

## **REQUEST FOR PROPOSAL**

**Third party evaluation on availability of free drugs under FDSI in selected primary and secondary public health care facilities in Six states and one UT in India.**



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

**30/11/2025**



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

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**RFP No: NHSRC/25-26/QPS/DU/RFP/615**

**Date of Issue: 30/11/2025**

**REQUEST FOR PROPOSAL(RFP)**

**THIRD PARTY EVALUATION OF AVAILABILITY OF FREE DRUGS UNDER FDSI IN SELECTED PRIMARY AND SECONDARY PUBLIC HEALTH CARE FACILITIES IN SIX STATES AND ONE UT 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 organizations/ institutions/ consulting agencies/ Non-Govt. Organizations for **“THIRD PARTY EVALUATION OF AVAILABILITY OF FREE DRUGS UNDER FDSI IN SELECTED PRIMARY AND SECONDARY PUBLIC HEALTH CARE FACILITIES IN SIX STATES AND ONE UT IN INDIA”**. Bidders fulfilling the prescribed eligibility criteria of the RFP can access and download the complete RFP Document and other details from <https://nhsrccindia.org/>. Details of the schedule are given below:

Sl. No	List of Key Events	Schedule Dates
1.	Date & Time of issue of RFP	30/11/2025
2.	Pre bid meeting	08/12/2025 at 1500 Hours
3.	Last date and time for receipt of Bids	21/12/2025 up to 1400 Hours
4.	Date and time for opening of technical bid.	22/12/2025 at 1500 Hours
5.	Date and time for opening of Financial bid.	24/12/2025 at 1500 Hours
6.	Website for downloading RFP documents, corrigendum etc.	<a href="http://www.nhsrccindia.org">www.nhsrccindia.org</a>
7.	Validity of bid offers	180 days from date of opening of pre-qualification-cum-technical bid.

8.	Method of selection	Quality and Cost Based Selection (QCBS) (70:30) (Technical- <b>70</b> , financial- <b>30</b> )
9.	Bids/queries to be addressed to	Advisor Quality & Patient Safety National Health Systems Resource Centre, NIHFWS Campus, Baba Gang Nath Marg, Munirka, New Delhi- 110067  e-mail: <a href="mailto:drug.cell@nhsrindia.org">drug.cell@nhsrindia.org</a>
10.	Performance Security total cost of Bid (for Finalized Bidder only)	03% of contract value

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 AVAILABILITY OF FREE DRUGS UNDER FDSI IN SELECTED PRIMARY AND SECONDARY PUBLIC HEALTH CARE FACILITIES IN SIX STATES AND ONE UT IN INDIA”** and **Financial bid for RFP, “THIRD PARTY AUDIT OF AVAILABILITY OF FREE DRUGS SERVICES UNDER FDSI IN SELECTED PRIMARY AND SECONDARY CARE PUBLIC**

**HEALTH FACILITIES IN SIX STATES AND ONE UT 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 AVAILABILITY OF FREE DRUGS UNDER FDSI IN SELECTED PRIMARY AND SECONDARY PUBLIC HEALTH CARE FACILITIES IN SIX STATES AND ONE UT IN INDIA”** in the tender box, addressed to the Principal Administrative Officer, National Health Systems Resource Centre by 21/12/2025 by 14:00 Hours.

The detailed terms and conditions of the RFP may be downloaded from the NHSRC website <https://nhsrindia.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 Drugs Service Initiative" (FDSI) in July 2015 to ensure access to essential medicines services free of cost to all patients visiting the public health facilities.

Uninterrupted availability of essential medicines in public health systems facilitates to achieve Sustainable development goal (SDG) Target- 3.8 i.e. achievement of Universal Health Coverage (UHC), including financial risk protection and access to safe, effective, quality and affordable essential medicines and vaccines for all and (SDG) Target- 3.4 i.e. reduction of one third premature mortality (33 %) from non-communicable diseases by 2030 by ensuring accessibility of NCD Medicines. MoHFW has defined the EML for all levels of health facilities accordingly states are having their state specific EDL. Many states are having established central procuring agency for timely and cost-effective procurement of medicines. States are also having their IT enabled supply chain management system and at national level the supply chain is monitored through DVDMS central dashboard.

Despite several interventions, the last-mile delivery and availability of free quality medicines across the health facilities remain a challenge. The underlying causes are multifaceted.

Though there has been a gradual decrease in Out-of-Pocket Expenditure (OOPE) which was 62.6 % in 2014 and now stand at 39.4 % in 2022, still drugs constitute over 67% of OOPE on healthcare. The total Pharmaceutical Expenditure (TPE) is 30.84% of the Current Health Expenditure (CHE), which includes prescribed medicines and over-the-counter drugs.

### **1.2. Context**

The Indian Public Health Standard EML recommends 381 medicines for District hospitals (DH), 318 medicines for Sub district hospitals (SDH), 300 medicines for Community health centers (CHC), 172 medicines for Ayushman Arogya Mandir primary health centers (AAM-PHC)/ Ayushman Arogya Mandir urban primary health centers (AAM-UPHC) and 105 medicines for Ayushman Arogya Mandir sub health centers (AAM-SHC). Hydroxyurea is also recommended essential for sickle cell prevalent states. States and UTs have developed their Essential Drugs List (EDL) by considering the medicines recommended in IPHS EML and disease prevalence in their respective State/UT. Under the said scheme, Government of India (GoI) have been providing both technical and financial support to States/UTs for strengthening various components under FDSI to ensure uninterrupted access of essential medicines to public across primary and secondary level public health facilities.

Providing equitable availability of essential medicines in all primary and secondary care public health facilities i.e. DH, SDH, CHC, AAM-PHC/AAM-UPHC and AAM-SHC/AAM-USHC, a major challenge in a larger country like India.

Hence it necessitates to engage an independent organization to collect information on medicine availability at various levels of public health facilities-DH, SDH, CHC, AAM-PHC/AAM-UPHC and

AAM-SHC/AAM-USHC to assess the availability of free medicines as per under the Free Drugs Service Initiative (FDSI Scheme) and their inventory trends.

**Note** - “This RFP does not alter or amend any statutory procurement, licensing, or clinical protocol of MoHFW or State Government; it is purely for data collection and evaluation purposes.”

## **2. Objectives & Scope of work**

**2.1 Objective: To engage an independent qualified organization to collect, verify and analyze data regarding medicine availability of essential medicines under Free Drugs Service Initiative (FDSI) across selected public health facilities as per IPHS and states-specific EMLs on:**

**Primary objective:** To study the Availability of free drugs under Free Drugs Service Initiative (FDSI)

**Secondary Objectives:** To assess the following

- Number of medicines dispensed to the patient against prescribed prescriptions
- Transportation system in use to supply the medicines in the visited facility
- Availability of locally procured medicines
- Indent verses supply of medicines
- Number and percentage of expired medicines
- Number and percentage of wastage medicines
- Prescription of medicines in generic names
- Patient satisfaction on availability of medicines
- Perspective of service provider and patient towards quality of medicines

## **2.2 SCOPE OF WORK:**

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

### **2.2.1 Detailed Scope of Work (Methods)**

#### **2.2.1.1 Sampling strategy:**

- Purposive Sampling: One state from each zone (07 zones including EAG State) for selection of States/UT. In each selected state, 10% of the total number of districts {or at least two districts in each state (one best performing and one comparatively poor performing)} are considered as sample districts for data collection.
- Selection of secondary level Health Facilities in selected sample districts: One DH, One SDH and two CHCs (one FRU and one Non-FRU, one nearest to the District Headquarter and one farthest from the District Headquarter)} of each sample district.
- Selection of primary level Health Facilities: one AAM PHC/UPHC in each block and two AAM-SHC/AAM-USHC under each selected AAM PHC/ AAM UPHC) to be considered for the data collection. The blocks will be selected based on the distance from the District Headquarter:

- 1st block- located nearest to the District Headquarter.
- 2nd block- located farthest from the District Headquarter.
- The AAM-PHCs and AAM-SHCs within the block will also be selected by considering the nearest and farthest distance to/from the Block headquarters.
- The name of sample facilities will be shared with the selected bidders along with the Notification of Award
- Drug availability will primarily be assessed retrospectively through stock registers, bin cards, DVDMS/State LMIS entries, and issue vouchers for the reference period 1<sup>st</sup> April – 30<sup>th</sup> September 2025. To triangulate the record-based findings and strengthen validity, exiting OPD patients and patients at the time of discharge (IPD) will be briefly interviewed (3–4 questions) on whether they actually received the prescribed medicines free of cost and in full quantity on the day of visit/discharge. Random physical verification of medicines being issued from the pharmacy counter will also be performed on the day of the visit.

Note: All prescriptions and exit interviews will be selected systematically (every 5th prescription/register entry) from records and exiting patients during the 6-month reference period only.

For more details refer following tables:

**Table 1:** Sample Size from each facility level for prescription audit

**Table 2:** Sample states to be evaluated

**Table 3:** State wise, number of sample health institution for data collection on medicine availability

**Table 1. Sample Size from each facility level for prescription audit**

Facility Level	No. of Prescriptions to be Audited (Apr-Sep 2025 only)	Proportion OPD: IPD	No. of Exit Interviews (Patient Satisfaction) – OPD	No. of Exit Interviews (Patient Satisfaction) – IPD (on discharge)
DH	600	70: 30	60	40
SDH	600	80: 20	50	30
CHC	600	90: 10	50	20
AAM-PHC/UPHC	120 (or 10 % of total OPD registrations in the 6-month period, whichever is higher)	NA	30	0
AAM-SHC/USHC	60 (or 10 % of total OPD registrations in the 6-month period, whichever is higher)	NA	20	0

**Note: -**

- a. At primary level if the case load is low, 10% of total OPD (Outpatient Department) may be considered.
- b. At AAM-SHC level, e-prescriptions and refill prescriptions may be considered.

