

# **REQUEST FOR PROPOSAL**

**THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES  
IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs  
IN INDIA**



**NATIONAL HEALTH SYSTEMS RESOURCE CENTRE,  
MINISTRY OF HEALTH & FAMILY WELFARE,  
GOVERNMENT OF INDIA.**



**National Health Systems Resource Centre,**

# Ministry of Health & Family Welfare, Government of India.

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**RFP No:** NHSRC/HCT/Tender/2526/01

**Date of Issue:** 10/07/2025

## **REQUEST FOR PROPOSAL(RFP)**

**THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA.** National Health Systems Resource Centre (NHSRC) a technical support wing of Ministry of Health & Family Welfare, Govt. of India, invites sealed proposals from the research/ academic organisations / institutions / consulting agencies/ Non-Govt. Organisation for “**THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA**”. Bidders fulfilling the prescribed eligibility criteria of the RFP can access and download the complete RFP Document and other details from <https://nhsrcindia.org/>. Details of the schedule are given below:

Sl. No	List of Key Events	Schedule Dates
1.	Date & Time of issue of RFP	10- July – 2025 (1000 hrs)
2.	Pre bid meeting	17 – July – 2025 (1500 hrs)
3.	Last date and time for download of RFP document	31 – July – 2025 (1700 hrs)
4.	Last date and time for receipt of Bids	02 – August – 2025 (1100 hrs)
5.	Date and time for opening of Pre-qualification-cum-technical bid.	05 – August – 2025 ( <b>1500 hrs</b> )
6.	Validity of bid offers	180 days from date of opening of pre-qualification-cum-technical bid.
7.	Method of selection	Quality and Cost Based Selection (QCBS) (Technical- <b>60%</b> , financial- <b>40%</b> )
8.	Bids/queries to be addressed to	Principal Administrative Officer National Health Systems Resource Centre, NIHFV Campus, Baba Gang Nath Marg, Munirka, New Delhi- 110067
9.	Performance Security total cost of Bid (for Finalized Bidder only)	3% of contract value
10.	Website for downloading RFP documents, corrigendum etc.	<a href="http://www.nhsrcindia.org">www.nhsrcindia.org</a>

Interested bidders fulfilling the eligibility/essential criteria shall submit the bid along with all requisite documents will be considered for technical bid evaluation. The bidders who qualify for

the technical bid will only be considered for the financial bid evaluation. The detailed proposal containing the Technical and Financial proposals separately under sealed cover clearly indicating **Technical bid for RFP, “THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA”** and **Financial bid for RFP, “THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA”** on the right-hand upper corner of each envelope, placed in one covering envelope clearly mentioning on the top of it **“THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA”** in the tender box, addressed to the Principal Administrative Officer, National Health Systems Resource Centre by 02 -August-2025 by 1100 hrs.

The detailed terms and conditions of the RFP may be downloaded from the NHSRC website <https://nhsrcindia.org/> and the same shall be read as part and parcel of this RFP.

## 1. Overview

### 1.1. Background

The National Health Mission (NHM) launched the "Free Diagnostics Service Initiative" (FDSI) in July 2015 to ensure access to essential diagnostic services free of cost to all patients visiting the public health facilities.

The objective of the FDSI programme is to provide accessible and affordable pathological and radiological diagnostics services closer to the community, which in turn reduces the Out-of-Pocket Expenditure (OOPE). FDSI programme has three components namely, Free Laboratory services, Free imaging (X-Ray & USG) and Tele-radiology services & Free CT Scan services. Service delivery models are through in-house capacities, PPP service providers, or a mixed hybrid model (in-house + PPP) of delivery.

**Free Laboratory Services** ensure a range of essential diagnostic tests available free of cost tailored to each level of healthcare, including the option of a '**Hub & Spoke**' model of service delivery.

Health Facility Level	AAM-SC	PHC	CHC	SDH	DH
Availability of minimum number of essential Lab tests	14	63	97	111	134

### 1.2. Context

FDSI ensures that availability of a range of essential diagnostic packages free of cost tailored to various levels of care, complementing other existing healthcare services. The three alternative delivery models illustrated for the State/UTs to adopt are as follows:

(a) Complete In-house (Hub and Spoke Model): Under this model, the health facilities conduct the minimum number of tests as recommended in FDSI guidelines. The in-house model uses in-house resources for sample transport to the higher facilities in a hub & spoke model.

(b) Complete Outsourcing of diagnostics services: The diagnostic tests undertaken in the health facilities are completely outsourced to PPP service provider. The PPP service provider collects samples from the lower facilities and gets the test done at designated hub labs in private sector.

(c) Hybrid Model: Health facilities undertake most of the lab tests (High volume-low-cost tests) at the facilities using their human resources and diagnostic equipment. The low volume high cost tests (a set of tests as recommended by a state expert committee - Curated package) are outsourced to private service providers with or without the sample transportation services.

The status of the Free Diagnostics Services Initiatives program implementation (Service Delivery Model) in the States/UTs are as follows (e Samiksha Report March 2025):

<b>FDSI Component</b>	<b>PPP Mode</b>	<b>In-House Mode</b>	<b>Hybrid Mode</b>
Lab Services	12	21	03
CT Scan services	18	14	02
Tele-Radiology	11	01	

**2.1. Objective:** To engage an independent organization for evaluation of diagnostics availability at various levels of public health facilities on:

**Primary:**

- To assess the availability of minimum mandatory tests as per FDSI guidelines across various levels of health facilities and assess the diagnostic gap.
- To assess the various models of service delivery in lab services, CT Scan & Tele-radiology services and the cost effectiveness of the models.
- To analyse the direct & indirect cost involved in the diagnostics causing an impact on OOPE.
- To assess the most cost-effective service delivery model such as PPP/in-house.

**Secondary:**

- To evaluate the impact of the free diagnostics programme on patient outcomes and healthcare utilization.
- Determine user experience and satisfaction of users and non-users with the Programme.

**2.2. SCOPE OF WORK:**

To achieve the objectives, the scope of 3<sup>rd</sup> Party evaluation is as follows:

**2.2.1. Sampling strategy:**

In each state, a simple random sample of 05 districts will be taken. The required number of health facilities will be selected on the basis of simple random sampling. Simple random selection of districts within the states selected will be used.

- **Purposive Sampling:** Two states in each zone (05 zones) for selection of States, based on the service delivery model.
- **Simple Random sampling** for selection of 05 districts
- **Simple random sampling** for selection of Public Health Facilities (PHFs) across all level (AAM-SC, PHC, CHC, SDH and DH)-08 AAM-SC, 06 PHC

03CHC and a DH in each district.

**Sample size:**

For each state, state-level estimates will be available for each type of health facility, i.e., DHs, CHCs PHC and AAM-SC separately. However, no district level estimates can be made.

**Table 1a. Sample states to be evaluated :**

Zone	Number of states to be selected	Names of the state	Operational Model
North	2	Uttar Pradesh	In-house
		Uttarakhand	Complete Outsourcing
East	2	Assam	Hybrid (Selective Outsourcing)
		Manipur	Complete Outsourcing
West	2	Rajasthan	In-house
		Maharashtra	Complete Outsourcing
South	2	Karnataka	In-house
		Kerala	In-house
Centre	2	Madhya Pradesh	Complete Outsourcing (wet Lease)
		Chhattisgarh	In-house (Hub & Spoke)

**Table 1b. Health Facility Details as per HDI:**

<b>State</b>	<b>Districts</b>	<b>AAM-SCs</b>	<b>PHCs</b>	<b>CHCs</b>	<b>SDHs</b>	<b>DHs</b>
<b>Uttar Pradesh</b>	75	25723	3653	950	0	125
<b>Uttarakhand</b>	13	1857	608	78	21	13
<b>Assam</b>	33	4728	1009	205	16	21
<b>Manipur</b>	16	416	96	17	1	7
<b>Rajasthan</b>	33	14094	2472	718	30	37
<b>Maharashtra</b>	36	10740	2812	481	95	22
<b>Karnataka</b>	31	9278	2524	212	147	16
<b>Kerala</b>	14	5412	945	230	87	47
<b>Madhya Pradesh</b>	52	10258	1768	353	144	52
<b>Chhattisgarh</b>	33	5508	825	169	15	26

### 2.2.2. Team composition

Each team will be composed of minimum two (02) members, having expertise in public health or domain related knowledge or monitoring & evaluation.

### 2.2.3. Timeline for Data Collection and Reporting:

- Data Collection at health facilities: Completion of data collection and patient interviews within 90 days of time from the date of issuance of order or execution of MoU/Contract.
- **Total Duration: The selected organization must submit the cleaned data sheets along with the comprehensive report within 120 days from the date of issuance of order or execution of MoU/Contract.**

### 2.2.4. Working Areas:

Assessment of diagnostic tests availability as per IPHS and Free Diagnostic Service Initiative, at various level of selected Public Health facilities.

