

**REQUEST FOR EXPRESSIONS OF INTEREST
(CONSULTING SERVICES– FIRMS SELECTION)**

MEGHALAYA HEALTH SYSTEMS STRENGTHENING PROJECT

ASSIGNMENT TITLE: The hiring of an agency for providing Capacity Building Support for Health Staff including Nurses under the Meghalaya Health Systems Strengthening Project (MHSSP) to improve the efficiency and accountability in delivering day-to-day activities at Health Facilities at the State and District levels by developing clinical and techno-managerial skills of medical officers, block and district level officials, including the nursing cadre of the Health Department of the State.

Reference No: DHS/P-3/MHSSP/CS-2(A)/2022-23

The Government of Meghalaya is committed to improving the health status of its citizens. Despite considerable challenges, the state has shown progress in various health indicators over the last decades. To further accelerate the progress, the Department of Health and Family Welfare (DoHFW), Government of Meghalaya with technical and financial support from the World Bank, is implementing ‘Meghalaya Health Systems Strengthening Project’ (MHSSP) in the state. The MHSSP intends to improve accountability, quality and utilization of health services in Meghalaya, especially among public facilities at primary health center (PHC), community health center (CHC) and district hospital levels. In order to achieve its objectives, the MHSSP will over the next five years adopt a systems approach to combine results-based financing and input-based financing with the aim of achieving enhanced performance management in the public sector.

The project activities are structured across 4 broad components as follows:

1. Component 1: Improve accountability and strengthen governance through Internal performance agreements
2. Component 2: Strengthen Systems to Sustain Quality of health service
3. Component 3: Increase coverage and utilization of quality health services
4. Component 4: Contingent Emergency Response Component

Objective of the Assignment: The assignment will enable MHSSP to achieve its objective to improve the efficiency and accountability in delivering day-to-day activities at Health Facilities at the State and District levels by developing clinical and techno-managerial skills of medical officers, block and district level officials, including the nursing cadre of the Health Department of the State, and imbibing in each trainee the requisite skills needed for carrying out their job responsibilities. The main objectives of the assignment are:

(i) Establish a sustainable mechanism within the State Health System, for training in managerial and technical skills through the implementation of capacity-building activities, which shall be followed by continuous supervision by the agency during the assignment period.

(ii) Documenting a comprehensive Training Needs Assessment (TNA) which will be the base of future training or upskilling which shall be done in conjunction with the existing state training resources and state training consultant prior to implementation.

(iii) Mentoring of health staff by the agency and the Master Trainers (pool of trainers from within the State Health System trained by the agency who are made competent to deliver the training under the tutelage of the agency) developed during the contract period. A comprehensive capacity-building framework for all participants is expected to be in place prior to the onset of any training and capacity-building activities and the agency will ensure that all such activities are to be done by involving the State Training Centre at every level.

(iv) Development and integration of specific competency-based modules with ongoing training programs are required for all health staff with special emphasis on maternal and child health such as Mother care (Dakshata) and Child care in accordance with the State Training Team or other State Training Agency.

(v) Assist in developing an overall training plan, curriculum, and course modules along with training materials by ensuring utilization of innovative training techniques rather than traditional lecture methods, such as hands-on training, Skill Lab, and participative and experiential learning.

Period of Consultancy: The time period for the said assignment shall be 36 months from the date of award of the contract. The duration may be extended if required, with mutual agreement of the parties. The draft Terms of Reference for the assignment is available at Annexure A

The Meghalaya Health Systems Strengthening Project invites eligible consulting “Firms” to indicate their interest in providing the Services. Interested Firms should provide information demonstrating that they have the required qualifications and relevant experience to perform the Services. The shortlisting criteria are:

- The firm should be in business for the last ten years. (Copies of registration, PAN, TAN, GST or any other relevant registrations etc. to be enclosed)
- The firm should have an average annual turnover of INR Ten Crore or more in the last three financial years (2019 - 20, 2020 – 21, and 2021 - 22)
- The firm must have at least eight years of experience working in the learning and development sector (preferably related to health) and facilitating training, development of training plan, Curriculum, and Course Modules along with training materials at the state and national levels. The firm must have at least
- three contract assignments in the past five years related to capacity building similar to the assignment scope with a contract value of at least INR One Crore and above. The firm must have experience in
- developing and rolling out large-scale training programs preferably in the health sector (preferably with adult learning training and coaching). The firm should have experience in developing training
- modules, identifying and coaching master trainers, and imparting technical support and capacity building. The firm should have experience working on similar assignments related to capacity
- building in Northeast India. Knowledge of the health system particularly in North Eastern Region will be an added advantage.
- The firm should not have an unsatisfactory track record resulting in adverse action taken by Central/State Governments in India (an undertaking must be submitted)

NOTE: Interested consultants are required to fill in the data as per attached Annexure B and submit documents as mentioned.