**Table 2. Sample states to be evaluated**

<b>Zone</b>	<b>Number of states to be selected</b>	<b>Names of the States/UT</b>
North	1	Uttar Pradesh
East	1	Jharkhand
West	1	Maharashtra
South	1	Kerala
Centre	1	Gujarat
North-East	1	Nagaland
UT	1	Puducherry

**Table 3. State wise, number of sample health institution for data collection on medicine availability**

State	Total Number of Districts (a)	Number of Sample Districts (10% of the total number of districts {or at least two districts in each state) (b)	No. of Blocks (c)	Total number of DHs (d)	Total number of SDHs (e)	Total number of CHCs (Urban & Rural) (f)	Total number of AAM-PHCs (Urban & Rural) (g)	Total number of AAM-SHCs (Urban & Rural) (h)	Number of Sample Health Institutions for 3rd Party Evaluation					
									DH (One DH per sample districts) (i)	SDH (One SDH of sample districts) (j)	CHC (2 CHCs of each sample district) (k)	AAM-PHC/UPHC (1 PHC under each CHC) (l)	AAM-SHC/USHC (2 SHC under each PHC) (m)	Total no. of Sample Health Facilities to be Audited (DH, SDH, CHC, AAM-PHC & AAM-SHC/USHC)
<b>Uttar Pradesh</b>	75	8	826	125	0	950	3653	25723	8	NA	16	16	32	72
<b>Nagaland</b>	12	2	74	12	0	23	136	465	2	NA	4	4	8	18
<b>Jharkhand</b>	24	2	264	21	13	195	385	3863	2	2	4	4	8	20
<b>Maharashtra</b>	36	4	351	22	95	481	2812	10740	4	4	8	8	16	40
<b>Kerala</b>	14	2	152	47	87	230	945	5412	2	2	4	4	8	20
<b>Gujarat</b>	33	3	250	20	56	370	1836	9149	3	3	6	6	12	30
<b>Puducherry</b>	4	4	6	4	0	4	45	84	2	NA	4	4	8	18
<b>Total</b>	196	23	1923	251	251	2253	9812	55436	23	11	46	46	92	218



### **2.2.2. Team composition**

- Service provider shall designate teams as per the ToR. Each team to visit one site in a day. Each team will consist of two members, including domain experts or individuals with expertise in health logistics and supply chain management, or monitoring and evaluation or statistician.

### **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 empaneled organization must submit the compiled facility wise and state wise analysis report, cleaned & raw data sheets along with supporting documents within 120 days from the date of issuance of order or execution of Contract.
- The service provider shall submit all raw data collected as part of this exercise/study to the client upon completion of the study.

### **2.2.4 Working Areas:**

Assessment of medicine availability as per IPHS and State-notified Essential Drugs List (EDL) at various level of selected health facilities.

Quantitative data will be collected on stock availability, consumption, inventory and on medicines prescribed and dispensed at various levels of public health facilities. Additionally, qualitative data will be gathered through patient facility feedback, patient surveys, in-depth interviews, and focus group discussions with providers, managers, users, programme participants to understand their experience, perception & Satisfaction, and non-users. Furthermore, all the collected data will be submitted after analysis including working sheets and raw data.

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

- Staff/Official (Pharmacist/Nursing/CHO/MOs) responsible for management of stock and store
- Patient (hospitalized & non-hospitalized)/relatives'/ attendants

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

- Collection of information on medicine availability, inventory data, and consumption.
- Data Period: 1<sup>st</sup> April 2025 to 30<sup>th</sup> September 2025.
- Free quality medicines provided to patient.
- Prospective of service providers and patients towards free quality medicines.

Note:

- Any modifications to the NHSRC Evaluation toolkit shall be made only after obtaining NHSRCs written consent.
- The selected technical partner shall conduct data collection activities using the structural questionnaire provided in Annexure-VII series (NHSRC evaluation toolkit)
- Statistical Analysis: Use appropriate statistical methods to analyze quantitative data.

- To ensure quality of the audit, real time monitoring of the audit 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:**

- 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 Contract.
- Submit interim progress reports in each month.
- On completion of field level activities (data collection), data cleaning & data compilation, the successful party has to provide the compiled facility wise and state wise analysis report, submission of working sheets latest by 120 days of time from the date of issuance of order or execution of MoU/Contract.

### **2.2.8 Ethical Consideration:**

- Participants' consent: Prior to conducting interviews with patients, relatives, or caregivers, a written informed consent must be obtained using the consent form outlined in Annexure-III, which must be translated into the local language as well as in English by the selected agency.
- Confidentiality: All collected data will be kept confidential and shared only with the NHSRC. Any data collected through IT platforms will be securely stored and accessed only by the NHSRC or authorized state officials.
- The service provider shall ensure that no identifiable patient or staff information is collected, stored or transmitted in violation of data protection norms. All data shall be anonymized before sharing.
- Ethical Clearance will be obtained by NHSRC prior to the start of the study.

### **2.2.9 Data Security and Management:**

The Partner shall treat all data collected during the assignment as strictly confidential, store it in encrypted form with access restricted only to authorized personnel, and shall not disclose, transfer, or use the same for any purpose other than fulfilment of this contract without prior written approval of NHSRC/MoHFW; upon completion/termination of the contract, all raw data, backups, and copies shall be irrevocably destroyed or handed over to NHSRC within fifteen (15) days, as directed.

Any instance of data leakage, unauthorized disclosure, or breach of data security by the partner or its personnel shall constitute a material breach of this Contract, entitling NHSRC/MoHFW to forthwith terminate the Contract without notice or liability, forfeit the performance security, and pursue all available legal remedies including blacklisting and civil/criminal action.

Confidentiality: All collected data will be kept confidential and shared only with the NHSRC. Any data collected through IT platforms will be securely stored and accessed only by the NHSRC or authorized state officials.

The working papers, raw data and the data generated out of the process is the sole property of NHSRC, MoHFW. The selected partner cannot use the data for their own research purposes, nor license the data to be used by others, without the written consent and approval from NHSRC. No identifiable patient or staff information is collected, stored or transmitted in violation of data protection norms. All data shall be anonymized before sharing.

### 3. Deliverable:

The selected technical support partner has to complete field-level data collection, data cleaning, and submit the compiled facility wise and state wise analysis report along with cleaned dataset and all supporting documents within 120 days from the date of signing the contract (including a one-month grace period). 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 quality medicines (Both IPHS EML and State EDL).
- Stock verification
- Number of medicines dispensed to the patient against prescriptions
- Prescription of medicines in generic names
- Transportation system in use to supply the medicines to the visited facility.
- Availability of locally procured medicines
- Indent verses supply of medicines
- Number and percentage of expired medicines
- Number and percentage of wastage medicines
- Patient satisfaction on availability of medicines
- Perspective of service provider and patient towards quality medicines

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

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

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 FOR AVAILABILITY OF FREE DRUGS UNDER FDSI IN SELECTED PRIMARY AND SECONDARY PUBLIC HEALTH CARE FACILITIES IN SIX STATES AND ONE UT IN INDIA”** and **“Financial bid for RFP, THIRD PARTY AUDIT OF AVAILABILITY OF FREE DRUGS UNDER FDSI IN SELECTED PRIMARY AND SECONDARY PUBLIC HEALTH CARE FACILITIES IN SIX STATES AND ONE UT 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 FOR AVAILABILITY OF FREE DRUGS UNDER FDSI IN SELECTED PRIMARY AND SECONDARY PUBLIC HEALTH CARE FACILITIES IN SIX STATES AND ONE UT IN INDIA”** in the tender box, addressed to the Principal Administrative Officer, NHSRC, NIHFW Campus, Baba Gangnath Marg, Munirka, New Delhi-110067 by 21/12/2025 by 14:00 Hours.

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 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 authorized 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 Organization (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 organization 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) EML and its rationalization.*
  - ii. *Availability of medicines in public health facilities.*
  - iii. *Out-of-pocket expenditure on medicines.**
3. ***Following documents should be attached as Annexures to the Technical Proposal***
  - I. *Registration Certificate of the organization 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 organization in developing and implementing different projects with government/ PSU. List of all assignments undertaken by the organization 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 medicine accessibility/ availability or supply chain process evaluation or public health program evaluation or out of pocket*

*expenditure or perception of doctors over generic medicines/ 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 Audit or baseline study or Evaluation on medicine accessibility/ availability or supply chain process evaluation or public health program evaluation, out of pocket expenditure or perception of doctors over generic medicines/ 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) - (i) pharmacy expert (ii) Healthcare / Hospital Management Specialist.*
- VIII. *Technical proposal/proposed methodology with respect to the technical approach, methodology and work plan in reference to stated and implied objectives of the assignment.*
- IX. *Documents/ Enclosures, supporting to the proposed objective and scope of work, if any.*
- X. *Filled curriculum vitae as per Annexure-I (Along with supporting document).*
- XI. *Filled Technical proposal.*
- XII. *Presentation on assignment- The bidder will be required to make a presentation on their organization'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.*
- XIII. *A certificate from the authorized signatory that the organization had not been blacklisted or debarred by Central Government / State Government*
- XIV. *A signed statement, mentioning the number of different states which can be undertaken simultaneously by your organization.*
- XV. *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 authorized signatory for the Bid.*
- XVI. *The duly signed Integrity Pact (Annexure VII) must be submitted along with the complete set of documents.*

## 5. Evaluation of Technical Proposal:

Following evaluation criteria would be used to evaluate the technical proposal of organization. Hence the Technical Support Partner (TSP) may provide answers to Serial No 1 to 8.

Technical proposal format			
Sl. No.	Information to be furnished by TSP	Total Score	Details

1	Pan-India presence. Please mention numbers of office in India (01 Mark for each state, where the organization has its office, up to 10 states)	10		
2	Average Annual turnover per year in preceding three years Less than Rs. 50 lakhs =0 Rs. 50 - Rs. 100 lakhs = 5 More than Rs. 100 lakhs = 10 Note: <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 years, submit a declaration duly certified by CA. Also submit the ITR filed.</li> </ul>	10	Years (FY)	Figures
3	Positive Net worth (Avg. of preceding 3 years) Less than Rs. 50 lakhs =0 More than Rs. 50 lakhs - Rs. 100 lakhs = 5 More than Rs. 100 lakhs - Rs. 200 lakhs = 10 More than Rs. 200 lakhs = 15	10	Years (FY)	Figures
4	Details of the years of experience of the organization in developing and implementing different projects with government/ PSU. More than 15 years = 15 >12 - 15 years = 12 >10 - 12 years = 10 >07 - 10 years = 07 >05 - 07 years = 05 >03 - 05 years = 03 >01 - 03 years = 01 01 year or less = 0	15		
5	Number of Government/ PSU projects pertaining to Third party Audit or baseline study or Evaluation on medicine accessibility/ availability or supply chain process evaluation or public health program evaluation or Out of pocket	20		

	<p><b>expenditure or perception of doctors over generic medicines/ 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 organization.</b></p> <ul style="list-style-type: none"> <li>• 1 mark for each project up to 15 projects</li> <li>• 15 + = 20</li> </ul>		
6.	<p><b>Domain Experts must be full-time employees (excluding secretarial and clerical staff) who have prior experience in field surveys, third-party evaluations, baseline studies, or evaluations related to medicine accessibility/ availability, supply chain process assessments, public health programme evaluations, out-of-pocket expenditure, doctors' perceptions of generic medicines/Standard Treatment Guidelines (STGs)/FDSI, patients' perceptions of services in public health facilities, community perceptions toward FDSI, or various government healthcare schemes</b></p> <p>Up to 12 = 03 13-20 = 06 21-30 = 09 31-50 = 12 51 + = 20</p>	20	
<b>Type of Experts (Full Time Employee with field experience)</b>			<b>Number of employees for each category</b>
<b>a</b>	<b>Pharmacy expert</b>		
<b>b</b>	<b>Hospital management expert</b>		
<b>c</b>	<b>Public health experts</b>		
<b>d</b>	<b>Statistician</b>		

7	<b>Quality of Technical proposal with respect to the technical approach, methodology and work plan in reference to stated and implied objectives of the assignment (Max marks – 10) (As given in section 4-2. a)</b>	10	
8	<b>Presentation on assignment regarding organization experience, planning, approach, strategy, technology, timeline, &amp; personnel to be engaged with reference to the clauses of RFP</b>	5	

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 70 % weightage to technical score and 30 % weightage to financial score.

