

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

MEGHALAYA HEALTH SYSTEMS STRENGTHENING PROJECT

ASSIGNMENT TITLE: Hiring of an agency for providing technical and implementation support to the Meghalaya Health Systems Strengthening Project (MHSSP) to develop, design, and implement an integrated Early Childhood Development (ECD) model to improve ECD outcomes in the state as envisaged under the State ECD Mission.

Reference No: DHS/P-2/MHSSP/CS-1(a)/2022-23

1. 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:

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

2)Objective of the Assignment: The current assignment will enable MHSSP to achieve its objective to enhance young children’s growth and development by promoting positive behaviours and practices related to early stimulation, optimum childcare, health, education, and nutrition. The overall objective of the assignment is to provide technical and implementation support to the Meghalaya Health Systems Strengthening Project (MHSSP) to develop, design, and implement an integrated Early Childhood Development (ECD) model to improve ECD outcomes in the state as envisaged under the State ECD Mission. The main objectives of the assignment are:

- (i) Develop and roll out a comprehensive integrated ECD training curriculum (including relevant materials, both face-to-face and virtual mode of delivery) tailored to Meghalaya’s needs targeting frontline workers of the various government safety net programs (including AWW, ASHAs, CGHA and a new cadre of ECD educators).
- (ii) Develop and roll out the training of master trainers and ECD Educators on the integrated ECD package (designed for both face-to-face and virtual mode).
- (iii) Develop a mechanism for concurrent assessment of the roll-out of the integrated ECD curriculum for adapting and updating the content and implementation design regularly.

(iv) Undertake comprehensive process documentation throughout the entire process of ECD package development and roll out of the ECD package clearly capturing the challenges, success stories and learnings from the field.

3) Period of Consultancy: The time period for the said consultancy shall be 48 months from the date of award of 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

4) The Meghalaya Health Systems Strengthening Project invites eligible consulting firms “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 three 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 One Crore in the last three financial years (2019 - 20, 2020 – 21 and 2021 - 22)
- The firm must have at least five years of experience working in the development sector (preferably ECD, health, education and nutrition) and documentation at the state and national level.
- The firm must have at least three contract assignments in the past five years related to Early Childhood Care and Education 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 and Education sector (preferably with adult learning training and coaching).
- The firm should have experience in developing training modules and imparting technical support and capacity building.
- The firm should have experience working on similar assignments in Northeast India. Experience in Meghalaya will be given preference.
- 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.

5. 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.
6. A Consultant will be selected in accordance with the QBS method set out in the Consultant Guidelines. CVs of only 3 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.
7. 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.

8. Further information can be obtained at the address below during office hours [10.00 AM – 5.00 PM]
9. Expressions of Interest must be delivered in a written form to the address below through registered post/speed post/ courier/ by hand by 4:00 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
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The document is digitally approved. Hence signature is not needed.

Terms of Reference

An Integrated Model to Improve Early Childhood Development Outcomes in Meghalaya

1. Background

Meghalaya, a small state in Northeast India, carved out of Assam in 1972, has a Legislative Assembly and three autonomous Hill Councils, covering all 11 districts. With a population of 3 million (2011), the state is on average poorer than 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 (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 areas, while the first three address different parts of the project development objective (Accountability, Quality and Utilization), the fourth area is related to the 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 performance of the DoHFW and its subsidiaries, and improve 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 Centers, strengthening community interventions and engagement.

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

The current assignment will enable MHSSP to achieve its objective to enhance young children's growth and development by promoting positive behaviours and practices related to early stimulation, optimum childcare, health, education, and nutrition. Early childhood development, which refers to the nature of growth and development of a child within the formative stages, requires to be balanced to optimize a child's potential by addressing all aspects of development i.e., physical, motor, cognitive, language, socio emotional and creative development. Since a child's development is not one-dimensional but holistic in nature, ECD interventions are required to adopt an integrated approach to address children's basic needs right from conception till the child attains the age of 8 years. The integrated approach requires all interventions for this stage of development to be designed in ways that ensure inclusion of five essential elements, i.e., responsive caregiving, good health, adequate nutrition, opportunities for early learning, safety, and security.

