



CARE India Solutions for Sustainable Development (CISSD)

R E Q U E S T F O R P R O P O S A L (R F P)

RFP No. 99 dated 21 December 2020

for

**Selection of Agency / Firm
to provide Operational Management and Field Assistance for a large-scale
community-based study in the state of Bihar**

To

**Obtain a comprehensive understanding of family planning interventions,
behaviour and practices from Married Women of Reproductive age 15 to 49
years, their family members and service providers (Bihar Integrated Family
planning focussed Study - BIFS)**

**LAST DATE FOR SUBMISSION OF SEALED TECHNICAL AND
FINANCIAL BIDS IS 13 JANUARY 2021**

Address: CARE India, State Office, 14, Pataliputra Colony, Patna-800013, Bihar

**ONLINE PRE-BID MEETING IS SCHEDULED ON 28 DECEMBER 2020
AT 3.0 PM THROUGH ONLINE MEETING**

Registration Link : <http://bit.ly/cissdbtsp>

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CARE India Solutions for Sustainable Development (CISSD) Bihar

1.1. Background:

CARE India Solutions for Sustainable Development (CISSD) is a relief and development organization and manages a dynamic, multi sector social development and emergency humanitarian response programs across fifteen states in India. CISSD partners with public and private sector agencies, local partners and communities, in designing and implementing models that help poor people to access their rights and entitlements. CARE is a not-for-profit organization working in India for over 68 years, focusing on alleviating poverty and social injustice.

The Bihar Technical Support Program (BTSP) of CARE INDIA established in 2011, supported by Bill & Melinda Gates Foundation (BMGF), provides support to the Health and Social Welfare Departments of the Government of Bihar. The program focused on reducing rates of maternal, newborn and infant mortality, total fertility, anemia and malnutrition, improving family planning services, and increasing immunization coverage in the state.

The Techno Managerial Support (TMS) provides catalytic support to the Health and Social Welfare (ICDS) Departments of Government of Bihar (GoB) to transform the system's capabilities and behaviors and build ownership to unlock the potential of both public and private sector providers to effectively improve quality and coverage of maternal and child health, family planning and nutrition interventions. Concurrent Measurement and Learning Unit (CML) under TMS designs and puts in place processes to generate and analyze outcome and process data on community and facility level services at scale. Along with Reproductive Health, Maternal, Newborn and Child and Adolescent Health and Nutrition, Techno Managerial Support unit (TMS) will support Government of Bihar (GoB) for implementation of programs to reach Family Planning (FP) priorities and goals, including the 2030 Sustainable Development Goals.

In this regard, TMS will lead the collection and utilization of data for assessment and tracking of FP interventions and gaps (individual and system level) thereof to generate deeper understanding for data driven program management and if required course correction. Assessments will be conducted to inform program delivery and decision making both at the level of development partners and Government with feedback from beneficiaries, providers, frontline workers in addition to the direct stakeholders.

1.2. Project Overview:

Introduction:

Effective family planning (FP) services play a pivotal role in controlling the population growth and reproductive health care. Despite this widespread realization, an estimated 153 million women of reproductive age worldwide have to contend with FP-related unmet need – with Indian women contributing approximately 20% to the global burden of unmet need(1). In spite of being the first country in the world with a dedicated national family planning program, India continues to contend with poor rates of contraception use, with almost half of married women of childbearing age reporting no use of modern contraception(2). The NFHS-4 figures clearly delineate that the usage of contraceptive practices has increased considerably, but is more inclined toward terminal methods of contraception especially the female sterilization which is 35.7% (of all currently married women of age 15-49 years) where the male sterilization being only 0.3% (the corresponding figures in Bihar were 26.7% and 0.1%, respectively). On the contrary, the usages of conventional reversible methods are not encouraging which accounts to 2.3% for IUCD (Bihar: 1.3%), 3.6% for oral pills (Bihar: 1.1%) and 9.1% for condoms