**6.2** Financial bid of only the short-listed Bidders shall be opened. The lowest evaluated financial bid (Fm) will be given the maximum financial score (Sf) of 100 (one hundred) points. The financial scores (Sf) of the other Financial Proposals will be computed as per the formula, " **$Sf = 100 \times Fm/F$** " in which Sf is the financial score, Fm is the lowest financial quote and F is the financial quote under consideration.

**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 six 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 FOR AVAILABILITY OF FREE DRUGS UNDER FDSI IN SELECTED PRIMARY AND SECONDARY PUBLIC HEALTH CARE FACILITIES IN SIX STATES AND ONE UT IN INDIA**" and "**Financial bid for RFP, THIRD**



**PARTY AUDIT OF AVAILABILITY OF FREE DRUGS UNDER FDSI IN SELECTED PRIMARY AND SECONDARY PUBLIC HEALTH CARE FACILITIES IN SIX STATES AND ONE UT 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 FOR AVAILABILITY OF FREE DRUGS UNDER FDSI IN SELECTED PRIMARY AND SECONDARY PUBLIC HEALTH CARE FACILITIES IN SIX STATES AND ONE UT IN INDIA”** in the tender box, addressed to the Principal Administrative Officer, NHSRC, NIHFW Campus, Baba Gangnath Marg, Munirka, New Delhi-110067 by 21/12/2025 by 14:00 Hours. 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. (Annexure VI)*

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

### 9.1 Payment Schedule / Mechanism:

1. 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.
2. 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.
3. GST as applicable will be paid extra.
4. 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.

Phase	Up to Stage	% of Contract Fees
1 <sup>st</sup>	Deployment of Resources, Development of action plan, questionnaires, trainings, and pretesting.	30%
2 <sup>nd</sup>	On completion of field level activities (data collection), data cleaning & data compilation, the selected party has to provide the compiled facility wise and state wise analysis report, along with working sheets, raw data and supporting documents.	70%

### 9.2 The contract will be operationalized by: NHSRC, MoHFW, GoI

**9.3. 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.**

**9.4. The Technical Support Partner and their interface personnel are required to show professional behavior in course of interaction with all stake holders.**

**9.5. 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 NHSRC.**

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

- a) The technical bids shall be opened by Tender 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 finalized based on the highest QCBS score.

**11. Future Use of Data:** The working papers, raw data 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 and approval from NHSRC.

**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. The proposal validity may be mutually extended, if required.

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 from any of the Commercial Banks in favor of the, National Health Systems Resource Centre (NHSRC),

Munirka, New Delhi- 110067, having validity not less than 365 days from the date of signing of the contract

- 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:**

Principle Administrative Officer, NHSRC, NIHFW campus, Baba Gangnath Marg, Munirka, New Delhi-110067 by **21/12/2025 14:00 Hours**

**CURRICULUM VITAE**

Sl. No	Particulars	Documents to be submitted	
1.	<b>Name of the Organization (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 organization: proprietary /partnership/ LLP/ Company/ society/ trust/ NGO/ educational institute/ etc.</b>		
4.	<b>Address of the Head office of the Organization:</b> <b>Telephone no.:</b> <b>E-mail ID:</b> <b>Name of the authorized person:</b>		
5.	<b>Correspondence address (if different from above)</b>		
6.	<b>GST Registration no.</b>		
7.	<b>Name of the authorized signatory: Designation:</b> <b>Telephone no.:</b> <b>E-mail ID:</b>		
8.	<b>Current Designation</b>		
9.	<b>Period of employment with the Organization (Years &amp; Months)</b>	- -----Years	----- months
10.	<b>Academic qualification</b>		
11.	<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.	Type of the office (Head office/Regional	Name of the Contact person, telephone number and E-mail id details:

	Full Valid Business Registration Certificates, Lease Agreement or Property Ownership, Utility Bills (Recent – Within 90 days) and Employee Records or EPFO/ESIC filings to be submitted as documentary proof	office/Branch office)		
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.	Positive Net worth (Avg. of preceding 3 financial years) declaration duly certified by CA.		Year (FY)	Figures
15.	<b>Details of the years of experience of the organization in developing and implementing different projects with government/ PSU. (Attach documentary evidence)</b>			
	Name of the client	Type of the work/assignment performed	Project Cost	Year
15.i				
15.ii				
15.iii				
15.iv				
15.v				

16	<b>Details of the Government/ PSU projects relating to third party Audit or baseline study or Evaluation on medicine accessibility/ availability or supply chain process evaluation or public health program evaluation or out of pocket expenditure or perception of doctors over generic medicines/ 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 organization. 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 Audit or baseline study or Evaluation on medicine accessibility/ availability or supply chain process evaluation or out of pocket expenditure or perception of doctors over generic medicines/ 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) - (i) pharmacy expert (ii) Healthcare / Hospital Management Specialist</b>			
	<b>Name of the person</b>	<b>Qualification</b>	<b>Designation</b>	<b>Total years of work experience</b>
17.i				
17.ii				
17.iii				
17.iv				
17.v				

**FINACIAL BID FORMAT****RFP Notice No. – NHSRC/25-26/QPS/DU/RFP/615****Dated 30/11/2025**

**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:

<b>Sl. No.</b>	<b>Particulars</b>	<b>Total Costs (in INR)</b>	<b>Applicable GST %, if any</b>	<b>Applicable GST amount</b>	<b>Total Cost including GST</b>
1	Total Cost for Conducting Third party audit of availability of free drugs services under FDSI in selected primary and secondary care public health facilities in six states and one UT in India.				
	<b>The state wise break-up is as follows</b>				
	<b>Uttar Pradesh</b>				
	<b>Nagaland</b>				
	<b>Jharkhand</b>				
	<b>Maharashtra</b>				
	<b>Kerala</b>				
	<b>Gujarat</b>				
	<b>Puducherry</b>				

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:** Medicine Availability Assessment at Public Health Facilities

**Introduction:**

We are conducting a third-party evaluation to assess the availability of medicines 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 medicine availability. Your participation in this interview will help us understand the challenges and strengths of the current medicine supply system.

**Purpose of the Interview:**

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

**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 audit 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 medicine 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 FORMAT**

*(\*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 (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 organization/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. \_\_\_\_\_ dated \_\_\_\_\_ (hereinafter referred to as the "RFP") for "THIRD PARTY EVALUATION FOR AVAILABILITY OF FREE DRUGS UNDER FDSI IN SELECTED PRIMARY AND SECONDARY PUBLIC HEALTH CARE FACILITIES IN SIX STATES AND ONE UT 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 AVAILABILITY OF FREE DRUGS UNDER FDSI IN SELECTED PRIMARY AND SECONDARY PUBLIC HEALTH CARE FACILITIES IN SIX STATES AND ONE UT 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 medicine availability in the selected states and Union Territory as per the sampling strategy outlined in the RFP.
- Assessing the availability of free quality medicines (IPHS EML and State EDL).
- Determining the number of medicines dispensed to patients against prescribed prescriptions.
- Evaluating the prescription of medicines in generic names.
- Transportation system in use to supply the medicines in the visited facility
- Availability of locally procured medicines.
- Indent versus supply of medicines.
- Collecting data through pre-approved questionnaires and patient interviews.

## **3. Deliverables**

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

- Filled pre-approved checklists for each evaluated facility, interviewed official, and patient.
- Verification reports on stock.
- Data on the number of medicines dispensed.
- Reports on the transportation system for medicine supply.
- Information on locally procured medicines.
- Information on indent versus supply.
- Signed consent forms of interviewed participants in both local language and English.
- Cleaned data sheets – include raw data as stated above and supporting documents within the agreed timeline.
- Second party shall make every effort to deliver satisfactory work product to the first party including any alterations/corrections, as raised by first party. Any such alterations/corrections shall be made by second part within 10 days of receipt of the communication mail

#### 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 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 of INR \_\_\_\_\_ (Indian Rupees \_\_\_\_\_ only) 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 action plan, questionnaires, trainings, and pretesting.	30%
2 <sup>nd</sup>	On completion of field level activities (data collection), data cleaning & data compilation, the selected party has to provide the compiled facility wise and state wise analysis report, along with working sheets, raw data and 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 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 validity not less than three hundred sixty-five (365) days from the date of signing of the contract. 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. Evaluation Team Composition

The Service Provider shall deploy audit teams as per the first party's requirement composed of members having expertise in public health, health logistics & supply chain, 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 along with English.

## **10. INTELLECTUAL PROPERTY RIGHTS (IPR):**

- 10.1 The Parties are committed to working in good faith to develop fair principles for dealing with intellectual property and technology transfer, including ownership, use, publication, and confidentiality. These principles shall be governed in accordance with the First Party's general policies and this Agreement, and shall be incorporated into Supplementary Agreements, if required. Except as expressly set forth herein by both the parties, each Party is and shall remain the owner of all intellectual property that it owns or controls as of the Effective Date or that it develops or acquires individually thereafter.
- 10.2 It is agreed between the Parties that all intellectual property developed by the Second Party during its association with the First Party under this MoU, including discoveries or inventions made in the performance of its duties related in any way to the work of the First Party, will remain the property of the First Party.
- 10.3 All software design documents, source code and other IT artefacts created by the Second Party in performing the Services under this MoU shall become and remain the Intellectual Property of the First Party, and the Second Party shall, not later than upon termination or expiration of this MoU, deliver all such documents, codes, software and artefacts to the First Party, together with a detailed inventory thereof.
- 10.4 The First Party holds absolute rights to all data and deliverables generated as part of meeting the performance requirements of this contract and the same cannot be used for any publications by the Second Party without prior written approval of the First Party.
- 10.5 The Parties recognize that all third-party Intellectual Property Rights are the exclusive property of their respective owners

### **10.6 BRANDING AND PUBLICITY**

- 10.6.1 Communication materials related to the implementation of the activities under the project, studies and publications, if any, shall have co-branding in the communications documents. After taking prior express consent from the other Party, each Party can use the other Party's logo and name for regular communication materials such as brochures, mailers, etc. Such use of logo and brand/ identity shall be strictly limited to the context and scope of collaboration between the Parties as covered in this MOU.

10.6.2 Either of the Parties, without the prior written consent of the other, will not disclose or publicize either through press release, promotional activity, advertising material or otherwise through any mode, the existence of this MoU and the scope of work performed thereof."