The following, but not limited to:

- Utilization: No. of tests undertaken at the facility per patient (OPD + IPD: Patient to test ratio)
- Utilization before and after programme implementation.
- To analyse the direct & indirect cost involved in the diagnostic tests (Lab tests only) provided under FDSI as compared to private diagnostic lab, causing an impact on OOPE.
- To evaluate quality of the service delivery in terms of availability of human resources, diagnostic equipment, equipment calibration, quality control, IT integration including bar-coding and Lab Information Management System for analysing TAT.
- To analyse Turn Around Time (TAT), mode of sample transportation from spoke to hub labs etc.
- To assess quality of pre-analytical & analytical process and skill/training of the Lab Technicians in diagnostic reporting.

A mixed approach consisting top-down and bottom-up costing techniques to capture both trends and specific details required to be used for assessment. The data sources would be the expenditure on lab diagnostics against the RoP approvals and National Cost database. The costing tools would be the following:

- Activity Based Costing
- Standard costing method

- Capacity utilization
- Cost-Benefit Analysis

#### **Additional Considerations:**

- **Cost Benefit Analysis:** Evaluate the cost-benefit of the FDSI programme by comparing its cost to the benefit (Cost-benefit ratio) it provides by comparing the various models of service delivery.
- **Sustainability:** Consider the long-term sustainability of the programme, including its funding, staffing and infrastructure requirements.

#### **Qualitative**

- **User Feedback & Experience:** Conduct in-depth interviews and focus groups with Providers, managers, users, non-users, CBOs, PRI, ULB, programme participants to understand their experiences, perceptions & satisfaction.

#### **Data Collection:**

**Surveys:** Use structured questionnaires to gather demographic and health related information from participants

**Medical Records & Investigation requisition/prescription reviews:** Analyse patient records if available, to assess outcomes and healthcare utilization.

**Statistical Analysis:** Use appropriate statistical methods to analyze quantitative data.

#### **2.2.5. Participants to be covered at the facility:**

- Procurment Agency(State medical Service Corporation) Nodal officer
- Staff/Official (LTs/ANM/CHO/ Mos/Pathologist/Biochemist/Microbiologist etc) responsible for management of diagnostic services at the facility
- Patient (hospitalised & non-hospitalised)/relatives'/ attendants
- SNOs/Program Officers In-charge of FDSI

**Public Health Facilities included in the study:** District & Sub Divisional Hospitals, Community Health Centres, Primary Healthcare Centres and Ayushman Arogya Mandir- Sub Health Centres.

#### **2.2.6. Data Collection:**

- Collection of information on diagnostic availability and inventory data. Data Period: 1<sup>st</sup> April 2024 to 31<sup>st</sup> Mar 2025.
- Free diagnostic tests provided to patient and Quality of services as per the toolkit

- Cost data as per the toolkit provided by NHSRC

**Note:**

- The selected technical partner shall conduct data collection activities using the ***questionnaire shared by NHSRC***.
- To ensure quality of the evaluation, real time monitoring of the evaluation process may be carried out by officials of MoHFW, NHSRC, respective State and SHSRC.
- MoHFW, NHSRC and State reserves the right to validate the quality of the collected data collected by the selected technical partner at any point of time across the audit process.

**2.2.7 Reporting:**

- a. Deployment of resources, development of schedule, trainings, and pretesting within thirty (30) days of time from the date of issuance of order or execution of MoU/Contract.
- b. Submit interim progress reports in each month.
- c. On completion of field level activities (data collection), data cleaning & data compilation and submission of working sheets along with the detailed report latest by 120 days of time from the date of issuance of order or execution of MoU/Contract.

**2.2.8 Ethical Considerations:**

- **Participants' consent:** Prior to conducting interviews with patients, relatives, or caregivers, written informed consent must be obtained using the consent form outlined in ***Annexure-III***, which must be translated into the local language by the selected agency.
- Confidentiality – Data collected will be confidential and shared with NHSRC only. Data collected in any form of IT platform will be secured and shared only with the NHSRC or the visiting state officials.
- Ethical clearance will be obtained by NHSRC prior to the start of the study

**3. Deliverable:**

The selected technical support partner is expected to make every effort to undertake and complete the field level data collection and cleaned data submission along with detailed report latest by 120 days (it includes one-month grace period) from the date of sign of the contract. The deliverables will be as follows:

**The filled pre-approved checklist (accepted by the selected technical support partner) of each evaluated facility, each interviewed official, and patient has to be submitted:**

- Availability of free diagnostic tests under the Free Diagnostic Service Initiative (IPHS/FDSI).

- And other information as mentioned under the scope of work.

The signed consent form of each interviewed patient/ relative/ attendant has to be submitted.

#### **4. Methodology for selection of the Technical Support Partner:**

The successful technical support partner would be required to submit a detailed proposal i.e. Technical and Financial proposals separately under sealed cover clearly indicating **“Technical bid for RFP, THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA”**

and **“Financial bid for RFP, THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA”** on the right-hand upper corner of each envelope, placed in one covering envelope clearly mentioning on the top of it **“THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA”** in the tender box, addressed to the Principal Administrative Officer, NHSRC, NIHFV Campus, Baba Gangnath Marg, Munirka, New Delhi-110067 by 11 AM on 02 August 2025

Two separate envelopes must be submitted containing the technical bid and financial bid respectively within the covering envelope. Failure to observe this may lead to disqualification of the organization from further consideration. The Technical Support Partner should clearly mention of any partnership deal struck with other agencies to carry out the project. It is required to submit a copy of the MOU or contract between the partners duly signed and attested by the authorized signatory for the bid. In the Technical bid, the response of the prospective technical partner on the format given below should be furnished on a separate sheet duly signed by authorised signatory.

The prospective technical partners are required to furnish the following details in their technical proposal, apart from that information, as mentioned in clause/point number 5 of this document:

1. *Brief Profile of Organisation (not exceeding five pages)*
2. *Proposed Methodology- This section should describe your understanding of the Public Health System and the methodology, which will be followed by the organisation in the execution of this assignment. The methodology should essentially include following sections -*  
*Technical Approach, Methodology and Work plan (not exceeding ten pages)* - *In this section, we expect to understand your concept of the Public Health System in the country and other related issues, with reference to stated and implied objectives of the assignment. A brief write-up on following topics may please be included in the proposal:*

- i. *Indian Public Health Standard (IPHS)/FDSI Diagnostic tests and its rationalisation.*
- ii. *Availability of free diagnostics tests in public health facilities.*
- iii. *Out-of-pocket expenditure on diagnostics.*

**3. Following documents should be attached as Annexures to the Technical Proposal**

- I. *Registration Certificate of the organisation i.e. proprietary /partnership/ LLP/ Company/ society/ trust/ NGO/ educational institute/ etc.*
- II. *Contact details of Head Office, Registered Office and Regional/Branch Offices (Please mention name of contact person, full address, telephone number, email details). Full Valid Business Registration Certificates, Lease Agreement or Property Ownership, Utility Bills (Recent – Within 3 Months) and Employee Records or EPFO/ESIC filings to be submitted as documentary proof.*
- III. *Certified audited balance sheets justifying the annual turnover for the last three financial years, i.e. FY-2024-25, FY-2023-24 and FY-2022-23. For average annual turnover of last three years, submit a declaration duly certified by CA. Also submit the ITR filed.*
- IV. *Positive Net worth (Avg. of preceding 3 years) declaration duly certified by CA.*
- V. *Details of the years of experience of the organisation in developing and implementing different projects with government/ PSU. List of all assignments undertaken by the organisation during preceding years.*
- VI. *Work order/ Contract/ MoU obtained/ executed with Government or PSU relating to third party Audit or baseline study or Evaluation on diagnostics accessibility/ availability or sample transportation including hub and spoke model of diagnostic evaluation or public health program evaluation or out of pocket expenditure or perception of doctors over diagnostic tests/ Standard treatment guidelines (STGs)/ FDSI or Perception of patients towards the available services in public health facilities or Perception of Community towards FDSI or various government health care schemes.*
- VII. *Strength of full time employees, (excluding secretarial and clerical staff) who have previous experience of working on third party Evaluation/Auditt or baseline study or Evaluation on diagnostics accessibility/ availability or sample transportation including hub and spoke model of diagnostic evaluation or public health program evaluation or out of pocket expenditure or perception of doctors over diagnostic tests/ Standard treatment guidelines (STGs)/ FDSI or Perception of patients towards the available services in public health facilities or Perception of Community towards FDSI or various government health care schemes.*
- VIII. *(Please provide numbers for each category) - Team leader with relevant academic background and leadership in similar evaluations (Domain*

experts), (other expert in health economics, public health, statistics, and logistics).