1. The consultant will be selected in accordance with the Quality Based Selection (**QBS**) method set out in the World Bank’s “Procurement Regulations for IPF Borrowers; Procurement of Goods, Works, Non-Consulting & Consulting Services, July 2016, revised November 2017, August, 2018 and November 2020”, available at www.worldbank.org. Attention of the interested agencies is drawn to paragraph 3.14 of the said Regulations relating to the Conflict of Interest.
2. A Consultant will be selected in accordance with the QBS method set out in the Consultant Guidelines. CVs of only 5 Key Experts (as mentioned in the ToR) will be evaluated during the technical evaluation stage of the selection process. The same need not be submitted at EoI stage.
3. Consulting Firm may associate with other firms in the form of a joint venture or a sub-consultancy to enhance their qualifications. The “Association” may take the form of a joint venture (with joint and several liability) or of a sub-consultancy, and this should be stated clearly in the submission. *Firms may also note that in case of JV submission; credentials of both Lead and JV Partner will be evaluated and*

all the parties would be required to meet all the shortlisting parameters individually; however, for Sub-Consultancy; Credentials of only Lead Member will be taken into consideration.

4. Further information can be obtained at the address below during office hours [10.00 AM – 5.00 PM]
5. Expressions of Interest must be delivered in a written form to the address below through registered post/speed post/ courier/ by hand by 3:00 PM of 29th September, 2022.



The Project Director
Meghalaya Health Systems Strengthening Project (MHSSP)
Top Floor, Regional Training Centre, Directorate of Health Services (DHS)
Red Hill Road, Laitumkrah, Shillong – 793003
Contact Person: Ms Mamta Rai, +91-7005161416
Email: procurement.megh@meghssp.org

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

DRAFT TERMS OF REFERENCE

Annexure – A

Consultancy firm to provide Capacity Building Support for Health Staff including Nurses under Meghalaya Health Systems Strengthening Project

1. Introduction to the Project:

Meghalaya, a small state in North East India, carved out of Assam in 1972, has a Legislative Assembly and three autonomous Hill Councils, covering all 12 districts. With a population of 3 million (2011), the state is on average poorer than the rest of India, but more equitable, as only 12 percent of the population live below the national poverty line in comparison to 22 percent at the national level (2011-12). The state is predominantly rural (80 percent), with hilly terrain, rapid urbanization, and poor connectivity. With 86 percent of the population categorized as Scheduled Tribe, Meghalaya's main ethnic communities are the Khasis, the Garos, and the Jaintias. The complexities in the governance structures provide unique challenges to social and health outcomes that need local solutions.

The Government of Meghalaya is committed to improving the health status of its citizens. Despite considerable challenges, the state has shown progress in various health indicators over the last decades. To further accelerate the progress, the Department of Health and Family Welfare (HFW), the Government of Meghalaya with technical and financial support from the World Bank, is implementing the 'Meghalaya Health Systems Strengthening Project' (MHSSP) in the state. The MHSSP intends to improve accountability, quality, and utilization of health services in Meghalaya, especially among public facilities at the primary health center (PHC), community health center (CHC), and district hospital levels. To achieve its objectives, the MHSSP will over the next five years adopt a systematic approach to combine results-based financing and input-based financing to achieve enhanced performance management in the public sector.

The project activities are structured across 4 broad areas, while the first three address different parts of the project development objective (Accountability, Quality, and Utilization), the fourth area is related to Contingent Emergency Response Component. The details are as under:

Area 1: Improve accountability and strengthen governance through Internal performance agreements: This will support the creation of an enabling environment for reforms at each level (state, district, and sub-district), enhance the performance of the DoHFW and its subsidiaries, and improve the efficiency of the public health administration.

