMERCIAL COMPLEX,  
G. S. ROAD, CHRISTIANBASTI, GUWAHATI - 781005

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## GLOSSARY USED IN THE TEMPLATE

<b>AHT</b>	Average Call Handling Time
<b>AMC</b>	Annual Maintenance Contract
<b>Call centre Service Provider (CSP)</b>	The bidder to whom the work order is issued or with whom the contract is signed
<b>DD</b>	Demand Draft
<b>Department</b>	Department of Health & Family, Government of Assam
<b>DeitY</b>	Department of Electronics and Information Technology, GoI
<b>EMD</b>	Earnest Money Deposit
<b>GFR</b>	General Financial Rules
<b>GoI</b>	Government of India
<b>CA</b>	Call Centre agent
<b>CSP</b>	Call Centre Service Provider
<b>ICT</b>	Information and Communication Technology
<b>IEC</b>	Information, Education and Communication
<b>INR</b>	Indian Rupee
<b>IT</b>	Information Technology
<b>JSY</b>	Janani Suraksha Yojna
<b>KPI</b>	Key Performance Indicator
<b>LD</b>	Liquidated Damages
<b>LoA</b>	Letter of Award
<b>LoI</b>	Letter of Intent
<b>State/UT</b>	Name of State/UT
<b>NHM</b>	National Health Mission
<b>NRHM</b>	National Rural Health Mission
<b>O&amp;M</b>	Operations and Maintenance
<b>OEM</b>	Original Equipment Manufacturer
<b>PBG</b>	Performance Bank Guarantee
<b>PoA</b>	Power of Attorney
<b>RFP</b>	Request for Proposal
<b>RoC</b>	Registrar of Companies
<b>Successful Bidder</b>	Bidder whose bid has been determined to be the most responsive bid as per the process outlined in the RFP
<b>SLA</b>	Service Level Agreement
<b>SoW</b>	Scope of Work
<b>Ticket</b>	Mechanism used to track the reporting and resolution of transaction
<b>UAT</b>	User Acceptance Test

## 1 Introduction to RFP

### 1.1 Important Dates for RFP

S. No.	Particular	Date
1.	Start date of issuance / sale of RFP document	26 <sup>th</sup> August 2016
2.	Last date for submission of queries	1 <sup>st</sup> September 2016
3.	Pre-bid meeting	5 <sup>th</sup> September 2016
4.	Last date for issuance / sale of RFP document	15 <sup>th</sup> September 2016
5.	Last date and time for bid submission	16 <sup>th</sup> September 2016 at 2:00 PM
6.	Date and time for opening of financial bids	16 <sup>th</sup> September 2016 at 2:30 PM

### 1.2 Fact Sheet

<b>Evaluation Method</b>	<p>Evaluation method which shall be used for the selection of Call Centre Service Provider (CSP) is L-1 after qualifying in the Prequalification-cum-technical bid.</p> <p>After evaluation of quality has been completed, the Department shall notify those bidders whose proposals did not meet the minimum qualifying standard or were considered non-responsive to the RFP and/or TOR, indicating that their financial proposals will be returned unopened after completing the selection process.</p>
<b>RFP Document</b>	<p>RFP Document can be obtained from the Office of the Mission Director, National Rural Health Mission, Assam, Saikia Commercial Complex, G. S. Road, Christianbasti, Guwahati – 781005, after depositing non-refundable fee of Rs. 2,000/- (Rupees two thousand) only in the form of a Demand Draft/ Bankers Cheque in favour of “State Health Society, Assam” payable at Guwahati during the period of issuance/ sale of RFP document as mentioned in 1.1 Important Dates of RFP.</p> <p>The RFP Document may be obtained during office hours on all working days. The RFP Document may also be downloaded from the official website of NHM, Assam (<a href="http://www.nrhmassam.in">www.nrhmassam.in</a>). The bidder who has downloaded the bidding document from the website has to pay Rs. 2,000/- (Rupees two thousand only) (non-refundable) in the form of Demand Draft/Bankers Cheque in favour of “State Health Society, Assam”, along with the bid.</p>

<b>EMD</b>	The bidder shall furnish EMD in the form of Demand Draft/ Bankers Cheque in favour of <b>State Health Society, Assam</b> for an amount of Rs. 1,50,000 /- (Rupees one lakh fifty thousand Only) payable at Guwahati as mentioned in RFP. EMD should be valid for a period of <i>45 days</i> from the last date of submission of the bid.
<b>Language of bid</b>	Bid should be submitted in English language only.
<b>Bid validity</b>	The Bid submitted by the bidder shall be valid for 90 days from the last date of submission of the bid.
<b>Bid documents</b>	An original and one additional copy of each bid along with one copy of non-editable CD/DVD for Prequalification cum Technical bid One original copy of the Financial bid In case of any variation between soft copy and hard copy(ies), signed original hard copy will prevail.

### 1.3 Request for Proposal

Sealed tenders are invited from eligible, reputed, qualified entities with sound technical and financial capabilities for design, development, implementation and maintenance of a call centre to contact beneficiaries of Mother & Child Tracking System (MCTS) under National Health Mission (NHM), Department of Health & Family Welfare, Government of Assam as detailed out in the scope of work under this RFP document. This invitation to bid is open to all bidders meeting the minimum eligibility criteria as mentioned in the RFP document.

## 2 Background Information

### 2.1 About Mother & Child Tracking System (MCTS)

**Mother & Child Tracking System (MCTS)** is a case specific monitoring system to monitor each and every pregnant woman and child to avoid drop out and to ensure complete service delivery in order to reduce Maternal Mortality and Infant Mortality.

The objective is to undertake case specific monitoring to ensure complete Antenatal Care (ANC) Services, Delivery Services and Postnatal Care (PNC) Services and monitoring of full Immunization services to each and every pregnant woman and child. The aim is to have an effective monitoring system for High Risk Pregnant Women and Low Weight Birth Babies in order to reduce Maternal and Infant Mortality.

National Health Mission, Assam under Department of Health & Family Welfare, Govt. of Assam has implemented online Mother & Child Tracking System (MCTS) System in the entire State as per instruction provided by Ministry of Health & Family Welfare, Govt. of India. Detail information of pregnant women including Name, Phone No, Address, LMP Date, EDD, dates of ANC, PNC, Delivery, etc are captured through the online MCTS system. Similarly, Date of Birth, Birth Weight, Phone of Parents, Address of Parents, dates of vaccines, etc are captured for all children through online MCTS Portal. MCTS Portal has option to generate work-plan Sub Centre wise, ANM wise, ASHA wise as well as Beneficiary wise to remind about due date of services. Option for sending work-plan through SMS as well as in the form of Hard copy is also available in the MCTS Portal.

Information has been captured in respect of total 36,20,319 pregnant women and 30,47,405 children through online MCTS Portal since inception till 3<sup>rd</sup> July 2016. It is expected that around 8 lakhs pregnant women and 7.22 lakhs children will be registered under MCTS in the year 2016-17. As per record available 21% pregnant women registered in MCTS Portal with self phone number in the year 2016-17.

### 2.2 About Project – Assam MCTS Call Centre

“Assam MCTS Call Centre” under National Health Mission, Assam was established at State level to inform the beneficiaries about due date of services.

**The objective is to undertake case specific monitoring to ensure complete Antenatal Care (ANC) Services, Delivery Services and Postnatal Care (PNC) Services and monitoring of full Immunization services to each and every pregnant woman and child.** The aim is to have an effective monitoring system for High Risk Pregnant Women and Low Weight Birth Babies in order to reduce Maternal and Infant Mortality. Phone calls are made to pregnant women and parent of children to inform them about due date of services. During interaction if any health related issues of pregnant women or children found, then the phone calls handed over to Doctors posted in the MCTS Call Centre for medical advice.

During interaction with the beneficiaries, information about various health schemes is being provided to the beneficiaries. Promotion of different health schemes for Mother & Children like JSY, JSSK (Free Referral System, 108, 102, Adarani, Free Medicine, Free Diagnostics, Free Treatment, Nutritional Supplement, Free Blood Transfusion, etc), Mamoni,

Majoni, 104 – Health Information helpline and complaint redressal system, VHND services, etc. is one of the objective of “Assam MCTS Call Centre”.

Promotion of Institutional Delivery, early and exclusive breastfeeding, intake of Iron & Folic Acid tablet, TT immunization for pregnant women, nutritional food, Full immunization for children, family planning advices, etc is also taken into consideration during interaction with the pregnant women and mother. Identification of Birth defects/congenital anomalies among new born babies for possible early intervention is also done. If the phone is received by the husband, then Counseling is also undertaken of husbands for better pregnancy management of his wife.

Simple questions like availing of different Govt. Schemes like JSY, JSSK, Mamoni, Majoni, Mamata, Free Transportation, VHND, etc has been asked to beneficiaries to capture information about the actual implementation of various schemes. If the beneficiary doesn't receive any of the services under any of the scheme, then it is treated as a complaint and the information is forwarded to the “Electronic Complaint Redressal System”. The same is readdressed and necessary action taken to provide the service to the beneficiary.

Phone Calls made to ANM and ASHAs to validate contact information. Special phone calls were also made to ANMs & ASHAs to collect phone number of beneficiaries. These were included as extra scope of work without any extra payment which was not included in the original tender document as well as in the agreement.

Emphasize has been given to make special call to High Risk Pregnant Women. Doctors posted in the Call Centre directly call the “High Risk Pregnant Women”. In case of complicated cases, the same is discussed with the O&G Specialist posted in the Sarathi 104 Call Centre.

Assam MCTS Call Centre established in the month of March 2013. It was formally inaugurated on 1<sup>st</sup> September 2013.

At present the “Assam MCTS Call Centre” is functioning with 25 seats. Out of 25 numbers of callers, 22 are **Female** Call Executives with **Nursing/ paramedical qualification** and remaining 3 are Medical Officers. Beneficiaries are interacted in local languages like Assamese, Bengali, Hindi, Bodo, English, etc. Calls are made from 7:00 AM to 8:00 PM.

Present call schedule of Assam MCTS Call Centre are as follows:

- 1st call after registration of ANC and before due date of 2nd ANC.
- 2nd call before due date of 3rd ANC.
- 3rd call before due date of 4th ANC.
- 4th call before “Expected Date of Delivery”.
- 5th call after delivery to promote PNC and Immunization of the Child for BCG/OPV1/Pentavalent 1 vaccination.
- 6th Call before due date of OPV2/Pentavalent 2 vaccination.
- 7th call before due date of OPV3/ Pentavalent 3 vaccination.
- 8th Call before due date of Measles vaccination/ VitA.
- Special calls are made to High Risk Pregnant Women on monthly basis. Special calls are also to be made for overdue of services.
- Special calls are made to ANMs and ASHAs to validate their phone numbers and to collect the phone number of beneficiaries under her jurisdiction.

### 3 Scope of Work

The proposed “Assam MCTS Call Centre” will be outbound call facility to interact with the beneficiaries registered in Mother & Child Tracking System (MCTS).

The objective is to undertake case specific monitoring to ensure complete Antenatal Care (ANC) Services, Delivery Services and Postnatal Care (PNC) Services and monitoring of full Immunization services to each and every pregnant woman and child. The aim is to have an effective monitoring system for High Risk Pregnant Women and Low Weight Birth Babies in order to reduce Maternal and Infant Mortality. Phone calls need to be made to pregnant women and parent of children to inform them about due date of services. During interaction if any health related issues of pregnant women or children found, then the phone calls to be handed over to Doctors posted in the MCTS Call Centre for medical advice.

During interaction with the beneficiaries, information about various health schemes to be provided to the beneficiaries. Promotion of different health schemes for Mother & Children like JSY, JSSK (Free Referral System, 108, 102, Adarani, Free Medicine, Free Diagnostics, Free Treatment, Nutritional Supplement, Free Blood Transfusion, etc), Mamoni, Majoni, 104 – Health Information helpline and complaint redressal system, VHND services, etc. are the objectives of “Assam MCTS Call Centre”.

Promotion of Institutional Delivery, early and exclusive breastfeeding, intake of Iron & Folic Acid tablet, TT immunization for pregnant women, nutritional food, Full immunization for children, family planning advices, etc is to be taken into consideration during interaction with the pregnant women and mother. Identification of Birth defects/congenital anomalies among new born babies for possible early intervention is to be done. If the phone is received by the husband, then Counseling is to be undertaken of husbands for better pregnancy management of his wife.

Feedback on availing of different Govt. Schemes like JSY, JSSK, Mamoni, Majoni, Mamata, Free Transportation, VHND, etc has to be collected from the beneficiaries during interaction to capture information about the actual implementation of various schemes. The feedback to be integrated with existing Complaint Redressal System of NHM, Assam.

Phone Calls should also made to ANM and ASHAs to validate contact information. Special phone calls should also made to ANMs & ASHAs to collect phone number of beneficiaries.

Special calls to be made to High Risk Pregnant Women by Doctors posted in the Call Centre. In case of complicated cases, the same is discussed with the O&G Specialist posted in the Sarathi 104 Call Centre.

#### **Proposed Call Schedule of Assam MCTS Call Centre:**

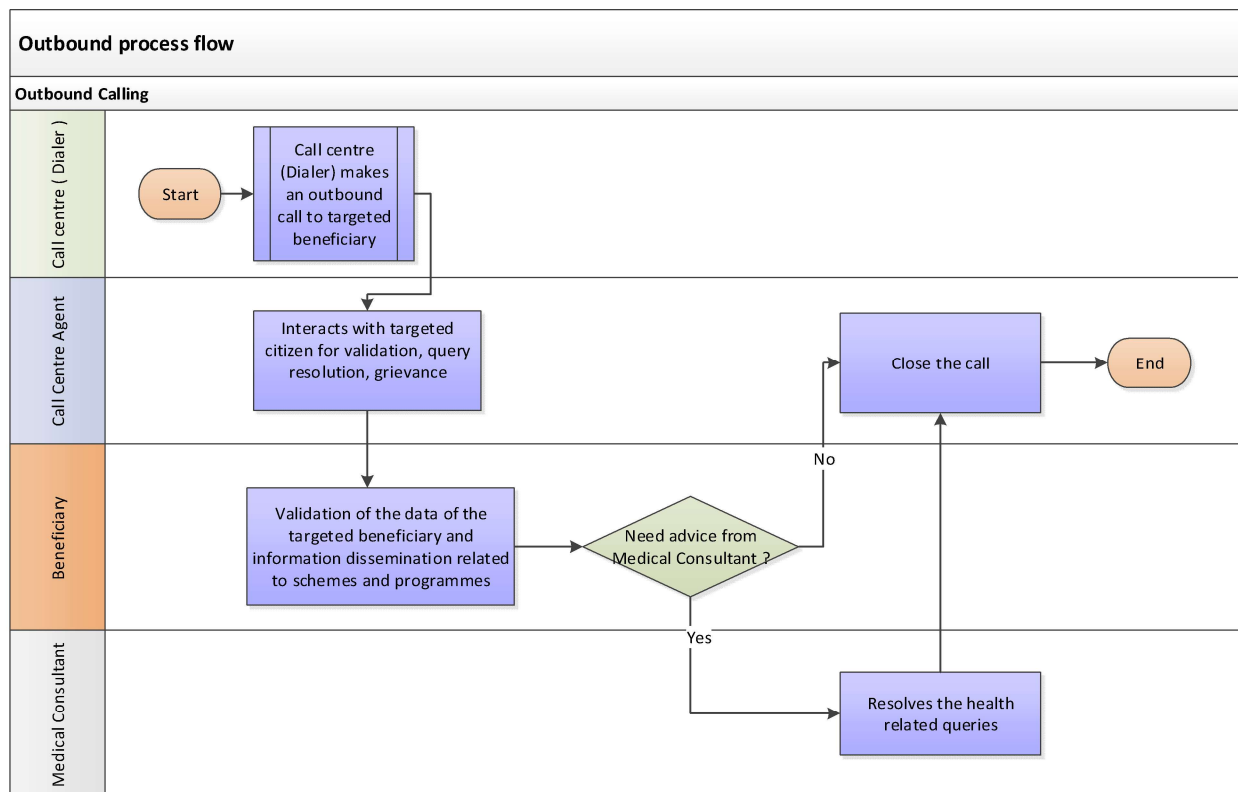
- 1st call to be made after registration of ANC and before due date of 2nd ANC. Validation of information to be made during the first call and the same should be updated in the MCTS Portal.
- 2nd call to be made before due date of 3rd ANC.
- 3rd call to be made before due date of 4th ANC.
- 4th call to be made before “Expected Date of Delivery”.