- IX. *Technical proposal/proposed methodology with respect to the technical approach, methodology and work plan in reference to stated and implied objectives of the assignment.*
- X. *Documents/ Enclosures, supporting to the proposed objective and scope of work, if any.*
- XI. *Filled curriculum vitae as per Annexure-I (Along with supporting document).*
- XII. *Filled Technical proposal.*
- XIII. *Presentation on assignment- The bidder will be required to make a presentation on their organisation's experience, planning, approach, strategy, technology, timeline, and personnel to be engaged, with reference to the clauses of the RFP. The presentation will be held at NHSRC, NIHFW Campus, Baba Gangnath Marg, Munirka, New Delhi-110067 during the technical evaluation of bids for which bidders will be intimated in advance.*
- XIV. *A certificate from the authorised signatory that the organisation had not been blacklisted or debarred by Central Government / State Government*
- XV. *A signed statement, mentioning the number of different states which can be undertaken simultaneously by your organization.*
- XVI. *In case of any partnership deal struck with other agencies to carry out the project, copy of the MoU or contract between the partners duly signed and attested by the authorised signatory for the Bid.*

## 5. Evaluation of Technical Proposal:

Following evaluation criteria would be used to evaluate the technical proposal of organisation. Hence the Technical Support Partner (TSP) may provide answers to the below points:

Criteria	Sub-Criteria	Max Score	Scoring Guidelines	Details to be Furnished as applicable
Eligibility & Experience	Proven experience in health systems research / public health evaluations/ Medical Colleges having experience in diagnostics related projects	35	<p>≥ 5 to 10 similar projects – 25 marks</p> <p>Less than 5 &amp; more than 2 projects – 10</p> <p>Less than 2 projects - 0</p>	

Team Composition & Expertise	Team leader with relevant academic background and leadership in similar evaluations (Domain experts), (other expert in health economics, public health, statistics, and logistics)	25	Leader with domain knowledge & 50% of team composition experienced in undertaking similar survey/study – 20 marks Other team composition – 10 marks	
Methodology & Work Plan	Selected by Consultant Evaluation Committee	30	On the discretion of the technical evaluation committee	
Publication	Proven track record in publication of National programme evaluation / original research articles/ costing studies/ PPP evaluations/ cost effectiveness analysis	10	Has published in more than 02 peer reviewed journals – 10 marks No publication – 0 marks	
<b>Total Score</b>		<b>100</b>	<b>Minimum Technical Score to Qualify: 60</b>	

Only those bidders who have fulfilled the eligibility criteria shall be evaluated. The cut off marks for short listing based on the technical evaluation is 60 out of 100 (total marks). Evaluation committee shall have the right to verify the claims made by the bidder, in whichever way it deems fit. Based on the Bid Evaluation, only technically qualified Bidders scoring more than cut off marks shall be short listed for financial bid evaluation.

## 6. Evaluation of Financial Proposal:

### 6.1. Evaluation Method:

Quality and Cost Based Selection (QCBS) method will be followed during the overall selection process. Based on the evaluation of technical proposal, the technically qualified bidders shall be ranked highest to lowest Technical Score (ST) in accordance with the marks obtained during the technical evaluation stage. There shall be 60 % weightage to technical score and 40 % weightage to financial score.

**6.2.** Financial bid of only the short-listed Bidders shall be opened. Scoring will be done as per QCBS formula mentioned below:

$$\text{Bid Score} = [(EFQ_{\text{Low}}/FQ) \times 100 \times W_{\text{Fin}}] + [(TQ/ETQ_{\text{High}}) \times 100 \times W_{\text{Tec}}]$$

FQ: Financial Quote (Bid price) of the bidder

EFQLow: the lowest of evaluated financial bid price among the responsive bids

TQ: the total marks obtained by the bidder against quality (technical bid) criteria

ETQHigh: the highest marks scored against quality criteria (technical Bid evaluation) among all responsive bids

WFin: 0.4 (the weightage of the quoted financial price is 40%)

WTec: 0.6 (the weightage for the technical bid evaluation quality score is 60%)

**6.3.** Since geographical variation and state wise sample size are important factors in delivery of services, the prospective bidder has to quote the total rate for all the selected states and one UT along with the individual rate for each state and UT separately in the financial bid format (**Annexure-II**).

## 7. Submission of Bids:

**7.1.** The prospective technical support partner would be required to submit a detailed proposal i.e. Technical and Financial proposals separately under sealed cover clearly indicating “**Technical bid for RFP, THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA**” and “**Financial bid for RFP, THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA**” on the right-hand upper corner of each envelope, placed in one covering envelope clearly mentioning on the top of it “**THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA**” in the tender box, addressed to the Principal Administrative Officer, NHSRC, NIHFWS Campus, Baba Gang Nath Marg, Munirka, New Delhi-110067 by 11 AM on 02-August -2025. The Technical Support Partner should clearly mention of any partnership deal struck with other agencies to carry out the project. It is required to submit a copy of the MOU or contract between the partners duly signed by the authorized signatory for the bid. This will be considered as a part of technical bid.

**8. The conditions of the ToRs, if required, may be modified by the mutual consent of signatories of the agreement.**

## **9. Payment Schedule, Contract Period, Timelines and Deduction**

### **9.1. Payment Schedule / Mechanism:**

(i) The total project cost is to be finalized on the basis of the final quoted amount in the financial bid and subsequent price negotiation, if any.

(ii) The agency has to quote the price in financial bid, which must include all expenses considering the cost of Human Resources, Logistics, Capex and Overhead Cost for completion of the assignment.

(iii) GST as applicable will be paid extra.

(iv) No advance will be paid.

The following is the tentative payment schedule to the agency on successful completion of the phase wise assignment. However, the payment schedule subject to change, if so required at the time of signing contract for the assignment.

<b>Phase</b>	<b>Up to Stage</b>	<b>% of Contract Fees</b>
1 <sup>st</sup>	Deployment of Resources, Development of schedule /questionnaires, trainings, and pretesting.	30%
2 <sup>nd</sup>	On completion of Field level activities (Data collection) & state wise data compilation and submission of working sheets along with detailed report	70%

### **9.2 The contract may be operationalized by anyone or more of the following agencies:**

- a. MoHFW, Govt of India / NHSRC
- b. State Government, Union territories or their departments

### **9.3. The contract shall be operationalized through any of the following instruments:**

- a. Work Order by either of the organisations, mentioned in item 9.2
- b. Bipartite MOU between TSP and any organisation, mentioned in item 9.2

- c. MOU between TSP and two or more agencies/ organizations, mentioned in 9.2

**9.4 This project is for a period of 365 days {field level evaluation within ninety (90) days & work sheet submission along with supporting documents within one hundred twenty (120) days, starting from the date of release of work order/ execution of MoU.**

**9.5 The various annexures and the tool-kit for assessment will be as mentioned below:**

- a) **Annexure III** – Informed consent form for patient interview. Informed consent are mandatory before seeking patient interview.
- b) **Annexure IV** – Contract Agreement. On selection of the third party an agreement between NHSRC and the Technical Support Partner will be executed before the award of the contract.
- c) **Annexure V** – FDSI Evaluation Tool-Kit. The tool-kit will be used to collect the data by the team members to achieve uniformity and gather quality data.

**9.6 The contract may be awarded for all the states/specific state. The Technical Support Partner and their interface personnel are required to show good behaviour in course of interaction with all stake holders.**

**9.7 The Technical Support Partner is expected to comply with the provisions of Term of Reference and timelines suggested therein. Failure to comply with the above may culminate in deduction from their bills of an amount commensurate with the impact of noncompliance or even termination of the contract to be decided by ED, NHSRC/ contracting organisation/ authority at their sole discretion.**

**10.The contract shall be finalised as per the process detailed below:**

- a) The technical bids shall be opened by Consultant Evaluation Committee.
- b) The minimum qualifying score of technical bid evaluation would be 60%. The financial bids of unsuccessful bidders would be dispatched on their address by registered post/ courier by NHSRC.
- c) Those who score 60% or more shall be communicated by e-mail on their address, at least seven days before the scheduled date & time of opening of the financial bid, to be present on the date, time and venue of opening of Financial Bids.
- d) The Financial Bids shall be opened before financial evaluation committee (FEC) and representatives of the invited bidders who turn up on the day of opening.
- e) The technical support partner TSP will be finalised based on the highest QCBS score.

**11. Future Use of Data:** The working papers and the data generated out of the process is the sole property of NHSRC, MoHFW. The agency cannot use the data for their own

research purposes, nor license the data to be used by others, without the written consent from Competent Authority.

**N.B.:** The selected agency has to commence and complete the assignment as per requirement of the NHSRC, MoHFW and submit the final work sheet in the prescribed format.

