Bidder /Query No ()	Reference from RFP	Bidder 'Query	NHSRC Remarks
PWC (1)	Reference: RFP No: NHSRC/HCT/Tender/2526/01 dated: 10 July 2025 & Corrigendum Dated: 15 July 2025 Last date and time of receipt for bids	In view of clarity on the subcontracting/partnership arrangements and firm/organization level documents required to be submitted as part of the proposal, provided during the pre-bid discussion on 25 July 2025. We request your kind consideration to revisit the bid submission date to 10 Aug 2025 instead of 7 Aug 2025 (link) as communicated through latest corrigendum dated 19 July 2025. This would allow us sufficient time to gather all the necessary information and documents required for submission	**Agreed.** The revised date for bid submission will be intimated through the corrigendum.
(2)	Method of selection: Quality and Cost Based Selection (QCBS) (Technical- 60%, financial- 40%)	We request that at least 70%-80% weightage be accorded to the technical evaluation. The proposed evaluation criteria would reward the bidders' proven approaches, domain expertise and methodologies rather than letting marginally lower price (40% band) dominate selection. Additionally, heavier technical emphasis incentives the bidder to invest in R&D, leverage technology for data analysis and	**No change is suggested;** **Quality and Cost Based Selection (QCBS) method will be followed, 60 % weightage will be for technical score and 40 % weightage to financial score.**

		presentation rather than trimming support to win on cost. It will also avoid budget and scope creep and uncover potential research and evaluation related challenges early on. Kind submission to reconsider.	This is with reference to GFR guidelines, 70:30 are considered for high value assignment. Any increase in technical weightage may risk cost escalation and must be balanced with financial prudence.
(3)	Simple random sampling for selection of Public Health Facilities (PHFs) across all level (AAM-SC, PHC, CHC, SDH and DH)-08 AAMSC, 06 PHC, 03CHC and a DH in each district	Kindly indicate the number of SDH to be included in the final sampling size for one district	**No Change is suggested** SDHs functions in tandem with DHs, particularly in districts where DHs are now affiliated with Medical Colleges and SDHs are less effective. The SDH and DH are considered interchangeable for sampling purposes. During field visits, the functional unit—whether DH or SDH—should be considered one sampling unit.
(4)	Sample size: For each state, state level estimates will be available for each type of health	We understand that the selection of number of health facilities per district will be done via simple random sampling. Kindly indicate if a selection criterion has to be considered for identifying which facility (location,	**Agreed.** The revised sampling as discussed in the meeting will be 02 districts (Frome earlier 5 Districts) will be covered in 10 States.

	facility, i.e., DHs, CHCs PHC and AAM-SC separately. However, no district level estimates can be made.	operation model) out of the identified ones are to be include in the evaluation	Purposive sampling (one near State HQ and other in the adjoining district) in each State will be undertaken in the study, in view of the time and resource constraint; Number of health facilities to be covered is as follows: 04 AAM-SC (Including 01 UAAM if available), 04 PHCs (including 01 UPHC) 2 CHCs and 01DH/SDH in each district.
(5)	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.	Kindly indicate how many teams are being referred to. Also, we understand that the composition of the project team is to be proposed by the bidder. Kindly confirm. Please confirm if there are pre-confirmed qualification and experience criteria to adhere to while defining the project team	**No Change** The bidder is expected to propose the team composition independently. No rigid criteria have been set regarding qualifications or number of team members. The flexibility allows organizations to design teams best suited to the nature of the assignment, whether led by MPH, community medicine experts, or other public health professionals.

			The composition of the team and its impact on the cost or financial aspects of the bid shall be solely under the purview of the bidder.
(6)	Medical Records & Investigation requisition/prescription reviews: Analyze patient records if available, to assess outcomes and healthcare utilization	We understand that all necessary permissions and approvals at the state/district and facility level to undertake the evaluation/investigations/reviews will be secured by the client. Kindly confirm. Also, we understand that We are required to handle PI (personal information). Please elaborate on the measures to be taken to handle this information and other sensitive data collected	**Agreed** The State Nodal Officer will facilitate access to relevant documents. Necessary approvals will be coordinated by NHSRC to enable smooth review/facilitate visit to the health facilities.
(7)	Qualitative • User Feedback & Experience: Conduct in-depth interviews and focus groups with Providers, managers, users, non-users, CBOs, PRI, ULB, programme	We understand that the questionnaire provided by the client in the annexure will be leveraged for the study, However, we could not find a suitable questionnaire to gather community perception from non-users, CBOs, PRI, ULB etc. Kindly clarify if the bidder has to propose one or the questionnaire will be provided by the client.	**Agreed** Bidders are requested to prepare their own methodology and assessment tool. Community perception from non-users, CBOs, PRI, ULB will be undertaken by the bidder as per the state requirement. Successful bidder will give a presentation