(Bihar: 2.3%) (2). The second iteration of the MWRA (Married women of reproductive age) survey undertaken by the Bihar Technical Support Program (BTSP) depicted an even skewed picture in terms of high limiting method usage for the state of Bihar (77% among the current contraceptive method users). Less than desired progress in FP uptake in Bihar, one of the least socially developed states in India, has been attributed to over-reliance on female sterilization as the preferred, and often only, means of modern contraception used, and low female control over contraception, particularly among young and rural married women [Source: Formative study conducted by the Concurrent Measurement and Learning unit of BTSP]. The lack of popularity of modern spacing contraceptives – those designed to impede fertility on a reversible basis – in Bihar exists despite the relatively high level of awareness regarding these methods [Source: MWRA survey-1 & 2]. Both rounds of MWRA surveys also highlighted the fact that even among young, less educated and rural women, knowledge regarding benefits and availability of these contraceptives through the existing healthcare delivery system is far from poor.

There are myriads of social, health and economic adversities faced by women of reproductive age, especially the younger ones, which prevents them from adopting the desired FP method. These barriers prevent them from accessing reproductive health services and contraceptive information, services, supplies and support they need to prevent unintended pregnancy and delay and space births. For example, previous formative research suggested that early marriage – a major social evil – prevent young women of reproductive age from accessing the required FP information and services. Married adolescents face extreme social pressures to demonstrate fertility soon after marriage, and they have little decision-making power and few skills to communicate and negotiate around pregnancy and childbearing within their households. Further, their isolation and lack of mobility, as well as provider and frontline worker bias, further restricts their access to information, services and supplies they need to control their own fertility (3, 4). In the context of rural Bihar, reproductive activity generally starts after the marriage of the women only. Another social evil that exists in our society is addiction, addiction to tobacco and alcohol. Half of the male population in Bihar, aged 15 to 49 use tobacco in any of the form, as reported in NFHS-4. It however is noteworthy that one third of them did try to quit tobacco during the past 12 months. Despite a ban on the sell of alcohol in Bihar since the last govt., 29% men report of consuming alcohol. The figures would be interesting to note in the current situation as the ban imposed and the data collected during NFHS almost coincided with each other. Addictions costs families as they may not have adequate resources to run the family, and whatever they have flows down the drain due to addiction. Such resource poor settings directly and indirectly affect the fertility patterns in a family, and may lead to sexual and reproductive coercion.

Hand in hand with this is the fact that many women who experience reproductive and sexual coercion also experience physical or sexual violence. Physical or sexual violence may occur independent of each other. Evidence however demonstrates that violence and poor reproductive health outcomes are strongly

1. Alkema L, Kantorova V, Menozzi C, Biddlecom A. National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis. *Lancet*. 2013;381(9878):1642-52.

2. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai, India: International Institute for Population Sciences (IIPS) and ICF; 2017.

3. Woog V, Susheela S, Alyssa B, Jesse P. Adolescent Womens Need for and Use of Sexual and Reproductive Health Services in Developing Countries: Guttmacher Institute New York; 2015.

4. Sarkar A, Chandra-Mouli V, Jain K, Behera J, Mishra SK, Mehra S. Community based reproductive health interventions for young married couples in resource-constrained settings: a systematic review. *BMC public health*. 2015;15:1037.

linked. Experiencing violence increases a woman's risk of unintended pregnancies. Women who often experience violence, report a lack of birth control use because of a partner's unwillingness to use birth control measures or because the partner wants a pregnancy. This leads to either unwanted pregnancies, miscarriages, weak progeny etc. leading to a stressful life for the women as well as for the family.

It is thus very crucial to understand the current practices and status in Bihar about unintended pregnancies, too many pregnancies, frequent pregnancies, quality of family planning services and access to services that target the adolescents. So, married women of reproductive age is the cohort that is most apt to be investigated to find out their reproduction pattern, intent and practice towards use of contraception methods for birth spacing and limiting, unmet need of using family planning methods, contraception method mix, etc. Also, this cohort provides the opportunity to investigate some social constructs that determine FP related behaviour such as autonomy and decision-making, communication between couples and reproductive coercion. In order to develop a comprehensive understanding about these constructs, it may not be sufficient to obtain responses only from the married women of reproductive age as family members such as husband and mother-in-law may act as major determinants of these constructs. Thus, it is important to interview the concerned family members as well. Further, in rural Bihar, healthcare providers – both formal and informal – and frontline workers (FLW) like ASHAs play a crucial role in driving FP practices. Thus, capturing the perspective of the family members and other stakeholders like healthcare providers and FLWs will be essential.