## **12. Other Terms and conditions:**

### **12.1. Authority's Right to Vary Scope at Time of Award:**

If any change in Scope of the Contract causes an increase or decrease in the cost of, or the time required for, the Bidder performance of any part of the work under the Contract, an equitable adjustment shall be made in the Contract Price or schedule of implementation, or both, and the Contract, shall, accordingly be amended. Any claims by the Bidder for adjustment under this Para must be asserted within thirty (30) days from the date of the Bidder receipt of the Authority changed order.

### **12.2. Authority's right to accept and to reject any/ all Bids:**

Authority reserves the right to reject any / all bid partially or fully at any stage without assigning any reason thereof.

### **12.3. Notification of Award & Signing of Contract:**

- Prior to expiry of the period of Bid validity, the Authority will notify the successful Bidders in writing that its Bid has been accepted and send the successful Bidders the filled Contract Form.
- Within 10 days of receipt of the Notification of Award, the successful Bidders shall sign the contract and return it to the Authority (by submitting the performance security amount). If the successful Bidder/s thus selected fails to sign the contract as stipulated, the Authority reserves the right to offer the contract to the next highest scoring Bidder. However, the authority reserves the right to award the work to more than one agency.

### **12.4. Penalty:**

Authority will levy penalty in case the agency fails to provide the services specified by the Authority in the ToR of this RFP document. The amount of penalty shall be commensurate with the nature of the breach/ defect/ deviation/fault and as decided by Authority. Such an amount payable by the Service Provider shall be final and binding and shall not exceed 10% of the Total Accepted Contract Value of the agency for the Contract Period,

If there is repeated delay in submitting interim / final report as demanded by the Authority, then penalty shall be charged as deemed appropriate by the Authority subject to maximum of 10% upper limit.

### **12.5. Termination of The Contract:**

The competent authority may, by a written notice of termination to the Bidder, suspend the Contract if the Bidder fails to perform any of its obligations under this Contract (including the carrying out of the services) provided that such notice of suspension.

- Shall specify the nature of the failure and
- Shall request the Bidder to make good such failure within a specified period from the date of receipt of such notice of suspension by the Bidder.

#### **12.6. Proposal Validity:**

Proposal must remain valid for 180 days after the submission date. During this period, Agencies shall maintain the availability of professional staff nominated in the Proposal and fully commit to their financial proposal, unchanged. The Client will make its best effort to complete negotiation within this period.

Changes to the proposals shall not be permitted once they have been submitted to NHSRC, MoHFW. All applicants must retain a copy of the proposal and all enclosures which accompany their application for their own records. The proposal must accompany with detailed information on the organization's primary contact details.

#### **12.7. Performance Security:**

- Within 10 days of receipt of Notification of Award, the successful Bidders has to submit the performance security in the form of Account payee Demand Draft, Fixed Deposit Receipt, Banker's Cheque or Bank Guarantee [including e-Bank Guarantee] from any of the Commercial Banks in favour of the Executive Director, National Health Systems Resource Centre (NHSRC), Munirka, New Delhi- 110067 , having valid for a period of 60 days beyond the date of completion of all contractual obligations of the supplier including warranty obligations (Rule 171 (ii) of GFR 2017).
- The Performance Security will be released by the Purchaser without any interest to the bidder upon satisfactory completion of the Contract obligations
- In the event of the Bidder's failure to fulfil their contractual obligations or perform satisfactorily, the Performance Security shall be forfeited.

#### **13. Address for submission of Bids:**

PAO, NHSRC, NIHFW campus, Baba Gang Nath Marg,  
Munirka, New Delhi-110067 by 02 – August -**2025 by 11 AM.**

**CURRICULUM VITAE**

Sl. No	Particulars	Documents to be submitted	
1.	<b>Name of the Organisation (as mentioned in the registration certificate/Deed.</b> Attach the copy of documentary evidence.		
2.	<b>Date of registration</b>		
3.	<b>Type of the organisation: proprietary /partnership/ LLP/ Company/ society/ trust/ NGO/ educational institute/ etc.</b>		
4.	<b>Address of the Head office of the Organisation:</b> <b>Telephone no.:</b> <b>E-mail ID:</b> <b>Name of the authorised person:</b>		
5.	<b>Correspondence address (if different from above)</b>		
6.	<b>GST Registration no.</b>		
7.	<b>Name of the authorised signatory:</b> <b>Designation:</b> <b>Telephone no.:</b> <b>E-mail ID:</b>		
8.	<b>Current Designation</b>		
	<b>Period of employment with the Organisation (Years &amp; Months)</b>	----- Years	----- months
9.	<b>Academic qualification</b>		
10.	<b>Year of Establishment</b>		
12.	<b>Pan-India presence. Please mention numbers of office in India.</b>		
	Address of the offices in different States/UTs. Full Valid Business Registration Certificates, Lease Agreement or Property Ownership, Utility	Type of the office (Head office/Regional office/Branch office)	Name of the Contact person, telephone number and E-mail id details:

	Bills (Recent – Within 90 days) and Employee Records or EPFO/ESIC filings to be submitted as documentary proof.			
12.i				
12.ii				
12.iii				
12.iv				
12.v				
13.	<b>Average Annual turnover per year in preceding three years</b> <b>Note:</b> <ul style="list-style-type: none"> <li>Annual Turnover for the last three financial years i.e. FY-2024-25 FY-2023-24 and FY-2022-23 has to be considered.</li> <li>For average annual turnover of last three financial years, submit a declaration duly certified by CA. Also submit the ITR filed.</li> </ul>	Year (FY)	Figures	
14	<b>Positive Net worth (Avg. of preceding 3 financial years) declaration duly certified by CA.</b>	Year (FY)	Figures	
15.	<b>Details of the years of experience of the organisation in developing and implementing different projects with government/ PSU. (attach documentary evidence)</b>			
	<b>Name of the client</b>	<b>Type of the work/assignment performed</b>	<b>Project Cost</b>	<b>Year</b>
15.i				
15.ii				

15.iii				
15.iv				
15.v				
16	<b>Details of the Government/ PSU projects relating to third party Evaluation/Auditt or baseline study or Evaluation on diagnostics accessibility/ availability or sample transportation including hub and spoke model of diagnostic evaluation or public health program evaluation or out of pocket expenditure or perception of doctors over diagnostic tests/ Standard treatment guidelines (STGs)/ FDSI or Perception of patients towards the available services in public health facilities or Perception of Community towards FDSI or various government health care schemes executed by the organisation. Work order/ Contract/ MoU, obtained/ executed with Government or PSU has to be enclosed.</b>			
	<b>Name of the client</b>	<b>Type of the work/assignment performed</b>	<b>Project Cost</b>	<b>Year</b>
16.i				
16.ii				
16.iii				
16.iv				
16.v				
17	<b>Strength of full time employees, (excluding secretarial and clerical staff) who have previous experience of working on third party Evaluation/Auditt or baseline study or Evaluation on diagnostics accessibility/ availability or sample transportation including hub and spoke model of diagnostic evaluation or public health program evaluation or out of pocket expenditure or perception of doctors over diagnostic tests/ Standard treatment guidelines (STGs)/ FDSI or Perception of patients towards the available services in public health facilities or Perception of Community towards FDSI or various government health care schemes.. ((Please provide numbers for each category) - Team leader with relevant academic background and leadership in similar evaluations (Domain experts), (other expert in health economics, public health, statistics, and logistics).</b>			

	Name of the person	Qualification	Designation	Total years of work experience	Experience with firm/ Organisation
<b>17.i</b>					
<b>17.ii</b>					
<b>17.iii</b>					
<b>17.iv</b>					
<b>17.v</b>					

**FINACIAL BID FORMAT**

RFP Notice No.-\_\_\_\_\_ Dated\_\_\_\_\_

To,  
The Executive Director,  
National Health Systems Resource Centre (NHSRC),  
NIHFW campus, Baba Gangnath Marg,  
Munirka, New Delhi-110067.

Sir,

I/we hereby bid for providing services for as per the "Terms and Reference given in this RFP document within the time specified and in accordance with the specification/T&C. The rates are quoted in prescribed format given below:

SI No.	Particulars	Total Costs (in INR)	Applicable GST %, if any	Applicable GST amount	Total Cost including GST
1	Total Cost for Conducting Third party evaluation of FDSI under NHM in selected primary and secondary care public health facilities in selected states in India.				

The rates indicated above are all inclusive for completion of assignments & submission of report to NHSRC, MoHFW and are valid for the total contract period.