Recognizing this need, the State Government has announced the launch of the State ECD Mission. Accordingly, the State ECD Mission has been formulated through extensive consultations and interactive meetings with all representatives of key stakeholders, using the Problem Driven Iterative Adaptation (PDIA) approach. The Mission envisages establishing frameworks and institutional capacities for provision of ECD services through various government platforms in the State. The Mission will strengthen partnerships and collaborations among various stakeholders (government and private) involved in provision of services to children; and build capacity of service providers for ECD.

2. Objective(s) of the Assignment

2.1 The overall objective of the assignment is to provide technical and implementation support to the Meghalaya Health Systems Strengthening Project (MHSSP) to develop, design, and implement an integrated Early Childhood Development (ECD) model to improve ECD outcomes in the state as envisaged under the State ECD Mission. The ECD model is conceptualized as a comprehensive model covering aspects of Health, Nutrition and Early Childhood Education (ECE) specific to Meghalaya's context. The specific objectives of the assignment include:

- 2.1.1 Develop and roll-out a comprehensive integrated ECD training curriculum (including relevant materials, both face-to-face and virtual mode of delivery) tailored to Meghalaya's needs targeting frontline workers of the various government safety net programs (including AWW, ASHAs, Community Gender and Health Activists [CGHA] and new cadre of ECD educators).
- 2.1.2 Develop and roll-out the training of master trainers and ECD Educators on the integrated ECD package (designed for both face-to-face and virtual mode).
- 2.1.3 Develop a mechanism for concurrent assessment of the roll-out of integrated ECD curriculum for adapting and updating the content and implementation design regularly.
- 2.1.4 Undertake comprehensive process documentation of the entire process including development and roll out of the ECD package capturing the process, challenges, success stories and learnings from the field.

3. Detailed Scope of Work, Components and Expected Deliverables

The agency will work closely with the Project Management Unit (PMU) of the MHSSP, ECD Mission Society and other stakeholders (relevant government departments and Programmes and World Bank) during preparation and roll-out of the integrated ECD package.

The detailed scope of work includes the following (but not limited to):

3.1 Develop a comprehensive integrated ECD package to promote positive behaviours at the community level

3.1.1 *Rapid Formative Research/ Needs Assessment:* Carry out a rapid formative research/ needs assessment to understand the ECD, nutrition and health practices/challenges in selected three districts (one each from Khasi Hills, Jaintia Hills and Garo Hills region) of the state. The assessment will among other things focus on understanding the culture of communities from selected districts, their family structures, home environment for the young children, access and utilization to health, nutrition and education services, childcare practices and dietary preferences and practices of the household.

Note: The agency/ firm is encouraged to build further on the package developed under the World Bank assisted study (An ECD pilot in West Garo Hills of Meghalaya). The pilot aimed to create awareness of ECD and to promote the adoption of appropriate ECD practices by parents/families/communities. The purpose was to improve household behaviours and practices related to the full spectrum of young children's growth and development, focusing particularly on a combined package of early stimulation and nutrition behaviours. As part of this pilot, a comprehensive ECD package integrating nutrition, health and nurturing care messages was developed to cover pregnancy, lactation and childhood age groups 0-3 years. The ECD package included information on the following three themes: (i) Health, hygiene, nutrition, quality caregiving, and early stimulation and learning for the birth – 3-year age group, based on the characteristics, developmental milestones and needs of the children in this age group; (ii) Prenatal development of children and care of the mother during pregnancy and the lactation period; and (iii) The role of the entire family in supporting pregnant and lactating mothers and participating in childcare.

Additionally, the firm must take into consideration and align the Integrated ECD Package with already existing studies, Schemes, frameworks, recommendations and broad directions as provided under NEP 2020. The firm will work closely with the key line Departments of the Government of Meghalaya, i.e., Education, Health, MSRLS and Social Welfare Departments while developing the ECD package.