Area 2: Strengthen Systems to Sustain Quality of health service: This will focus on improving the quality of care through a comprehensive quality assurance for health service; augmenting systems related to human resource management, bio-medical waste management, procurement, and supply chain, and project management capacity.

Area 3: Increase coverage and utilization of quality health services: This will mainly focus on increasing the coverage of the state health insurance program, pilot for strengthening primary

care response through the Health and Wellness Centres, strengthening community interventions, and engagement.

Area 4: Contingent Emergency Response Component: A mechanism for the provision of immediate response to an Eligible Crisis or Emergency, as needed.

With this background, the DoHFW, Government of Meghalaya has decided to onboard the agency to support the Project to provide Capacity Building Support for Medical Officers & other Medical Professionals through training, simulation, etc.

2. Objective(s) of the Assignment:

The objectives of the assignment “Capacity Building Support for Health Staff including Nurses under Meghalaya Health Systems Strengthening Project” are as follows:

- A. Improve the efficiency and accountability in delivering day-to-day activities at Health Facilities at State and District levels by developing clinical and techno-managerial skills of medical officers, block and district level officials, including the nursing cadre of the Health Department of the State, and imbibing in each trainee the requisite skills needed for carrying out their job responsibilities.
- B. Establish a sustainable mechanism within the State Health System, for training in managerial and technical skills through the implementation of capacity-building activities, which shall be followed by continuous supervision by the agency during the assignment period.
- C. Documenting a comprehensive Training Needs Assessment (TNA) which will be the base of future training or upskilling which shall be done in conjunction with the existing state training resources and state training consultant prior to implementation.
- D. Mentoring of health staff by the agency and the Master Trainers (pool of trainers from within the State Health System trained by the agency who are made competent to deliver the training under the tutelage of the agency) developed during the contract period. A comprehensive capacity-building framework for all participants is expected to be in place prior to the onset of any training and capacity-building activities and the agency will ensure that all such activities are to be done by involving the State Training Centre at every level.
- E. Development and integration of specific competency-based modules with ongoing training programs are required for all health staff with special emphasis on maternal and child health such as Mother care (Dakshata) and Child care in accordance with the State Training Team or other State Training Agency.
- F. Assist in developing an overall training plan, curriculum, and course modules along with training materials by ensuring utilization of innovative training techniques rather than traditional lecture methods, such as hands-on training, Skill Lab, and participative and experiential learning.

3. Statement of the Assignment:

Focussing on the need for improving the skills of health staff in the State, the capacity-building program of the health force is enumerated as follows:

- A. Liaison with State Training Centre, training agencies, and existing state modules in the development of training modules while parallelly conducting the Training Needs Assessment. agency will assess the existing level of competency of MOs, ANMs and Nursing cadre in select clinical and techno-managerial aspects to ensure augmentation of existing training modules. The agency is to ensure that the mechanism of training is to be integrated seamlessly with other ongoing trainings in the State and the same should be indicated in the training calendar.
- B. On basis of the TNA conducted, the agency shall propose for development of an application for training that will be need-based and subject-relevant. The agency is to however ensure that such applications have sufficient shelf life in the IT or training environment to negate any sustainability issue that may arise. It is also expected that the agency will follow-up participants on each module so as to assess the skill level and help decide on re-skilling of staff wherever needed.
- C. Medical Officers and nursing staff are undergoing an induction program of approx 24 days and the agency will be involved in the planning of the induction program and integrating the proposed modules which will include administrative and clinical skills training. This Plan has to be submitted and accepted before execution of the program, including administrative, non-clinical, and clinical skills through Skills Labs. This training will be incorporated in all the verticals and existing national programs of the Department.
- D. Senior Medical & Nursing Staff in the Govt. services require administrative, techno-managerial, and program implementation skills including requisite soft skills. These would include Medical superintendents, all DM&HO/ADM&HO/SDM&HO including Senior M&HOs, all Nodal Heads/Doctors present in the 3 Directorates – MI, MCH, and Research, and nursing tutors and superintendents from Government Institutions. They will require training in the Management of Healthcare Institutions which will cover domain-specific knowledge, relevant IT applications, concepts, equipment, etc. (Approximately 547 MOs and around 2,200 nursing cadre)
- E. The agency is to contribute to the design and updating of any clinical and techno-managerial aspect of training.
- F. District Programme Managers (NHM/MHIS), Block Programme Managers (NHM), and Quality Managers of Meghalaya will require management skills concerning their work domains. This would include training pertaining to, accounts, administration, financial management, computer applications, biomedical waste management, and other felt needs emerging out of the Training Need Assessment (TNA) carried out pursuant to this Assignment. (22 DPMs, 39 BPMs, and 12 Quality Managers)
- G. Identifying potential Master Trainers at the end of the 2nd year of the contract period and further developing their competencies in various aspects like presentation skills, reporting skills, etc to ensure continuity of training activities.
- H. All training modules are to be developed in consultation with the State Training Resource Centre or Training Agency while simultaneously putting in place a training calendar for all participants by ensuring such trainings are not conflicting with existing trainings under various programs of the State. An effort should be made to look into the ever-changing dynamics in