	participants to understand their experiences,		and the data collection team will be trained at NHSRC post award of contract. Bidders may propose additional questions in alignment with objectives.
(8)	2.26: Data collection: Note- • The selected technical partner shall conduct data collection activities using the questionnaire shared by NHSRC.	We understand that the bidder does not have to pretest the tools shared by NHSRC. Kindly confirm.	**No Change** These tools have been successfully used in prior studies across states for similar studies.
(9)	2.26: Data collection	The RFP doesn't specify the modes of data collection (paper based, digital) please clarify the preferred mode and if it is digital is there a preferred platform (ODK etc)	**Agreed** Data collection modality is flexible. Tested ODK toolkits are available, but bidders may choose, digital format or paper forms, or notebooks for data collection as per their operational convenience. Date integrity pact has to be signed by the successful bidder and data collected (if

			using digital platform) will be shared with NHSRC on fortnightly basis.
(10)	Point no XV- A signed statement, mentioning the number of different states which can be undertaken simultaneously by your organization.	Kindly elaborate on the ask under this point.	**No Change** The bidder is expected to propose a strategy that enables concurrent data collection across multiple states to ensure timely completion. Team size and composition are at bidder's discretion. Analysis phase is critical and must be adequately planned. Confidentiality protocols must be strictly adhered to throughout the assignment.
(11)	13 Evaluation of Technical Proposal: Eligibility & Experience - • ≥ 5 to 10 similar projects – 25 marks • Less than 5 & more than 2 projects – 10 marks	We understand that 25 marks will be assigned to any number of projects that is more than 5. i.e. 6 or 7 s well. and similar score is applicable across the interval. Kindly confirm	**No change is suggested;** Bidder having past experience in handling five or more similar projects will be qualified for maximum score.

	• Less than 2 projects - 0		
(12)	Publication: Has published in more than 02 peer reviewed journals – 10 marks No publication – 0 marks	We request to kindly reconsider the criteria as follows- Has published national programme evaluation reports/ costing studies/ PPP evaluations/ cost effectiveness analysis- 5 marks for each publication with maximum of 10 marks	**Agreed** Evaluation will also consider published peer-reviewed papers and relevant project documentation. Also Published technical reports of health studies may be considered in addition to journal publication.
(13)	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.	We understand that the data collection will be completed within 4 months from the contract signing date. We estimate it may take another 2-2.5 months to analyse data, present preliminary findings, organize stakeholder consultation and develop draft and final report. Request clarification on anticipated deliverables post data collection phase	**Agreed** In view of the majority of bidders requesting for extending the study period in the meeting, the **revised study period will be for a duration of 6 months** from the contract signing date (After MoHFW approval).

(14)		Use of subcontractors- We understand that subcontracting is not prohibited under the RFP and a bidder may use third party / third party resources to provide services under the ensuing contract. However, in such a case, the bidder would remain responsible for the work of such subcontractors. Please confirm if our understanding is correct.	**No Change is Suggested** After due deliberation and learnings from previous studies undertaken by NHSRC the suggestion for sub-contracting **is not agreed**. The bidder will ensure that the team gives technical presentations and have the capacity to undertake the study.
(15)	Clause 9.4 - Term of Contract	We request to kindly consider that term / duration of the Contract has been left open ended i.e. there is no definite time period defined in the contract. Therefore, we request you to kindly provide with a definite time period/ duration of the Contract. This will also help us in better and effective resource planning and pricing of our proposals. Further, we request the client to kindly consider that any extension of the duration of the Contract will be based on mutually agreed terms and conditions.	**Agreed** The contract validity will be for 10 months. However, the bidder has to complete the study within 6 months period. The project timelines and execution will begin from the date of contract signing post approval by MoHFW.
(16)		Limitation of Liability-	**No change is suggested**

		Client is requested to limit consultant's liability to 1X of the total contract value. This is as per GFR and the guidelines issued by MeitY. It is also the normal industry practice. Client may consider including the following language: "Purchaser/Client agrees that Consultants total liability for all claims connected with the services or this agreement (including but not limited to negligence), whether in contract, tort, statute, indemnities or otherwise, is limited to one time the professional fees paid / payable for the services. Purchaser/Client agrees that Consultant will not be liable for (i) loss or corruption of data from your systems, (ii) loss of profit, goodwill, business opportunity, anticipated savings or benefits or (iii) indirect or consequential loss.	The provision laid down as per GFR and MeITY (IT Act-2000) shall be followed for data handling, storage & management.
(17)	Clause 12 : Indemnity for breach of contract obligations	There are several remedies available under law and contract to you for such breach of obligations. For eg., there are penalties and LDs that may be imposed for some of these breaches. Seeking indemnities for such breaches frustrates the entire purpose of such remedies available to you. We understand that	**No Change is suggested** Indemnity breach of contract obligations is very crucial for honouring the provisions in any contract. .