**Signature of the Bidder with Seal**



**National Health Systems Resource Centre,  
Ministry of Health & Family Welfare, Government of India.**

**Informed Consent Form for Patient Interview**

**Title:** Diagnostic Tests Availability Assessment at Public Health Facilities

**Introduction:**

We are conducting a third-party evaluation to assess the availability of diagnostics services at public health facilities. As part of this audit, we would like to interview patients and their relatives to gather information about their experiences with diagnostics tests availability. Your participation in this interview will help us understand the challenges and strengths of the Free Diagnostic Service Initiative.

**Purpose of the Interview:**

The purpose of this interview is to gather information about your experiences with diagnostic tests availability at this public health facility. Your responses will be used to identify areas for improvement for further strengthening the diagnostics services.

**Confidentiality:**

All information collected during this interview will be kept confidential and anonymous. Your name and any identifying information will not be shared with anyone. The data collected will be used for the purpose of this evaluation only.

**Voluntary Participation:**

Your participation in this interview is entirely voluntary. You have the right to refuse to answer any question or to stop the interview at any time. Your decision to participate or not will not affect the care you receive at this health facility.

**Consent:**

I, [Patient or their relative name], age-, residing at-                      po-                      Dist.-                      State- hereby consent to participate in this interview about diagnostic tests availability at public health facilities. I understand the purpose of the interview, what to expect, and the confidentiality measures in place. I voluntarily agree to participate in this interview.

Signature/ **Thumb Impression of the patient/ caretaker:** \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature (optional): \_\_\_\_\_

Date: \_\_\_\_\_



**National Health Systems Resource Centre,  
Ministry of Health & Family Welfare, Government of India.**

**AGREEMENT**

*(\*On a Stamp Paper of Rs.100/-)*

This Contract Agreement (hereinafter referred to as the "Agreement") is made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 2025 (hereinafter referred to as the "Contract signing date")

BETWEEN:

The National Health Systems Resource Centre (NHSRC), a technical support wing of the Ministry of Health & Family Welfare, Government of India, having its office at NIHFWS Campus, Baba Gang Nath Marg, Munirka, New Delhi-110067 OR MoHFW, Govt of India OR State Government, Union territories or their departments (hereinafter referred to as the "Client", which expression shall, unless repugnant to the context or meaning thereof, include its successors and assigns) of the First Part;

AND

\_\_\_\_\_ [Name of the Selected Bidder], a  
\_\_\_\_\_ [Type of Organization, e.g., research/academic  
organisation/institution/consulting agency/Non-Govt. Organization] having its registered  
office at \_\_\_\_\_ [Address of the Selected Bidder]  
(hereinafter referred to as the "Service Provider", which expression shall, unless  
repugnant to the context or meaning thereof, include its successors and permitted  
assigns) of the Second Part.

WHEREAS:

A. The Client issued a Request for Proposal (RFP) bearing No. NHSRC/HCT/Tender/2526/01 dated 10/07/2025 (hereinafter referred to as the "RFP") for " **THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA** ".

B. The Service Provider submitted its proposal in response to the RFP (hereinafter referred to as the "Proposal").

C. The Client has evaluated the Proposals received and has selected the Service Provider to undertake the work as detailed in the RFP and the Proposal.

D. The Client and the Service Provider now desire to enter into this Agreement to set forth the terms and conditions under which the Service Provider shall provide the services.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth, the Parties agree as follows:

## 1. Definitions

Unless the context otherwise requires, the terms defined in the RFP shall have the same meaning when used in this Agreement.

## 2. Scope of Work

The Service Provider shall perform the " THIRD PARTY EVALUATION OF FREE DIAGNOSTIC SCHEMES IMPLEMENTED BY GOVERNMENT OF INDIA IN THE STATES/UTs IN INDIA " as detailed in the RFP (including but not limited to Section 2, "Objectives & Scope of Work") and the Service Provider's Proposal, which are hereby incorporated by reference and form an integral part of this Agreement. This includes, but is not limited to:

- Conducting data collection on diagnostic tests availability in the selected states as per the sampling strategy outlined in the RFP.
- Assessing the availability of free diagnostic tests under the Free Diagnostics Service Initiative (IPHS/FDSI)

The following, but not limited to:

- Utilization: No. of tests undertaken at the facility per patient (OPD + IPD: Patient to test ratio)
- Utilization before and after programme implementation.
- To analyze the direct & indirect cost involved in the diagnostic tests (Lab tests only) provided under FDSI as compared to private diagnostic lab, causing an impact on OOPE.
- To evaluate quality of the service delivery in terms of availability of human resources, diagnostic equipment, equipment calibration, quality control, IT integration including bar-coding and Lab Information Management System for analyzing TAT.
- To analyze Turn Around Time (TAT), mode of sample transportation from spoke to hub labs etc.
- To assess quality of pre-analytical & analytical process and skill/training of the Lab Technicians in diagnostic reporting.
- **Surveys:** Use structured questionnaires to gather demographic and health related information from participants
- **Medical Records & Investigation requisition/prescription reviews:** Analyse patient records if available, to assess outcomes and healthcare utilization.
- **Statistical Analysis:** Use appropriate statistical methods to analyse quantitative data.

### 3. Deliverables

The Service Provider shall provide the deliverables as specified in Section 3 of the RFP, including but not limited to:

- The study will establish evidence for the average availability of diagnostic tests in the PHFs across each level of care.
- The most cost-effective model for service delivery.
- Estimated Out of Pocket expenditure (OOPE) based on unavailability of tests involved in providing free diagnostic test at the PHFs
- Overall indicative Patient/ user satisfaction and assessment of the impact of the FDSI programme.

### 4. Timeline

The Service Provider shall adhere to the timelines specified in Section 2.2.3 of the RFP, including:

- Deployment of resources, development of schedule, acceptance of questionnaires, trainings, and pretesting within thirty (30) days from the Contract signing date.
- Completion of data collection and patient interviews within ninety (90) days from the Contract signing date.
- Submission of cleaned data sheets and supporting documents along with a detailed report within one hundred twenty (120) days from the Contract signing date.
- Submission of interim progress reports on a monthly basis.

### 5. Payment Terms

The Client shall pay the Service Provider the contract value as per the financial proposal submitted by the Service Provider and accepted by the Client. The payment schedule shall be as follows:

The following is the payment schedule to the agency on successful completion of the phase wise assignment.

Phase	Up to Stage	% of Contract Fees
1 <sup>st</sup>	Deployment of Resources, Development of schedule /questionnaires, trainings, and pretesting.	30 %
2 <sup>nd</sup>	On completion of Field level activities (Data collection) & state wise data compilation and submission of working sheets along with supporting documents.	70 %

All payments shall be subject to satisfactory performance of the services and acceptance of the deliverables by the Client.

## **6. Performance Security**

The Service Provider shall, within 10 (ten) days of receipt of Notification of Award, furnish a Performance Security in the form of a Account payee Demand Draft, Fixed Deposit Receipt, Banker's Cheque or Bank Guarantee [including e-Bank Guarantee] from any of the Commercial Banks bank acceptable to the Client for an amount equivalent to 3% (three percent) of the total contract value, having valid for a period of 60 days beyond the date of completion of all contractual obligations of the supplier including warranty obligations (Rule 171 (ii) of GFR 2017). The Performance Security shall be released after the satisfactory completion of the services and the expiry of the liability period, if any as per tender conditions.

## **7. Audit Team Composition**

The Service Provider shall deploy evaluation teams composed of members having expertise in public health, Diagnostic services and monitoring & evaluation, as outlined in Section 2.2.2 of the RFP and the Service Provider's Proposal.

## **8. Reporting**

The Service Provider shall submit reports as specified in Section 2.2.7 of the RFP, including interim progress reports and a final comprehensive report along with the cleaned data and supporting documents.

## **9. Ethical Considerations**

The Service Provider shall adhere to the ethical considerations outlined in Section 2.2.8 of the RFP, including written informed consent from all participants using the consent form provided in Annexure-III of the RFP, translated into the local language.

## **10. Intellectual Property Rights**

All data, reports, and other materials generated under this Agreement shall be the sole property of the Client. The Service Provider shall not have any right or claim over the same.

## **11. Confidentiality**

The Service Provider shall maintain strict confidentiality with respect to all information and data accessed or generated during the course of this Agreement and shall not disclose the same to any third party without the prior written consent of the Client.

## **12. Indemnification**

The Service Provider shall indemnify and hold harmless the Client, its officers, employees, and agents from and against any and all claims, losses, damages, liabilities,

costs, and expenses (including legal fees) arising out of or in connection with any breach of this Agreement, negligence, or wilful misconduct on the part of the Service Provider, its employees, or agents.

### **13. Termination**

The Client shall have the right to terminate this Agreement in whole or in part by giving 30 [thirty] days written notice to the Service Provider in the event of:

- Failure by the Service Provider to perform the services in accordance with the terms and conditions of this Agreement.
- Breach of any of the terms and conditions of this Agreement by the Service Provider.
- Insolvency or bankruptcy of the Service Provider.
- If the performance of the Service Provider is not satisfactory to the Client.