day-to-day activities in the health universe and specific modules to address such changes should be included in the training modules. Apart from placing a comprehensive Training Calendar for participants with regular reporting of assessment and feedback (Training Report), the agency shall ensure the baseline is followed up with midline and end-line assessments for trainees.

- I. The agency shall be engaged with the State Training Agencies to strengthen the skill labs in the state and also facilitate exposure visits of the identified master trainers or potential candidates to advance Skill Labs along with the possibility of setting up advance skill labs in the State.
- J. Facilitation of exposure visits (national and international) of selected participants to states and/or countries with similar health systems as that of Meghalaya (250 people approx). The State department shall bear the logistics of travel and stay arrangements as needed.

4. Indicative Framework for Capacity Building

The indicative Capacity building framework as described above is proposed as under. The agency shall not construe the lists given as exhaustive and shall take this under the given list as guidance to fulfil the objective of this Assignment and as an insight into the expectation of the Client:

Dimensions	Institutional Capacity Building (ICB)	Management of Health Facilities/Administration	Continuing Professional Development (CPD)	Clinical Skills
Participants				
Medical Officers and nursing staff	Developing Professional Learning Communities (PLC) across facilities, Competency-based assessments, Basic Computer Operations, multimedia presentation development	Experiential learning, effective leadership, management of health facilities, and career progression plans. Dual Training System. Enhance motivation of all level staff and maintain protocols and adherence to IPA (internal performance agreements) frameworks. People development and counselling skills	Effective Leadership, people management. Motivation & Performance Management. People development and counselling skills	Primary health care services with an emphasis on maternal and child health, RCH, and screening services. (screening for NCDs)
Senior medical and nursing staff	Workshop Supervisory Skills, Hands-on learning on technologies, applications, communication, and personality development	Management of health administration, Accountability, and performance metrics	Effective Leadership, people management. Motivation & Performance Management. People development and counselling skills	Primary health care services with an emphasis on maternal and child health, RCH, and screening services. Interpreting and

				managing data. Problem-solving using basic epidemiological principles.
District Programme Managers and Block Programme Managers	Hands-on learning on technologies, applications, communication and personality development, Behavioural Science	Motivation & Performance Management, skill development. Principle of techno-managerial activity. Upscaling ICT-enabled resources	Demonstration skills. Logistic management, Vendor management, material management, Modern Office Management like Tally, and other national program requirement. Workshop Supervisory Skills.	Planning and execution of rollout of primary health care services in the community eg immunization drive, family planning campaigns, and community screening for NCDs and Cancers.

Based on the framework defined in the above section and the capacity building need analysis of the resources, it is required that suitable training topics are identified for the resources at all the levels covering the dimensions defined in the framework. The selected agency, however, is free to adopt this model or propose a better alternative that best covers the objective of the assignment while keeping the Client under confidence.

5. Proposed Capacity Building Model

The agency shall have to successfully impart the capacity-building programs to the participants within thirty-six months (3 Years) from the date of signing of the contract. To do this it is proposed that the model will have three components. Guidance and query resolution support through calls/emails/chats/any online meeting tools to be made available during this period. As the participants are heterogeneous, a differential training strategy might be required to address the issue- this approach should be reflected in the training plan that will be submitted along with the proposal. To ensure that pieces of training are not treated as one-off events, but as sustainable interconnected interventions, a 3 component Capacity Building Model is recommended.