3.1.2 *Design and develop an Integrated ECD Package for children of age group 0-8 years:* Incorporate the findings from the Rapid Formative Research/Need Assessment to design and develop a comprehensive Integrated training curriculum/modules on overall nutrition, health, education and early childhood development. The package should clearly specify the following:

- a) ***Design Curriculum/ modules:*** The package should include information on the following key themes (plus any other themes identified through the formative research)
 - (i.) Positive parenting, childcare, health & hygiene, nutrition, quality caregiving, and early stimulation and learning for children of 0 – 8 years age group.

- (ii.) Prenatal development of children and care of the mother during pregnancy and the lactation period.
 - (iii.) The role of the entire family in supporting pregnant and lactating mothers and participating in childcare.
 - (iv.) Role of communities and frontline workers in promoting positive behaviours
 - (v.) Life cycle approach in health with focus on need for intervention and care throughout crucial stages in the life cycle, including teenage pregnancy, prevention of obesity and non-communicable diseases and its relation with pregnancy outcomes, etc.
- b) Capturing/assessing cognitive development at the community level:** The agency shall design and develop a methodology and appropriate tools to capture the cognitive development of children (0-8 years). The ECD educators or other relevant stakeholders shall be trained on this methodology to carry out simple community-based tests to capture cognitive development of children. The tools to be developed in consultation with subject experts and other relevant stakeholders and pilot tested for their feasibility before rolling-out at the community level.
- c) Audience segmentation:** The ECD curriculum, and training package will be developed for the following audiences:
- (i) Master trainers: Block level functionaries (MSRLS/ICDS/Health/others) will be the master trainers for the current assignment.
 - (ii) Primary Community-level trainers: Newly recruited ECD educators under ECD Mission will be the primary level trainers for sensitizing the community on ECD issues. Although this cadre is yet to be recruited, they are envisaged as fresh graduates with one ECD educator responsible for 1-2 villages (depending on the population of the village).
 - (iii) Secondary Community-level trainers: These will be additional arms to the primary trainers and will include AWW (from POSHAN Abhiyan), ASHA (from NHM), Community Gender and Health Activist (CGHA from MSRLS) and teachers (especially for children between 6-8 years). They will be trained to include the ECD sessions in their ongoing outreach activities including VHC roles and responsibilities.
 - (iv) Community: The training curriculum will be developed targeting the following end beneficiaries:
 - **Caregivers:** Parents of children 0-8 years and grandparents
 - **Children 0-8 years** including children with disabilities
 - **Pregnant women and lactating mothers**
 - **Village Health Councils**
- d) Approach:** Mix of channels and media such as videos, print materials, interactive modules, activity guides, short films, etc. with an objective to promote user-friendly and fun learning experience.

3.1.3 Pre-test/ Pilot test the package with target audiences: The overall package shall be pre-tested for all the trainers including Master trainers, primary and secondary level

trainers and community members from six blocks (2 each from Khasi, Jaintia and Garo Hills region) covering 60 villages (selected in consultation with the Client).

3.1.4 Finalise training package and materials: The material development process shall include the following:

- a) Finalise the training materials by adapting suggestions/feedback from the pre-testing of the package stage and appropriate revision of the modules/curriculum.
- b) The final package shall be designed and printed in English, Khasi, Jaintia, Garo, Bengali and Hindi. The package will also be developed to be made available on virtual platforms for mass dissemination.

3.1.5 Digitisation of Content

- a) This requires that the integrated package developed in 3.1.2 should be digitised for the content to be made available online. The digitised content will be in the form of videos (this may include actual shooting at local locations), audios, short films, pdfs, presentations, animation, images, GIFs, content for printing. It is envisaged that a minimum of 20 modules, each of around 7 minutes covering various topics related to Early Child Development activities will be developed. However, actual number of modules and their form will be assessed by the TA as per Training Package and Material finalised in 3.1.4 above. Case studies and Success Stories can also be developed.
- b) These modules will have voiceover in six languages – English, Khasi, Jaintia, Garo, Bengali and Hindi. Visuals will have sub-titles in English only. These modules will be accessed by participants on the web (using desktop, laptop or mobile) and mobile devices. The quality of content should attract and retain participants to access repetitively.
- c) The content and presentation will be revised over the period of contract based on the feedback received from participants. This content can also be used by participants while conducting their sessions with beneficiaries and community. Govt. of Meghalaya and Meghalaya Health System Strengthening Project will have the intellectual property rights on the content created.