- 5th call to be made after delivery to promote PNC and Immunization of the Child for BCG/OPV1/Pentavalent 1 vaccination.
- 6th Call to be made before due date of OPV2/Pentavalent 2 vaccination.
- 7th call to be made before due date of OPV3/ Pentavalent 3 vaccination.
- 8th Call to be made before due date of Measles vaccination/ VitA.
  
- Special call to be made to High Risk Pregnant Women on monthly basis. Special calls are also to be made for overdue of services.
- Special calls to be made to ANMs and ASHAs to validate their phone numbers and to collect the phone number of beneficiaries under her jurisdiction.
- Special calls to Beneficiaries/ ANMs/ ASHAs when required for specific purpose. Separate instruction will be provided in those cases.

#### **Process Flow:**

The outbound calls may be made from the call centre to the beneficiaries / health workers registered in the Mother & Child Tracking System (MCTS) for validation of the data and awareness generation. Call centre agents will have to make calls to beneficiaries and health workers for data validation and spreading awareness of various government schemes and programmes. In case where a specialized medical help is required, the call may be forwarded to the medical officer posted in the call centre.



### Functional Requirements:

- There will be no incoming facility in the Call Centre. Outgoing facility only required.
- Outgoing phone call charge will be reimbursed as per actual which will be released as per data available in the customized application.
- Hardware specifications shall be provided by the bidder. List of hardware, furniture available in the existing MCTS Call Centre as mentioned below Annexure – C.
- The hardware, software, furniture, other equipments, data, documents will be property of National Health Mission (NHM), Assam. On completion/ termination of the agreement, the party should hand over the entire resources (excluding space) to National Health Mission (NHM), Assam.
- Manpower will be managed by the party and they will be under the payroll of the party. NHM, Assam will not be liable for any kind of manpower related issues.
- The firm should have their own setup at Guwahati.
- Call Centre to be established at Guwahati City only. Other location will not be accepted. There should be free access of Mission Director, NHM, Assam or his representative for monitoring & supervision of Call Centre activities.
- Calls to be made to beneficiaries in Assamese, Bengali, Hindi, English, Bodo, etc.
- Call Centre to be made operational in all 365 days in the year in the following three shifts:

Shift	Time Period	Number of Call Executive (Nursing/ paramedical Staff)	Number of Doctor	Total HR
Shift 1	From 7:00 AM to 3:00 PM	4	1	5
Shift 2	From 9:00 AM to 5:00 PM	14	1	15
Shift 3	From 12:00 Noon to 8:00 PM	4	1	5

- j. Call centre should have minimum following manpower:

Sl No	Resource Type	Description	Minimum number
1	Supervisor	Will be responsible for day-to-day operations and supervising the calling operation. They will be responsible for managing the efficiency of calling operation.	2 numbers
2	IT support / MIS Expert	Will be responsible for application uptime, solution installation and maintenance of hardware and software and reporting.	2 numbers
3	Call centre Agents	Will be responsible for making calls to beneficiary.	22 numbers
4	Medical Officer	Will provide necessary medical assistance to the caller over the phone for specific queries.	3 numbers

The number mentioned above is only the minimum number. The vendor has to incorporate number of HR required based on their HR policy and leave rules.

- k. Work should be started within seven (7) days from the date of issue of the work order.  
The call centre should be started within 30 days from the date issue of the work order.
- l. Post Sale Service for equipments and connectivity should be provided by the vendor.

### **3.1 Implementation Phase**

#### **3.1.1 Call Centre Solution – Functional Requirement**

##### **3.1.1.1 Customized Application to run the Call Centre.**

- i. The selected Party will have to develop their own software for management of Call Centre and record keeping.
- ii. The source of data will be Mother & Child Tracking System. NHM will facilitate to provide web service link to download data from MCTS. (Format through which data will be provided at Annexure – B)
- iii. During call, the caller will have to update information in the MCTS Portal as well as in the Customized Software.
- iv. The software should have the provision of Soft Dialing telephone call facility.
- v. Mission Director, NHM, Assam or his representative should have direct access of the customized application for generation of report.
- vi. Detail Monthly report generated from the Customized Software should be submitted to the Mission Director, NHM, Assam, both in the form of soft copy as well as signed hard copy.
- vii. Findings of the call should be captured in the Customized Application and it should be shared with the NHM State HQ on weekly basis so that corrective measures can be taken based on the findings. Format for data to be captured may be seen in Annexure – A.
- viii. Option for report generation with different types of findings should be available in the Customized Application so that the same can be sent to different Divisions/ Districts for corrective measures.
- ix. There should be provision of modification/ enhancement of service from time to time as per requirement of Tender Inviting Authority.
- x. SLA Monitoring tool to be included.
- xi. 100% voice calls to be recorded. Voice storage should be of minimum twelve months in the online application and provision of backup of archive data for 10 years in removable storage. Size of the storage should be mentioned clearly. Backup of the database along with recorded voice calls to be submitted to NHM, Assam on monthly basis.

##### **3.1.1.2 Design, Development, Testing and Maintenance of Call centre solution**

The selected vendor may be required to design, develop and maintain Call centre solution for the entire duration of the project with respect to the scope of work specified in this RFP. Following is an illustrative list of components of a call centre solution:

- a) Computer Telephone Integration (CTI)
  - i) Should be able to integrate with call centre solution.
  - ii) Should be interfaced to send/receive data which needs to be populated.
  - iii) Ability to generate and service requests.
  - iv) On transferring the call to supervisor/ specialist the screen too should be transferred.
  - v) Call events should be handled from the system such as hold, retrieve hold, conference, transfer etc.
  
- b) Call Centre Application
  - i) Support Ticket with all related data logging and tracking
  - ii) Enable Managers / Supervisors to monitor the overall performance of the Call centre Agents and interact when needed
  - iii) Must interface with related web portals to retrieve information and perform tasks which are required
  - iv) Call centre Agent should be able to log and track each Ticket
  - v) Information of the escalated Tickets should be made available as and when required by the Department
  
- c) Call Recording and Analysis Report
  - i) 100% voice calls to be recorded. Voice storage should be of minimum twelve months in the online application and provision of backup of archive data for 10 years in removable storage. The recording should contain detailed call information, feedback of quality analyst for analysed calls, updation in questionnaires etc.
  - ii) The developed solution must provide advanced searching capabilities. The archived media will be provided by the CSP.
  
- d) Language Requirements
  - i) Support local languages like Assamese, Bengali, Hindi, English, Bodo, etc.
  - ii) However, the costing in financial format may remain the same for each language.
  
- e) Security and Privacy
  - i) Ensure that information is collected directly from the caller and should only be used for the specific purpose for which it was collected. Data should not be shared with third party without prior approval of NHM, Assam.
  - ii) Privacy of caller information guidelines must be adhered to by everyone including the Call centre Agents to ensure security of data.
  - iii) Maintain log including date, time, mac ID, number of Call centre Agents,

attendance record, application logs, Call Detail Record (CDR) of PRI lines, etc.

- iv) Ensure complete and comprehensive security from unauthorized access and misuse.

### 3.1.2 Technical Infrastructure

- 3.1.2.1 The complete call centre solution needs to be implemented on outsourced model at CSP's premises. The entire infrastructure for operationalization of call centre as per the RFP is to be arranged and managed by CSP. However, there should be free access of Mission Director, NHM, Assam or his representatives for monitoring of Call Centre. Senior officials of Govt. of India or Govt. of Assam may also visit the Call Centre on time to time basis.
- 3.1.2.2 The CSP is required to do a complete setup of call centre design, size, procure, deploy and manage the complete call centre solution in a web enabled environment.
- 3.1.2.3 The CSP should have proper Business Continuity and Disaster Recovery Plan and process in place.
- 3.1.2.4 The CSP must provide infrastructure that is scalable beyond the initial requirement for any other software application that needs to be developed / required for the project.

### 3.1.3 Application development

- 3.1.3.1 Prepare the Functional Requirement Specifications (FRS).
- 3.1.3.2 Prepare the System Requirement Specifications (SRS).
- 3.1.3.3 Database design and development.
- 3.1.3.4 Design of web services for integration with other applications.
- 3.1.3.5 Develop the application including the capability of data exchange.
- 3.1.3.6 Delivering reports including development of customized query builder as per the approval of Department.

### 3.1.4 Human Resource Persons

CSP is expected to run the call centre services from its premise and deploy resources for implementation of call centre solution. The mix of following resources may be deployed by the CSP while conceptualizing and implementing the solution and accordingly payment will also be made for the effort of manpower to the CSP. The utilization mix of the resources may vary based on the requirement of the Department. CSP may deploy all the manpower that is required for development of application and call centre solution. The Department may also ask CSP to deploy desired manpower dedicatedly for the project. Below is an indicative list of manpower that may be required onsite for the project:

#### 3.1.4.1 Operational Resource Persons

- 3.1.4.1.1 Call centre Agent – These resource persons (Paramedics cum Call Centre executive) would make the general calls and will handle the general cases; if required, the call will be referred to Medical Officers.

- 3.1.4.1.2 Supervisors: These resource persons will support Call centre Agent and assist in resolving the problem, interacting with the programme division till the resolution of the problem gets into the knowledge bank.
- 3.1.4.1.3 Medical Officer- The call requiring specialist intervention will be forwarded to these resource persons. These resource persons will make calls to high risk pregnant women and cases where medical advice is required. These resource persons will also assist in the updation of the knowledge bank, continuous training to Call centre Agents and Supervisors.
- 3.1.4.1.4 IT Support/ MIS Expert: The resource persons will be responsible for application uptime, solution installation and maintenance of hardware, software and database and reporting to NHM Office.

### 3.1.5 Reporting Requirement

Different types of reports may be required to assess the performance of system/manpower/project. Reporting requirements may be changed on time to time basis. Following are the mandatory reports required to be generated from the system:

#### 3.1.5.1 System performance report

- 3.1.5.1.1 Application availability
- 3.1.5.1.2 Dialer availability
- 3.1.5.1.3 Network availability
- 3.1.5.1.4 Power availability

#### 3.1.5.2 Manpower performance report

- 3.1.5.2.1 Availability of Call centre Agents
- 3.1.5.2.2 Call centre Agents attendance report
- 3.1.5.2.3 Number of hours of call handling. The CSP should be able to segregate the duration of call handled by Call centre Agents.
- 3.1.5.2.4 Number of calls handled

#### 3.1.5.3 Project performance report

- 3.1.5.3.1 Reports generated based on the feedback of caller.

#### 3.1.5.4 Call status report

- 3.1.5.4.1 Reports containing details such as number of calls, wrong numbers, correct numbers and duration of calls.
- 3.1.5.4.2 Details list of beneficiary verification details in the MCTS.
- 3.1.5.4.3 Line listing of phone calls generated by PRI line.

## 3.2 Operational Requirement of Call Centre

### 3.2.1 Shifts & Operational Hours

Call Centre to be made operational in all 365 days in the year in the following three shifts:

Shift Timing	Opening	Closing Hours	Number of working days
Shift 1	7:00 AM	3:00 PM	365 days in a year
Shift 2	9:00 AM	5:00 PM	365 days in a year
Shift 3	12:00 Noon	8:00 PM	365 days in a year

### 3.2.2 Volume of calls

Considering 8 hours working hour per day. Total actual calling time should be minimum 6 hours excluding data updating time in the customized application & MCTS, idle time in-between calls, breaks of agents, wrap up time etc. Actual calling time reported should tally with the line listing of PRI bills to be submitted for reimbursement claim. Minimum 72 effective calls per day per caller should be ensured considering approximately average 5 minutes duration for each call.

### 3.2.3 Maintenance & on-going support for project

The CSP will take necessary step for maintenance and upgradation of the customized software as and when required. Additional features and report option required by NHM, Assam should be incorporated. Maintenance of the equipments will also be part of the CSP.

### 3.2.4 Capacity Building of operational resource persons

The operational resource persons may be trained and made aware of the project before the start of the operations. Refresher training courses for the team may be conducted on quarterly basis. Refresher training will be required if there is any addition or modification of existing health programmes which are directly linked with the MCTS Call Centre. NHM, Assam may support by deploying respective programme officers to orient about the schemes/programmes. But resource person for the trainings to be arranged by the CSP. The training requirements for the same are provided below:

#### 3.2.4.1 Training on call centre solution:

CSP should train / retrain its team on call centre solution afresh or for any changes made later on. The training manuals and related material for the same would be prepared by the CSP. CSP may provide training to Call centre Agents, other members of team and selected personnel of Department nominated by the Department. Arrangements and related activities for the training of CSP personnel may be the responsibility of CSP.



#### 3.2.4.2 Soft-skill Training:

CSP shall provide regular soft-skill training to the Call centre Agents for handling calls in an appropriate manner. The training schedule may also include coverage of soft skills training on a periodic basis to maintain quality of service.

#### 3.2.4.3 Domain Training:

CSP may appoint domain experts / institutions for providing domain-specific knowledge training to the Call centre Agents. The appointed domain experts / institutions of CSP will develop intensive domain-specific training modules. It will be the responsibility of the CSP to ensure that all Call centre Agents receive appropriate domain training. CSP shall bear all expenses incurred for this activity.

#### 3.2.5 Approach and Methodology for Project

The bidder should submit a detailed approach and methodology for the project including responsiveness of project plan for the timelines, approach toward SLA monitoring, identification of risks, methodology for ensuring deliverables, and approach on maintaining security and confidentiality of data.

#### 3.2.6 Knowledge Bank Management by CSP

3.2.6.1 CSP shall be responsible for creation, management and updating the knowledge bank for the project content.

3.2.6.2 CSP shall also develop the initial standard question bank. The question bank developed by the CSP may be validated by NHM, Assam.