1.3. Scope of Work:

15-49 years of age is considered as the reproductive age for women. In the context of rural Bihar, reproductive activity generally starts after the marriage of the women only. So, married women of reproductive age is the cohort which is most apt to be investigated to find out their reproduction pattern, intent and practice towards use of contraception methods for birth spacing and limiting, unmet need of using family planning methods, contraception method mix, etc. This study is being carried out by the CML for the BTSP to understand the above-mentioned aspects of the areas of Family Planning, and Social recognition of married women of reproductive age.

This study will map not only physical status but socio-cultural-psychological, financial and gender dimensions impacting family planning also measure the effectiveness of family planning adoption measures in improving maternal health, with specific reference to women in the reproductive age.

1.3.1. Objective:

a) Primary Objective:

To generate state and district level estimates of different output and outcome indicators pertaining to the FP program such as fertility rate, contraceptive prevalence rates and FP method mix and understand the change in these indicators since the previous iteration of the MWRA survey.

b) Secondary Objective:

- The survey will also explore the following objectives – some at both the state and district levels while the others solely at the state level:
- To understand intent, behaviour and practice related to family planning among MWRA
- To understand various socio-behavioural parameters that determine FP behaviour and uptake of FP services including mobility, autonomy, self-efficacy, decision-making, couple communication, reproductive coercion, provider interaction and related satisfaction,

provision of basket of choice, of provider and effect of normative social behavior on FP uptake among MWRA

- To determine the exposure of MWRA to domestic violence and prevalence of different addictions among the household members
- To explore the mental health status of the MWRA
- To understand the perspective of household members of the MWRA (Mother-in-Law) about different FP, childbearing, and role of women in the family

1.3.2. Methodology:

a) Study Design and Study area:

The proposed study will be cross sectional study to be conducted in all 38 districts of Bihar. In each of the districts, a multi-stage probability sampling method will be employed (described below) to achieve the desired sample size for different study components.

b) Study population/Sample Size:

The survey will employ a probability sampling technique so that the estimates generated by the survey are representative of the MWRA in the state of Bihar (or, representative of their respective districts).

Sample size for the FP and other indicators that will be explored directly from the MWRA respondents will be targeted towards generating both state- and district-level estimates. The sample size for these indicators was calculated following the binomial formula assuming the most conservative estimate i.e. an indicator value of 50% (or 0.5). At an α error of 5%, β error of 20% (power = 0.8) and absolute precision of 10%, the desired sample size for each district turned out to be 384. Assuming a design effect of 1.5, the sample size got inflated to 576. To account for 2-4% data loss, a rounded figure of 600 per district was decided upon. Thus, the total sample of MWRA respondents to be sampled per district turned out to be 600 or 22,800 (600*38 districts) MWRA respondents from the entire state.

For the indicators that will be explored from the family members (mother-in-law and husband) of the MWRA and the local FLW, only a state-level estimate will be generated. Thus, the sample size calculation for these indicators followed a separate strategy. From the second iteration of the MWRA survey, we obtained that ~8% of the respondents had FLW interaction on FP during the previous year, assuming a geometric distribution with normal approximation, 20% relative precision, 5% α error and β error of 20% (power = 0.8), the sample size for the state-level estimate turned out to be 2532 (calculated using PROC POWER with ONESAMPLEFREQ option in SAS v9.4). Further, assuming a design effect of 1.5 and 5% sample loss, the estimated sample size was inflated to 3998. Thus, 4000 family members of each type (mother-in-law and husband) and 4000 FLWs serving the MWRA will need to be sampled. These interviews will be conducted in the household/villages of the MWRAs who will be interviewed as part of the larger FP component (described under sampling strategy).