		remedies other than indemnity will be sufficient for such breaches. We request you to kindly delete this section. If you still insist on retaining this section, then we request you to at least make them subject to overall cumulative liability cap of total contract value and subject to final determination of court/arbitrator.	
(18)	Clause 12.4 Liquidated damages / Penalty	We request client to cap the liquidated damages/penalties cumulatively to **5% of the total contract value**.	**Agreed**
(19)	Clause 4 Sub-clause 3 XIV	We would like to humbly submit that the eligibility criteria/declaration regarding prior blacklisting is open-ended in terms of the time period. We request you to kindly limit the eligibility criteria regarding blacklisting to bidders not blacklisted as on the date of submission of the bid or have not been blacklisted for a definitive period, such as 2 years. We also request you to kindly allow Bidders to declare that they are not blacklisted as on date or for a specific period (like 2 years) in the past.	**Agreed** Bidder has to give an undertaking that they are not blacklisted as on date or for a specific period (like 2 years) in the past.
(20)	9.2 The contract may be operationalized by	It appears we will have duty of care to multiple agencies. Please clarify who will be the primary client	**Agreed**

	anyone or more of the following agencies: a. MoHFW, Govt of India / NHSRC b. State Government, Union territories or their departments	for our day- to-day correspondence and will vet the deliverables.	NHSRC will be the nodal agency for correspondence and any clarification. NHSRC will vet the deliverables.
(21)	Reference: RFP No: NHSRC/HCT/Tender/2526/01 dated: 10 July 2025 & Corrigendum Dated: 15 July 2025 Last date and time of receipt for bids	It is anticipated that the revised corrigendum with clarifications/responses to the pre-bid queries will be issued by client after 31 July 2025. In keeping with the bidder's organization policy, internal checks and compliances will have to be re-initiated on the revised corrigendum. As this is a time intense process, we would like to humbly submit to reconsider the submission timeline from 10 Aug (as communicated in the latest corrigendum) to 14 Aug 2025. This will allow us to comply with the due process and submit a complete proposal with all documentation in place. Kindly consider.	**Agreed.** The revised date for bid submission will be intimated through the corrigendum.
ACCESS		Based on the discussion during the pre-bid meeting, it is understood that there is no specified upper limit	**No Change is suggested**

Health International (22)		or ceiling for the proposed budget under this assignment. Kindly confirm if this understanding is correct	No budget ceiling has been defined at this stage. Government aims to evaluate the most cost-effective and technically sound proposal without any pre-set benchmarks. **Selection of successful bidder will be based on QCBS (60:40).**
(23)		It was also understood that the applicant agency may form a partnership with up to two entities for this assignment. Further, the applicant is required to submit a copy of the Memorandum of Understanding (MoU) or contract between the partnering entities, duly signed and attested by the authorized signatory, as part of the bid submission. We request confirmation of this requirement.	**Not agreed** After due deliberation and learnings from previous studies undertaken by NHSRC the suggestion for sub-contracting/partnership **is not agreed**. The bidder will ensure that the team gives technical presentations and have the capacity to undertake the study. **This may be read in conjunction with the response to Query 14.**

(24)		As per the pre-bid meeting, it is understood that the technical proposal must include details of the academic qualifications and expertise of the Team Leader and other core team members (experts). Kindly clarify whether similar details for the proposed field personnel are also required to be included in the technical proposal.	**No change is suggested** The qualification is applicable for the core team leads and the data collectors may be engaged as per the bidders preference preferably with public health background.
(25)		We would also like to seek clarification on the final deadline for bid submission. While the corrigendum dated 19.07.2025 mentions 10.08.2025 as the last date, the email communication received from NHSRC refers to 07.08.2025. Kindly confirm the correct submission deadline.	**Agreed.** The revised date for bid submission will be intimated through the corrigendum.
Ipsos (26)	Date of submission	In view of the upcoming festivities and the requirement for physical submission in the tender box, we kindly request that the submission deadline be extended to 14th August, ensuring it falls on a working day. Additionally, we request a minimum of	**Agreed.** The revised date for bid submission will be intimated through the corrigendum.