3.2.6.3 CSP will be responsible for identifying the knowledge gaps for domain specific areas and collaborate with the domain experts appointed by Department to develop appropriate content.

3.2.6.4 Maintaining the database of Frequently Asked Questions (FAQs) by callers. CSP will ensure that validated and updated information is available within the system for answering the FAQs and updating FAQs question bank on a regular basis. The response to new question may be validated and approved by NHM, Assam.

#### 3.2.7 Call Centre Access Numbers (PSTN lines)

The CSP will subscribe to and provide the telephone lines to the call centre. The CSP will provide assistance to NHM, Assam, if NHM, Assam wishes to transfers the operation to another call centre / CSP.

#### 3.2.8 Publicity

Any publicity by the CSP in which the information about Health & Family Welfare Department, Govt. of Assam or National Health Mission, Assam is to be mentioned should be done only with the prior written permission of NHM, Assam.

### 3.2.9 Solicitation of Employees

CSP agree not to hire, solicit, or accept solicitation from (either directly, indirectly, or through a third party) the employees of the Department directly involved in this project during the period of the contract and one year thereafter.

### 3.2.10 Information Ownership

All information processed, stored, or transmitted by CSP belongs to National Health Mission, Assam. By having the responsibility to operate the proposed call centre, the CSP does not acquire implicit access rights to the information or rights to redistribute the information. The CSP understands that civil, criminal, or administrative penalties may apply for failure to protect information appropriately. The CSP must agree to and sign a non-disclosure agreement with Department that all the information of callers as well as data will be protected using appropriate security measures. Any legal issues due to leak or disclosure of information of the caller or data will be CSP's liability and any cost incurred for resolution of the issue will be borne by the CSP.

### 3.2.11 Project Tenure

Tenure of the contract will be for two years from the date of issue of the work order and may be extended on yearly basis based on the performance on the sole discretion of National Health Mission, Assam on the rates, terms and conditions provided in RFP.

## 3.3 Deliverable and Timelines

S No	Activities	Deliverables	Timelines
1.	Project Kick-off date	Work order	T <sub>o</sub>
2.	Functional / System requirement gathering	FRS/ SRS	T <sub>o</sub> + 15 days
3.	Develop the application	Application	T <sub>o</sub> + 45 days
4.	UAT sign-off	Approval report	T <sub>o</sub> + 50 days
5.	Onsite training and handholding of the resource persons	Training Manual and questionnaire	T <sub>o</sub> + 55 days
6.	Go-Live of the project	Go-Live certificate	T <sub>g</sub> (T <sub>o</sub> + 61 days)
7.	Operation and maintenance phase	Periodic reports	Post T <sub>g</sub> as per the requirement
8.	Exit Management Phase (at the time of exit for handholding)	Completion certificate	As per RFP

## **4 Instructions to the Bidders (ITB)**

### **4.1 General**

- 4.1.1 The information contained in this Request for Proposal document (RFP) or subsequently provided to bidders, whether verbally or in documentary or any other form by or on behalf of National Health Mission, Assam or any of their employees or advisers, is provided to bidders on the terms and conditions set out in this RFP and such other terms and conditions subject to which such information is provided.
- 4.1.2 This RFP is not an agreement and is neither an offer nor invitation by National Health Mission, Assam to the prospective bidders or any other person. The purpose of this RFP is to provide interested parties with information that may be useful to them in the formulation of their proposals pursuant to this RFP. This RFP includes statements, which reflect various assumptions and assessments arrived at by National Health Mission, Assam in relation to the project. Such assumptions, assessments and statements do not purport to contain all the information that each bidder may require. This RFP may not be appropriate for all persons, and it is not possible for National Health Mission, Assam, its employees or advisers to consider the objectives, technical expertise and particular needs of each party who reads or uses this RFP.
- 4.1.3 The assumptions, assessments, statements and information contained in this RFP, may not be completely, accurate, adequate or correct. Each bidder should, therefore, conduct its own investigations and analysis and should check the accuracy, adequacy, correctness, reliability and completeness of the assumptions, assessments and information contained in this RFP and obtain independent advice from appropriate sources.
- 4.1.4 Information provided in this RFP to the bidders is on a wide range of matters, some of which depend upon interpretation of law. The information given is not an exhaustive account of statutory requirements and should not be regarded as a complete or authoritative statement of law. Department accepts no responsibility for the accuracy or otherwise for any interpretation or opinion on the law expressed herein.
- 4.1.5 National Health Mission, Assam, its employees and advisers make no representation or warranty and shall have no liability to any person including any bidder under any law, statute, rules or regulations or tort, principles of restitution or unjust enrichment or otherwise for any loss, damages, cost or expense which may arise from or be incurred or suffered on account of anything contained in this RFP or otherwise, including the accuracy, adequacy, correctness, reliability or completeness of the RFP and any assessment, assumption, statement or information contained therein or deemed to form part of this RFP or arising in any way in this selection process.
- 4.1.6 National Health Mission, Assam also accepts no liability of any nature whether resulting from negligence or otherwise however caused arising from reliance of any bidder upon

the statements contained in this RFP.

- 4.1.7 National Health Mission, Assam may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information, assessment or assumption contained in this RFP.
- 4.1.8 The issue of this RFP does not imply that National Health Mission, Assam is bound to select a bidder or to appoint the selected bidder, as the case may be, for the project and Department reserves the right to reject all or any of the proposals without assigning any reasons whatsoever. The bidder shall bear all its costs associated with or relating to the preparation and submission of its proposal including but not limited to preparation, copying, postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by National Health Mission, Assam or any other costs incurred in connection with or relating to its proposal. All such costs and expenses shall remain with the bidder and National Health Mission, Assam shall not be liable in any manner whatsoever for the same or for any other costs or other expenses incurred by a bidder in preparation of submission of the proposal, regardless of the conduct or outcome of the selection process.
- 4.1.9 While every effort has been made to provide comprehensive and accurate background information and requirements and specifications, bidders must form their own conclusions about the solution needed to meet the requirements. Bidders and recipients of this RFP may wish to consult their own legal advisers in relation to this RFP.
- 4.1.10 All information supplied by bidders may be treated as contractually binding on the bidders on successful award of the assignment by the Department on the basis of this RFP.
- 4.1.11 No commitment of any kind, contractual or otherwise on the part of National Health Mission, Assam shall exist unless and until a formal written contract has been executed by or on behalf of National Health Mission, Assam. Any notification of preferred bidder status by National Health Mission, Assam shall not give rise to any enforceable rights by the bidder. Department may cancel this public procurement at any time prior to a formal written contract being executed by or on behalf of National Health Mission, Assam.
- 4.1.12 This RFP supersedes and replaces any previous public documentation and communications and bidders should place no reliance on such communications.

## **4.2 Compliant bids / Completeness of Response**

- 4.2.1 Bidders are advised to study all instructions, forms, terms, requirements and other information in the RFP document carefully. Submission of the bid shall be deemed to have been done after careful study and examination of the RFP document with full understanding of its implications.
- 4.2.2 Failure to comply with the requirements of this paragraph may render the bid non-compliant and the bid may be rejected. Bidders must:
  - 4.2.2.1 Include all documentation specified in this RFP;
  - 4.2.2.2 Follow the format of this RFP and respond to each element in the order as set out in

this RFP;

4.2.2.3 Comply with all requirements as set out within this RFP.

### 4.3 Pre-Bid Meeting and Clarifications

#### 4.3.1 Pre-bid Meeting

4.3.1.1 National Health Mission, Assam may hold a pre-bid meeting with the prospective bidders as per the date, time and venue of pre-bid meeting mentioned in Important Dates for RFP table.

4.3.1.2 The bidders will have to ensure that their queries for pre-bid meeting should reach by post or e-mail ([misnrhm.assam@gmail.com](mailto:misnrhm.assam@gmail.com)) on or before date and time mentioned in Important Dates for RFP table.

4.3.1.3 The queries should necessarily be submitted in the following format:

S. No.	RFP document reference(s) [Section and page number(s)]	Content of RFP requiring clarification(s)	Points of clarification
1.			
2.			
3.			
4.			
5.			
6.			

4.3.1.4 National Health Mission, Assam shall not be responsible for ensuring that the bidders' queries have been received by National Health Mission, Assam. Any requests for clarifications received after the indicated date and time may not be entertained by National Health Mission, Assam.

#### 4.3.2 Responses to Pre-Bid Queries and Issue of Corrigendum

4.3.2.1 National Health Mission, Assam will endeavour to provide timely response to all queries. However, National Health Mission, Assam makes no representation or warranty as to the completeness or accuracy of any response made in good faith, nor does National Health Mission, Assam undertake to answer all the queries that have been posed by the bidders.

4.3.2.2 At any time prior to the last date for receipt of bids, National Health Mission, Assam may, for any reason, whether at its own initiative or in response to a clarification requested by a prospective bidder, modify the RFP document by a corrigendum.

4.3.2.3 The corrigendum (if any) and clarifications to the queries from all prospective bidders may be posted on the National Health Mission, Assam's website ([www.nrhmassam.in](http://www.nrhmassam.in)).

4.3.2.4 Any such corrigendum shall be deemed to be incorporated into this RFP.

4.3.2.5 In order to provide prospective bidders reasonable time for taking the corrigendum

into account, National Health Mission, Assam may, at its discretion, extend the last date for the receipt of bids.

#### **4.4 Key Requirements of the Bid**

##### **4.4.1 RFP Document Fees**

RFP can be purchased at the address, date and manner mentioned in the Fact Sheet.

##### **4.4.2 Right to Terminate the Process**

4.4.2.1 National Health Mission, Assam may terminate the RFP process at any time and without assigning any reason. National Health Mission, Assam makes no commitments, express or implied, that this process will result in a business transaction with anyone.

4.4.2.2 This RFP does not constitute an offer by National Health Mission, Assam. The bidder's participation in this process may not result in National Health Mission, Assam selecting the bidder to engage towards execution of the contract.

##### **4.4.3 Preparation of Bids**

###### **4.4.3.1 Language of Bid**

The bid prepared by the bidder, as well as all correspondence and documents relating to the bid exchanged by the bidder and Department shall be written in English language only.

###### **4.4.3.2 Documents Constituting the Bid**

The bid submitted by the bidder shall comprise the following documents:

4.4.3.2.1 Prequalification cum Technical bid (including eligibility criteria) in the formats specified in this RFP

4.4.3.2.2 Financial bid in the formats specified in this RFP

4.4.3.2.3 Any other information that is to be submitted during the course of bidding process.

##### **4.4.4 Prequalification Criteria**

Any bid failing to meet the Prequalification cum Technical bid criteria mentioned in the RFP shall be summarily rejected and will not be considered for further evaluation.

###### **4.4.4.1 Change in Prequalification Criteria**

If there is a change in the status of the bidder which may lead to non-compliance to the Prequalification cum Technical bid criteria mentioned in **Annexure**, at any stage during the bid process, award of the contract or the entire project duration, the bidder should immediately bring the same to the notice of National Health Mission, Assam. In this case the Department may take appropriate steps which may also lead to rejection of bid.

##### **4.4.5 Consortium, Joint venture, Sub-contracting**

In case of consortium, bidder must provide relevant details of all parties forming the

consortium. All the licensing requirements should be fulfilled by prime bidder/consortium partner. The prime bidder shall be responsible for billing on its own behalf and on behalf of consortium partners. Copy of the agreement between the consortium partners should also be enclosed.

#### 4.4.6 Prequalification Bid

Prequalification bid shall comprise of the cover letter, details and documents of the bidder meeting the Prequalification cum Technical criteria, bid and an undertaking (for contents and formats kindly refer Annexure). Further, bidder has to submit Prequalification cum Technical bid in a single envelope as prescribed in this RFP.

It may be noted that any reference / mention of the financial quote or price schedule in the Prequalification cum Technical bid shall be at the bidder's risk and may result in rejection of the bid.

#### 4.4.7 Financial Bid

The financial bid should consist of the price schedule in accordance with Annexure. Kindly ensure that the financial bid is in the same format as provided in the Annexure. Non-adherence to the format of the financial bid of the bid documents shall be at the bidder's risk and may result in rejection of the bid.

#### 4.4.8 Bid Price

##### 4.4.8.1 Prices in the Price Schedule

As part of its quote, the bidder shall provide each line item wise break-up of the financial bid, separately stating the taxes and duties payable thereon, as per the format provided **Annexure**. In case the break-up is not given separately as per the formats provided, the bidder would run the risk of being disqualified.

The financial bid should strictly conform to the formats to enable evaluation of bids. A special care must be taken to ensure that the bid does not have any hidden costs or conditional costs, as this shall make the bid liable for outright rejection.

##### 4.4.8.2 Separation of Price Components

The price components furnished by the bidder in accordance with the RFP will be solely for the purpose of facilitating the comparison of bids by the National Health Mission, Assam and will not in any way limit National Health Mission, Assam's right to contract on any of the terms offered.

##### 4.4.8.3 Fixed Price

Prices quoted by the bidder shall be fixed and no variation will be allowed under any circumstances. No open-ended bid shall be entertained and the same is liable to be rejected straightaway.

#### 4.4.8.4 Bid Currencies

Prices shall be quoted in Indian Rupees (INR).

#### 4.4.8.5 Earnest Money Deposit (EMD)

##### 4.4.8.5.1 Amount of EMD

The bidder shall furnish, as part of its bid, EMD for the amount and in the manner as mentioned in the Fact Sheet.

##### 4.4.8.6 Currency of Bid Security / EMD

The bid security shall be furnished in Indian Rupees (INR) only.

##### 4.4.8.7 Requirement of Bid Security / EMD

The bid security / EMD is required to protect Department against the risk of bidder's conduct, which would warrant the security's forfeiture

##### 4.4.8.8 Discharge of Bid Security / EMD of Unsuccessful Bidder

Unsuccessful bidder's bid security / EMD will be discharged / returned as promptly as possible on award of the project to successful bidder.

##### 4.4.8.9 Discharge of EMD of Successful Bidder

The successful bidder's bid security / EMD will be returned subsequent to receipt of the Performance Bank Guarantee from the bidder.

##### 4.4.8.10 Forfeiture of EMD

The EMD can be forfeited if a bidder

4.4.8.10.1 Withdraws its bid during the period of bid validity or

4.4.8.10.2 Does not accept the correction of errors or

4.4.8.10.3 In case of the successful bidder, if the bidder fails:

4.4.8.10.3.1 To sign the contract in accordance with the RFP

4.4.8.10.3.2 To furnish performance bank guarantee in accordance with the RFP

##### 4.4.8.11 Rejection of Bid

Any bid not secured in accordance with the RFP, shall be rejected by Department, without any further correspondence, as non-responsive.

##### 4.4.8.12 Period of Validity of Bids

Bids shall remain valid for 90 days from the date of submission of bid. National Health Mission, Assam holds the rights to reject a bid valid for a period shorter than 180 days as non-responsive, without any correspondence. In exceptional circumstances, Department may solicit the bidder's consent to an extension of the period of validity. The request and the response thereto shall be made in writing. Extension of validity period by the bidder should be unconditional. The bid security shall also be suitably extended. A bidder may refuse the request without forfeiting the bid security. A bidder granting the request will not be permitted to modify its bid.