Component	Duration (months)	Activities/ Tasks	Delivery Method	Description
Component -1 (Year 1)	1 to 3 (3-M)	Baseline Needs Assessment on Techno - Managerial Skills	Visiting of few facilities in Garo, Khasi, and Jaintia Hills and interactions with the	The baseline assessment is to be conducted to assess the current leadership and cognitive skills of MOs, nurses, and local health authorities. This will also form the basis for selecting the local

Component	Duration (months)	Activities/ Tasks	Delivery Method	Description
			selected Health Workers and Training Team	trainers in every district as well as at the state level who shall eventually become Master Trainers for sustaining the program locally. The agency will also build a training plan in align, Curriculum, and Course Modules along with training materials in alignment with the 24 days of the training program.
Component 2 (Year 1)	4 to 6	Development of training curriculum and content based on the assessed needs	Active consultative review and development of curriculum and content by Domain experts from the agency and the state department.	Review of the available training manuals and methodology of vertical programmes in consultation with the State Training Cell and development of an integrated capacity building program that includes techno-managerial and clinical skill components to be delivered to 3 types of participants.
Component-3 (Year -1 & 2)	7 to 19 (12-M)	Training Implementation, (Clinical and Non-Clinical)	Workshop based face-to-face	In this phase, the participants undergo a training program in workshop mode and will consist of implementation and supervision of the capacity-building activities in order to raise the level of techno-managerial and clinical skills. Experts from the agency along with the state training team will train all the health workers identified as per an agreed training schedule. The trainees shall attend the training with draft training documents which are expected to be perfected by the time the training is complete.
Component	Duration (months)	Activities/ Tasks	Delivery Method	Description

	19-21 (3-M)	Midline Assessment -1	Pre and Post- test, Feedback, and detailed training report	Measuring improvement of services vs training outcomes. Report on the performance of the facilities. Course correction if necessary
	21-24 (4-M)	Refresher Training (Clinical and Non-Clinical) To develop a mechanism / framework for identifying participants for refresher training, Modality of need assessment for refresher training, Propose timeline for refresher training	Workshop based face-to- face	In this phase, the participant will undergo refresher training to re- emphasize their learning during the first phase of training and also learn any additional topic or concept based on the midline assessment and feedback from the participants. Agency will propose a mechanism or framework for identifying the participants for refresher training, for need assessment for refresher training, and a timeline for the same
Component-4 (Year -1 & 2)	24-25 (2-M)	Training of Master Trainers (Clinical and Non-Clinical)	Workshop based face-to- face	Building a pool of local and well- networked master trainers who should be equipped to provide on-site as well as virtual support to their allocated group of health staffs on a regular and as and when needed basis. These master trainers should be trained in various competencies with respect to Techno- managerial training, clinical skills, and also ranging from leadership and managerial skills, emotional intelligence, problem- solving skills, work-life balance to coaching and mentoring skills besides enhancing their cognitive skills in clinical domains.
Component	Duration (months)	Activities/ Tasks	Delivery Method	Description

Component-5 Year -3	26-27 (2-M)	Midline assessment -2 (For master trainers)	Pre and Post- test, Feedback and detailed training report. Teach back of the Master trainer	Measuring improvement of services vs training outcomes. Report on the performance of the facilities. Report the effectiveness of the Master trainer. Course correction if necessary
	28-32 (5-M)	Refresher Training is done by Master trainers under the guidance of agency (Clinical and Non-Clinical)	Workshop based face-to- face	In this phase the participant will undergo refresher training conducted by the master trainer under the guidance and observation of the agency.
Component-6 Year -3	33-36 (3-M)	Endline assessment and Final Report		Endline Assessment to examine the effect on the capacity improvement of Master Trainers and Medical Officers and on the overall environment of the districts and state's health systems, to be reported at the end of 2 years.

The agency is also expected to evaluate Master Trainers and trainees at the end of the training session with close monitoring and evaluation of the performance of health facilities. Based on the training reports of the previous batches, the content of training should be realigned regularly. The mentor is expected to be available to the mentee for regular assistance via online platforms and the periodical site visits are to be conducted by the mentor/agency to the districts twice a year. The agency is free to create a plan for the same keeping in view the delivery of training. The draft training curriculum and timelines would be required to be submitted along with the proposal. The selected agency, however, is free to adopt this model or propose a better alternative that best covers the objective of the assignment while keeping the Client under confidence.