### **14. Notices**

All notices and communications under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally or sent by registered post/courier/email to the addresses mentioned hereinabove.

### **15. Entire Agreement**

This Agreement, along with the RFP document bearing number NHSRC/HCT/Tender/2526/01 dated 10/07/2025, amendments & clarifications to Pre-Bid queries and the Service Provider's Proposal, constitutes the entire agreement between the Parties with respect to the subject matter hereof.

### **16. Amendments**

No amendment or modification of this Agreement shall be valid unless made in writing and signed by duly authorized representatives of both Parties.

### **17. Force Majeure**

Neither Party shall be liable for any failure or delay in the performance of its obligations under this Agreement to the extent that such failure or delay is caused by a Force Majeure event, provided that the affected Party promptly notifies the other Party of the occurrence and nature of such event and uses its best efforts to mitigate the effects thereof.

### **18. Settlement of Dispute**

If any dispute with regard to the interpretation, difference or objection whatsoever arises in connection with or arises out of the agreement, or the meaning of any part thereof, or on the rights, duties or liabilities of any party, the same shall be referred to the Committee constituted by the National Health Systems Resource Centre. Ministry of

Health & Family Welfare, Government of India/ contract executing authority. The decision of the committee in this regard will be final and binding on the agency.

## **19. Governing Law and Jurisdiction**

This Agreement shall be governed by and construed in accordance with the laws of India. Any dispute arising out of or in connection with this Agreement shall be subject to the exclusive jurisdiction of the courts in Delhi.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Contract signing date.

SIGNED FOR AND ON BEHALF OF  
THE NATIONAL HEALTH SYSTEMS RESOURCE CENTRE (NHSRC)/ MoHFW, Govt  
of India OR State Government, Union territories or their departments

By: \_\_\_\_\_

Name:

Title:

Date:

SIGNED FOR AND ON BEHALF OF

\_\_\_\_\_ [Name of the Service Provider]

By: \_\_\_\_\_

Name:

Title:

Date:

### **Enclosures:**

- Copy of the Request for Proposal (RFP) No. \_\_\_\_\_ dated \_\_\_\_\_.
- Copy of the Service Provider's Proposal dated \_\_\_\_\_.
- All Annexures from the RFP.

**I. FREE DIAGNOSTICS SERVICE INITIATIVE EVALUATION TOOLKIT****(Use this tool-kit for In-house and PPP as applicable)****General Information****Name of State:****Name of Facility in-charge:****Name of District:****Mobile number:****Name & Type of Facility:****Email Id:****(AAM-SC/PHC/CHC/DH):****Avg number of OPD & IPD per month:**

<b>INFRASTRUCTURE</b>		
<b><u>S.NO</u></b>	<b><u>QUESTION</u></b>	<b><u>REMARKS</u></b>
<b>1</b>	Does the facility have availability of separate sample collection area	
<b>2</b>	Does the facility have availability of waiting area at sample collection facility	
<b>3</b>	Does the facility have availability of power back up in the laboratory	
<b>4</b>	Does the facility have Space adequacy as per load, maintenance of cleanliness & hygiene to prevent cross contamination & infection	
<b>5</b>	Laboratory accessibility to Emergency, Critical care service area, IPD & OPD	
<b>6</b>	Proper zoning of clearly marked areas of restricted access	
<b>7</b>	List of available diagnostic services displayed at the facility	
<b>8</b>	Does the facility have provision for Fire Safety and exit points	
<b>9</b>	Does the facility have availability of toilets (separate for Male & Female)	
	Does the facility have availability of running water & drinking water	
<b>10</b>	Display of FDSI IEC material for awareness of the beneficiaries	
<b>11</b>	Availability of complain box and Grievance cell for public redressal mechanism	

<b>HUMAN RESOURCE (Number)</b>				
<b><u>Staff</u></b>	<b><u>Total In-position</u></b>	<b><u>Regular</u></b>	<b><u>Contractual</u></b>	<b><u>Vacant</u></b>
Pathologist				
Micro-Biologist				
Biochemist				
Lab Technicians				
Phlebotomist				
Other (pls specify)				
Radiologist				
Radiographer				
Bio-Medical Engineer in the Districts				

<b>EQUIPMENT, MAINTENANCE -PMS &amp; CALIBRATION</b>		
<b>1.</b>	Total Number of Equipment Held in the Laboratory a. Total number of equipment functional: b. Total number of equipment non-functional	
<b>2.</b>	Total number of Lab Equipment covered under Maintenance a. CMC/AMC b. BMMP c. Other (pls specify)	
<b>3.</b>	Awareness about BMMP toll-free number & Tagging of Diagnostic equipment	
<b>4</b>	Last date of Calibration done for all Lab equipment	(Details to be capture separately)
<b>5</b>	Last date of Preventive maintenance done for all Lab Equipment	(Details to be capture separately)
<b>6</b>	Last date of PMS & Calibration done for all Radiology equipment	
<b>7</b>	Does the X-ray facility have AERB license	
<b>8</b>	Equipment Down-time more than 3month/1month/More than 7 days in FY 2024-25	Capture the details of those equipment
<b>9</b>	Availability of Logbook for Breakdown call record	

<b><u>Name of the Equipment</u></b>	<b><u>Model/Make</u></b>	<b><u>Year of Purchase</u></b>	<b><u>PMS Held on (Date)</u></b>	<b><u>Calibration Held on (Date)</u></b>


### **SAMPLE COLLECTION, STORAGE & TRANSPORTATION**

<b>S. No</b>	<b>QUESTION</b>	<b>REMARKS</b>
1	Does the Facility have availability of 24 x 7 Sample collection facility	
2	Timing for collection of samples and reports displayed in the facility	
3	Does the laboratory have availability of a barcoding system for sample collection, reporting, and dissemination	
4	Availability of Refrigerator for sample storage	
5	Transportation of samples to the hub lab arranged by the facility/PPP service provider	
6	Frequency of sample transportation to hub lab in a day	
7	Any incentives applicable for Inhouse sample transportation/Cost per trip for sample transportation in PPP-mode	
8	Mode of transportation (Runners/Bus/ Postal Services/Specific vehicle/ Drone etc)	
9	Availability of Cold boxes for sample transportation	
10.	Avg. no. of samples transported per day	

### **DIAGNOSTIC SERVICE DELIVERY**

1	Diagnostic services	Free of Cost/User Charge applicable
2	Mode of Laboratory service provided in the facility?	(In-house, PPP, Hybrid [Inhouse +PPP])
3	Name of Service provider for FDSI Lab (In case of PPP)	
4	Contract valid till (In case of PPP) in years	
5	Total number of tests conducted per month a. No. of tests conducted In-house b. No. of tests conducted by PPP service provider	
6	Is the facility serving as a Hub or Spoke	
7	If Hub, number of spokes catered by facility	

8	No of RDTs available	Count & Name
9	TAT for routine lab tests	In-house: PPP:
10	Alert for critical report sent to doctor/patient	
11	Avg. no. of days stockouts at the facility	Record
12	Procurement of Lab reagents and Consumable	Centralised/ Decentralised/ Rental Reagent Model
13	Indenting of Lab reagents and Consumables	Manual DVDMS Any other
14	Availability of LIMS/PPP Dashboard to record TAT	
15	Internal quality assurance (IQAS) in place	
16	External quality scheme Implemented (EQAS)	
17	Inter lab Comparison	
18	NABL accreditation of the lab	
19	Availability of Standard Operating Procedure (SOP)	
20	Availability of color-coded bins at the point of waste generation	
21	Availability of puncture-proof and leak-proof box containers with blue markings to dispose of the broken glass	
22	Liquid waste disinfection before disposal	
23	Availability of BMW management SOP	
24	Annual Third-Party Evaluation of Services	
25	Details of Tests Performed	As per below format

<b>S.No</b>	<b>Name of the facility</b>	<b>Tests Availability as per FDSI Guidelines (AAM-SC:14/PHC:63/CHC:97/DH:134)</b>		<b>Details of Tests</b>	
		<b><u>In-house</u></b>	<b><u>PPP</u></b>	<b><u>In-house</u></b>	<b><u>PPP</u></b>
<b><u>1</u></b>					

<b><u>S. No</u></b>	<b><u>Name of the Tests</u></b>	<b><u>Conducted in Last 3-Month through In-house mode</u></b>	<b><u>Conducted in Last 3-Month through PPP-mode</u></b>
<b><u>1</u></b>			
<b><u>2</u></b>			