c) Sampling strategy and execution of different study component

Interviews with MWRA:

The main component of the survey will be to conduct interviews with 600 MWRA respondents from each district of Bihar and 22,800 from the entire state of Bihar. Thus, a sampling strategy needs to be

devised that will generate a representative sample of MWRA at the district- and state-levels. Based on operational and logistical feasibility, we propose a three-stage sampling design. The sampling strategy will be as follows:

District	<ul style="list-style-type: none"> • 22,800 women of 15-49 years • 38 districts. 600 per district
Block	<ul style="list-style-type: none"> • 5 Blocks/ District
AWC/Wards	<ul style="list-style-type: none"> • AWCs could be in both Rural (including hard to reach areas) or Wards in Urban area/Block • No. of AWCs per block will be proportional to the population of the block • 5 women/AWC or Ward

First stage: In order to generate estimates for every district in Bihar, representative sample will be obtained from all 38 districts. Within each district, 5 blocks will be selected using simple random sampling (SRS). The blocks, thus selected, will constitute our Primary Sampling Units (PSU).

Second stage: Overall, 120 Secondary Sampling Units (SSU) will be selected from each of the 38 districts using a stratified sampling design based on proportional allocation according to the concerned district’s rural:urban population distribution (per 2011’s Census). In each district, the number of SSUs to be selected from each sampled block will be determined by the proportional contribution of a block’s population in the aggregate population of all 5 blocks combined. The blocks sampled in the first stage will be categorized as i) Rural i.e. blocks with only rural settlements, and ii) Mixed i.e. block having both urban and rural habitations. As described below, two different sampling strategies will be followed for sampling SSUs in the urban and rural areas.

- Rural areas – The SSUs for rural areas will be the Anganwadi centre (AWC) catchment areas. In the purely rural blocks, the designated number of AWCs will be selected by Simple Random Sampling (SRS) from the list of all AWC centres in the sampled blocks. In the ‘mixed’ blocks, AWC areas will be selected from the list of rural AWCs (also by SRS). The number of rural AWCs to be selected in each ‘mixed’ block will be determined as per the rural:urban proportional allocation in the same block. The list of AWCs under the Integrated Child Development Services (ICDS) program will serve as the sampling frame for the selection of rural AWCs.
- Urban areas – The SSUs for urban areas (in ‘mixed’ blocks) will be the urban ‘Wards’. As described above, the number of urban ‘Wards’ to be selected in each ‘mixed’ block will be determined as per the rural:urban proportional allocation in the same block. The list of Wards recorded in 2011’s Census will be used for sampling urban wards.

Third stage: ‘Buildings’ or ‘structures’ containing human dwellings will serve as the Tertiary Sampling Units (TSU) – in the sampled AWC areas (for rural) and Wards (for urban). In each SSU, 5 such TSUs will be sampled using Systematic Sampling with a random start. The sampling interval in each SSU will be obtained by dividing the total number of structures in the SSU by 5. The investigators will attempt to interview an eligible MWRA at each selected TSUs. In case there no eligible respondent is found at one of the selected TSUs, then the interviewer will move to the next structure to find an eligible respondent and so on. If there are multiple eligible respondents in one structure, then one respondent for the

interview will be chosen by picking one respondent randomly after sorting the names of all eligible MWRA in the TSU alphabetically.

Based on the above details, the total number of study units/respondents that need to be covered as part of this study will be as follows:

Target respondent	Sample size
Listing of structures/houses in AWC catchment areas/ urban Wards	4560 AWCs/Wards
MWRA respondents	Total no. 22800 (18240 on main tool +4560 on both main as well as Add-on tool)
Mother-in-Law of MWRA	4560

Estimated time (average) for tool completion:

- MWRA main tool: 1 hour
- MWRA main tool with Add on tool: 1 ½ hour

Interviews with family members of MWRA (Mother-in-Law):

In each of the sampled TSUs, one interview will be conducted with the mother-in-law of the responding MWRA. Each responding MWRA (total 5 in a TSU) will be inquired if her Mother-in-Law is available at home. The first household where mother-in-law will be simultaneously available will be selected for conducting the interview. In case mother-in-law is present in none of the 5 sampled households in a TSU, then the investigators will be allowed to conduct interviews with mother-in-law from separate households (i.e. mother-in-law will be selected from another TSU).

