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## NHSRC response on Bidder Query

Bidder /Querry No ()	Page no.	Bidder 'Query	NHSRC Response
CVR&CPT (1)	6	For facilities with very high OPD load, should the sample size be capped at 120/60, or must the agency audit the entire 10% even if it is substantially higher?	No Change Sample size is capped as mentioned and approved by NHSRC IEC committee.
(2)	6	How should the "every 5th prescription" rule be applied if prescriptions are electronic, missing, or incomplete? What substitution rules should be followed?	No change.  Electronic prescriptions may be considered equal to physical record, and every 5th folder may be taken for audit. In case of any contingency, next available prescription may be taken.
			Incomplete prescriptions may be reported as non-adherence to standard practice of prescription writing and will serve as important indicator for the study.
(3)	6-7	Please confirm whether no IPD interviews are required at primary-level facilities, including those with observation beds.	No change There is no requirement of IPD interviews at Primary Health Facilities.
(4)	6	Can NHSRC share the district and facility list before bid submission, since it directly impacts costing, itinerary planning, and staffing?	No Change RFP already specified the name of the States. The prospective bidders are expected to prepare a study plan based on the mentioned methodology and share a detailed roadmap along technical documents for selection.
(5)	6	Will NHSRC/state health departments issue official authorization letters granting access to stock registers, LMIS/DVDMS, dispensing counters, and indent/supply records?	Agreed  Authorization letters will be issued post successful selection of the bidder.
(6)	10-11	Is the agency required to produce a national consolidated report in	No Change Agency is expected to produce state wise interim reports at the specified intervals. In the final report the agency

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(7)	9 15	addition to the state-wise analysis reports, or only state-wise outputs?  Should pre-testing be conducted in all states or only in a single pilot state?  Can long-term consultants be counted as full-time employees for scoring purposes, or must	expected to produce consolidated reports of all selected States/UTs and raw data as per the Clauses and methodology mentioned in RFP.  Pre-testing will be carried out in one or two states.  Long-term consultants with valid proof of continuum payroll engagement with the bidding organization will be considered as full-time employees for
		personnel be on the agency's formal payroll?	scoring purposes
(9)	19	Should the performance security validity extend beyond 365 days to cover final report acceptance and administrative closure?	No Change in Clause No. 12.7
(10)	19	Can NHSRC provide quantifiable penalty triggers (e.g., number of days of delay, specific quality shortfalls)?	No Change in Clause No. 12.4
(11)	17	Are consortium/partnership models allowed to divide roles (data collection, analytics, QA)? Is subcontracting permitted?	No Change Sub-contracting or partnership will not be permitted. The bidder must ensure that their team delivers the technical presentations and possesses the required capacity to undertake the evaluation.
PATH (12)		Kindly confirm whether EMD is required or exempted. If required, please specify the EMD amount, if applicable please allow exemption MSME registered firms and Requirement of NSIC certificate to avail EMD exemption	No Change Exempted
(13)		Allow to Joint venture	No Change  This may be read in conjunction with the response to Query 11.

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(14)	Average turnover less than 50 Lakhs against this turnover requesting the committee to include evaluation points	No Change in Clause No. 5
KPMG (15)	Considering the specialized nature of these assignments and the limited number of such projects typically available in the public health domain, we respectfully request the following modifications:  • Each project should have a minimum value of Rs. 30 lakhs  • Marking Scheme:  -05 marks per project for each project up to 3 projects= 15  -3+ projects= 20  (Note: Adding a minimum project value ensures that	No Change in Clause No. 5
	only substantial and relevant assignments are considered, maintaining credibility and experience standards.) Or It is proposed that the criteria for Third Party Audit or baseline study should be open to all sector not limiting to health sector only.	
(16)	We request the authorities to expand staff categories to include additional relevant roles such as:  Data Analyst /Biostatistician Supply Chain & Logistics Expert IT/Health Informatics Specialist Community Engagement Specialist Monitoring & Evaluation Expert	Agreed The inclusion of following experts will be considered the revised RFP:

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(17)	We request the authority to kindly extend the bid submission deadline by 15 days, i.e., to 05/01/2026	No Change
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