		7–10 working days' post receipt of responses to queries, as internal approvals will be needed before final submission.	
(27)	Mode of submission	We would like to request consideration for digital submission of the proposal, as this would offer greater logistical flexibility given the timeline and upcoming holidays.	**No change is suggested** The bid submission should be as per RFP terms and conditions.
(28)	Financial proposal	In case of digital submission, we can share the password protected file of financial proposal	**No change is suggested** The bid submission should be as per RFP terms & conditions.
(29)	Page-5 2.1 Objective: Secondary objectives listed	Kindly clarify whether the secondary objectives are to be achieved using primary data collection or through secondary data sources.	**No Change suggested.** Assessment of patient outcomes and utilization will be done through primary data collected.
(30)	Page 8 2.2.2 Team Composition	Please clarify whether the requirement for each team to consist of at least two members refers to the core project team (e.g., team leader, coordinator), or to the field team visiting health facilities	**No Change is suggested.** Bidder has to ensure that minimum 2 field representative from their team visit the

			facility for ensuring quality of data collected.
(31)	Page no-08 2.2.4 – “Utilization before and after programme implementation”	Please clarify whether NHSRC will provide baseline data, or whether the agency is expected to collect this data.	**No Change is suggested** The baseline data available in the open domain will be used by the bidder.
(32)	Page 9 Qualitative Sample	Kindly define the expected qualitative sample size and design (e.g., number of FGDs, IDIs, stakeholder categories) to enable uniform costing across bidders.	**No change is suggested** Sample size is to be determined by the bidder based on their past field experiences and should be based on local community participation/ health facility work load.
(33)		We understand that this is likely to be a facility-based evaluation and would not involve community-level interviews or observations. Kindly confirm if interviews with CBOs, PRIs, ULBs, or programme participants are expected to be part of the study.	**Agreed** The study is mainly on impact assessment/ outcome oriented. Patient and community perspective are important to understand and recorded. State Nodal

			Officer will be facilitating the FGDs (1-2 per district), IDIs at the health facility during the visit.
(34)	Page-13 5. Evaluation of technical proposal – eligibility	We understand that organizations with six or more evaluation studies conducted for Government or multilateral agencies (e.g., UN) will be eligible for full marks. Please confirm.	**Agreed** Only public sector and central/state government experience will be considered under this criterion. Experience from private healthcare entities will not qualify under this heading. Experience with UN or international organizations (e.g., UNICEF India,) operating within India in the field of health will be considered valid.
(35)	Page no.13 5. Evaluation of technical proposal – publications	We request you to also consider published technical reports of health-related studies, in addition to journal publications, under the publications criteria.	**Agreed** Published technical reports of health studies may be considered in addition to journal publication.
(36)	Page no-16 Payment Schedule	We request that a payment milestone be added upon completion of fieldwork, with 25–30% of the contract	**Agreed**

		value, as most direct costs are incurred during data collection. Remaining payment may be linked to report submission.	May be considered; the revised pay terms is as follows: 1st Phase: 30 (As per the RFP) 2nd Phase: 30 (On completion of Field level activities (Data collection) & state wise data compilation and) 3rd Phase: 40 (Submission and Approval of Final Report)
(37)	Page-20 Annexure-I – 12. PAN India Presence	We understand that a TAN/registration certificate with a list of office addresses will be sufficient, and lease agreements for all offices are not required. Please confirm.	**Agreed** Business establishment certificates (e.g., TAN or premise certificate) for key operational offices is sufficient. Leased agreement is not required.
(38)	Page 20 Annexure-I – 13. Average Annual Turnover	We understand the reference to "past 3 years" means FY 2023–24, 2022–23, and 2021–22. Since FY 2024–25 audited data is not yet available, we will provide indicative figures for that year for understanding organizational financial health. Please confirm this understanding.	**Agreed** Audited balance sheet for the **past three FYs as FY 24-25, FY 23-24 and FY 22-23** will be accepted.
(39)	Page-20 Annexure-I – 17.	We understand this refers to the proposed team strength for the current evaluation, and not the total	**No Change**