1.3.3. Nature of support:

CARE India is trying to identify an external independent agency to perform the task listed below:

Data will be collected using Computer Assisted Personal Interview (CAPI) method using Android Tablet among Married Women of Reproductive Age MWRA (15 to 49 years) and interview of family members of MWRA (mother -in- law in each sampled Tertiary Sampling Units (TSU)).

1. Agency should have:
 - i. Conducted at least 3 large scale community-based studies
 - ii. Demonstrate expertise in operational management of large-scale studies across a widespread and diverse geography
 - iii. Having experience of previously working in Bihar
2. The agency needs to have appropriate technological infrastructure and technical knowhow for
 - i. Managing digital Tablet based data capture system through digitally administered tools
 - ii. Development of data collection tools in digital form with appropriate check logic as per the requirement of CARE INDIA based on paper-based questionnaire (bilingual) to be shared by CARE India

Development and implementation of data collection tool

- CARE India team will develop a bilingual digital version (CAPI) of questionnaires/tools for all types of respondents and hand them over to the agency along with hard copy of the questionnaires/Tools.
- To minimize data collection errors, the CAPI version of the tools will consist of appropriate filters, logical checks and skip logics.
- The CAPI application and the database need to be checked for accuracy and perfection by the CARE team and the Agency designated application tester/developer, so that all errors in the logical flow or database synchronization can be corrected through required number of iterations of the process for validation.
- Any errors in the CAPI that gets identified need to be reported the same day and corrected within a day of reporting. All errors noted during each round of testing must be addressed and any suggestions regarding the tool that gets noted during tool testing must be incorporated. Only after final approval from the CARE India team, the digital tool (CAPI) will be deemed final for data collection.
- Even after the commencement of data collection if any issue regarding the tool comes up, then the agency should be capable of performing any mid-course corrections regarding the study tool (paper and digital) and its operationalization. If such mid-course corrections take place, the updated digital tool should be made available to all the Tablets within two days of completion of editing.
- Agency will not use the tool (paper-based or digital) without CARE's prior permission
- CARE India will be responsible for developing and sharing a code-book for the collected data
- The digital data collection system (CAPI) should capture audio recordings of the interviews, which will be reviewed on a regular interval to ensure data quality
- Meta-data on parameters detailed by CARE team should be available for the CARE team to check. The list for meta-data should be updated at regular intervals, preferably twice every week, to ensure prompt corrective actions

Technical requirement of Android Tablets for data collection:

Each data collector should be provided with an Android Tablet by the agency having the following minimum specifications:

- Screen size of 7" or greater
- Having a RAM of 2.0 GB or higher
- Having a ROM of 32 GB or higher
- Running Android Oreo (8.0 to 8.1) or newer version of OS.
- Given that there may not be any charging facility available in the field, the tablets should have power back-up (through in-built battery or power bank) to ensure at least 8 hours of uninterrupted data collection

At least 12% functional Tablets should be available in reserve (preferably at district/regional level) so that any malfunctioning Tablet can be replaced at the earliest, minimizing the loss of productivity.

Data quality monitoring

- Similar to the study tools, CARE will develop Back check, Spot check and Audio check CAPI version with appropriate logic check and skip logic and handover it to agency.
- The digital data collection platform should enable the supervisors/data quality monitors to download the relevant questions of the original tool prior to conduction of back-check. However, it must be ensured that the back-check process remain blinded i.e. the supervisors shall not be able to view the responses captured during the original interview
- In order to identify the respondents, the basic identifiers of the respondent whose interview will be backchecked should be available to see for the Supervisors
- Once the back-check gets over, the Supervisors/data quality monitors shall be able to see the result of the comparison between the original responses and the responses obtained via back-check.
- Audio-recordings of the interviews shall also be uploaded in the database portal (visible from the dashboard) from which the CARE team will be able to download it. Uploading of audio files should preferably be done within 2 days of completion of the interview.