## **11. CONFIDENTIALITY**

- 11.1. Each Party shall undertake to observe confidentiality and secrecy of documents and information received from the other Party during the term of the MoU or any other agreements executed pursuant to this MoU. This obligation shall survive even after the termination of the agreement.
- 11.2. This is exclusive of those cases in which disclosure of such confidential documents or information is mandatory under prevailing laws. NHSRC may also inform Ministry of Health and Family welfare on explicit instruction.
- 11.3. It is agreed between the parties that all Confidential Information of the First Party shall remain the exclusive property of such Party, and no right, title or interest in or to any of the Confidential Information or any material developed therefrom is transferred to the any of the recipient Party or hereby or by its delivery to any of the recipient Party thereunder.
- 11.4. Use: The recipient Party shall use or cause the Confidential Information to be used only in a manner consistent with the terms and conditions of this agreement and at no time shall the recipient Party otherwise use the confidential information for the benefit of itself or any other person or entity or in any manner adverse to, or to the detriment of, the disclosing first or its affiliates."
- 11.5. The recipient part has to sign the Non-Disclosure Agreement (NDA) as eclosed in Annexure-V.

## **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 willful misconduct on the part of the Service Provider, its employees, or agents.

## **13. TERMINATION**

- 13.1. Either Party shall have the right to terminate this MOU/Contract by giving written notice of 30 (Thirty) days to the other in the event that:
- a) the other Party has committed a material breach of any of its obligations hereunder which cannot be remedied;
  - b) the other Party has committed a material or repeated breach of any of its obligations hereunder and has failed to remedy such breach (if the same is capable of remedy) within 15 (Fifteen) days of being required by written notice so to do.
- 13.2. Either Party's right to terminate this MOU shall be without prejudice to the other rights and remedies it may have under Applicable Law.
- 13.3. Nothing in this MOU/Contract shall prevent the Parties from terminating the

MOU/Contract for convenience by providing a written notice of 15 (Fifteen) working days to the other Party.

#### **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/25-26/QPS/DU/RFP/615, 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. RESOLUTION OF DISPUTES**

- 18.1. Parties shall endeavor that any/all dispute(S), relating to this Agreement or claims arising out of or relating to this Agreement or breach, termination or the invalidity thereof or any matter directly or indirectly connected with this Agreement is resolved through mutual dialogue and discussion within 30 days.
- 18.2. Absent amicable settlement, all disputes arising out of or in connection with this agreement shall be put forward before an Arbitrator who will be appointed after consulting both parties. The Arbitrator is to be located in NCT Delhi.
- 18.3. Adjudication if any, and unavoidable will be of courts in NCT Delhi.

#### **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)

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

Name:

Title:

Date:

SIGNED FOR AND ON BEHALF OF

\_\_\_\_\_ (Name of 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.





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

**NON-DISCLOSURE AGREEMENT**

This **Non-Disclosure Agreement (NDA)** is made and entered into on ..... by and among the following parties:

**The National Health Systems Resource Centre** (hereinafter referred to as “**NHSRC**”), an autonomous body registered under The Societies Act, 1860 and having its registered office at National Institute of Health & Family Welfare Campus, Baba Gang Nath Marg, Block F, Munirka, New Delhi, Delhi – 110067, hereinafter referred to as the “**First Party**” and represented through its authorized representative NHSRC, whose expression shall unless repugnant to the context or meaning thereof, includes the consultants, successors and assigns of the **First Party**;

**AND** ....., as the **Second Party**.

**1. BACKGROUND**

**1.1 WHEREAS** the First Party has been set up under the National Health Mission (NHM) of the Government of India to serve as an apex body for technical assistance. The First Party is entrusted with the responsibility to undertake evidence-based policy research and health systems strengthening by nurturing collaboration between decision-makers, health programme managers and the public health research community. The First Party supports research related activities under health systems research platforms and Implementations research for health systems strengthening platform to enable systems to generate evidence from the field and thus informing policy level decisions.

**1.2 AND WHEREAS** the Second Party is .....

**1.3 AND WHEREAS** the purpose of this NDA is to lay down the terms on which confidential information shall be disclosed/exchanged among the parties during and after the implementation of the Exercise.

**NOW, THEREFORE**, the Parties agree as follows:

- a. ‘**Exercise**’ refers to .....
- b. “**Confidential Information**” means all non-public information or material disclosed or

provided by one Party to another, either orally or in writing, or obtained by the recipient Party from a third party or any other source, concerning any aspect of the business or affairs of one of the other Parties or its affiliates, including without limitation, any information or material pertaining to products, formulae, specifications, designs, processes, plans, policies, procedures, employees, work conditions, legal and regulatory affairs, assets, inventory, discoveries, trademarks, patents, manufacturing, packaging, distribution, sales, marketing, expenses, financial statements and data, customer and supplier lists, raw materials, costs of goods and relationships with third parties, marked as "confidential." Confidential Information, if in tangible or readable form, shall be marked as such at the time of disclosure and if disclosed orally, shall be reduced to writing and marked confidential within ten (10) days after disclosure. Confidential Information also includes any notes, analyses, compilations, studies or other material or documents prepared by the recipient Party which contain, reflect or are based, in whole or in part, on the Confidential Information.

Notwithstanding the foregoing, Confidential Information shall not include information or material that:

- i. is publicly available or becomes publicly available through no action or fault of the recipient Party;
  - ii. was already in the recipient Party's possession or known to the recipient Party prior to being disclosed or provided to the recipient Party by or on behalf of the other Party, *provided*, that, the source of such information or material was not bound by a contractual, legal or fiduciary obligation of confidentiality to the non-disclosing Party or any other Party with respect thereto,
  - iii. was or is obtained by the recipient Party from a third Party, *provided*, that, such third Party was not bound by a contractual, legal or fiduciary obligation of confidentiality to the non-disclosing Party or any other Party with respect to such information or material, or
  - iv. is independently developed by the recipient Party without reference to the Confidential Information.
- c. Confidential Information need not be novel, unique, patentable, copyrightable or constitute a trade secret in order to be designated Confidential Information. The Parties acknowledge that the Confidential Information is proprietary to the other Party, has been developed and obtained through great efforts by the Party and that Parties regard all of their Confidential Information as trade secrets.
  - d. The Parties shall use the Confidential Information solely for and in connection with the Purpose.
  - e. As among the Parties, all Confidential Information disclosed to the Receiving Party by the Disclosing Party shall remain the sole and exclusive property of the Disclosing Party. The Parties expressly acknowledge and agree that no right or license with respect to the Confidential Information is granted hereby to the Receiving Party, and none may be inferred from the provisions of this Agreement.
  - f. The Second Party may be given access to confidential information, data or any other

business-related property/information by the First Party for effective implementation of this Agreement and the same must be protected and used only in the interests of the assigning Party.

- g. All Confidential Information of each Party shall remain the exclusive property of such Party, and no right, title or interest in or to any of the Confidential Information or any material developed therefrom is transferred to the any of the recipient Party or hereby or by its delivery to any of the recipient Party hereunder.
- h. All data generated by the Second Party during execution of the Exercise or as a result of the same, shall be the sole and exclusive property of the First Party, and the Second Party shall not disclose or publish the same without the written consent of the First Party, which consent shall not be unreasonably withheld.
- i. First Party shall have the right to initiate internal enquiry and/or legal action against the Second Party in accordance with terms of this Agreement and the applicable law.

j. **NON-DISCLOSURE**

- i. The Parties shall use the Confidential Information only for the Purpose and not disclose any or part or summary or extract of the Confidential Information to any third party, including third parties affiliated with the other Party, without that Party's prior written consent, which prior consent the Party may refuse to give without assigning any reasons.
- ii. The Parties shall hold and keep in strictest confidence any and all Confidential Information and shall treat the Confidential Information with at least the same degree of care and protection as it would treat its own Confidential Information.
- iii. Either Party shall not copy or reproduce in any way (including without limitation, store in any computer or electronic system) any Confidential Information or any documents containing Confidential Information without the Party's prior written consent. The Receiving Party shall not remove, overprint or deface any notice of copyright, trademark, service mark, logo or other labels or indicia of ownership (whether of the Disclosing Party or any of its licensors, vendors or suppliers).
- iv. Either Party shall not commercially/non-commercially use or disclose any Confidential Information or any materials derived therefrom to any other person or entity other than persons in the direct employment of the other Party who have a need to have access to and knowledge of the Confidential Information solely for the Purpose as defined above, and such persons are under similar obligation of confidentiality and non-disclosure as these presents. In the event that any employees, agents or affiliates of either Party disclose or cause to be disclosed the Confidential Information, that Party shall be liable for such disclosure.
- v. Advise each such employee, representatives, associates and researchers, before he or she receives access to the Confidential Information, with written consent from Disclosing Party, of the obligations of Receiving Party under this Agreement, and require each such employee, representatives, associates and researchers to agree to maintain those obligations.
- vi. The Parties may not disclose Confidential Information to any third party under any circumstances regardless of whether the third party has executed a Non-Disclosure

- Agreement with the Party.
- vii. The obligation to ensure confidentiality and non-disclosure shall survive even after the termination of this agreement.
  - viii. Both Parties agrees to notify the other Party immediately if it learns of any use or disclosure of the Party's Confidential Information in violation of the terms of this Agreement. The Receiving Party shall cooperate with the Disclosing Party to regain possession or prevent further unauthorized use of the Confidential Information.
  - ix. The Parties further acknowledge and agree that no representation or warranty, express or implied, is or will be made, and no responsibility or liability is or will be accepted by either Party, or by any of its respective directors, officers, employees, agents or advisers, as to, or in relation to, the accuracy of completeness of any Confidential Information made available to the other Party or its advisers; it is responsible for making its own evaluation of such Confidential Information.
  - x. Within fifteen (15) days of notice furnished by the Disclosing Party, the Receiving Party shall return to the other Party all documentation, copies, notes, diagrams, computer memory media and other materials containing any portion of the Confidential Information together with all copies and reproductions thereof, or confirm to the other Party, in writing, the destruction of such Confidential Information.
  - xi. If Confidential Information is required to be disclosed by the Receiving Party by law, regulation, governmental or regulatory authority, such Confidential Information may be disclosed pursuant to such requirement so long as the Receiving Party provides the Disclosing Party with prior written notice of the disclosure, to the extent such notice is permitted by law, within a reasonable time after receipt of notice of the required disclosure and, upon request of the Disclosing Party, shall seek to obtain confidential treatment of such information. The Receiving Party may, in addition to the foregoing, use or disclose Confidential Information if and to the extent necessary to establish and enforce its rights under this Agreement.

## **2. PUBLICATIONS**

- 2.1. The Second Party shall not, without the prior consent of the First party in writing, disclose to any other person the fact that Confidential Information of First Party has been and/or disclosed under this Agreement, that discussions or negotiations are taking place among the parties, or any of the terms, conditions, status or other facts with respect thereto, except as required by law and then only with prior notice as soon as possible to the other party.
- 2.2. All findings and Report(s) submitted by the Second Party during the implementation of this Exercise shall remain the sole and exclusive ownership of the First Party and shall not be published by the Second Party without the written consent of the First Party.
- 2.3. The Second Party shall not publish, circulate, distribute or disseminate any data related to the Exercise in any form, i.e., written or verbal, without the prior consent of the First Party in writing.