#### 4.4.8.13 Format and Signing of Bid

##### 4.4.8.13.1 Number of Copies of Bid

The bidder shall submit the bid documents as per the details given below:

##### 4.4.8.13.1.1 Original copy of the bid: This would consist of the following:

4.4.8.13.1.1.1 Original copy of Prequalification cum technical bid in hard copy format, duly stamped and signed by the authorised signatory on every page in ink.

4.4.8.13.1.1.2 Original copy of financial bid in hard copy format, duly stamped and signed by the authorised signatory on every page in ink. Financial bid should be submitted in the official letter head of the bidder.

4.4.8.13.1.1.3 Soft copy of prequalification cum technical bids in a CD.

##### 4.4.8.13.1.2 Duplicate copy of the bid: This would consist of the following:

4.4.8.13.1.2.1 Duplicate copy of Prequalification bid should constitute of prequalification cum technical bid in hard copy format, duly signed by the authorised signatory on every page in ink.

4.4.8.13.1.2.2 Duplicate Soft copy of prequalification cum technical bids in a CD.

Note: The original and duplicate copies should be exactly same. Any deviations / discrepancies found in the content of the two shall lead to rejection of the bid. The bidder should submit its bid in the prescribed proforma only. If any bidder fails to submit its bid in the prescribed manner, the bid shall be summarily rejected.

#### 4.4.8.13.2 Enclosing of Bid

4.4.8.13.2.1 **The bids should be enclosed in envelopes and marked as per RFP in sealed envelopes (i.e. Envelope A – Original and Envelope B –Duplicate) should be enclosed in another envelope stating the contents of the envelope.** The envelope should also indicate the name and address of the bidder to enable the bid to be returned unopened in case it is declared "late".

4.4.8.13.2.2 **Both these sealed envelopes (i.e. Envelope A and B) should be enclosed in another envelope stating the contents of the envelope. It should be ensured that, envelopes are properly sealed.** The envelope should also indicate the name and address of the bidder to enable the bid to be returned unopened in case it is declared "late".

#### 4.4.8.13.3 Mailing Address for Bids

The inner and outer envelopes shall be addressed to the following address:

**Office of the Mission Director  
National Health Mission, Assam  
Saikia Commercial Complex  
Sri Nagar Path, Christianbasti  
G. S. Road, Guwahati – 781005, Assam**

**On the top of the main sealed envelope** it should be written as ***“RFP – Establishment of Assam MCTS Call Centre”***.

*Bidder complete address along with phone number of the Contact person should also be mentioned in the envelope mentioning “From”.*

#### 4.4.8.13.4 Responsibility of National Health Mission, Assam

If the outer envelope is not sealed and marked as mentioned above, National Health Mission, Assam will assume no responsibility for the bid’s misplacement or premature opening.

#### 4.4.8.13.5 Authentication of Bid

The original / duplicate copies of the bid shall be type written and shall be signed in ink by a person or persons duly authorized to bind the bidder to the bid. Official seal of the bidder should be put in every page of the bid. **The letter of authorization shall be supported by a written power-of-attorney accompanying the bid. Scanned or digitized signatures are not permitted. Non-adherence to this clause would make the bid liable for rejection.**

#### 4.4.8.13.6 Validation of interlineations in Bid

Any interlineations, erasures or overwriting shall be valid only if the person or persons signing the bid have authenticated the same with signature.

#### 4.4.8.13.7 Rejection of Bid

The bid has to be submitted in the form of printed document. The bids submitted by Telex, fax or e-mail shall not be entertained. Any condition put forth by the bidder non-conforming to the bid requirements shall not be entertained at all and such bid shall be rejected.

#### 4.4.8.14 Deadline for Submission of Bids

##### 4.4.8.14.1 Last Date for Submission

The bids (prequalification, technical and financial) must be received not later than date and time mentioned in Important Dates for RFP table above. In the event of the specified date for the submission of bids being declared a holiday, the bids will be received up to the appointed time on the next working day.

##### 4.4.8.14.2 Extension for Last date for Submission

National Health Mission, Assam may, at own discretion, extend the deadline for submission of bids by amending the bid document in which case all rights and obligations of the Tender Inviting Authority and bidders previously subject to the deadline, will thereafter be subject to the deadline as extended.

##### 4.4.8.14.3 Late Bids

Any bid received by National Health Mission, Assam after the deadline for submission of bids prescribed will be summarily rejected and returned unopened to the bidder. National Health Mission, Assam shall not be responsible for any postal delay or non-receipt / non-delivery of the documents. No further correspondence on this subject will be entertained.

#### 4.4.8.15 Modification and Withdrawal of Bids

##### 4.4.8.15.1 Written Notice

The bidder may modify or withdraw its bid after the bid's submission provided that the Department receives written notice of the modification or withdrawal before the expiration of deadline prescribed for submission of bids.

##### 4.4.8.15.2 Signing and Marking of Notice

The bidder's modification or withdrawal notice shall be prepared, sealed, marked and submitted in accordance with the provisions of RFP. A duly signed withdrawal notice may also be sent by e-mail or post so as to reach the Mission Director, national Health Mission, Assam before the expiration of deadline for submission of bids.

##### 4.4.8.15.3 Last Date for Notice

No bid may be modified subsequent to the deadline for submission of bids. No bid may be withdrawn in the interval between the deadline for submission of bids and the expiration of period of bid validity specified by the bidder on the bid form. Withdrawal of a bid during this interval may result in the forfeiture of bidder's EMD.

#### 4.4.8.16 Bid Opening and Evaluation of Bids

##### 4.4.8.16.1 Opening of Prequalification Bids

###### 4.4.8.16.1.1 Opening of Bids

Department will open all Prequalification bids in the presence of bidders' representatives who choose to attend the Prequalification bid opening at the date and time mentioned in Important Dates for RFP table above at the Office of the Mission Director, National Health Mission, Assam. The bidders' representatives who are present shall sign attendance register evidencing their attendance.

Firstly prequalification bid envelopes will be opened by the Tender Opening Committee (TOC). TOC will check whether the following documents are present in the prequalification bid envelop:

1. Bid cover letter
2. Non refundable Court Fee Stamp of Rs 8.25 (or IPO of Rs 10.00 in favour of "State Health Society, Assam" for bidders based outside Assam) should be pasted in the Bid cover letter of the original Envelope –A only.
3. Tender fee
4. EMD
5. Prequalification bid

Any bid falling short of the above mentioned document will not be considered for further evaluation. The technical bid of those bidders who had submitted above mentioned document in their prequalification bid will be opened by the TOC. TOC will only check whether these documents are present in the prequalification bids and refer them for further evaluation. Prequalification and technical bids thus opened will be evaluated in detail by Department in

subsequent days. In the event of the specified date of bid opening being declared a holiday, the bids shall be opened at the appointed time and location on the next working day.

#### 4.4.8.16.1.2 Clarification of Bids

During evaluation of bids, the Tender Inviting Authority may, at its discretion, ask the bidder for a clarification of its bid. The request for clarification and the response shall be in writing. If the response to the clarification is not received before the expiration of deadline prescribed in the request, Department reserves the right to make its own reasonable assumptions at the total risk and cost of the bidder which may also lead to rejection of the bid.

#### 4.4.8.16.1.3 Completeness of Bids

The tender inviting authority will examine the bids to determine whether they are complete, whether they meet all the conditions of the RFP and whether any computational errors have been made, whether required security and tender fee have been furnished, whether the documents have been properly signed and whether the bids are generally in order.

#### 4.4.8.16.1.4 Rejection of Bid

If a bid is not responsive and not fulfilling all the conditions it will be rejected by the Tender Inviting Authority and shall not subsequently be accepted even if it is made responsive by the bidder by correction of the non-conformity.

#### 4.4.8.16.1.5 Opening of Financial Bids

##### 4.4.8.16.1.5.1 Opening of Bids

Financial bids will be opened and compared after the Prequalification cum Technical bid has been completed for those bidders whose technical bids reach the minimum qualifying score / standard as specified in this RFP.

##### 4.4.8.16.1.5.2 Announcement of Bids

The financial bids will be opened in the presence of bidders' representatives who choose to attend the financial bid opening on date and time to be communicated to all the eligible and qualified bidders. The bidders' representatives who are present shall sign a register evidencing their attendance. The name of bidder, bid prices, etc. will be announced at the meeting. In the event of the specified date of bid opening being declared a holiday, the bids shall be opened at the appointed time and location on the next working day.

##### 4.4.8.16.1.5.3 Rectification of Errors

Arithmetical errors will be rectified on the following basis. If there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and quantity, the unit price shall prevail and the total price shall be corrected. If there is a discrepancy between words and figures, the amount in words shall prevail. If the bidder does not accept the correction of errors, its bid will be rejected and its bid security may be forfeited.

#### 4.4.8.17 Evaluation and Comparison of Bids

##### 4.4.8.17.1 Stages of Evaluation

The evaluation of the bids may be carried out in two stages:

#### **4.4.8.17.1.1 Prequalification Bid Evaluation**

Evaluation of prequalification bids by the Tender Inviting Authority shall not be questioned by any of the bidders. The Tender Inviting Authority may ask bidder(s) for additional information, visit to bidder's site and / or arrange discussions with their professional, technical faculties to verify claims made in prequalification bid document by the bidder on the already submitted prequalification bid at any point of time before opening of the financial bid.

#### **4.4.8.17.1.2 Financial Bid Evaluation:**

The financial bids of only those bidders will be opened who qualify the technical evaluation stage. The bidders whose bids do not qualify on technical evaluation criteria may collect their un-opened financial bids from Department on prior written intimation within 15 days from opening of the financial bids.

#### **Note:**

- a. Information relating to the examination, clarification, evaluation and comparison of bids and recommendations for the signing of a contract shall not be disclosed to bidders or any other persons not officially concerned with such process until the award to the successful bidder has been announced. Any attempt by a bidder to influence the Department's processing of bids or award decisions may result in the rejection of its bid.
- b. No bidder shall contact the Tender Inviting Authority on any matter relating to its bid, from the time of the bid opening to the time the project is awarded. If the bidder wishes to bring additional information to the notice of the Tender Inviting Authority, it should be done in writing and addressed as mentioned earlier in the RFP.
- c. Any effort by a bidder to influence the employees of Department / members of evaluation committee in the process of examination, clarification, evaluation and comparison of bids and in decisions concerning award of contract, shall result in the rejection of its bid.

#### **4.5 Mechanism for 'Complaint handling'**

- 4.5.1 CSP will submit a detailed escalation matrix in its proposal for resolving complaints raised by National Health Mission, Assam. The escalation matrix will be approved by Mission Director, National Health Mission, Assam at the time of kick-off meeting and as desired by Mission Director, National Health Mission, Assam to ensure compliance with the SLAs defined in the RFP.
- 4.5.2 Any complaint regarding provision of services (covered under the Project) from the stakeholder shall be taken very seriously by National Health Mission, Assam. Onus to prove such complaint is invalid, would lie with the CSP. In case where any such complaint is found true and reasonable, the CSP may be penalized by Mission Director, National Health Mission, Assam (depending on the facts and seriousness of complaint). Remedial action may be taken by Mission Director, National Health Mission, Assam which can include termination of contract/work order.

#### **4.6 Award of Contract / Work Order**

#### 4.6.1 The Tender Inviting Authority's right to accept any bid and to reject any bid or all bids

The Tender Inviting Authority reserves the right to accept or reject any bid and to annul the bidding process and reject all bids at any time before the project is awarded, without thereby incurring any liability to the affected bidder or bidders, with or without assigning any reason.

#### 4.6.2 Notification of Award

##### 4.6.2.1 Notification to Bidder

Prior to the expiration of the validity of bids, National Health Mission, Assam will issue a Letter of Intent (LoI) notifying the successful bidder in writing or by e-mail, that its bid has been accepted. The notification of award may lead to work order/ contract. The bidder shall acknowledge in writing the receipt of the notification of award and will enter into agreement within the time specified in the notification sent by Mission Director, National Health Mission, Assam.

##### 4.6.2.2 Discharge of EMD

Upon the notification of award, Department shall promptly request the CSP to provide performance bank guarantee. On receipt of the performance bank guarantee, Department shall discharge / return the EMD to CSP.

##### 4.6.2.3 Expenses for the Contract

The incidental expenses of execution of agreement / contract shall be borne by the successful bidder.

##### 4.6.2.4 Failure to Abide by the Contract

The conditions stipulated in the contract shall be strictly adhered to and violation of any of these conditions will entail termination of the contract without prejudice to the rights of the Tender Inviting Authority to impose penalties as specified in the bidding document and the contract.

##### 4.6.2.5 Performance Bank Guarantee

###### 4.6.2.5.1.1 Furnishing of Performance Bank Guarantee

4.6.2.5.1.1.1 The successful bidder shall at its own expense deposit, an unconditional and irrevocable Performance Bank Guarantee (PBG) from any Indian Scheduled-A Bank in favour of "State Health Society, Assam", payable on demand, for the due performance and fulfillment of the contract by the CSP within thirty (30) working days of the date of notice of award of the contract or at the time of signing of the contract, whichever is earlier.

4.6.2.5.1.1.2 The PBG shall be denominated in the currency of the RFP and shall be payable by bank guarantee.

4.6.2.5.1.1.3 This PBG will be for an amount equivalent to 10% of Project Price, and is payable by the successful bidder, before signing the contract.

- 4.6.2.5.1.1.4 The PBG shall be valid till the end of three months after the completion of the project (operation, maintenance and on-going support). This additional three months is required for facilitating closure of the project.
- 4.6.2.5.1.1.5 The PBG may be discharged / returned by the Department upon being satisfied that there has been due performance of the obligations of the CSP under the contract. However, no interest shall be payable by Department on the PBG.
- 4.6.2.5.1.1.6 In the event of the CSP being unable to service the contract for whatever reason, the Tender Inviting Authority would evoke the PBG. Notwithstanding and without prejudice to any rights whatsoever of the Tender Inviting Authority under the contract in the matter, the proceeds of the PBG shall be payable to the “State Health Society, Assam” as compensation for any loss resulting from the CSP’s failure to fulfill its obligations under the contract. National Health Mission, Assam shall notify the CSP in writing of the exercise of its right to receive such compensation within 14 days of occurrence of default by CSP, indicating the contractual obligation(s) for which the CSP is in default.
- 4.6.2.5.1.1.7 National Health Mission, Assam shall also be entitled to make recoveries from the CSP’s bills, PBG or from any other amount due to CSP, the equivalent value of any payment made to CSP due to inadvertence, error, collusion, misconstruction or misstatement. Any such occurrence should be brought to the notice of Mission Director, National Health Mission, Assam.

#### 4.6.2.5.2 Annulment of Award

Failure of successful bidder to comply with the requirement shall constitute sufficient ground for the annulment of the award and forfeiture of the EMD.