	Strength of Full-Time Employees	number of employees in the organization. Kindly confirm	The team composition is bidders responsibility and does not refer to the number of employees in the organisation.
(40)	Reference to FDSI Component Table (Page 5):	We seek clarification regarding our understanding of the FDSI Component table. Is it correct to interpret that all States and UTs are currently providing the minimum set of essential laboratory services through one of the three models of service delivery? Additionally, it appears that CT scan services are being provided in only 34 States/UTs, and tele-radiology services through PPP or in-house modes are operational in only 12 States/UTs. Kindly confirm if this understanding is accurate.	**No Change** Status may be considered as per the RFP; Any change in status will be informed to the successful bidder as on the date, as the dynamics may not be consistent. The information shared is as per the desk review carried out by NHSRC.
(41)	Sampling Strategy (Page 5):	The sampling strategy outlines the number of health facilities to be sampled per district. However, it does not mention the sampling approach for private providers operating under the fully outsourced or hybrid models. Similarly, Table 1b does not indicate the number of private providers sampled by State. Given that Section 2.2.4 (Working Areas), Point 3, calls for a comparative analysis of direct and indirect	**No Change** The evaluation will focus on service delivery effectiveness in public sector models (in-house, outsourced, and hybrid). Cost-effectiveness comparisons may be drawn using secondary data and costing databases.

		costs of FDSI lab tests vis-à-vis those from private diagnostic labs (to assess impact on OOPE), we request that the sampling methodology for private providers be specified.	
(42)	Qualitative – User Feedback & Experience (Page 9):	The section does not specify the number of in-depth interviews or focus group discussions planned. Could you please clarify the proposed number of interviews, particularly for users and non-users of diagnostic services?	**No Change** The study is mainly on impact assessment/ outcome oriented. Patient and community perspective are important to understand and recorded. State Nodal Officer will be facilitating the FGDs (1-2 per district), IDIs at the health facility during the visit. Non-users have to be included for IDIs to assess the impact of the programme.
(43)	Evaluation of Technical Proposal – Eligibility and Experience (Page 13):	NHSRC has allocated 35 marks to “Proven experience in health systems research /public health evaluations/Medical Colleges having experience in diagnostics related projects “. Under this head would you consider organizations having undertaken	**No Change** Only public sector and central/state government experience will be considered under this criterion.

		relevant surveys or evaluations undertaken for private companies/Labs/hospitals as well?	Experience from private healthcare entities will not qualify under this heading
(44)	Evaluation of Technical Proposal – Team Experience (Page 13):	Would NHSRC consider the experience of individual team members in lieu of the organization's institutional experience, particularly when permanent staff have led or contributed to national-level evaluations?	**No Change** The scoring will be as per the RFP terms & conditions.
(45)	Evaluation of Technical Proposal – Publications (Page 14):	The criteria require publications in peer-reviewed journals on national programme evaluations, costing studies, or PPP evaluations (minimum of two). Considering that private research agencies often face contractual restrictions on data publication, would NHSRC accept publicly available evaluation reports or grey literature as valid evidence of relevant experience?	**Agreed as below** Evaluation will also consider published peer-reviewed papers and relevant project documentation. Also Published technical reports of health studies may be considered in addition to journal publication.
(46)	Scope of Work – Section 9.6 (Page 17):	Section 9.6 states that the contract may be awarded for all or specific States. Does this imply that bidders are permitted to submit proposals for selected States only, rather than for a pan-India evaluation?	**No Change** Bidders are required to submit the bids for all the States as mentioned in the RFP.

(47)	Date of Submission of bid	As per the corrigendum dated 19th July, the last date of submission of proposal is 10th August. However, your email mentions this date as 7th August. Kindly confirm. https://nhsrcindia.org/sites/default/files/2025-07/Corrigendum-FDSI.pdf	**Agreed.** The revised date for bid submission will be intimated through the corrigendum.
FIND (48)	Page 11 of the RFP	"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 this regard, can you kindly confirm whether the experience and credentials of all consortium member organizations will be considered during the technical scoring or only that of the lead partner?	**Not agreed** After due deliberation and learnings from previous studies undertaken by NHSRC the suggestion for sub-contracting/partnership **is not agreed**. The bidder will ensure that the team gives technical presentations and have the capacity to undertake the study. **Same as response to Query 14 and Query 23**.

(49)	Clause 9.4 on page 17 states that	"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." Can you kindly clarify whether the remaining deliverables (such as #1 report establishing evidence for the average availability of diagnostic tests in the PHFs across each level of care, #2 report determining the most cost-effective model for service delivery, #3 Estimation Out of Pocket expenditure (OOPE) based on unavailability of tests involved in providing free diagnostic test at the PHFs, #4 Overall indicative Patient/ user satisfaction and assessment of the impact of the FDSI programme) as	**No Change** The project is valid for a maximum period of 10 months from signing the contract. However, the study is to be completed within 6 months. The deliverables mentioned in the RFP has to be executed in the same time frame as the payment is linked with the timeline.

		well as the interim and final reports can be submitted post 120 days from the contract signing and before 365 days, in line with the stated clause?	