- 2.4. Any data or Report(s) prepared during the course of implementation of this Exercise, if approved for publication by the First Party, shall be so published, on any platform, in a manner that the said data or Report(s) shall acknowledge the First Party.
- 2.5. No party shall make any public disclosure or press release regarding this agreement or the Purpose, nor use the name or trademarks of the other party without the prior written consent of the other party at issue.

### **3. ROLES AND RESPONSIBILITIES OF THE PARTIES**

- 3.1. No principal-agent or employer-employee relationship is being created by either Party in favour of the other under or in pursuance of this Agreement and it is distinctly and clearly understood, agreed and declared by/ between the Parties hereto that:
  - a) Neither Party shall claim ownership of any material or claim interest thereon, which has been solely created or published by the other Party.
  - b) The rights, which a Party shall have over the material, are only those set out in this Agreement.
- 3.2. The relationship between the Parties under and/or in pursuance of this Agreement is as between Principal and Principal. Consequently, neither party shall be entitled to represent the other and/or make any commitment on behalf of and/or with a third party. Furthermore, no relationship in the nature of Partnership or Association of persons is hereby being created or intended to be created among the Parties.

### **4. INTELLECTUAL PROPERTY RIGHTS**

- 4.1. "Intellectual Property Rights" mean all rights, including but not limited to copyrights, patents, trademarks, trade secret rights and/or other intellectual property rights associated with any ideas, concepts, techniques, inventions, processes, works of authorship, confidential information developed or created by the Parties, solely or jointly, during the execution of this Agreement.
- 4.2. The Parties are committed to working in good faith to develop fair principles for dealing with intellectual property and technology transfer, including ownership, use, publication, and confidentiality. These principles shall be governed in accordance with the First Party's general policies and the applicable laws and this Agreement and shall be incorporated into Supplementary Agreements, if required. Except as expressly set forth herein by the First Party, all Parties shall remain the owner of their respective intellectual property, owned or controlled by them, as of the Effective Date.
- 4.3. It is agreed among the Parties that all intellectual property developed by the Second Party as a result of its collaboration with the First Party on the Exercise, including discoveries or inventions made in the performance of their duties related in any way to the work of the First Party in connection with the Exercise, will be the property of the First Party.
- 4.4. All software design documents, source code and other IT artefacts created by the Second Party in connection with the Exercise shall become and remain the Intellectual Property of the First Party, and the Second Party shall, not later than upon termination or expiration

of this Agreement, deliver all such documents, codes, software and artefacts to the First Party, together with a detailed inventory thereof.

- 4.5. The First Party holds absolute rights to all data and deliverables generated as part of implementation of the Exercise and the same cannot be used for any publications by the Second Party without prior written approval of the First Party, which approval shall not be unreasonably withheld.

## **5. TERMINATION**

- 5.1. The term of this Agreement shall be for a period of five (5) year(s) and the obligations of confidentiality shall continue perpetually after the termination of this Agreement or until such Confidential Information becomes public.
- 5.2. Upon termination of this Agreement and the receipt of a written request from the First Party or the Second Party shall, at the sole option of the First Party, either:
- a) promptly return all confidential data shared by the First Party, or
  - b) destroy in a manner reasonably acceptable to the First Party, all confidential data, including all copies thereof, that contain or evidence Confidential Information protected hereunder.
- 5.3. The First Party may request a certification of the return or destruction of all Confidential Information by the Second.
- 5.4. Upon the termination of this Agreement, the confidentiality obligations set forth hereunder shall continue in effect for so long as the information remains a confidential, and the provisions set forth in this NDA, regarding ownership shall continue in effect for so long as necessary to give full effect thereto.

## **6. NO RIGHTS GRANTED**

Nothing in this Agreement shall be construed as granting any rights under any patent, copyright or other intellectual property right of Disclosing Party, nor shall this Agreement grant Recipient any rights in or to Disclosing Party's Confidential Information other than the limited right to review such Confidential Information solely for the purpose stated under Clause 1.

## **7. REMEDIES**

The Receiving Party acknowledges that any breach of this Agreement may give rise to irreparable harm to the Disclosing Party for which monetary damages alone would not be an adequate remedy. The Receiving Party agrees that, in addition to the Disclosing Party's other remedies, all of which are expressly reserved, the Disclosing Party shall be entitled to enforce the provisions of this Agreement by injunction and seek other equitable relief as per Applicable Law.

## **8. WAIVER**

No waiver of any provision of this Agreement, nor any consent to or approval of any departure here from, shall be effective unless it is in writing and signed by the party against whom

enforcement of any such waiver, consent or approval is sought. Any such waiver, consent or approval shall be effective only in the specific instance and for the purpose for which given. Neither the failure of a party to enforce, nor the delay of a party in enforcing, any condition, provision or part of this Agreement at any time shall be construed as a waiver of that condition, provision or part or forfeit any rights to future enforcement thereof.

## **9. SEVERABILITY**

If any provision of this Agreement, or the application thereof, shall, for any reason and to any extent, be found invalid or unenforceable, the remainder of this Agreement and the application of such provision to other persons or circumstances shall not be affected thereby, but rather shall be enforced to the maximum extent permissible under applicable law, so long as, and to the extent that, such enforceability does not materially adversely affect the mutual rights and obligations of the parties hereunder.

## **10. INDEMNITY AND INSURANCE**

- 10.1. No Party shall be liable for or in respect to any damages or compensation payable to any employee, associate, agent or contractor or sub-contractor of another Party in connection with this Agreement or the Exercise. Each Party shall indemnify and keep indemnified the other Parties against all such damages and compensation, all claims, proceedings, damages, costs, charges and expenses whatsoever in respect thereof or in relation thereto.
- 10.2. The Second Party shall indemnify and keep indemnified the First Party for any losses or penalties as may be levied upon the Second Party, by any judicial, statutory, or administrative authorities, or Courts of law, on account of violation of any law, rule, regulation, condition, etc. attributable to the Second Party, its agents, or any other person in its employment of or any of its contractors/sub-contractors.

## **11. REPRESENTATIONS AND WARRANTIES**

Each Party represents and warrants to each other that:

- a) It is duly organized, validly existing and in good standing under the laws of its land;
- b) It has full power and authority to execute, deliver and perform its obligations under this Agreement and to carry out the obligations contemplated hereby;
- c) There are no actions, suits, proceedings, or investigations pending or to their knowledge threatened against them at law or in equity before any court or before any other judicial, quasi-judicial or other authority, the outcome of which may constitute the inability of either party to perform their obligations as per this Agreement;
- d) The obligation to notify change: In the event that any of the representations or warranties made/given by either party ceases to be true or stands changed, it shall promptly notify each other of the same.

## **12. AMENDMENTS AND ASSIGNMENT**

This Agreement may not be amended in any respect whatsoever except by a further agreement, in writing, fully executed by each of the Parties. This Agreement shall be binding upon the Parties and their successors and permitted assigns. The provisions of this Agreement are personal to the Receiving Party and may not be assigned, sold, or otherwise transferred, in whole or in part, without the prior written consent of the Disclosing Party.

## **13. CONFLICT OF INTEREST**

All Parties warrant that this Agreement is not likely to have any conflict of interest with any of their organizational, financial, contractual, or other interests relating to the activities under this Agreement. All parties also agree that this Agreement will not be treated as a deterrent to allow similar activities or collaboration with other organizations.

## **14. GOVERNING LAW AND DISPUTE RESOLUTION**

- 14.1. The Parties shall endeavour that any/all dispute(s), relating to this Agreement or claims arising out of or relating to this Agreement or breach, termination, or the invalidity thereof or any matter directly or indirectly connected with this Agreement is resolved through mutual dialogue and discussion.
- 14.2. Any dispute arising from or in connection with this Agreement shall be referred to conciliation according to Part-III of the Arbitration and Conciliation Act, 1996. Any dispute not referred for conciliation or a dispute which exists after termination of the conciliation procedure shall be decided by Arbitration. The Conciliator shall be appointed by mutual consent of all Parties.
- 14.3. If the Parties fail to resolve the Dispute, the Dispute shall be resolved by Arbitration in accordance with the Arbitration and Conciliation Act, 1996, India.
- 14.4. The Arbitration Tribunal shall consist of 1 (one) Arbitrator which shall be appointed by the mutual consent of all Parties.
- 14.5. The seat and place of Arbitration shall be New Delhi, India. The language of the Arbitration will be English.
- 14.6. Each Party shall bear its own legal fees and expenses incurred in connection with the Arbitration.
- 14.7. The Award shall be enforceable in any Court having jurisdiction as per the applicable Law of India.
- 14.8. The Parties submit that Courts of New Delhi alone shall have exclusive jurisdiction to settle any dispute arising out of or in connection with this Agreement.
- 14.9. The provisions of this clause will survive the Termination of this Agreement for any reason whatsoever.

## **15. MISCELLANEOUS**

- 15.1. All communications between the Parties shall be in writing only.



- 15.2. This Agreement supersedes all prior negotiations, understandings, commitments, representations, and proposals (written and oral) among the Parties, and the rights and obligations of the Parties with respect to the matter of this Agreement shall henceforth be governed solely by the provisions of this Agreement, as may be amended from time to time by a written agreement signed by each Party, unless so specified herein this Agreement.
- 15.3. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original and all of which collectively shall be deemed one and the same instrument.
- 15.4. This Agreement has been written and executed in the English language. Any translation into any other language shall not be an official version thereof, and in the event of any conflict in interpretation between the English version and such translation, the English version shall control. The words “include” and “including” and variations thereof, shall not be deemed to be terms of limitation, but rather shall be deemed to be followed by the words “without limitation”. The wording of this Agreement shall be deemed to be the wording mutually chosen by the parties and no rule of strict construction shall be applied against either party. This Agreement represents the entire agreement and understanding of the parties regarding the subject matter hereof.

In witness thereof, the duly authorized representatives of the collaborating parties sign this Agreement on ..... at .....

Agreed and accepted for the **First Party**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Agreed and accepted for the **Second Party**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



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

**Terms of Reference (ToR) for Technical Staff to be Engaged by the Recipient Party**

**1. Deployment of Technical Staff**

- The Recipient Party shall deploy **two (02) technical staff members at each evaluation site** to conduct the study. Sufficient teams must be engaged to ensure completion of **all field data collection activities within 90 days** from the date of issuance of the Work Order or execution of the MoU/Contract.
- The engaged staffs will collect the information in the provided as per the questioners.
- The Recipient Party shall engage an adequate number of **data analysts** to compile and submit facility-wise and state-wise analytical reports, along with cleaned and raw datasets and all supporting documents, **within 120 days** from the date of issuance of the Work Order or execution of the Contract.