## **5 KEY TERMS & CONDITIONS**

### **5.1 Changes to the project**

5.1.1 The Tender Inviting Authority and the CSP recognize that for providing better and improved services frequent change is an inevitable part of delivering services and that a significant element of this change can be accomplished by re-organizing processes and responsibilities without an effect on the cost. A change may involve, but is not restricted to the submission of updated information technologies and related services. The CSP will endeavour, wherever reasonably practicable, to effect change without an increase in the terms of payment as stated in the Payment Schedule mentioned in RFP and the Tender Inviting Authority will work with the CSP to ensure that all changes are discussed and managed in a constructive manner.

### **5.2 Termination of Project**

#### **5.2.1 Termination for Default**

- 5.2.1.1 Tender Inviting Authority may, without prejudice to any other remedy for breach of RFP, by written notice of default sent to CSP, terminate the contract / work order in whole or in part if:
- 5.2.1.2 The CSP fails to deliver any or all of the obligations within the time period(s) specified in the RFP or any extension thereof granted by the Tender Inviting Authority.
- 5.2.1.3 The CSP fails to perform any other obligation(s) for the RFP.
- 5.2.1.4 However, the disputes if any, may be referred to Arbitration.

#### **5.2.2 Termination for Insolvency, Dissolution etc**

- 5.2.2.1 Tender Inviting Authority may at any time terminate the contract / work order by giving written notice to the CSP without compensation to the CSP, if the CSP becomes bankrupt or otherwise insolvent or in case of dissolution of firm or winding up of company, and such termination will not prejudice or affect any right of action or remedy which has accrued thereafter to the Tender Inviting Authority.

#### **5.2.3 Termination for Convenience**

- 5.2.3.1 Tender Inviting Authority reserves the right to terminate by prior written notice, the whole or part of the contract / work order. The notice of termination shall specify that termination is for National Health Mission's convenience, the extent to which performance of work under the contract /work order is terminated and the date on which such termination becomes effective.

#### **5.2.4 No Claim Certificate**

- 5.2.4.1 The CSP shall not be entitled to make any claim, whatsoever, against Tender Inviting Authority under or by virtue of or arising out of the contract / work order nor shall Tender Inviting Authority entertain or consider any such claim after CSP shall have signed a "no claim" certificate in favour of National Health Mission, Assam in such



forms as shall be required by Tender Inviting Authority after the works are finally accepted.

#### **5.2.5 Suspension**

5.2.5.1 National Health Mission, Assam may by a written notice of suspension, suspend all payments to CSP under the contract / work order, if the CSP fails to perform any of its obligations under the contract / work order, (including carrying out of the services) provided that the notice of suspension:

5.2.5.2 Shall specify the nature of the failure and

5.2.5.3 Shall request the CSP to remedy such failure within a specified period from the date of issue of such notice of suspension.

#### **5.2.6 Consequences of Termination**

5.2.6.1 In the event of termination of the contract / work order due to any cause whatsoever, whether consequent to the stipulated term of the RFP or otherwise, the Tender Inviting Authority shall be entitled to impose any such obligations and conditions and issue any clarifications as may be necessary to ensure an efficient transition and effective business continuity of the Project which the CSP shall be obliged to comply with and take all available steps to minimize loss resulting from that termination / breach and further allow and provide all such assistance to National Health Mission, Assam and / or the successor CSP, as may be required to take over the obligations of the erstwhile CSP in relation to the execution / continued execution of the scope of the Project.

5.2.6.2 Nothing herein shall restrict the right of the Tender Inviting Authority to invoke the Bank Guarantee and other Guarantees furnished hereunder, enforce the Deed of Indemnity and pursue such other rights and / or remedies that may be available to the Tender Inviting Authority under law.

5.2.6.3 The termination of contract / work order shall neither affect any accrued right or liability of either party nor affect the operation of the provisions of the contract / work order that are expressly or by implication intended to come into or continue in force on or after such termination.

#### **5.2.7 Withdrawal by the CSP**

5.2.7.1 Withdrawal of CSP from the Project at any point of time during project duration shall constitute sufficient grounds for the termination of contract / work order. If National Health Mission, Assam gets the work done from elsewhere, the difference in the cost of getting the work done will be borne by the erstwhile CSP.

### **5.3 Indemnity**

5.3.1 The CSP shall indemnify the Tender Inviting Authority in respect of any costs or damages howsoever arising out of or related to breach of warranty or representation, contract / work order or statutory duty, or tortious acts or omissions by the CSP or the CSP's personnel or any claims made against the Tender Inviting Authority by third parties in

respect thereof.

#### **5.4 Dispute Resolution**

- 5.4.1 If any dispute of any kind whatsoever shall arise between the Tender Inviting Authority and the CSP in connection with or arising out of the Project, including without prejudice to the generality of the foregoing, any question regarding its existence, validity, or termination, or the operation of Project (whether during installation or after Go-Live and whether before or after the termination, abandonment, or breach of the RFP), the parties shall seek to resolve any such dispute or difference by mutual consultation. If the parties fail to resolve such a dispute or difference by mutual consultation within 28 days, upon expiry of which either party may move to the notification of arbitration pursuant to the RFP (Arbitration).
- 5.4.2 In case of any doubts about a section of the RFP, the interpretation given by the Tender Inviting Authority shall be final and binding, till the time any other interpretation is ordered in pursuance to the RFP.
- 5.4.3 Notwithstanding anything stated in the RFP, and while the process of resolution of differences as stated above is underway, the CSP shall continue to provide services for this Project, without any disruption or dilution in accordance with the Service Level Agreement.
- 5.4.4 Arbitration
  - 5.4.4.1 In the event of any dispute relating to the import or meaning of any terms and conditions which could not be solved amicably by the parties, the parties may refer the matter to the Arbitrator to be appointed by Tender Inviting Authority on the request of either of the parties for arbitration in consonance with the provisions of the Arbitration and Conciliation Act, 1996 (Act 26 of 1996), on the designated reference in dispute. All legal proceedings shall lie to the jurisdiction of courts situated in Guwahati.

#### **5.5 Limitation of Liability**

- 5.5.1 Provided the following does not exclude or limit any liabilities of CSP in ways not permitted by applicable law:
  - 5.5.1.1 The CSP shall not be liable to the Tender Inviting Authority, whether in contract or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the CSP to pay liquidated damages to the Tender Inviting Authority; and
  - 5.5.1.2 There shall be no limitation of liability in case of any damages for bodily injury (including death) and damage to real property, tangible personal property, intangible personal property and intellectual property rights.
  - 5.5.1.3 However, where there has been misconduct, gross negligence, dishonesty or fraud on behalf of the CSP, the CSP's liability under the project / contract shall be subject to the

amount of its financial limit.

- 5.5.1.4 The aggregate liability of the CSP to the Tender Inviting Authority, for this Project, or otherwise, shall not exceed the total Project Price, provided that this limitation shall not apply to any obligation of the CSP to indemnify the Department with respect to intellectual property rights infringement and the liability.

## **5.6 Force Majeure**

- 5.6.1 A Force Majeure event means any event or circumstance or a combination of events and circumstances referred to in this RFP, which:

5.6.1.1 Is beyond the reasonable control of the affected Party;

5.6.1.2 Such Party could not have prevented or reasonably overcome with the exercise of reasonable skill and care;

5.6.1.3 Does not result from the negligence of such Party or the failure of such Party to perform its obligations under this Agreement;

5.6.1.4 Is of an incapacitating nature and prevents or causes a delay or impediment in performance; and

5.6.1.5 May be classified as all or any of the following events:

### **5.6.1.5.1 Non-Political Events**

5.6.1.5.1.1 Act of God, including earthquake, flood, inundation, landslide, exceptionally adverse weather conditions, storm, tempest, hurricane, cyclone, lightning, thunder, volcanic eruption, fire or other extreme atmospheric conditions;

5.6.1.5.1.2 Radioactive contamination or ionizing radiation or biological contamination except as may be attributable to the CSP's use of radiation or radio- activity or biologically contaminating material;

5.6.1.5.1.3 Strikes, lockouts, boycotts, labour disruptions or any other industrial disturbances as the case may be not arising on account of the acts or omissions of the CSP and which affect the timely implementation and continued operation of the Project; or

5.6.1.5.1.4 Any event or circumstances of a nature analogous to any of the foregoing.

### **5.6.1.5.2 Political Events**

5.6.1.5.2.1 Change in Law, other than any Change in Law for which relief is provided under this RFP;

5.6.1.5.2.2 Any judgment or order of any court of competent jurisdiction or statutory authority in India made against the CSP in any proceedings for reasons other than failure of the CSP to comply with Applicable Laws or Required Consents or on account of breach thereof, or of any contract, or enforcement of this RFP or exercise of any of its rights under this RFP;

5.6.1.5.2.3 Expropriation or compulsory acquisition by the CSP or any of their nominated agencies of any material assets or rights of the CSP;

5.6.1.5.2.4 Unlawful or unauthorized revocation of, or refusal by any authority other than the Tender Inviting Authority or any of their nominated agencies to renew or grant any

Required Consents required by the CSP to perform its obligations without valid cause, provided that such delay, modification, denial, refusal or revocation did not result from the CSP's inability or failure to comply with any condition relating to grant, maintenance or renewal of such required consents applied on a non-discriminatory basis;

5.6.1.5.2.5 Any requisition of the Project by any other authority; or

5.6.1.5.2.6 Any requisition of the Project by the Department or any of their nominated agencies.

5.6.1.5.2.7 For the avoidance of doubt, suspension of the Project in accordance with the provisions of this Agreement shall not be considered a requisition for the purposes of Force Majeure event.

#### 5.6.1.5.3 Other Events

5.6.1.5.3.1 An act of war (whether declared or undeclared), hostilities, invasion, armed conflict or act of foreign enemy, blockade, embargo, prolonged riot, insurrection, terrorist or military action, civil commotion or politically motivated sabotage, for a continuous period exceeding seven (7) days.

5.6.1.5.3.2 Failure, by the CSP, to obtain the necessary export permit(s) from the governments of the Country(s) of Origin of the Information Technologies or other Goods, or CSP's Equipment provided that the CSP has made all reasonable efforts to obtain the required export permit(s), including the exercise of due diligence in determining the eligibility of CSP and all of its components for receipt of the necessary export permits.

5.6.1.5.3.3 If either party is prevented, hindered, or delayed from or in performing any of its obligations under the Contract by an event of Force Majeure, then it shall notify the other in writing of the occurrence of such event and the circumstances of the event of Force Majeure within fourteen (14) days after the occurrence of such event.

5.6.1.5.3.4 For the avoidance of doubt, it is expressly clarified that the failure on the part of the CSP for the Project or the SLA to implement any disaster contingency planning and back-up and other data safeguards in accordance with the terms of this RFP or the SLA against natural disaster, fire, sabotage or other similar occurrence shall not be deemed to be a Force Majeure event. For the avoidance of doubt, it is further clarified that any negligence in performance of Services which directly causes any breach of security like hacking aren't the forces of nature and hence wouldn't be qualified under the definition of "Force Majeure". In so far as applicable to the performance of Services, CSP will be solely responsible to complete the risk assessment and ensure implementation of adequate security hygiene, best practices, processes and technology to prevent any breach of security and any resulting liability there from (wherever applicable).

#### 5.6.2 Notification procedure for Force Majeure

5.6.2.1 The affected Party shall notify the other Party of a Force Majeure event within seven (7) days of occurrence of such event. If the other Party disputes the claim for relief under Force Majeure it shall give the claiming Party written notice of such dispute

within thirty (30) days of such notice. Such dispute shall be dealt with in accordance with the dispute resolution mechanism in accordance with the relevant section.

- 5.6.2.2 Upon cessation of the situation which led the Party claiming Force Majeure, the claiming Party shall within seven (7) days hereof notify the other Party in writing of the cessation and the Parties shall as soon as practicable thereafter continue performance of all obligations under this RFP.

#### 5.6.3 Allocation of costs arising out of Force Majeure

- 5.6.3.1 Upon the occurrence of any Force Majeure Event prior to the Effective Date, the Parties shall bear their respective costs and no Party shall be required to pay to the other Party any costs thereof.
- 5.6.3.2 Upon occurrence of a Force Majeure Event after the Effective Date, the costs incurred and attributable to such event and directly relating to the Project ('Force Majeure Costs') shall be allocated and paid as follows:
  - 5.6.3.2.1 Upon occurrence of a Non-Political Event, the Parties shall bear their respective Force Majeure Costs and neither Party shall be required to pay to the other Party any costs thereof.
  - 5.6.3.2.2 For the avoidance of doubt, Force Majeure Costs may include interest payments on debt, operation and maintenance expenses, any increase in the cost of the Services on account of inflation and all other costs directly attributable to the Force Majeure Event.
  - 5.6.3.2.3 Save and except as expressly provided in this Clause, neither Party shall be liable in any manner whatsoever to the other Party in respect of any loss, damage, costs, expense, claims, demands and proceedings relating to or arising out of occurrence or existence of any Force Majeure Event or exercise of any right pursuant hereof.

### 5.7 Access and Audit

- 5.7.1 The CSP shall keep accurate and systematic accounts, files and records ('the Records'). The Records shall clearly identify, among other things, the basis upon which invoices have been calculated and the CSP shall keep the Records throughout the duration of the contract / work order and for 10 years following its termination.
- 5.7.2 The CSP shall upon request provide the Tender Inviting Authority or its representatives or audit officials unrestricted access to the Records in order that the Records may be inspected and copied. The CSP shall co-operate fully in providing to the Tender Inviting Authority or its representative's answer to such enquiries as may be made about the Records.
- 5.7.3 Where it is found by National Health Mission, Assam Authority that any overpayment has been made to the CSP, the CSP shall reimburse National Health Mission, Assam such amount within 30 days of the date of the issue of written demand.

## 5.8 SLA Measurement and Penalties

- 5.8.1 CSP would have the responsibility to escalate issue, if any, which is required to be discussed and resolved for the smooth operation of the project well in time. Any low performance as reflected in the SLA performance of the CSP would be the sole and complete responsibility of the CSP.
- 5.8.2 The key service level requirements for project, which need to be ensured by the CSP during the operations and maintenance period. These performance requirements shall be strictly adhered to by the CSP. The SLA monitoring shall be done/ reviewed on a monthly/quarterly basis. During the project, it is envisaged that there could be changes to the SLA, in terms of addition, alteration or deletion of certain parameters based on mutual consent of both the parties i.e. Tender Inviting Authority and CSP.
- 5.8.3 Penalties: CSP will attract penalties in case of delay in completion of activities. In case the overall penalty exceeds 10% of the Project Price, Department may terminate the contract. Penalties applicable per week of delay in completion of the activities will be based on the cost of respective milestone payment.

SI	Activities	Penalties
1	Go-Live of the Assam MCTS Call Centre	0.5% of the total "Onetime Cost" every week after the targeted timeline.
2	CSP will ensure average 6 hours of actual calling per Agent (Call Centre Agent + Medical Officer) per day during the billing period	150% of {(scheduled number of hours of calling during billing period <b>Less</b> actual time of calling in hour during the billing period) x (per hour rate calculated based on Recurring Cost)}
3	CSP will provide correct information to National Health Mission, Assam	0.5% of the quarterly bill for every incident of CSP providing wrong information to CSP
4	CSP will submit Daily/ Weekly/ Monthly report to National Health Mission, Assam.	0.005% of the quarterly recurring cost for failure of submission of each report.
5	CSP will organize quarterly refresher training to all agents	150% of the total cost quoted for quarterly refresher training. If cost of quarterly refresher training not quoted, then 10% of the quarterly recurring cost.
6	CSP will submit the soft copy of the voice calls on monthly basis within 5 <sup>th</sup> day of the following month	0.5% of the quarterly recurring cost.