6. Facilities & Infrastructures

The agency is required to provide a list of major equipment for conducting Skill Lab sessions which shall be engaged for imparting practical training. Venues for training sessions will be finalised in consultation with department and the state training centre will provide facilities available for the same. It is also expected the Classrooms for Theory training are equipped with all necessary equipment including audio-visuals, teaching aids, models, and ICT-enabled equipment. In addition, the agency shall also arrange required logistics including all academic

costs related to stationery & photocopy, participant kits, etc, Assessment & Certification, Training hand-outs/printed coursebooks, training consumables, etc, and non-academic components like – local travel costs, lodging & boarding, food, venue rental (if any), other out-of-pocket expenses, miscellaneous charges are to be indicated. The agency will be having its own office space in the base location Shillong as mentioned in the financial proposal.

7. Resources - Team composition and qualification for the key experts:

The agency will be expected to deploy requisite and adequate human resources to successfully deliver the tasks outlined. Senior experts with demonstrated experience in large-scale capacity-building programs of human resources particularly in health, health innovations, and project management are desirable. Apart from the project team, the agency is expected to deploy domain experts to lead the training in specific areas such as RMNCH+A, NCDs, etc. Indicative team and domain expertise include:

#	Domain expert	Minimum Qualification	Years of Experience	Location	Estimated Man-Months
1	Team Leader	Master / PhD in Management/health/ Social Work	A minimum of 15 years of relevant professional experience in primary health, teaching, training & research on leadership skills, interpersonal relations, motivation, monitoring & evaluation	Home	6
				Field	24
2	Communications Specialist	Masters/ PhD (Communications)	At least 10 years of experience in teaching/training behavioral skills, leadership skills, communications, emotional intelligence, and organizational development	Home	18
				Field	12
3	Training Expert	MBA/Master in management	Preferably at least 10 years of experience in teaching/training background in the Health Sector	Home	6
				Field	30
4	Data Analyst and IT	Master in Community medicine/ Statistics/ Data analytics/MPH	Preferably at least 5 years of experience in data interpretation along with teaching/training experience in statistics or data analytics	Home	24
				Field	12
5	Program Coordinator	Master in Management/ MPH	Local Resource with at least 5 years of experience in documentation, coordination, and project management	Home	0
				Field	30

The agency will be required to provide details of such key and non-key resources along with CVs and submit the same along with the proposal. Any replacement of the team member shall be permitted only if the proposed member possesses equivalent or higher qualifications and experience in comparison to the member who is being replaced.

8. Training venue:

The Agency shall be responsible for arranging, managing, and maintaining logistics for the techno-managerial training at proposed training venues at the district level.

9. Certificate of Completion:

In consultation with the Client, an appropriate Certification process shall be designed and implemented. Certifications for all the trainees who have completed the training shall be issued.

10. Indicative Timeline for the Assignment

The timeline for capacity-building programs' completion would be 36 months from the month of signing the contract. The training under consideration is dependent upon other factors such as environmental conditions, gestation period, incubation period, etc. which may require an extension of the execution period. In such cases, based on the agreement, the contract duration could be extended under the same terms and conditions as contained in this document herein. However, the Project Management Unit - MHSSP will review the performance of the agency after 2 Years, and the continuance of services beyond 2 Years will be contingent upon the satisfactory performance of the agency. The performance will be evaluated every year.