**2. Qualification and Experience Requirements**

- The study requires professionals such as **Pharmacy Experts, Healthcare/Hospital Management Experts, Data Analysts, or Statisticians**. Graduates in relevant disciplines shall be engaged for this assignment.
- **Technical staff should possess expertise in one or more of the following areas:**
  - Health logistics and supply chain management
  - Monitoring and evaluation
  - Statistics and data analysis
  - Public health systems
- **The engaged personnel should have prior experience in conducting:**
  - Field surveys
  - Third-party audits
  - Baseline or evaluation studies related to medicine accessibility/availability

- Supply chain assessments
- Public health program evaluations
- Studies on out-of-pocket expenditure
- Perception studies related to doctors' or patients' viewpoints on generic medicines, Standard Treatment Guidelines (STGs), FDSI, or public health facility services.

### 3. Conduct and Professionalism

- The Technical Support Partner and all deployed personnel shall maintain **professional behaviour, integrity, and ethical conduct** while interacting with beneficiaries, healthcare staff, state officials, and all other stakeholders.
- Any misconduct, manipulation of data, or non-compliance with prescribed protocols may lead to termination of the contract.



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

**Integrity Pact Format**

**National Health Systems Resource Centre (NHSRC) and**

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1. It is hereby agreed between NHSRC and \_\_\_\_\_ that both parties will adhere to the following guidelines of this Integrity Pact: -
  - a) As the Principal (NHSRC/ its representative) will promise not to seek or accept any benefit, which is not legally available.
  - b) The bidder will promise not to offer any benefit to the employees of the principal (NHSRC) not available legally.
  - c) NHSRC (Principal) will treat all bidders with equity and reason.
  - d) Bidders will not enter into any undisclosed agreement or understanding with other bidders with respect to prices, specifications, certifications, subsidiary contract etc.
  - e) Bidders will not pass any information provided by NHSRC (Principal) as part of business relationships to others and will not commit any offence under PC/ IPC Acts.
  - f) Foreign bidders will disclose the name and address of agents and representatives in India and Indian bidders to disclose their foreign principals or associates.
  - g) Bidders will disclose the payments to be made by them to agents/ brokers or any other intermediary.
  - h) Bidders will disclose any transgressions with any other public/ govt organization that may impinge on the anti-corruption principle. The date of such transgression, for the purpose of disclosure by the bidders in this regard, would be the date on which cognizance of the said transgression was taken by the competent authority. The period for which such transgression(s) is/ are to be reported by the bidders shall be the last three years to be reckoned from date of bid submission. The transgression(s) for which cognizance was taken even before the said period of three years, but are pending conclusion, shall also be reported by the bidders.
2. Any violation of the Integrity Pact would entail disqualification of the bidders and exclusion from future business dealings, as per the existing provisions of GFR 2017, PC Act 1998 and other Financial Rules/ Guidelines etc. as may be applicable to the organization concerned.
3. A person/ bidder signing the Integrity Pact shall not approach the Courts while representing the matters to Independent External Monitors and he/ she will await their decision on the matter.

**Signature of the Bidder Name**

**(Name & Address of Agency)**

**Authorised Signatory**

**NHSRC**

## Questionnaire- Medicine Availability at all level of Public Health Facility

Name of Facility:					
Name with Designation of Facility I/c					
Name with Designation of Official Responsible for Stock & Store Management:					
Name of the Supplying Institution (From where the facility receives medicines)					
Name of District					
Name of State					
SI No.	Component		Question	Means of Verification	Answer
1	FDSI	1.a	Wide publicity of free essential medicine provision in health facilities ( check for any such notification from states & facts)	Notification of State/District authority and posters, wall writing and hoardings etc. in all public health facilities and at other vantage points, also through different media	
		1.b	Availability Grievance redressal mechanism monitored by Rogi Kalyan Samiti (RKS) for DH/SDH/CHC and by Jan Arogya Samiti (JAS) on medicine availability	SOP/Proceedings/others documents	
		1.c	If grievance redressal mechanism available, then number of grievances received during the (April 2025- September 2025)	Mentioned the number	
		1.d	Whether a system of Prescription audit is put in place(Y/N) Applicable for DH/SDH/CHC/AAM-PHC	Document/Interaction	
		1.e	If any prescription audit done, then record the total number of prescriptions vs numbers of prescription audited (April 2025- September 2025)	Enclose the finding from Prescription audit if done	
2	Product Selection(EML)	2.a	Whether Notified EML available for the facility	Notified EDL/ Availability of EDL with the Facility	
		2.b	Whether the notified EDL is adequate to fulfill the demand based on the disease burden on your facility If not adequate, then which additional medicines the facility needed to fulfill the patient's requirement (List of additional medicines suggested)	Interaction with Facility I/c / Pharmacist/Nursing	
3	Demand Forecasting	3.a	Details of Annual demand forecasting method: ( Annual indent preparation & finalization mechanism- Consumption based or disease prevalence pattern)	Ask the facility I/c & Store personnel, verify documents (April 2025- September 2025), enclose the Annual indent copy	
		3.b	Facility specific challenges to prepare annual indent	Interaction with facility I/c & Store personnel,	
		4.a	Medicine allocation to the facility ( Allocation based on monthly Indent or Allocation based on Annual Indent/Consumption)	Interaction with Store personnel/ SOP	
		4.b	Frequency of Medicine allocation to the facility (Monthly allocation/ Bi-monthly/Qtrly/ Specify Others)	Record/Document	

4	Transportation & Storage	4.c	Medicine Transportation Mechanisim ( Transportation by supplying store to the facility / Facility is collecting the medicine by arrangement of vehicle from supplying store)	Record/Document/Interaction	
		4.d	Actual timeline of receipt of medicine at the facility (12 month) , Questionnaire-Va	Record/Challan	
		4.e	Updation of Stock Ledger/BIN Card by Store personnel ( Daily Updation/ weekly Updation/ Monthly Updation/etc.	Record	
		4.f	Physical verification of stock ( Monthly/ Bi-monthly/Quarterly/Yearly/ others)	Verification from stock ledger/ BIN Card/Stock count record	
		4.g	Availability of dedicated cold chain equipment to store temperature sensitive medicines (Non-RI vaccine like Insulin/Rabies vaccine/ etc), If available, then list the name of equipment-Domestic Freeze/ILR	Cold chain equipment for non-RI vaccines, do not consider cold chain equipment for Routine immunization vaccines)	
		4.h	Medicine Storage Mechanisim (Store on the Rack in organized manner/ Cabinet /store directly on Floor/Un-organized storage	Record the actual practice with photograph	
		4.i	If Not of Standard Quality (NSQ) reported, then mechanism to dispose ( Return to District-Warehouse/ Dispose off the medicine in the facility/ Handing over the NSQ medicines to approved waste-disposal contractor	Record	
		4.j	Psychotropic and Narcotic medicines are kept at secure place as per NDPS Act and Rules (Lock & Key)	Record/ Physical inspection/Preserve photographic evidence	
		4.k	Expiry Medicine Storage (Stored in a desgnted place with labeled as Expired- Not To Be Used/ Stored in a separate cabinet or room/If other then specify)	Record/ Physical inspection	
		4.l	Disposal of Expired Medicines Mechanism (When to dispose / whether approval required from authority, mention designation of authority/ any committee approval required with composition/	Record/ Physical inspection	
		4.m	For expired medicines: Mechanism to dispose ( Return to District-Warehouse/ Dispose off the medicine in the facility/ Handing over the expired medicines to approved waste-disposal contractor/Others	SOP/Proceedings/others documents	
5	Inventory	5.a	Collect information as per Questionnaire-Vb	Stock ledger/BIN card/ LMIS	
		5.b	Maximum Stock Level of medicines fixed for the facility, If yes then what is the maxium stock level- 2 month's stock/3 month's stock/6 month's stock/ other. Record No, if it is not fixed	Record/SOP	
		5.c	Minimum Stock Level of medicines fixed for the facility, If yes then what is the minimum stock level- 2 month's stock/ 3 month's stock/6 month's stock/ other. Record No, if it is not fixed	Record/SOP	
6	IT Enable Supply Chain Management of Medicines	6.a	Type of IT sysyem available(DVDMS/ any specific LMIS) for stock management		
		6.b	Frequency of stock updation in IT software( daily updation/ weekly/monthly/ others)	Verification of LMIS/Interaction/collect screenshots	
		6.c	Specific challenges for using the IT software & its updation (Like not trained/ IT software not user friendly/ Network issues/ work load/ etc.)	Interaction	
7	Dispensing of NCD Medicine	7.a	Dispensing mechanism of Hypertension & Diabetic medicines (Quantity dispensed to patients like dispensing for one month's requirement/ 2 month's requirement/ others)		

7	Dispensing of Free Medicines	7.b	Replenishment mechanism of Hypertension & Diabetic medicines	Ask how they are making replenishment of medicines to Diabetic & Hypertensive Patients , verify it/ Notification	
8	Local Procurement Mechanism	8.a	Whether there is Local Procurement provision at your facility (Y/N)		
		8.b	If Yes, Brief description about local procurement policy encompassing - (predefined limit approved for local procurement- 10% or 20% budget or need based)		
		8.c	Local procurement mechanism- Local procurement of non-notified medicines/ Local procurement when there is stock outs or non-supply/ Local procurement if intimated specifically from District/State/ If others then specify		
9	Perception of Patients on Free Medicines	9.a	Collect Information as per Annexure-Vc	Patients on attendance (If inpatients are available -include 50% inpatient & 50% out-patient)	
10	Others	10.a	No. of batches collected by the Drug Inspector from the facility for testing (during Apr-24 to Mar-25)	List the name of drugs whose sample is picked up for testing	
		10.b	If sample picked up by Drug Inspector, Result thereof; (NSQ & SQ)	Number of NSQ & SQ (Collect Test Report copy)	
		10.c	Is the Health Facility Medical Officers / Physicians know which medicines are available so that he can prescribe (Fully Aware/Partially Aware/ Not Aware)	Interaction	
		10.d	Adverse Drug Reactions (ADR) Reporting & Management Mechanism (No defined mechanism/ Defined mechanism for reporting but no mechanism for management/ others, pls specify)	Record/SOP/Notification	
		10.e	No. of ADR reported during April 2025- September 2025	Record/Interaction	
11	Training & Capacity Building	11.a	Whether store personnel is trained on Inventory management during April 2025- September 2025, If yes then date of training. Record No if no training conducted		
		11.b	If store personnel not trained during last year, then the date of his/her last training		
12	Supportive Supervision	12.a	Number of supportive supervision visits during April 2025- September 2025 by Medical Officers/ Store manager/Program Managers from District/State/ Block/Others- regarding Medicine availability /stock & stores	Check the visit register/ signature in ledger or records/other documents	