## 5.9 Terms of Payment

CSP will have to setup and operationalize the project conforming to the scope mentioned in the RFP. **After the Go-Live of the project, CSP shall be paid based on the actual utilization on quarterly basis.** Additional cost, if desired by Tender Inviting Authority and other operational expenses as mentioned in the RFP for implementation of other requirements of Tender Inviting Authority, shall be paid additionally based on the rates provided by the CSP in the contract / work order.

SI No	Payment Milestones	Time of Payment	Payable Amount
1.	Payment for Go-Live of application	Payment for successful application development	Payment based on the financial quotes provided by the CSP less penalties (if any)
2.	Periodic payment for operation and management after Go-Live	After Go-Live period till the entire project duration	Quarterly invoice raised based on the actual number of calling / seat as mentioned in the financial quote provided by the CSP less penalties (if any)

Note:

- Applicable SLA deductions and other penalties for the quarter shall be deducted from the respective invoices raised by the CSP
- CSP will be paid additionally for additional resource cost if desired by Department and other operational expenses as per the rate mentioned in the financial quotes
- All taxes, duties etc. shall be payable by the CSP. However, in case of change or revision of service tax or its equivalent in any new tax structure, the payment will be made as applicable. The documentary evidences for payment of applicable tax structure will be submitted by the CSP.
- The Mandatory taxes / duties etc. as applicable shall be deducted by Department.

## 6 ANNEXURES

### 6.1 Annexures 1: Prequalification Criteria

S No	Prequalification Criteria	Proof Required	Check List (Yes/ No)	Page Reference
1.	Cover Letter with undertaking Form 1		Yes / No	Page No. <<>>
2.	The bidder should have an average annual turnover of not less than Rupees 40 Lakhs from call centre business operations for last three financial years (i.e. 2012-2013, 2013-2014 & 2014-2015 or 2013-14, 2014-15 & 2015-16). Form 2 & Form 3	Audited financial statements (reflecting overall turnover) / annual report containing financial statements for the last three financial years. and A certificate duly certified by the statutory auditor of the bidder clearly mentioning the average annual turnover of the bidder in total for last three financial years.  A certificate duly certified by the statutory auditor of the bidder clearly mentioning the average annual turnover of the bidder from call centre operations for last three financial years.	Yes / No	Page No. <<>>
3.	The bidder should have a fully functional multilingual Call Centre facility with at least 25 operational seats in Guwahati. Form 4	An undertaking from the Authorized Signatory of the firm, certifying the same along with a copy of a valid OSP license	Yes / No	Page No. <<>>
4.	The bidder should be a company registered in India under Companies Act 1956/2013 (as amended from time to time)/ Indian Societies Registration Act / Indian Religious and Charitable Act/ Indian Trust Act/ Indian Company Registration Act or	Copy of Certificate of Incorporation / Registration	Yes / No	Page No. <<>>



S No	Prequalification Criteria	Proof Required	Check List (Yes/ No)	Page Reference
	their state counterparts for a period of at least 3 years as on the date of release of the bid. Form 5			
5.	The bidder should submit valid authorisation details of the person(s) signing the bid document. Form 6 – PoA format	Power of Attorney OR Certified copy of Board Resolution	Yes / No	Page No. <<>>
6.	Bidder should either have a positive Net Worth (Paid Up Share Capital + Free Reserve - Accumulated losses / Fictitious assets) for last three financial years (i.e. 2012-2013, 2013-2014 & 2014-2015 or 2013-14, 2014-15 & 2015-16). Form 7	Statutory Auditor's certificate mentioning Net Worth	Yes / No	Page No. <<>>
7.	Bidder should not have defaulted in payment of statutory dues or liability in India Form 8	No statutory dues certificate signed by authorised signatory	Yes / No	Page No. <<>>
8.	Experience of bidder in managing call centre operations with minimum of 3 projects (one of the project should be in health sector) involving inbound or outbound calling process of at least 25 seats or 5 Lakhs call in an year each on outsourced model for any Government entity / PSU / Banks within the last 5 years in India. Form 9	Relevant client certificate for managing call centre operations. Or Work order/LOI along with the project completion certificate or equivalent document establishing the said criterion	Yes / No	Page No. <<>>
9.	As on date of submission of the bid, the bidder should not be blacklisted by any Government entity in India.	Certificate duly signed by authorised signatory	Yes / No	Page No. <<>>

S No	Prequalification Criteria	Proof Required	Check List (Yes/ No)	Page Reference
	Form 10			
10.	Bidder should not have withdrawn from similar government projects or should not have any contract termination from similar project with Government entities in the last 3 years. Form 11	Certificate duly signed by authorised signatory	Yes / No	Page No. <<>>
11.	The bidder should have submitted the tender fee (non-refundable) and the EMD as mentioned in the RFP. The bidder should have submitted non refundable Court Fee Stamp of Rs 8.25 (or IPO of Rs 10.00 in favour of "State Health Society, Assam" for bidders based outside Assam). Form 12	a. Tender Document Fee: Demand Draft or proof of payment. b. EMD: Bank Guarantee / Fixed Deposit receipt. c. Non refundable Court Fee Stamp of Rs 8.25 (or IPO of Rs 10.00 in favour of "State Health Society, Assam" for bidders based outside Assam) should be pasted in the cover letter.	Yes / No	
The details for the above along with the documentary proofs as required should be provided in the formats as provided subsequently in this part of the Annexure 1.				

## 6.2 Forms

### 6.2.1 Form – 1: Cover Letter

[On the letterhead of the organization]

To

The Mission Director  
National Health Mission, Assam  
Saikia Commercial Complex  
G. S. Road, Christianbasti, Guwahati - 781005

Sub: Selection of Call centre Service Provider (CSP) for Assam MCTS Call Centre

Ref: RFP No....

Dear Sir,

1. Having examined the RFP, Annexures, addenda and pre-bid clarifications, thereto, we, the undersigned, in conformity with the said RFP, offer to provide the said services on terms of reference to be signed upon the award of contract/ work order for the sum indicated as per our financial bid.
2. We acknowledge having received all the addenda / pre-bid clarifications to the RFP:
3. We have read the provisions of the RFP and confirm that these are acceptable to us. We further declare that additional conditions, variations, deviations, suggestions if any, found in our bid shall not be given effect to.
4. We undertake, if our bid is accepted, to provide the services comprised in the RFP within time frame specified, starting from the date of receipt of notification of award from Department.
5. We agree to abide by this bid for a period of 180 days from the date of bid submission and it shall remain binding upon us and may be accepted at any time before the expiration of that period.
6. We agree to execute a contract or accept a work order in the form to be communicated by the Tender Inviting Authority, incorporating all terms and conditions with such alterations or additions thereto as may be necessary to adapt such contract/ work order to the circumstances of the standard and notice of the award within time prescribed after notification of the acceptance of this bid.
7. We agree that if any day during the entire project duration, our act breaches the RFP terms and conditions or we express our inability to execute the project, the Tender Inviting Authority reserves all the rights to terminate the contract / work order and appropriate penalty will be borne on us.
8. We hereby confirm that we do not have any conflict of interest in accordance with the RFP.
9. We confirm that we will be responsible for the security of all the data captured or shared

with our system. We further undertake that neither we have any subsidiary managing health related work nor any of our directors have any such agency. Further, after termination of the contract / work order or at the end of Project, we will not enter into any similar field that may raise a conflict with the operations specified in the contract / work order.

10. Unless and until a formal contract / work order is prepared and executed, this bid together with your written acceptance thereof shall constitute a binding agreement.
11. As security for the due performance of the undertaking and obligation of the bid we submit herewith EMD in the form of Demand Draft/ Bankers Cheque bearing number ..... dated .....and valid up to ..... in favour of **State Health Society, Assam** for an amount of Rs. 1,50,000 /- (Rupees one lakh fifty thousand Only) payable at Guwahati.
12. We understand that if the details given in support of claims made above are found to be untenable or unverifiable, or both, our bid may be rejected without any reference to us. We also understand that if there is any change in our prequalification criteria status till the date of award of contract to the HSP, it is our responsibility to inform the Tender Inviting Authority of the changed status at the earliest.

We further clearly understand that the Tender Inviting Authority is not obliged to inform us of the reasons for rejection of our bid.

Dated this \_\_\_\_ day of \_\_\_\_\_ 2016

Signature

(Bidder Seal)

\_\_\_\_\_  
In the capacity of

Duly authorized to sign bids for and on behalf of:

### 6.2.2 Form – 2: Annual Turnover

We hereby certify that total annual turnover and average turnover from business operations of M/s \_\_\_\_\_ (name of the bidder) for the last three years is as given below:

Annual turnover for the last 3 Financial Years in Indian Rupees (in Lakhs)			
Year (2012-2013)	Year (2013-2014)	Year (2014-2015)	Average

(Signature of Statutory Auditor)

Name of Statutory Auditor:

Name of Statutory Auditor Firm:

Seal

### 6.2.3 Form – 3: Annual Turnover from Call centre operations

We hereby certify that the total annual and average turnover of M/s \_\_\_\_\_ (name of the bidder) for the last three years from call centre operations is as given below:

Annual turnover from call centre operations for the last 3 Financial Years in Indian Rupees (in Lakhs)			
Year (2012-2013)	Year (2013-2014)	Year (2014-2015)	Average

(Signature of Statutory Auditor)

Name of Statutory Auditor:

Name of Statutory Auditor Firm:

Seal

#### 6.2.4 Form – 4: Experience of Call Centre Capacity

This is to certify that ----- (name of the organization), having registered office at ----  
----- (address of the registered office) is operating a multilingual call centre with  
capacity of more than 25 physical seats from \_\_\_\_\_ (location of the call centre) and  
has appropriate human resource.

(Signature of Statutory Auditor)

Name of Statutory Auditor:

Name of Statutory Auditor Firm:

Seal

#### 6.2.5 Form – 5: Certificate of Incorporation

Bidder Name:	
Incorporated as _____ in year _____ at _____.	
Registration Number	

**Supporting Documents:** Please provide copy of Certificate of Incorporation/ Registration.

#### 6.2.6 Form – 6: Format of power-of-attorney for signing of bid

##### POWER OF ATTORNEY

(On Stamp Paper of relevant value)

Know all men by these presents, we \_\_\_\_\_ (name of the company and  
address of the registered office) do hereby appoint and authorize Mr / Ms \_\_\_\_\_  
\_\_\_\_\_ (full name and residential address) who is presently employed with us and holding the  
position of \_\_\_\_\_ as our attorney, to do in our name and on our  
behalf, all such acts, deeds and things necessary in connection with or incidental to our bid  
document for **“Selection of Call centre Service Provider (CSP) for Assam MCTS Call Centre”**, in  
response to the tenders invited by Mission Director, National Health Mission, Assam, including  
signing and submission of all documents and providing information / responses to National  
Health Mission, Assam in all matters in connection with our bid.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2016  
For \_\_\_\_\_

(Signature)

(Name, Designation and Address)

Accepted

(Signature)

(Name, Title and Address of the Attorney)

Date:

Note:

1. The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executants and when it is so required the same should be under common seal affixed in accordance with the required procedure.
2. Also, wherever required, the bidder should submit for verification the extract of the charter documents and documents such as a resolution / power of attorney in favour of the person executing this Power of Attorney for the delegation of power hereunder on behalf of the bidder.
3. In case the bid is signed by an authorized Director / Partner or Proprietor of the bidder, a certified copy of the appropriate resolution / document conveying such authority may be enclosed in lieu of the Power of Attorney.

#### 6.2.7 Form – 7: Format for Statutory Auditor’s Certificate

<<On Statutory Auditor Letter Head>>

We hereby certify that **Net Worth** of M/s \_\_\_\_\_ (name of the bidder) as on 31<sup>st</sup> March, ..... is positive and is as given below: **Net worth as on 31<sup>st</sup> March, ..... in Indian Rupees (in Lakhs)**

	Net worth as on 31 <sup>st</sup> March, ..... in Indian Rupees (in Lakhs)
Particular	As on 31 <sup>st</sup> March, .....
Paid Up Share Capital	
Free Reserves after deducting accumulated losses/ fictitious assets	
Total	

(Signature of Statutory Auditor)

Name of Statutory Auditor:

Name of Statutory Auditor Firm:

Seal

#### 6.2.8 Form – 8: Format for providing no dues for statutory and liability payments

[On the letterhead of the organization]

Certificate for no dues for statutory and liability payments

This is to certify that ----- (name of the organization), having registered office at ----  
----- (address of the registered office), has not defaulted in payment of statutory dues or liability in India.

Dated:

Signature:

Name of the Authorized Signatory:

Designation:



## 6.2.9 Form – 9: Format for providing experience of Resource Persons

Experience of bidder in managing call centre operations with minimum of 3 projects involving inbound or outbound calling process of at least 25 seats or 5 Lakhs call in an year each on outsourced model for any Government entity / PSU / Banks within the last 3 years in India.

Project Title:			
(Attach separate sheet for each project)			
State		Address	
Name of client			
Location of call centre			
Total seats			
Number of call centre agents for Assamese languages only:			
Number of call centre agents for English languages only:			
Number of call centre agents for Bodo languages only:			
Number of call centre agents for Bengali languages only:			
Number of call centre agents for other local language <please mention language>			
Regional languages in which the call centre was operational			
Duration of the assignment		Start date (month / year)	
		Date of successful implementation / Go-Live (month / year)	
		End date (month / year)	
Name of senior staff associated with the assignment		Name	
		Designation	
		Role in the project	
		Contact number	
		Email Id	
Narrative description of project: (in not more than 500 words)			
Description of actual services provided by your staff within the assignment: (in not more than 500 words)			

#### 6.2.10 Form – 10: No Blacklisting Certificate

[On the letterhead of the organization]

##### No Blacklisting Certificate

This is to certify that ----- (name of the organization), having registered office at ----  
----- (address of the registered office), as on date of release of the bid, the bidder has  
not been blacklisted by any Government entity in India.

In case our organisation get blacklisted by any Government entity, even during contract period,  
we will inform the same to the department in writing within 15 days.

Signature:

Name of the Authorized Signatory:

Designation:

#### 6.2.11 Form – 11: Non Termination Certificate

[On the letterhead of the organization]

##### Non Termination Certificate

This is to certify that ----- (name of the organization), having registered office at ----  
----- (address of the registered office), as on date of submission of the bid, has not  
withdrawn from similar project or have not had any termination of contract from similar project  
with Government entities in the last 3 years.

Signature:

Name of the Authorized Signatory:

Designation:

## 6.3 Annexure 2: Service Level Agreements and Penalties

### 6.3.1 Service Level Agreements (SLA)

#### SLA Definition and Measurement:

The SLA specifies the expected levels of service (i.e. baseline service level) to be provided by the CSP to various stakeholders of the Assam MCTS Call Centre project. Payment to the HSP is linked to the compliance with the SLA metrics laid down in the tables provided subsequently. The tables also specify the limits and metrics for lower / higher performance and breach levels.