11. Indicative deliverables and Payment Schedule:

The contract shall be a lump sum based on the following indicative deliverables:

Indicative Milestones to be Achieved	Timelines - from the date of award	Payment Schedule (% of Contract Value in INR)
Acceptance of Project mobilization Plan, Training centre location and infrastructure, Activity implementation schedule, and Training plan.	15 days	5%
Acceptance of baseline needs assessment report along with the development of Curriculum, and Course Modules.	4 months	15%
Techno-managerial training (TMT) program: Based on training Plan (approx 108 batches, each batch of 24 participants, expected to complete 36 batches per year). Payment will be made per batches on submission of the training report which will include, assessment scores, gain ratio, and feedback to mention a few. This will include a Midline assessment as to when provided by the agency. A review of the report will be done by the training team	Completion and submission of training reports of approx. 36 batches per year (@20% per year)	60%
Final payment shall be made after completion of assessment & certification and submission of Endline assessment report including participant's feedback. After completion of the training of the batches, all course-related documents like the executed timetable, course conduction summary and complied feedback report received from the participants along with the proposed action plan for the next batches shall be provided to MHSSP. A program will be deemed to be delivered satisfactory if the average feedback collected from participants by MHSSP is at least 75% favorable.	During the last month of the Contract Period	20%

It is the exclusive right of the Project Management Unit, MHSSP to determine that services have been performed in a proper and satisfactory manner in accordance with the terms and conditions set forth herein prior to approval and payment of the invoice submitted by the agency.

Annexure – B

The hiring of an agency for providing Capacity Building Support for Health Staff including Nurses under the Meghalaya Health Systems Strengthening Project (MHSSP) to improve the efficiency and accountability in delivering day-to-day activities at Health Facilities at State and District levels by developing clinical and techno-managerial skills of medical officers, block and district level officials, including the nursing cadre of the Health Department of the State

EoI Evaluation Criteria

Sl. No.	Description	Reference document to be submitted by the firm
1.	Registration and existence of the firm (Mandatory Submission)	
	The firm should be in business for the last ten (10) years.	<ul style="list-style-type: none"> ● Company registration certificate; ● PAN, TAN, GST and other relevant registrations.
2.	Experience of the firm	
a	The firm must have at least eight years of experience working in the learning and development sector (preferably related to health) and facilitating training, development of training plan, Curriculum, and Course Modules along with training materials at the state and national levels.	<ul style="list-style-type: none"> ● Project description should include Scope of services; contract value etc. ● Client references; ● Any other relevant supporting document._
b	The firm must have at least three contract assignments in the past five years related to capacity building similar to the assignment scope with a contract value of at least INR One Crore and above.	<ul style="list-style-type: none"> ● Project description should include Scope of services; contract value etc. ● Client references; ● Any other relevant supporting document._ ● Completed as well as on-going assignments can be shown.
c	The firm must have experience in developing and rolling out large-scale training programs preferably in the health sector (preferably with adult learning training and coaching).	<ul style="list-style-type: none"> ● Project description should include Scope of services; contract value etc. ● Client references; ● Any other relevant supporting document._
d	The firm should have experience in developing training modules, identifying and coaching master trainers, and imparting technical support and capacity building.	<ul style="list-style-type: none"> ● Project description should include Scope of services; contract value etc. ● Client references; ● Any other relevant supporting document._
e	The firm should have experience working on similar assignments related to capacity building in Northeast India. Experience in Meghalaya will be given preference	<ul style="list-style-type: none"> ● Project description should include Scope of services; contract value etc. ● Client references;

Sl. No.	Description	Reference document to be submitted by the firm
		<ul style="list-style-type: none"> ● Any other relevant supporting document.
3.	Turnover of the firm (Mandatory Submission)	
	The firm should have an average annual turnover of INR Ten Crore or more in the last three financial years (2019 - 20, 2020 – 21 and 2021 - 22)	<ul style="list-style-type: none"> ● Annual financial audited statements by a Chartered Accountant Firm. ● Any relevant supporting document.
4.	Declaration (mandatory submission)	
	The firm should not have an unsatisfactory track record resulting in adverse action taken by Central/State Governments in India	<ul style="list-style-type: none"> ● Declaration to be given as per Annex C; ● Any relevant supporting document.

Annexure - C
(Self-Declaration on Non-Judicial Stamp Paper)

Declaration

Date:.....

To whom so ever it may be concern

I/We hereby solemnly take oath that I/We am/are authorized signatory in the firms/Agency/ Company and hereby declare that "Our firm/ Agency /Company do not face any sanction or any pending disciplinary action from any authority against our firms/ Agency/ Company or partners." Further, it is also certified that our firm has not been blacklisted by any government or any other donor/partner organization/World Bank.

In case of any further changes which affect this declaration at a later date; we would inform MHSSP accordingly.

Authorized Signatory
(with seal)