(Annexure-VIIIa)								
Questionnaire-Stock Receipt Status (During 1st Apr-25 to 30th Sep.-25)								
Sl No.		Means of Verification	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
1	Pre-defined timeline fixed for allocation/receipt of stock to health facility ( like 1st week /2nd week of month or any particular timeline)	Document/ Interaction with Store personnel						
2	Pre-defined timeline to raise indent (monthly/weekly/ specify others)	Document/ Interaction with Store personnel						
3	Actual date of Indent by the facility	Indent book or copy/ other document						
4	Actual Stock Receipt Date ( At the Health facility)	Challan/Invoices/Stock ledger						

Annexure-VIIIb_DH																						
District Hospital (DH) : Stock Availability Data Period-Year -April 2025- September 2025																						
S.No.	Drug Name	IPHS medicine Notified in State EML for the facility	Currently Medicine Available (On the date of site visit)  Current Quantity		Medicine Available	Stock out events	Number of stock out events	Date of stock out	Date of stock made availabl e after stock out	Period of Stock Out/Rep lenishm ent time (In days)	Eexpired medicines (if yes then quantity)	Time taken to Dispose the expired medicines (Date of Expiry - Date of Disposal)	NSQ medicines reported (if yes then quantity/ot herwise record No)	Time taken to dispose NSQ medicine ( Date of NSQ reported & Date of disposal)	Annual Indent Quantity (in numbers- Tab/cap/a mpoule/vi al/bottle/t ube)	Total quantity indented during monthly indent (Sum monthly/daily /weekly indent quantity)	Total quantity Receipt	Actual current stock (Physical count)	Quantity as per Stock ledger	Quantity as per DVDMS/ State LMIS	Locally Procure d Quantity	Locally Procure d Value in Rs.
	Means of verification	State notified EML	Stock ledger /Bin card/ Challan	Stock ledger	Stock ledger	Stock ledger /Bin card	Stock ledger /Bin card	Stock ledger /Bin card	Stock ledger /Bin card		Stock ledger/ Physical verification at site	Stock ledger /Proceedin g/ Handover document	Record, also enclose NSQ report	Stock ledger /Proceedin g/ Handover document	Records	Records/LMIS	Stock ledger /LMIS	Sample drugs: (Telmisartan,Amlodipine Glimepride, Metformin, paracetamol, RL,NS,Diclofenac/Acceclofe nac/Cettrizine or Levo-				
	District Hospital (DH)	Y/N	Unit(Pack size)	Quantity (Quantity in numbers like number of Tablets/Capsules/Injections/tubes/bottles/ etc)	Y/N	Y/N																
Anesthetic Agent																						
1	Halothane Gas for Inhalation	Y	100 ml			Y	3	03.04.25	07.04.25	4												
									27.05.25	8.06.25	12											
									05.7.25	12.07.25	5											
2	Isoflurane Gas for Inhalation	N			N	—	—	—	—													
3	Ketamine Injection 10 mg/ml Ketamine Injection 50 mg/ml		2 ml vial																			
4	Nitrous Oxide Gas for Inhalation																					
5	Oxygen Gas for Inhalation																					
6	Propofal Injection 10 mg/ml																					
7	Sevoflurane Injection																					
8	Promethazine Injection 25 mg/ml, 50 mg/ml																					
9	Pentazocine Injection 30mg/ml																					
10	Thiopentane Injection 0.5 gm/1 gm																					
11	Bupivacaine Injection 0.5 mg/ml (sensorcain)																					
12	Lignocaine Injection 2% Lignocaine Injection 4%w/v, 5%w/v Lignocaine Jelly Lignocaine Ointment 2%-5% Lignocaine Spray 10%																					
13	Lignocaine (A) + Adrenaline (B) Injection 1% (A) + 1:200000 (5 mcg/ml) (B) Injection 2% (A) + 1:200000 (5 mcg/ml) (B)																					
14	Atropine Injection 0.6 mg/ml, 1 mg/ml																					
15	Glycopyrolate Injection 0.2 mg/ml																					
16	Midazolam Injection 1 mg/ml Midazolam Tablet 250 mg Midazolam Tablet 500 mg																					
Non opioid Analgesic, Anti-Pyretic and Non steroidal Anti Inflammatory Medicines																						

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Annexure-VIIIb_SDH																							
Sub-District Hospital (SDH) : Stock Availability Data Period-Year - April 2025- September 2025																							
S.No.	Drug Name	IPHS medicine Notified in State EML for the facility	Currently Medicine Available (On the date of site visit)  Current Quantity		Medicine Available	Stock out events	Number of stock out events	Date of stock out	Date of stock made availabl e after stock out	Period of Stock Out/Rep lenishm ent time (In days)	Eexpired medicines (if yes then quantity)	Time taken to Dispose the expired medicines (Date of Expiry - Date of Disposal)	NSQ medicines reported (if yes then quantity/ot herwise record No)	Time taken to dispose NSQ medicine ( Date of NSQ reported & Date of disposal)	Annual Indent Quantity (in numbers- Tab/cap/a mpoule/vi al/bottle/t ube)	Total quantity indented during monthly indent (Sum monthly/daily /weekly indent quantity )	Total quantity Receipt	Actual current stock (Physica l count)	Quantity as per Stock ledger	Quantity as per DVDMS/ State LMIS	Locally Procure d Quantity	Locally Procure d Value in Rs.	
	Means of verification	State notified EML	Stock ledger /Bin card/ Challan	Stock ledger	Stock ledger	Stock ledger /Bin card	Stock ledger /Bin card	Stock ledger /Bin card	Stock ledger /Bin card		Stock ledger/ Physical verification at site	Stock ledger /Proceedin g/ Handover document	Record, also enclose NSQ report	Stock ledger /Proceedin g/ Handover document	Records	Records/LMIS	Stock ledger /LMIS	(Telmisartan,Amlodipine Glimepride, Metformin, paracetamol, RL,NS,Diclofenac/Acceclofe nac/Cettrizine or Levo- cetrizine/ Amoxicillin					
	CHC (FRU/ Non-FRU)	Y/N	Unit(Pack size)	Quantity (Quantity in numbers like number of Tablets/Capsules/Inje ctions/tubes/bottles/ etc)	Y/N	Y/N																	
Anesthetic Agent																							
1	Halothane Gas for Inhalation		100ml		Y	3	03.04.25	07.04.25	4														
							27.05.25	8.06.25	12														
							05.7.25	12.07.25	5														
2	Isoflurane Gas for Inhalation				N	—	—	—	—														
3	Ketamine Injection 10 mg/ml Ketamine Injection 50 mg/ml		2 ml vial																				
4	Nitrous Oxide Gas for Inhalation																						
5	Oxygen Gas for Inhalation																						
6	Propofal Injection 10 mg/ml																						
7	Sevoflurane Injection																						
8	Promethazine Injection 25 mg/ml, 50 mg/ml																						
9	Pentazocine Injection 30mg/ml																						
10	Thiopentane Injection 0.5 gm/1 gm																						
11	Bupivacaine Injection 0.5 mg/ml (sensorcain)																						
12	Lignocaine Injection 2% Lignocaine Injection 4%w/v, 5%w/v Lignocaine Jelly Lignocaine Ointment 2%-5% Lignocaine Spray 10%																						
13	Lignocaine (A) + Adrenaline (B) Injection 1% (A) + 1:200000 (5 mcg/ml) (B) Injection 2% (A) + 1:200000 (5 mcg/ml) (B)																						
14	Atropine Injection 0.6 mg/ml, 1 mg/ml																						
15	Glycopyrolate Injection 0.2 mg/ml																						
16	Midazolam Injection 1 mg/ml Midazolam Tablet 250 mg Midazolam Tablet 500 mg																						
Non opioid Analgesic, Anti-Pyretic and Non steroidal Anti Inflammatory Medicines																							

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Anti-Malarial medicines																							
94	Tab Artemether (A) + Lumefantrine (B) Tablet 20 mg (A) + 120 mg (B) Tablet 40 mg (A) + 240 mg (B) Tablet 80 mg (A) + 480 mg (B) Oral liquid 80 mg (A) + 480 mg (B)/5 ml																						
95	Artesunate (A) + Sulphadoxine - Pyrimethamine (B) Combi pack (A+B) 1 Tablet 25 mg (A) + 1 Tablet (250 mg + 12.5 mg) (B) 1 Tablet 50 mg (A) + 1 Tablet 500 mg + 25 mg) (B) 1 Tablet 100 mg (A) + 1 Tablet (750 mg + 37.5 mg) (B) 1 Tablet 150 mg (A) + 2 Tablet (500 mg + 25 mg) (B) 1 Tablet 200 mg (A) + 2 Tablet (750 mg + 37.5 mg) (B)																						
96	Chloroquine Tablet 150 mg Chloroquine Oral Liquid 50 mg/5 ml																						
97	Hydroxychloroquine Tablet 200 mg Hydroxychloroquine Tablet 400 mg																						
98	Artesunate Powder for injection 120 mg																						
99	Primaquine Tablet 2.5 mg Primaquine Tablet 7.5 mg Primaquine Tablet 15 mg																						
100	Quinine Tablet 300 mg																						
Anti Covid Medicines																							
101	Favipiravir Tablet 200 mg, 400 mg																						
102	Remdesivir Injection 100 mg/20 ml																						
Palliative Care Medicine																							
103	Diazepam Injection 5 mg/ml Diazepam Oral Liquid 2 mg/5 ml Diazepam Suppository 5 m Diazepam Tablet 5 mg, Diazepam Injection 10 mg/2 ml																						
Anti- Parkinsonism Medicines																							
104	Levodopa (A) + Carbidopa (B) Tablet 100 mg (A) + 10 mg (B) CR Tablet 100 mg (A) + 25 mg (B) CR Tablet 200 mg (A) + 50 mg (B) Tablet 250 mg (A) + 25 mg (B)																						
105	Trihexyphenidyl (Benzhexol) Tablet 2 mg																						
Medicines Affecting Blood																							