The SLAs consist of specific set of parameters for ensuring the desired performance level of the project and a summarized metrics of the SLA parameters is provided in the table below and detailed out subsequently.

SI	Metric	Score for baseline metric
A.	Availability	60
B.	Record keeping	30
C.	Maintenance of Database and Voice Calls	10
	Total	100

CSP will get 100% of quarterly payment if the baseline performance metrics are complied with (and if no deductions are imposed as specified in the RFP). The CSP will get lesser payment in case of a lower performance on any parameter.

The SLA score will be calculated based on the following table:

SI	SLA Score Range	Deductions
Slab 1	<98 & >=90	0.2% deduction for every point <98 & >=90
Slab 2	<90 & >=80	0.4% deduction for every point <98 & >=80
Slab 3	<80	0.6% deduction for every point <98

Note: The percentage penalty would be calculated on the bill raised by the CSP for the concerned quarter entirely based on the slab on which SLA scores are falling.

Example: SLA Score of 82 will lead to a deduction of 6.4% (i.e.  $16 \times 0.4\% = 6.4\%$ ) from the quarterly Recurring Cost.

#### SLA Monitoring:

The aforementioned SLA parameters shall be measured on a daily / weekly / monthly / quarterly basis as per the individual SLA parameter requirements; through appropriate SLA measurement tools to be designed by the CSP for the purpose. If the performance of the system / services is degraded significantly at any given point in time during the project duration and if immediate measures are not implemented and issues are not rectified to the complete

satisfaction of the Tender Inviting Authority or an agency designated by them, then National Health Mission, Assam shall have the right to take appropriate corrective actions including termination of the contract. It is to be noted that the maximum penalty at any point of time on a cumulative basis shall not exceed 10% of project cost as per the signed contract. In case the penalty exceeds 10%, or CSP gets an SLA score of less than 60 for three consecutive quarters, the Tender Inviting Authority reserves the right to terminate the contract. The SLAs shall be reviewed periodically at the option of National Health Mission, Assam and if required, SLAs will be revised after taking the advice of the CSP, Project Management Unit and other agencies. The revised SLAs shall not have any financial implications on the National Health Mission, Assam or financial advantage to the bidder / CSP.

**Table SLA Metrics:**

SI	Metric	Baseline Metrics		Measurement Method
		Metric	Score	
<b>A.</b>	<b>Availability</b>		<b>60</b>	
1.	<b>Assam MCTS Call Centre Uptime</b> Application uptime (% of time for which the Assam MCTS Call Centre application was available during the operational hours excluding scheduled maintenance agreed by NHM, Assam, if any). It will be total cumulative uptime of application and calculated as 'Total uptime of application in minutes ÷ Total minutes of operations in a day.' <b>For Monthly SLA Monitoring</b> Average of the day wise Assam MCTS Call Centre application uptime shall be taken for arriving at the monthly score for the concerned parameter based on report generated by EMS. <b>For Quarterly SLA Monitoring</b> Average of the month-wise scores shall be taken for the quarterly measurement.	>98%	30	Measured from the SLA monitoring tool to be provided by the CSP in the Customized application of Assam MCTS Call Centre.
		> 93% & ≤98%	(Uptime – 93)*5	
		<93%	0	
2.	<b>Percentage Availability of Manpower</b> SLA will be calculated based on the number of resource persons present against the number of days of presence required for the resource persons on site, for the quarter.	>98%	30	Percentage Availability = number of days of actual presence in quarter / number of days of presence required in the quarter.
		> 93% & ≤98%	(Availability – 93)*5	
		<93%	0	

SI	Metric	Baseline Metrics		Measurement Method
		Metric	Score	
<b>B.</b>	<b>Record Keeping</b>		<b>30</b>	
<b>1.</b>	<b>Timely updating of data in the MCTS Portal</b> The SLA will be monitored regarding timely updating of data in the MCTS Portal regarding data validation on the same day.	>98%	15	Report findings shall be the SLA monitoring tool. Data will be cross verified with MCTS Portal.
		> 93% & <=98%	(Updating status – 93)*3	
		<93%	0	
<b>2.</b>	<b>Timely updating of information in the Call Centre Application</b> The SLA will be monitored regarding timely updating of data in the call centre application regarding data validation on the same day.	>98%	15	Report findings shall be the SLA monitoring tool. Quality of data input shall also be verified.
		> 93% & <=98%	(Updating status – 93)*3	
		<93%	0	
<b>C</b>	<b>Maintenance of Database and Voice Calls</b>		<b>10</b>	
<b>1.</b>	<b>Archival of Voice Calls</b> All voice calls shall be archived in systematic manner with easy search option. Soft copy of monthly voice calls to be handed over to NHM, Assam. The SLA will be monitored regarding archiving of voice calls.	100%	5	Report findings shall be the SLA monitoring tool. Total number of voice calls handed over to NHM, Assam will be cross verified with reported number of calls.
		< 100%	0	
<b>2.</b>	<b>Maintenance and Security of Database</b> Soft copy of the database to be handed over to NHM, Assam on monthly basis.	100%	5	Data backup register should be maintained.
		< 100%	0	
	<b>Total (A + B + C)</b>		<b>100</b>	

Note:

- i) The deductions shall be made only for the reasons attributable to the CSP. Any risks / issues foreseen by the CSP shall be brought to the notice of National Health Mission, Assam immediately. However, if the CSP falters in one or more of the SLAs resulting in lower performance or breach, then deduction from the quarterly payable amount would be calculated as follows:
  - a. For baseline performance by CSP no deduction shall be made from quarterly payable amount
  - b. For lower performance and breach, deductions in percentages shall be made from the quarterly payable amount.
- ii) The aforementioned SLA parameters shall be measured on a daily / weekly / monthly /quarterly basis (average) as per the individual SLA parameter requirements. However, if the performance of the solution / services is degraded significantly (operating at levels of breach for any SLA for a period of 24 Hrs or more) at any given point in time during the project duration and if the

immediate measures are not implemented and issues are not rectified to the satisfaction of National Health Mission, Assam, it will have the right to take appropriate disciplinary action including termination of the contract.

- iii) Following highlights the definition of “Baseline” and “Lower” categories as used for SLAs above.
- Scheduled maintenance time will be excluded from the computation
  - Scheduled maintenance time shall not exceed 4 hours in a calendar month
  - Planned maintenance shall be scheduled between 10 pm and 2 am IST on the intervening night of second Saturday and Sunday
  - Scheduled maintenance period(s) shall be planned and published for six months at a time and in the event of any changes to this plan, the same shall be notified at least 3 days in advance of the schedule

## 6.4 Annexure 3: Manpower requirement for project

### 6.4.1 Eligibility criteria and Roles & responsibilities

Sl No	Resource Type	Description	Eligibility Criteria
1	Supervisor	Will be responsible for day-to-day operations and supervising the calling operation. They will be responsible for managing the efficiency of calling operation.	<ul style="list-style-type: none"> <li>➤ Post Graduate with minimum 5 years of experience.</li> <li>➤ Should have minimum 2 years of experience in supervising call centre operations.</li> </ul>
2	IT support	Will be responsible for application uptime, solution installation and maintenance of hardware and software and reporting.	<ul style="list-style-type: none"> <li>➤ BE / B Tech / MCA / PGDCA with minimum 3 years of experience</li> <li>➤ Minimum 2 years of experience in respective fields.</li> </ul>
3	MIS Expert	Will be responsible for submission of report, data handling and analysis of reports.	<ul style="list-style-type: none"> <li>➤ Graduate with minimum 1 year degree/ diploma in Computer/ IT.</li> <li>➤ Should have good proficiency in MS Excel and database management.</li> <li>➤ MIS Expert should have minimum 2 years experience in data handling and analysis of call centre data.</li> </ul>
4	Call centre Agents	Will be responsible for making calls to beneficiary.	<ul style="list-style-type: none"> <li>➤ Nursing / Paramedics diploma/ Degree.</li> <li>➤ Minimum 2 years of experience in respective</li> </ul>

Sl No	Resource Type	Description	Eligibility Criteria
			fields.
5	Medical Officer	Will provide necessary medical assistance to the caller over the phone for specific queries.	<ul style="list-style-type: none"> <li>➤ MBBS Degree.</li> <li>➤ Should be eligible for practicing in India.</li> </ul>

### 6.5 Annexure 3: Financial Format

Sl	Particulars	Unit Rate	Quantity	Number of Months	Amount (Rs.)	Taxes (%)	Taxes Amount (Rs.)	Total Cost for 1 <sup>st</sup> Year	% of increase for subsequent year	Amount for subsequent year
A	B	C	D	E	F	G	H	I	J	K
					$F = C \times D \times E$		$H = F \times G / 100$	$I = F + H$		$K = H + H \times J / 100$
<b>A</b>	<b>One Time Cost</b>									
1.	Additional Hardware (Please specify)									
2	Software and Licenses									
3	Furniture									
4	Orientation training									
5	Others (If any)									
<b>Sub Total A</b>										
<b>B</b>	<b>Recurring Cost</b>									
1	Call Centre Agent (per month)		22	12						
2	Medical Officer (per month)		3	12						
3	Supervisor (per month)		2	12						

Sl	Particulars	Unit Rate	Quantity	Number of Months	Amount (Rs.)	Taxes (%)	Taxes Amount (Rs.)	Total Cost for 1 <sup>st</sup> Year	% of increase for subsequent year	Amount for subsequent year
A	B	C	D	E	F	G	H	I	J	K
					$F = C \times D \times E$		$H = F \times G / 100$	$I = F + H$		$K = H + H \times J / 100$
4	IT support / MIS Expert (per month)		2	12						
5	Quarterly refresher training									
6	Maintenance cost of existing hardware									
7	Maintenance cost of new hardware									
8	Maintenance cost of the software									
9	Institutional Overhead (All expenditure including hiring of space, electricity bill, Internet Bill, infrastructure maintenance, project management cost,									



Sl	Particulars	Unit Rate	Quantity	Number of Months	Amount (Rs.)	Taxes (%)	Taxes Amount (Rs.)	Total Cost for 1 <sup>st</sup> Year	% of increase for subsequent year	Amount for subsequent year
A	B	C	D	E	F	G	H	I	J	K
					$F = C \times D \times E$		$H = F \times G / 100$	$I = F + H$		$K = H + H \times J / 100$
	etc)									
10	Other Cost (Please specify)									
Sub Total (B)										
Total Cost (A + B)								V 1		V 2
Total cost proposed by the bidder (This value will be calculated for consideration of L1)								V 1 + V 2		

Note: Outgoing call charge will be reimbursed on actual. It should not be included in the price bid.

#### 6.6 Annexure 4: Project Price

Based on the financials quoted by the bidder in the Financial Bid, the bidder who qualifies the evaluation stage and emerges as lowest (L-1) in the Annexure 3 will be awarded the Project.

Annexure –A:

**Information to be captured in the Customized Application** (subject to change as per requirement and changes in health schemes/ policy and depending upon lesson learnt)

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
<b>1<sup>st</sup> Call (During due date of 2<sup>nd</sup> ANC Visit)</b>					
			Mother ID		
		Call Answered (Yes/No)			
		Correct Self Phone No (Yes/No)			
		Remarks (If any)			
	As per our record, your name is .....				
	..... Husband Name		Correct Name? (Yes/ No)	Yes/ No	If No, write correct name
	.....of Village				
	..... under		Correct Husband Name (Yes/No)	Yes/ No	If No, write correct name
	..... Sub Centre				
	..... under ..... BPHC		Correct Village Name (Yes/No)	Yes/ No	If No, write correct name
	..... Of .....				
	District. Please confirm whether the record is correct or not. Thank you.		Correct Sub Centre Name (Yes/No)	Yes/ No	If No, write correct name
	As per our record, you have conceived and your LMP date is .....		Correct Block PHC Name (Yes/No)	Yes/ No	If No, write correct name
	Please confirm.		Correct District Name (Yes/No)	Yes/ No	If No, write correct name
			Correct LMP Date	Yes/ No	If No, write

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
			(Yes/No)		correct name
	Pre recorded Welcome Voice message (30 seconds approximately, subject to change)		Whether the beneficiary completely listened the pre recorded voice message (Yes/ No)		If Yes, "Thank you for your cooperation" and continue
	I want to request you to keep in touch with your ASHA ..... (Name of the ASHA) to get full benefit of the services to be provided to you from Government		Whether ASHA Contacted her (Yes/No)		
	Your due date of 2 <sup>nd</sup> ANC is ..... Please contact your ASHA ..... (Name of the ASHA) go to the nearest VHND site for ANC check up. During		Whether the pregnant women already went for 2 <sup>nd</sup> ANC Visit (Yes/ No)		If Yes, date of visit.
	ANC check up you will be given one TT injection. ANM will check your Blood Pressure and she will do other test. ANM will also test your Blood for		Whether ANM checked Blood Pressure during ANC Check up (Yes/ No)		
	Hemoglobin, Urine for Albumin and Sugar. All tests are free. It will help you to deliver a healthy baby. It is also good for your own health.		Whether ANM conducted Hb test for Blood during ANC Check up (Yes/ No)		
			Whether TT1 Injection		

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
			administered during ANC Check up (Yes/ No)		
			Whether Urine Test done during ANC Check up (Yes/ No)		
	If ANM find any complication, she will refer you to Hospital. Please don't ignore the advice of ANM and ASHA.		Whether the pregnant women have been identified as High Risk Pregnant Women (Yes/ No)		
	You are requested to take nutritional food during delivery. It will help to deliver a healthy baby.		Whether ANM advised to take nutritional food (Yes/ No)		
			Whether "Mamoni" booklet – Pictorial booklet on safe motherhood provided or not (Yes/ No)		
<b>2<sup>nd</sup> Call (During due date of 3<sup>rd</sup> ANC Visit)</b>					
	During 2 <sup>nd</sup> ANC and 3 <sup>rd</sup> ANC, a cheque of Rs. 500/- each will be provided to		Whether "Mamoni" cheque of Rs. 500/-		

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
	you from Govt. of Assam under “Mamoni” scheme. Please open a Bank Account with the help of ASHA to deposit the money. Bank will not charge any money for that. Hope you have already received a pictorial booklet “Mamoni” which is about care to be taken during pregnancy period, during delivery and after delivery.		provided or not during 2 <sup>nd</sup> ANC Visit (Yes/ No)		
			Whether Bank Account opened by the Pregnant Women (Yes/ No)		If No, reason
			Whether faced any difficulty to get the cheque or money (Yes/ No)		If Yes, detail difficulty
	<p>Your Expected Date of Delivery is ..... Please go to hospital for delivery as per advice of ANM and ASHA. ASHA will accompany you during delivery. Delivery at Govt. Hospital is free. All tests done during delivery will be free. Medicines will be provided to you free of cost. If required, we'll provide free C-Section</p> <p>When you feel labour pain, please call “108”. 108 Ambulance will drop you to the nearest hospital for delivery. It is completely free. You will also be dropped back to Home after delivery free of cost.</p>		Whether planning for Institutional Delivery or Home Delivery		<p>If Home Delivery, Reason</p> <p>If Institutional Delivery location selected</p>