3.2 Develop training design and conduct training for all identified levels:

3.2.1 Develop a comprehensive training design and strategy in consultation with the state training institutes, research/academic institutions and various departments.

3.2.2 Train the pool of master trainers: Master trainers will be identified by the State. Approximately **60 master trainers** will be trained for the current assignment.

3.2.3 Provide hand holding support to the master trainers to further train the pool of primary and secondary level trainers in all 11 districts and 46 blocks of the state in a phased manner. Phase 1 will include the pilot districts of MHSSP and then slowly expand to cover all districts (expansion plan to be submitted by the agency).

3.3 Concurrent assessment and adaptation of the ECD package and content delivery platform

3.3.1 The agency shall design a concurrent assessment cum evaluation strategy to measure implementation process and its effectiveness throughout the life of the contract. This is aimed to address constraints in the implementation process and facilitate course correction.

3.3.2 Evaluate overall effectiveness of the ECD package roll-out. This will include creating dynamic checklists to not only capture the behaviour change at the community level but also the quality of the trainings conducted and their effectiveness.

3.3.3 Assessment and monitoring of the program: The firm will assess the requirement of monitoring of the entire program implementation over contract period. This may include enrolment of trainers, training programs undertaken by trainers, field visits and roll out of ECD package in the field. This may include concurrent assessment, supervisory assessment by an authorised official, number of beneficiaries trained on different modules.

3.4 Process documentation: The agency is expected to undertake comprehensive process documentation through photographs, video documentation and report documentation for the entire process of development of ECD curriculum, roll-out of training at different levels. The documentation should clearly capture the challenges, success stories and learnings from the field.

4. Team Composition & Qualification- Requirements for the Key Experts

4.1 The State Government will assess the experience and capacity of interested consulting firms applying for this assignment. The assignment requires a firm(s) with demonstrated experience/background of working in the areas of: (i) public health especially ECD, health, education, and nutrition; and (ii) developing and rolling out large scale training programs preferably in the health sector. Preference will be given to those with prior experience of working in North-east India, particularly in Meghalaya.

4.2 The firm/ agency should have at least 5 years of experience of working in the development sector (preferably ECD, health and nutrition) and documentation at the state and national level. The experience of working in the state of Meghalaya will provide an added advantage.

4.3 The firm/agency should preferably have demonstrated experience globally in other contexts and adapt international best practices to Meghalaya's context

4.4 The selected firm/agency will be expected to deploy adequate expertise and human resource to successfully deliver the tasks outlined under "para 2". Indicative team and domain expertise includes:

S.N.	Name of position/ Key Expert	Qualification	Years of Experience	Desired Role	Estimated Man-Months
1	Team Leader	Master's in Public Health/ Nutrition/Early Childhood Care/Education/ Development Studies or related fields.	A minimum of 10 years of relevant professional experience in public health and nutrition and demonstrated experience in managing and leading multidisciplinary teams	S/he will provide the overall guidance to the team of consultants and will be responsible for day to-day management of the assignment, timely completion, and quality of all deliverables.	42
2	Public Health or Nutrition Expert	Masters in Public Health/ Nutrition / MBBS	At least 5 years of relevant work experience especially in NCD and nutrition areas and experience of working in public health. Experience in Participatory Learning and Action (PLA) and conducting qualitative research studies is essential.	To provide technical inputs to the team on including messages on health, nutrition and NCDs in the training package.	42
3	ECD Expert	Masters in Public Health/ MBBS/ Early Childhood Care/ Education or related fields	At least 5 years of relevant work experience in ECD, early stimulation expertise and demonstrated experience of working in such programs. Experience in Participatory Learning and Action (PLA) and conducting qualitative research studies is essential.	To provide technical inputs to the team on including messages on early childhood care and development .	42

Additional Non-Key Experts required are as follows:

Sl. N.	Non-Key Expert	Qualification	Experience	Role	Man Months
1	Training and Coaching Expert	Masters in Public Health/ Education/M BBS or related fields	At Least 5 years of relevant work experience in training and coaching, preferably with adult learning experience	To provide guidance/technical inputs in planning, execution and quality control of the training and coaching	36
2	Communication and Design expert	Master's Degree in any field	At least 5 years of experience in curating, designing and developing online training videos specifically in the health sector.	Help design and develop the content of the training modules in appropriate format and support training on them.	42

5. Reporting Requirements and Time Schedule for Deliverables

The expected duration of the assignment is **48 months** from the date of contract signature. The selected firm shall submit the following reports on deliverables as per table below to MHSSP as per timelines stipulated below:

S. No	Description of Deliverable	Proposed Timeline
1.	Submission of detailed inception report which should include workplan for carrying out the current assignment and strategy for carrying out formative research as acceptable to the client.	Within 4 Weeks of Contract Signature

S. No	Description of Deliverable	Proposed Timeline
2.	Submission of detailed report of results from formative research as acceptable to the client.	Within 3 months of Contract Signature
3.	Submission of report of consultations/ workshops carried out for designing the training strategy including target functionaries.	
4.	Submission of draft Integrated ECD package: for face-to-face training and detailed scripts for e-modules.	Within 6 months of contract signature
5.	Submission of Pre-test report on draft Integrated ECD package.	Within 7 months of contract signature
6.	Adaptation and Submission of Final Integrated ECD package	Within 8 months of contract signature
7.	Complete Roll out of training (face-to-face and online) of the master trainers and Phase - 1 of ECD educators	Within 10 months of contract signature
9.	Concurrent Assessment Reports on Quarterly basis (including training and curriculum). First report will be submitted after the training of the master trainers is complete.	13 reports
10.	Submission of Process documentation	During last month of Contract period
11.	Submission of Final report acceptable to the Client	During last month of Contract period

6. Client's Input and Counterpart Personnel

- i.) Provide the firm/organization with relevant information related to the consultancy, such as PAD and other relevant information.
- ii.) Ensure that the project staff members are available for periodic meetings as needed.
- iii.) The client will facilitate meetings with concerned government departments as required.
- iv.) If and wherever available, the client may provide experiences and data that are under its control and copyright or are made available by partnering organizations (on request) that the department has partnered with in the past.
- v.) The Client will provide conference halls, meeting rooms, rest rooms etc. as may be required during the assignment for the purpose of presentation, submission of reports, workshops, brainstorming sessions and meetings.

vi.) Personnel of the SPMU shall provide necessary inputs to the Agency with prior approval of the Implementing Authority

7. Composition of Review Committee

Chairman:	PD, MHSSP
Vice Chairman:	CEO, ECD Mission Society
Member Secretary:	APD, MHSSP
Member:	TL, PMU-MHSSP
Member:	PMU, MHSSP

The PMU will closely monitor the work of the Consultant Agency's Work and Task and provide reports of the same. The reports will be reviewed jointly by the Health Department and World Bank before providing approval for acceptance.

Annexure – B

Hiring of an agency for providing technical and implementation support to the Meghalaya Health Systems Strengthening Project (MHSSP) to develop, design, and implement an integrated Early Childhood Development (ECD) model to improve ECD outcomes in the state as envisaged under the State ECD Mission

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 three 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 five years of experience working in the development sector (preferably ECD, health, education and nutrition) and documentation at the state and national level	<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 Early Childhood Care and Education similar to the assignment scope with a contract value of at least INR 1 Crore.	<ul style="list-style-type: none"> ● Project description should include Scope of services; contract value etc. ● Client references; ● Any other relevant supporting document._
c	The firm must have experience in developing and rolling out large scale training programs preferably in the Health and Education 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 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 ECD 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; ● Any other relevant supporting document._

Sl. No.	Description	Reference document to be submitted by the firm
3.	Turnover of the firm (Mandatory Submission)	
	The firm should have an average annual turnover of INR One Crore 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.
5.	Declaration (mandatory submission)	
	The firm should not have 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)