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Annexure-VIIIb_PHC_UPHC																							
Ayushman Arogya Mandir-Primary Health Centre (AAM-PHC) Stock Availability Data Period-Year - April 2025- September 2025																							
S.No.	Drug Name	IPHS medicine Notified in State EML for the facility	Currently Medicine Available (On the date of site visit)		Medicine Available	Stock out events	Number of stock out events	Date of stock out	Date of stock made availabl e after stock out	Period of Stock Out/Rep lenishm ent time (In days)	Eexpired medicines (if yes then quantity)	Time taken to Dispose the expired medicines (Date of Expiry - Date of Disposal)	NSQ medicines reported (if yes then quantity/ot herwise record No)	Time taken to dispose NSQ medicine ( Date of NSQ reported & Date of disposal)	Annual Indent Quantity (in numbers- Tab/cap/a mpoule/vi al/bottle/t ube)	Total quantity indented during monthly indent (Sum monthly/daily /weekly indent quantity)	Total quantity Receipt	Actual current stock (Physica l count)	Quantity as per Stock ledger	Quantity as per DVDMS/ State LMIS	Locally Procure d Quantity	Locally Procure d Value in Rs.	
	Means of verification	State notified EML	Stock ledger /Bin card/ Challan	Stock ledger	Stock ledger	Stock ledger /Bin card	Stock ledger /Bin card	Stock ledger /Bin card	Stock ledger /Bin card		Stock ledger/ Physical verification at site	Stock ledger /Proceedin g/ Handover document	Record, also enclose NSQ report	Stock ledger /Proceedin g/ Handover document	Records	Records/LMIS	Stock ledger /LMIS	Sample drugs: (Telmisartan,Amlodipine Glimepride, Metformin, paracetamol, RL,NS,Diclofenac/Acceclofe nac/Cettrizine or Levo-					
	PHC/ UPHC AAM	Y/N	Unit(Pack size)	Quantity (Quantity in numbers like number of Tablets/Capsules/Inje ctions/tubes/bottles/ etc)	Y/N	Y/N																	
Anesthetic Agent																							
1	Oxygen Gas for Inhalation		5 L water capacity/ 10 L water capacity/ 20~25 L water capacity/ ~ 46.7 L water capacity (D / jumbo)			Y	3	03.04.25	07.04.25	4													
								27.05.25	8.06.25	12													
								05.7.25	12.07.25	5													
2	Lignocaine Injection 2% Lignocaine Topical form 2%					N	—	—	—	—													
3	Lignocaine Injection 2% + Adrenaline Injection 1:200000 (5 mcg/ml)		2 ml vial																				
4	Atropine Injection 0.6 mg/ml, 1 mg/ml																						
5	Midazolam Injection 1 mg/ml																						
6	Ketamine Injection10 mg/ml																						
7	Injection Thiopentane 500 mg																						
8	Bupivacaine Injection 0.5 mg/ml (sensorcain)																						
9	Neostigmine Injection 0.5 mg/ml																						
10	Vecuronium Powder for Injection 4 mg																						
11	Pentazocine Injection 30mg/ml																						
Non opioid Analgesic, Anti-Pyretic and Non steroidal Anti Inflammatory Medicines																							
12	Aspirin (Acetylsalicylic acid) Tablet 150 mg Aspirin (Acetylsalicylic acid) Tablet 75 mg																						
13	Diclofenac Tablet 50 mg Diclofenac Injection 25 mg/ml																						
14	Ibuprofen Tablet 200 mg																						
15	Ibuprofen Oral Liquid 100 mg/5 ml, 50 ml bottle																						
16	Paracetamol Tablet 500 mg, Paracetamol Tablet 100 mg Paracetamol Syrup 125 mg/5 ml Paracetamol Suppository 100 mg																						
Anti allergics and medicines used in Anaphylaxis																							

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35	Ferrous salt 100 mg + Folic acid 500 mcg Tablet Ferrous salt 20 mg + Folic acid 100 mcg Tablet Ferrous salt 60 mg + Folic acid 500 mcg Tablet Ferrous salt 45 mg + Folic acid 100 mcg Tablet Ferrous sulphate + Folic acid Syrup																					
36	Folic acid Tablet 5 mg Folic acid Tablet 400 mcg																					
37	Vitamin K Injection 1 mg/ml																					
38	Hydroxyurea capsule 100mg, 300mg, 500mg																					
Cardiovascular Medicines																						
39	Isosorbide-5- mononitrate Tablet 5 mg																					
40	Atenolol Tablet 50 mg																					
41	Metoprolol Tablet 25 mg Metoprolol SR Tablet 25 mg																					
42	Isosorbide dinitrate Tablet 5 mg (sublingual)																					
Anti Hypertensive Medicines																						
43	Amlodipine Tablet 2.5 mg Amlodipine Tablet 5 mg																					
44	Enalapril Tablet 5 mg																					
45	Telmisartan Tablet 40 mg																					
46	Hydrochlorothiazide Tablet 12.5 mg Hydrochlorothiazide Tablet 25mg																					
Hypolipidemic Medicines																						
47	Atorvastatin Tablet 10 mg																					
Medicines used in Dementia																						
48	Alprazolam Tablet 0.25 mg Alprazolam Tablet 0.5 mg																					
Dermatological Medicines (Topical)																						
49	Silver sulphadiazine Cream 1%																					
50	Betamethasone Cream 0.05%																					
51	Calamine Lotion																					
52	Benzyl Benzoate ointment/lotion																					
53	Mupirocin Ointment																					
54	Potassium Permanganate 0.1%																					
55	Zinc Oxide cream 10%																					
Disinfectants and Antiseptics																						
56	Ethyl Alcohol (denatured)) Solution 70%																					
57	Hydrogen Peroxide Solution 6%																					
58	Methylrosanilinium chloride (Gentian Violet)																					
59	Bleaching Powder containing not less than 30% w/w of available chlorine (as per I.P)																					
60	Gamma Benzene Hexachloride Lotion 100 ml																					
61	Framycetin cream 0.5%																					
Ear, Nose and Throat (ENT) Medicines																						
62	Ciprofloxacin Drops 0.3 % Ciprofloxacin Tablet 250 mg Ciprofloxacin Tablet 500 mg																					
63	Boro spirit ear drop																					
64	Wax Solvent Ear Drops: Benzocaine,Chlorobutol, Paradichlorobenzene, and Turpentine Oil																					
Gastrointestinal Medicines																						

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	3	During last one year- for refilling of medicines, the quantity of medicines you receive from the health facility ( * Full quantity received * Not received * Sometimes received & Sometimes purchased* full quantity purchased)	Interaction with Patient & Relatives (Supportive documents if any)										
	4	If you have not received full quantity medicines for refilling , reasons thereof (* Medicine not available at facility * Some time available & some time not available * Difficult to receive medicines * other please specify)	Interaction with Patient & Relatives (Supportive documents if any)										
Section-D	1	Overall, how satisfied are you with the availability of medicines at this Government Health Facility? (* Very Satisfied * Satisfied * Neutral * Dissatisfied * Very Dissatisfied)	Interaction with Patient & Relatives										
	2	Do you have any suggestions for improving the availability of medicines at this facility? (If yes then brief list of suggestions)	Interaction with Patient & Relatives										
<b>Note -</b> <b>1. Minimum number of patients to be intracted at AAM-SHC/USHC : 10 to 15</b> <b>2. Minimum number of patients to be intracted at AAM-PHC/UPHC : 25 - 30</b> <b>3. Minimum number of patients to be intracted at CHC : 30-50</b> <b>4. Minimum number of patients to be intracted at DH &amp; SDH : 40 - 50</b>													

## Questionnaire on Knowledge, Attitude and Perception Regarding Free Essential Medicines among Caregivers (CHO at AAM SHCs, MO/ Pharmacy Officer at PHC/ UPHC AAM, MO/ Pharmacy Officer/ Nusing Officer at CHC, SDH and DH level facilities)

Name of Facility:								
Name of District								
Name of State								
		<b>Patient Demographics</b>	Service Provider-1	Service Provider-2	Service Provider-3	Service Provider-4	Service Provider-5	Service Provider-6
<b>Section-A (Details of the Service Provider)</b>	1	Name :						
	2	Qualification						
	3	Designation						
	4	Age						
	5	Gender: Male/ Female/ Other						
<b>Section-B</b>	1	Generic medicines contain the same active ingredients as brand-name medicines. (Yes/No/Don't Know)						
	2	Generic medicines are interchangeable with brand-name medicines. (Yes/No/Don't Know)						
	3	Generic Medicines are manufactured by following the same procedure like brand name medicines. (Yes/No/Don't Know)						
	4	Does a generic medicine manufacturer need to repeat preclinical and clinical trials? (Yes/No/Don't Know)						
	5	Generic medicines are available in the Indian market also. (Yes/No/Don't Know)						
	6	Generic Medicines are less expensive than brand-name Medicines. (Yes/No/Don't Know)						
	7	Generic Medicines have the same active ingredients as the brand-name Medicines. (Yes/No/Don't Know)						



<b>(Knowledge)</b>	8	Generic Medicines are as effective as brand-name Medicines. (Yes/No/Don't Know)						
	9	Generic Medicines can be substituted for brand-name Medicines. (Yes/No/Don't Know)						
	10	Generic Medicines are as safe as brand-name Medicines. (Yes/No/Don't Know)						
	11	Generic Medicines have more side effects than brand-name Medicines. (Yes/No/Don't Know)						
	12	brand-name Medicines meet higher safety standards than generic Medicines. (Yes/No/Don't Know)						
	13	Generic Medicines are generally of the same quality as brand-name Medicines. (Yes/No/Don't Know)						
	14	Generic Medicines are cheaper because they are of inferior quality than the brand-name Medicines. (Yes/No/Don't Know)						
<b>Section-C (Attitude)</b>	1	Do you believe that, there is a lack of quality check in generic Medicines ? (Yes/No/Don't Know)						
	2	Do you believe that, there is a lack of information about efficacy and safety of generic Medicines ? (Yes/No/Don't Know)						
	3	Brand name Medicines are manufactured in modern facilities and generic Medicines are manufactured in substandard facilities. (Yes/No/Don't Know)						
	4	Only a few local companies manufacture generic medicine. (Yes/No/Don't Know)						
	5	Is it required to have guidelines on generic substitution process ? (Yes/No/Don't Know)						
	6	Do you believe that generic substitution will ensure prompt availability of Medicines to the patients like brand name medicines ? (Yes/No/Don't Know)						
	7	Generic substitution reduces drug costs in patient pharmacotherapy ? (Yes/No/Don't Know)						
	1	Do you prescribe/ advise generic Medicines to your patients? (Yes/No/Sometimes)						
	2	Have you been concerned about therapeutic failure with generic medicines after prescribing? (Yes/No/Sometimes)						
	3	Have you been hesitant to prescribe generic Medicines in life-threatening situations? (Yes/No/Sometimes)						

Section-D (Perception)	4	Will you prefer taking and recommending generics to my family members ? (Yes/No/Sometimes)						
	5	Have you ever switched a patient on brand-name Medicines to available generic Medicines? (Yes/No/Sometimes)						
	6	Have you read any article on the comparison of efficacy and safety of generic vs brand name Medicines ? (Yes/No/Sometimes)						
	7	Do you want the pharmacists to change brand name Medicines with their generic versions? (Yes/No/Sometimes)						
	8	Are the patient's demand brand name Medicines ? (Yes/No/Sometimes)						
	9	Are the prescriptions influenced by Medical Representatives (MR) ? (Yes/No/Sometimes)						
	10	Are you willing to encourage patients to use generic medicine? (Yes/No/Sometimes)						
<b>Note -</b> <b>1. Applicable for CHO at at AAM-SHC/USHC.</b> <b>2. Applicable for MO and Pharmacy officer at AAM-PHC/UPHC.</b> <b>3. Applicable for MO, Nursing officers &amp; Pharmacy officer at CHC (atlest 5 service providers)</b> <b>4. Applicable for MO, Nursing officers &amp; Pharmacy officer at DH &amp; SDH (atlest 10 service providers)</b>								