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
	<p>All tests done at Hospital are free under “Janani and Sishu Surakhsha Karyakram (JSSK)” of Govt. of India. Hospital will not charge any money from you including Registration fee</p> <p>Breastfeeding of your child should be started within 1 hour after delivery. It will help your child to fight against many diseases. Please give only breast milk to your child for 6 months. No other food should be given to your child for 6 months</p> <p>You are requested to stay at hospital for at least 48 hours after delivery. During hospital stay, we’ll provide free diet to you. It will be good for you as well as your baby. If any complication arises, there are facilities available in our hospital to give treatment in our hospital. If you stay for 48 hours after delivery, we’ll provide one Baby Kit called “Mamata” which consists of a mosquito net, baby soap, powder, oil, blanket, towel, flannel cloth and a plastic sheet for your baby.</p>				

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
	<p>During discharge from Hospital, you will be provided a cheque of Rs. 1,400/- (if you are from Rural Area) and Rs. 1,000/- (If you are from Urban Area) under Janani Suraksha Yojana (JSY). But for that you have to stay in the General Ward of Hospital</p> <p>For any emergency, please call “108”.</p> <p>If you have any complaint regarding service delivery or anybody ask you money during delivery or free medicine is not provided to you or you have been deprived from any of the free services mentioned, please call “104”.</p>				
<b>3<sup>rd</sup> Call (During date of 4<sup>th</sup> ANC Visit)</b>					
	All tests done at Hospital are free under “Janani and Sishu Surakhsha Karyakram (JSSK)” of Govt. of India. Hospital will not charge any money from you including Registration fee.		Whether any money demanded during tests (Yes/ No)		If Yes, detail
	Your Expected Date of Delivery is		Whether planning for		If Home

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
	<p>..... Please go to hospital for delivery as per advice of ANM and ASHA. ASHA will accompany you during delivery. Delivery at Govt. Hospital is free. All tests done during delivery will be free. Medicines will be provided to you free of cost. If required, we'll provide free C-Section</p> <p>When you feel labour pain, please call "108". 108 Ambulance will drop you to the nearest hospital for delivery. It is completely free. You will also be dropped back to Home after delivery free of cost.</p> <p>All tests done at Hospital are free under "Janani and Sishu Surakhsha Karyakram (JSSK)" of Govt. of India. Hospital will not charge any money from you including Registration fee</p> <p>Breastfeeding of your child should be started within 1 hour after delivery. It will help your child to fight against many diseases. Please give only breast milk to your child for 6 months. No other food should be given to your</p>		Institutional Delivery or Home Delivery		Delivery, Reason If Institutional Delivery location selected



Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
	<p>child for 6 months</p> <p>You are requested to stay at hospital for at least 48 hours after delivery. During hospital stay, we'll provide free diet to you. It will be good for you as well as your baby. If any complication arises, there are facilities available in our hospital to give treatment in our hospital. If you stay for 48 hours after delivery, we'll provide one Baby Kit called "Mamata" which consists of a mosquito net, baby soap, powder, oil, blanket, towel, flannel cloth and a plastic sheet for your baby.</p> <p>During discharge from Hospital, you will be provided a cheque of Rs. 1,400/- (if you are from Rural Area) and Rs. 1,000/- (If you are from Urban Area) under Janani Suraksha Yojana (JSY). But for that you have to stay in the General Ward of Hospital</p> <p>For any emergency, please call "108".</p> <p>If you have any complaint regarding</p>				

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
	service delivery or anybody ask you money during delivery or free medicine is not provided to you or you have been deprived from any of the free services mentioned, please call "104".				
<b>4<sup>th</sup> Call (Before Expected Date of Delivery)</b>					
	<p>Your Expected Date of Delivery is ..... Please go to hospital for delivery as per advice of ANM and ASHA. ASHA will accompany you during delivery. Delivery at Govt. Hospital is free. All tests done during delivery will be free. Medicines will be provided to you free of cost. If required, we'll provide free C-Section</p> <p>When you feel labour pain, please call "108". 108 Ambulance will drop you to the nearest hospital for delivery. It is completely free. You will also be dropped back to Home after delivery free of cost.</p> <p>All tests done at Hospital are free</p>		Whether planning for Institutional Delivery or Home Delivery		If Home Delivery, Reason If Institutional Delivery location selected

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
	<p>under “Janani and Sishu Surakhsha Karyakram (JSSK)” of Govt. of India. Hospital will not charge any money from you including Registration fee</p> <p>Breastfeeding of your child should be started within 1 hour after delivery. It will help your child to fight against many diseases. Please give only breast milk to your child for 6 months. No other food should be given to your child for 6 months</p> <p>You are requested to stay at hospital for at least 48 hours after delivery. During hospital stay, we’ll provide free diet to you. It will be good for you as well as your baby. If any complication arises, there are facilities available in our hospital to give treatment in our hospital. If you stay for 48 hours after delivery, we’ll provide one Baby Kit called “Mamata” which consists of a mosquito net, baby soap, powder, oil, blanket, towel, flannel cloth and a plastic sheet for your baby.</p>				

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
	<p>During discharge from Hospital, you will be provided a cheque of Rs. 1,400/- (if you are from Rural Area) and Rs. 1,000/- (If you are from Urban Area) under Janani Suraksha Yojana (JSY). But for that you have to stay in the General Ward of Hospital</p> <p>For any emergency, please call “108”.</p> <p>If you have any complaint regarding service delivery or anybody ask you money during delivery or free medicine is not provided to you or you have been deprived from any of the free services mentioned, please call “104”.</p>				
<b>5<sup>th</sup> Call (During due date of DPT1/ OPV1 vaccination)</b>					
			Whether delivery conducted at Home/ Govt. Hospital/Pvt. Hospital		If at Home, reason for Home Delivery
			Whether initiated breastfeeding within		If No, reason

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
			1 hr of delivery (Yes/No)		
	Please give only breast milk to your child for 6 months. No other food should be given to your child for 6 months		Whether any other supplementary product provided to the infant other than breast milk (Yes/ No)		If Yes, reason and what are the products provided
			Whether JSY benefit received or not (Yes/No) (In case of Delivery at Public Health Institution)		If No, detail
			Whether stayed for 48hrs after Delivery (Yes/No)		If No, reason
			Whether “Mamata” kit received (Yes/No)		
			Whether Mother Horlicks received (Yes/No)		
			Whether 108 service facility availed to move from Home to Hospital (Yes/No)		If No, reason
			Whether any expenditure incurred related to transportation from		

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
			Home to Hospital		
			Whether any expenditure incurred related to transportation from Hospital to Hospital		
			Whether any expenditure incurred related to transportation from Hospital to Home		
			Whether “BCG” and “OPV-0” provided at Birth (Yes/No)		
	Due date of DPT 1/ OPV 1 vaccination is ..... Please bring your baby to the nearest Village Health & Nutrition Day (VHND) site or to the nearest Health Facility.		Whether already DPT 1/ OPV 1 received (Yes/ No)		If Yes, place and date of service delivery
			Whether the baby died (Yes/ No)		If Yes, condolence message and reason
6 <sup>th</sup> Call (During due date of DPT2/ OPV2 vaccination)					
			Is there any illness of		If yes, detail

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
			the baby (Yes/ No)		
			Whether DPT1/ OPV 1 given to the baby (Yes/ No)		If No, reason
	Due date of DPT 2/ OPV 2 vaccination is ..... Please bring your baby to the nearest Village Health & Nutrition Day (VHND) site or to the nearest Health Facility.		Whether already DPT 2/ OPV 2 received (Yes/ No)		If Yes, place and date of service delivery
			Whether the baby died (Yes/ No)		If Yes, condolence message and reason
	Please give only breast milk to your child for 6 months. No other food should be given to your child for 6 months		Whether any other supplementary product provided to the infant other than breast milk (Yes/ No)		If Yes, reason and what are the products provided
<b>7<sup>th</sup> Call (During due date of DPT3/ OPV3 vaccination)</b>					
			Is there any illness of the baby (Yes/ No)		If yes, detail
			Whether DPT2/ OPV 2 given to the baby (Yes/ No)		If No, reason
	Due date of DPT 3/ OPV 3 vaccination		Whether already DPT		If Yes, place

Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
	is ..... Please bring your baby to the nearest Village Health & Nutrition Day (VHND) site or to the nearest Health Facility.		3/ OPV 3 received (Yes/ No)		and date of service delivery
			Whether the baby died (Yes/ No)		If Yes, condolence message and reason
	Please give only breast milk to your child for 6 months. No other food should be given to your child for 6 months		Whether any other supplementary product provided to the infant other than breast milk (Yes/ No)		If Yes, reason and what are the products provided
<b>8<sup>th</sup> Call (During due date of Measles vaccination)</b>					
			Is there any illness of the baby (Yes/ No)		If yes, detail
			Whether DPT3/ OPV 3 given to the baby (Yes/ No)		If No, reason
	Due date of Measles vaccination is ..... Please bring your baby to the nearest Village Health & Nutrition Day (VHND) site or to the nearest Health Facility		Whether already Measles received (Yes/ No)		If Yes, place and date of service delivery
			Whether the baby		If Yes,



Call No	Interaction	Information to be captured in MCTS Portal	Information to be captured in the Customized Application		
			Question	Findings	Remarks
			died (Yes/ No)		condolence message and reason
<b>Special Monthly Call to High Risk Pregnant Women</b>					
	Status about Health Checkup and advice to visit Doctor		Whether any other complication (Yes/ No)		If Yes, detail

**Annexure –B:**

**Input Data to be provided from MCTS Portal** (Subject to be changed as per modifications done in the MCTS Portal)

a) Mother / Pregnant Women Data

StateID	District_ID	District_Name	Taluka_ID	Taluka_Name	HealthBlock_ID	HealthBlock_Name	PHC_ID	PHC_Name

SubCentre_ID	SubCentre_Name	Village_ID	Village_Name	Yr	GP_Village	Address	ID_No	Name

Husband_Name	PhoneNo_Of_Whom	Whom_PhoneNo	Birthdate	JSY_Beneficiary	Caste	SubCentre_Name1	ANM_Name	ANM_Phone

ASHA_Name	ASHA_Phone	Delivery_Lnk_Facility	Facility_Name	LMP_Date	ANC1_Date	ANC2_Date	ANC3_Date	ANC4_Date

TT1_Date	TT2_Date	TTBooster_Date	IFA100_Given_Date	Anemia	ANC_Complication	RTI_STI	Dly_Date	Dly_Place_Home_Type

Dly_Place_Publ ic	Dly_Place_Priva te	Dly_Typ e	Dly_Complicati on	Discharge_Da te	JSY_Paid_Da te	Abortio n	PNC_Home_Vis it	PNC_Com plication

PPC_Method	PNC_Checkup	Outcome_Nos	Child1_Name	Child1_Sex	Child1_Wt	Child1_Breastfeeding	Child2_Name	Child2_Sex

Child2_Wt	Child2_Breastfeeding	Child3_Name	Child3_Sex	Child3_Wt	Child3_Breastfeeding	Child4_Name	Child4_Sex	Child4_Wt

Child4_Breastfeeding	Age	MTHR_REG_DATE	LastUpdateDate	Remarks	ANM_ID	ASHA_ID	Call_Ans	NoCall_Reason

NoPhone_Reason	Created_By	Updated_By	Aadhar_No	BPL_APL	EID	EIDTime	Entry_Type

MDDS_StateID	MDDS_District_ID	MDDS_Taluka_ID	MDDS_Village_ID

b) Child Data

StateID	District_ID	District_Name	Taluka_ID	Taluka_Name	HealthBlock_ID	HealthBlock_Name	PHC_ID	PHC_Name

SubCentre_ID	SubCentre_Name	Village_ID	Village_Name	Yr	City_Maholla	GP_Village	Address	ID_No

Name	Mother_Name	Mother_ID	PhoneNo_Of_Whom	Whom_PhoneNo	Birthdate	Place_of_Delivery	Blood_Group	Caste

SubCentre_Name1	ANM_Name	ANM_Phone	ASHA_Name	ASHA_Phone	BCG_Dt	OPV0_Dt	HepatitisB1_Dt	DPT1_Dt

OPV1_Dt	HepatitisB2_Dt	DPT2_Dt	OPV2_Dt	HepatitisB3_Dt	DPT3_Dt	OPV3_Dt	HepatitisB4_Dt	Measles_Dt

VitA_Dose1_Dt	MR_Dt	DPTBooster_Dt	OPVBooster_Dt	VitA_Dose2_Dt	VitA_Dose3_Dt	JE_Dt	VitA_Dose9_Dt	DT5_Dt

TT10_Dt	TT16_Dt	CLD_REG_DATE	Sex	VitA_Dose5_Dt	VitA_Dose6_Dt	VitA_Dose7_Dt	VitA_Dose8_Dt	LastUpdateDate

Remarks	ANM_ID	ASHA_ID	Created_By	Updated_By	Measles2_Dt	Weight_of_Child	Child_Aadhaar_No	Child_EID

Child_EIDTime	Father_Name	Birth_Certificate_Number	Entry_Type	MDDS_StateID	MDDS_District_ID	MDDS_Taluka_ID	MDDS_Village_ID

**Annexure –C:****Details of Assets of the existing Assam MCTS Call Centre:**

SI No	Items	Items Descriptions	Quantity	Rate	Date of Purchase
1	48 Port Manageable Switch	Netgear- Manageable Prosafe Switch 48 Port	1	Rs. 13,524.00	Mar-13
2	PRI Card ( 4 Port)	Sangoma PRI Card A104DE 4-port T1/E1/J1 with Echo cancellation PCI Express Sr# 104E4DM-20213	1	Rs. 95,000.00	Mar-13
3	Desktop	Dell Vostro- Desktop 270SFF with 20" Monitor 3rd Generation, Intel R core i3 3220 Processor(3.3) Ghz, 3 MB, 2GB RAM, 500GB HDD, Ubuntu Linux 11.10.16x DVD/20" Monitor, 1 Media Card Reader	26	Rs. 27,143.00	Mar-13
4	Headset for Soft Phone	Plantronic Headsets, Model: Audio 326	30	Rs. 850.00	Mar-13
5	Server-1	HP Tower Server: Intel Xeon E3122ov2 (Quad core) 3.1 Ghz 8 Mb, 1333Mhz, 8 GB RAM, 1 TB SATA HDD	1	Rs. 58,000.00	Mar-13
6	Server-2	HP Tower Server: Intel Xeon E3122ov2 (Quad core) 3.1 Ghz 8 Mb, 1333Mhz, 8 GB RAM, 500 GB SATA HDD	1	Rs. 52,000.00	Mar-13
7	Server-3	HP Tower Server: Intel Xeon E3122ov2 (Quad core) 3.1 Ghz 8 Mb, 1333Mhz, 4 GB RAM, 500 GB SATA HDD	1	Rs. 45,000.00	Mar-13
8	Chairs	Medium back revolving chair, Plastic base with Hydrolich with back lock, black leatherette. Warrenty: 1 year on Hydrolich	30	Rs. 2,600.00	Mar-13

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