<b><u>RADIOLOGY SERVICE DELIVERY</u></b>		<b><u>REMARKS</u></b>
1	Does the Facility have availability of X-ray Services (CHC/DH)	
2	Does the Facility have availability of USG Services (CHC/DH)	
3	Does the Facility have availability of CT Services (DH Level)	
4	Does the Facility have Tele-radiology services for X-ray/CT	
5	Mode of Implementation of Tele-Radiology Services	In-house PPP
6	Name of Service provider for Tele reporting (In case of PPP)	
7	Contract valid till for Tele-reporting (In case of PPP) in Years	
8	Cost per Tele-reporting of X-Ray (in case of PPP)	
9	Average case load per Month for a X-ray b. USG c. CT scan	
10	Mode of Implementation of CT scan Services	In-house PPP
11.	Cost per CT scan in PPP-mode	
12	Third Party Evaluation of PPP-services	Yes/No Collect the report

## **II. PATIENT FEEDBACK FORM**

Name of the District:

Name of the Health Facility:

***Respondent: Patient/ Guardians who availed Free Diagnostic services under in-house & PPP mode***

Name of the patient:	
Age (in years):	
Sex:	
Any registration/ID number:	
Contact number	

<b><u>Sl.</u></b>	<b><u>Questions</u></b>	<b><u>Please circle the answer</u></b>
1	<p>Did you attend only for <i>diagnostic services</i> in this health facility</p> <p>If yes, please name the health facility (PHC/CHC/SDH) from where you have been referred by the doctor:</p> <p><u>(Name of the previous health facility visited &amp; distance)</u></p>	Yes / No
	Availing of the diagnostic services	<p>a. As OPD patient:</p> <p>b. As IPD patient:</p>
2	Are you aware about the free diagnostics services is provided in Govt. Health Facilities	Yes / No
3	Where did you give the sample	<p>a) In-house Lab</p> <p>b) PPP sample collection centre</p> <p>c) Both 'in-house' and PPP</p>
4	Did you need to give the sample again (for sample lost / damage/ false report etc.)	Yes / No
5	All prescribed tests have been done in the Lab	<p>Yes / No</p> <p>If no, try to find out type of tests could not be conducted at the health facility (PPP lab)</p>
6	In case of non-availability of any test, what you did:	a. Went / planning to go to the Pvt Lab

		b. Went / planning to go to the higher Govt. health facility c. Tests not done d. If any other, specify
7	Any amount has to be paid from registration in the hospital onwards till the testing is performed:	Yes / No If yes, amount:
8	Time taken to give sample (in minutes):	
9	Sample taken by lab staff in a professional manner with care and without double take or causing pain	Yes / No
10	Explanation by lab staff for disposal of the cotton/disposable cotton plus/seals after venepuncture	Yes / No
11	Comfortable bloodletting chair with arm rest	Yes / No
12	Number of times you have availed the free lab services in 2021-22	
13	Pre-testing counselling done? <i>(e.g. empty stomach for fasting blood glucose)</i>  Pre-testing counselling done by whom?	Yes / No  <u>Doctor/Nurse/Lab Tech/relative/Any other</u>
14	Do you cross-check your result with any other laboratory if not satisfied: Yes / No If yes than report matched with the previous report	Yes / No
15	The report has been received / will be received	a) Same day b) Next Day
16	The reports received by the patient:	a) Hard copy b) Soft copy c) Both
17	Have you visited Private Lab in last one Year due to unavailability of tests in PHF	Yes/No
18	Amount spent on testing in private lab	INR

Parameter	Good	Average	Poor
Cleanliness of Sample Collection Centre			
Cleanliness of waiting area			
Behaviour of staff PPP staff			
Satisfaction about diagnostic services			

### III. QUESTIONNAIRE FOR FDSI STATE NODAL OFFICER

#### Respondent Details

<u>Detail</u>	<u>Response</u>
<u>Name</u>	
<u>Designation</u>	
<u>Phone &amp; Email</u>	

#### A. Governance & Structure

<u>Question</u>	<u>Response</u>
1. Name of State Nodal Officer (SNO) for FDI Lab	
2. Year of joining as SNO	
3. Are you a Nodal Officer for any other programme(s)?	a. b.
4. Any other designated official for FDI Lab at the state level?	Yes/No If Yes, provide details:
5. Any designated official for FDI Lab at the district level?	Yes/No If Yes, provide details:
6. Was a notification issued for Nodal Officer (FDI Lab)?	District: Yes/No – If Yes, Designation: Facility: Yes/No – If Yes, Designation:

#### B. Service Delivery Model

<u>Question</u>	<u>Response</u>
7. Diagnostic services under in-house model	
8. Limitations of in-house model	
9. Name of PPP service provider	
10. Services provided by PPP provider	
11. Are patients charged for tests?	In-house: Yes/No PPP: Yes/No If Yes, list of tests & charges:
12. Exemptions/Waivers	In-house: Yes/No – Details: PPP: Yes/No – Details:

**C. Financials**

<b><u>Question</u></b>	<b><u>Response</u></b>
13. Mode of payment to provider	Per Patient / Per Sample Rate per unit:
14. Year of MoU with PPP provider	
15. MoU Amendments	Yes/No If Yes, Number & Major changes:
16. Budget details from PIP & RoP	FY: ____ In-house: Rs. ____ PPP: Rs. ____
17. Other funding sources	Yes/No a. State Budget: b. Central Sector: c. Others:
18. Integration with RSBY/JSSK	Yes/No
19. Fund Utilization (FY 2019–20, 2020–21)	Mode
	In-house
	PPP
20. Utilization areas for in-house mode funds (2020–21)	HR / Equipment / Consumables / Infra / Others No idea: Yes/No

**D. Infrastructure & Capacity**

<b><u>Question</u></b>	<b><u>Response</u></b>
21. Adequate capacity for FDI implementation?	Yes/No If Yes: Strengths If No: Gaps
22. Change in test load post-FDI?	Yes/No If Yes, specify
23. Availability of PPP Lab services	Facility Type
	DH
	SDH
	CHC-FRU
	CHC
	PHC
	AAM-SC
24. Test volume (In-house vs. PPP)	Facility
	DH
	SDH

25. Mother Lab available?	Yes/No If Yes: Location, Specialists, Equipment, etc.
26. Kit-based tests by PPP provider?	Yes/No If Yes, list tests:

### **E. Monitoring & IT Systems**

<b><u>Question</u></b>	<b><u>Response</u></b>
27. RKS involvement in FDI	Yes/No Areas: Monitoring / Fee / Equipment / Others
28. Procurement guidelines available?	Yes/No Details:
29. Procurement process at	State / District / Facility
30. Different procurement for in-house vs PPP?	Yes/No
31. Procurement responsible persons	State: District: Facility:
32. Store/Depot availability	State: Yes/No District: Yes/No
33. Monitoring body for FDI in state	Yes/No
34. Monitoring mechanism	In-house / PPP / LMIS / Dashboard
35. IT system in place	In-house / PPP / Both / None
36. Service providers aware of dashboard?	Yes/No
37. Orientation on LMIS conducted?	Yes/No
38. Frequency of data analysis	
39. Do private providers send reports?	Yes/No If Yes, Frequency and details
40. If No, reasons and corrective action	
41. Are notifiable diseases reported?	Yes/No

### **F. Feedback & Grievance Mechanism**

<b><u>Question</u></b>	<b><u>Response</u></b>
43. Feedback from whom?	Doctors / MOs / Admin / CHOs / Others
44. Collection method	
45. Nature of feedback	
46. Feedback implementation details	
47. Feedback from private providers?	Yes/No

48. Feedback mechanism details	
49. Grievance redressal for public?	Yes/No If Yes: Functional? Channels? Issues? Actions? Bottlenecks?

### **G. Quality Assurance & Supervision**

<b><u>Question</u></b>	<b><u>Response</u></b>
50. Service quality	Satisfactory / Unsatisfactory If Unsatisfactory, Suggestions:
51. Views on FDI	
52. Progress as planned?	Yes/No
53. Key achievements	
54. Major gaps	
55. Satisfaction with PPP?	Yes/No If No, reasons:
56. Performance review of PPPs?	Yes/No Frequency & meetings in FY 2020–21:
57. Monitoring committee exists	State: Yes/No District: Yes/No
58. Supervisors at facilities?	Yes/No Reporting to:
59. PPP coordinator nominated?	Yes/No
60. Breakdown/discontinuity reported?	Yes/No
61. Monitoring tool available?	Yes/No
62. NHM visits (FY 2020–21)	Number:
63. Observations from visits/audits	
64. Recommendations made	
65. Implementation status	
66. Private provider data validation	
67. Quality assurance mechanisms	
68. Measures to prevent patient charges	
69. Prescription audits done?	Yes/No
70. Periodic reporting by facility heads?	Yes/No Frequency, contents, takeaways:
71. Change in disease profile post-FDI?	Yes/No

**H. Finance (PPP Model)**

<b><u>Question</u></b>	<b><u>Response</u></b>
72. Documents needed for payments	a. b. c.
73. Payment release periodicity	
74. Avg. time: bill to payment	
75. Are payments on time?	Yes/No If No: Reasons, dues, amount (FY 2020–21)
76. Are full payments released?	Yes/No If No, reasons:
77. Punitive actions against PPPs?	Yes/No If Yes, type & reason:
78. Penalties/deductions applied?	Yes/No If Yes, details:
79. Hospital space rented to PPP?	Yes/No If Yes, fee details:
80. Additional govt. payments to PPP?	Yes/No
81. Challenges faced by PPP provider	Govt. Response:
82. Patients billed under minimum assured volume?	Number:

**I. Support & Recommendations**

<b><u>Question</u></b>	<b><u>Response</u></b>
83. PPP requested support from Govt.?	Yes/No If Yes, specify:
84. Other private providers supporting Govt.?	Yes/No
85. Services provided	
86. Govt. support to PPPs provided?	Yes/No
87. Any arbitrations?	Yes/No If Yes, details and resolution status:
88. Suggestions for implementation improvement	

## Questionnaire for Facility-Level Costing of In-house Diagnostic Services

Facility Level	Diagnostics Tests conducted at the centre	Medical equipments available at the centre	Human resources for FDSI
Sub-Centre			
PHC			
CHC			
DH			

<b>A.</b>	<b>General Facility Information</b>
	1) Facility name
	2) Facility level (PHC/CHC/DH/Tertiary):
	3) Location (District, State):
	4) Average number of OPD and IPD patients per month:
	5) List of diagnostic tests routinely performed:
	6) Average number of tests performed per day:
<b>B.</b>	<b>Infrastructure</b>
	7) What is the total square feet area of the Lab
	8) What are Major lab equipment available (with brand/model and year of purchase):
	9) What is the Cost of each medical equipment available at the centre
<b>C.</b>	<b>Consumables</b>
	10) How are the consumables procured? (Centralized or Decentralized)

	11) If decentralized, what is the Average monthly expenditure on reagents and supplies
	12) Average no. of each test done per day/month at each facility level
	13) What proportion of reagents/ supplies are utilized per month
	14) Are there any Inventory management practices (stock register, digital tracking, etc.):
<b>D.</b>	<b>Human Resources</b>
	15) Number and type of lab staff available at the centre
	16) Average monthly salary of all the lab staffs at the centre
<b>E.</b>	<b>Transportation cost</b>
	17) What is distance of the hub centre from the centre where sample is collected (in Kms)
	18) What is the mode of transport for transporting the sample to the hub centre (bike/car/bus/ rail/air/postal)
	19) What is the frequency of transportation of sample to the hub centre (Once/ Twice/ more than twice per day)
	20) How many samples are transported on an average to the hub centre per day
<b>F.</b>	<b>Maintenance Cost</b>
	21) Is there any Annual equipment maintenance of the medical equipment done?
	22) If yes, how frequently and for which all medical equipments it is done?
	23) Is there any separate biomedical waste disposal system in place for the diagnostic lab and what are the charges for them?
	24) Any training or IEC activity done in the last one year for FDSI scheme implementation and what are the costs involved in organizing such events.

**Questionnaire for State Medical Corporation Division on procurement of Medical equipment and consumables for the public hospitals under FDSI schemes for the period 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025:**

<b>A.</b>	<b>Procurement Process Overview</b>
	1. What is the procurement process for lab consumables and diagnostic equipment? Is it centralized or decentralized?
	2. Are tenders issued annually, bi-annually, or on demand?
	3. Is procurement based on indents from facilities, population norms, or historical consumption?
<b>B.</b>	<b>Budgeting and Costing</b>
	4. What is the annual budget allocation for diagnostic consumables and equipment?
	5. What are the annual expenses in procuring diagnostic consumables and equipment?
	6. List of medical equipments procured for diagnostic services under FDSI in FY 24-25
	7. List of lab consumables procured for diagnostic services under FDSI in FY 24-25
	8. Provide the rate contract prices for common laboratory consumables (e.g., CBC reagents, urine strips, test kits) for FY 2024-25
	9. What are the unit prices for major diagnostic equipment (e.g., semi-auto analyzer, biochemistry analyzer, hematology analyzer) procured in FY 24-25
<b>C.</b>	<b>Maintenance &amp; Calibration</b>
	10. Is Annual Maintenance Contract (AMC) or Comprehensive Maintenance Contract (CMC) included in equipment procurement?
	11. Is the diagnostic machine calibration charges included in AMC charges?
	12. The cost of Preventive maintenance of the equipment included in the AMC/CMC or it proposed separately. for each medical equipment
	13. What are the AMC/CMS charges for each medical equipment?

# **COSTING QUESTIONNAIRE TOOL FOR DIAGNOSTIC IMAGING LAB AND TELE-RADIOLOGY SERVICES**

*(X-Ray, Ultrasound, CT, and MRI)*

## **Section 1: General Information**

1. Name of Facility: \_\_\_\_\_
2. Location: \_\_\_\_\_
3. Type of Facility (Private/Public/PPP): \_\_\_\_\_
4. Contact Person & Designation: \_\_\_\_\_
5. Reporting Month/Year: \_\_\_\_\_
6. Model operating : \_\_\_\_\_

Model Type	Payment mode	Cost of Lab (Z)
Model 1-  PPP - Equipment +HR + Tele-reporting	Payment made per reporting (includes cost of scan + HR + reporting)	$Z=P = \text{Price of Test/Scan (A)} * \text{Total Count of tests/scans(N)}$  Here, A= (Total cost of report includes B and C components also)
Model 2-  PPP- HR + Tele-reporting  Inhouse- Equipment	Payment made to PPP for per scan- Cost of HR + Teleporting  Cost of equipment- borne by health facility	$Z= P+B$ Here,  $P = A*N$ A = Total cost of Tele-reporting + HR cost N= Total no. of tests/scans B= Cost of equipment
Model 3-  PPP- Tele-reporting  In-house – Equipment + HR	Payment made to PPP for per scan- only for Teleporting  Cost of equipment + HR cost of imaging- borne by health facility	$Z= P+B+C$  Here, $P = A*N$ A = Total cost of Tele-reporting + HR cost N= Total no. of tests/scans B= Cost of equipment C= HR Cost

Cost of an Imaging report (P) = Cost of Tele-reporting by radiologist (A) + Cost of equipment (B) + Cost of HR for imaging (C)

## Section 2: Costing

<b>Model 1- Cost of Lab services (Z) = P * Here A includes cost of B and C components as well</b>				
Tests	Price per test/ scan (INR) (A)	Avg Total tests done per month (N)	Total cost of Lab imaging services outsourced (P=A*N)	TAT per test
X-Ray				
CT Scan				
MRI				
USG				

Model 2- Cost of Lab (Z) = P + B					
P= (A*N) ; B= Cost of equipment (B1) with consumables (B2)					
Tests	Price per test/ scan (INR) (A)	Avg Total tests done per month (N)	Total cost of imaging services outsourced P=(A*N)		TAT per test
X-Ray					
CT Scan					
MRI					
USG					
Equipment cost- in-house (B) = Cost of Equipment (B1) + Cost of Consumables (B2)					
Cost of Equipment (B1)					
Equipment	Model	Purchase cost (INR)	Year of Purchase	Expected life years	AMC/ CMC cost (Annual) in INR
X-Ray					
CT Scan					
MRI					
USG					
Consumables cost (B2)					

Equipment	Type of consumables used	Monthly average cost of reagents and consumables (INR)
X - Ray		
CT Scan		
MRI		
USG		

Model 3- Cost of Lab (Z) = P + B +C					
P= (A*N); B= B1+B2 (Equipment + Consumable); C= HR					
Tests	Price per test/ scan (INR) (A)	Avg Total tests done per month (N)	Total cost of imaging services outsourced P=(A*N)	TAT per test	
X-Ray					
CT Scan					
MRI					
Equipment cost- in-house (B) = Cost of Equipment (B1) + Cost of Consumables (B2)					
Cost of Equipment (B1)					
Equipment	Model	Purchase cost (INR)	Year of Purchase	Expected life years	AMC/ CMC cost (Annual) in INR
X-Ray					
CT Scan					
MRI					
USG					
Consumables cost (B2)					
Equipment		Type of consumables used		Monthly average cost of reagents and consumables used (INR)	
X - Ray					
CT Scan					
MRI					

USG		
<b>Human Resources (C)</b>		
(Please provide details of HR staffs solely involved in imaging lab services)		
HR Staff	Staff count	Monthly salary (INR)
Radiographer / Imaging technician		
Nurse/ Attendant		
Admin Staff		