Development of a Dashboard and database portal

- CARE shall be responsible for developing a portal that will allow concurrent monitoring of the status of the collected data from each type of tools. The portal will be required to show district wise and data collector wise break-up of data collection status.
- Within 24 hours of submission of data by the data collectors, the updated status of the collected data should be reflected in the portal i.e. there should not be more than 24 hours lag between submission of data and updated status seen in the portal
- The portal should also show, reflect the status of data quality monitoring exercises i.e. the status of spot-checks, back-checks & audio-checks and the extent of discrepancies found by back-checks (district-wise and data-collector-wise)

Sharing of data

- Data has to be uploaded/submitted to CARE server within 24 hours of collection.
- The Agency has to share the datasets at regular intervals with the CARE team – the updated datasets needs to be shared on accumulation of every 10% of usable data (within 3 days of data collection). The shared datasets should not contain any data that are supposed to be discarded (based on quality check reports)
- Dashboard credentials will be shared with the Agency to keep a track of the progress in data collection.
- The shared datasets have to be in a easily readable formats such as: .sav, .sas7bdat, .dta etc.
- On completion of 100% data collection, clean datasets will have to be shared within 2 days of completion of data collection process.
- CARE will have the sole copyright of the collected data and under no circumstances, the data can be shared with any other party or individual.

Timeline for the study

- Study will commence on 22nd January 2021.
- The total duration of this study will be 53 days (including ToT, Training of Investigators and data collection)
- The study is intended to be conducted in a single phase involving 30 days of data collection and 15 days of training and 2 days of field visit.
- The date of final deliverable (i.e. sharing of cleaned 100% data in an easily readable format) would be 24th March 2021 which is non-negotiable.

Human resource requirement

Data collectors

- CARE is an equal opportunity partner and will thus encourage to have participation from all ethnic groups.
- The agency shall be responsible to recruit eligible candidates after due screening. Based on the requirement, it is estimated that approximately **250 data collectors** will be required (at any point of time) to complete the survey within the stipulated time.
- The agency shall be responsible for providing all logistic support including all required fooding, lodging and transportation for the data collectors.

Essential criteria for data collectors (Listing & Survey) and Field Supervisor:

- Data collectors for the concerned study will solely be females with linguistic and cultural compatibility of Bihar.
- Female Investigators should be at least graduate and possess at least one year of experience in community survey and data collection or having completed 10+2 year of formal education with minimum two years of experience in community survey and data collection. The investigator should be apparently healthy.
- The selected candidates should have excellent communication skill in local dialects of Bihar (Bhojpuri, Maithili, Magahi, Suryapuri etc.) with ability to read and write in Hindi
- They should be familiar with usage of touchscreen interface (touch- enabled cellphone/Tablet) for data collection
- They should be familiar and well conversant with online training platforms like Microsoft Teams, Zoom, Skype etc.
- They should be able to travel extensively on daily basis

Based on prior experience, it shall be essential that the agency recruits additional data collectors (at least 25% more than required) who will participate in training. This will allow for dropping the candidates who may not be up to the mark (shall be decided after observing the performance of the candidates during training (and field exercises). Also, having trained people as back-up will help in mitigating the effects of attrition. The trainers from CARE will determine the final list of candidates to be retained.

- Household Listing:

Apart from Female Investigators, Agency shall hire a separate team who will conduct the listing of structures/houses in the selected AWCs. The listing team should also have linguistic and cultural compatibility of Bihar.

- Field Supervisors:

- The Agency shall recruit (and provide all logistic support including all required lodging, fooding and transportation) Team Supervisor cum Quality coordinators (Male) and supervision and coordination of data collectors and ensure local logistical support
- They will be responsible for addressing operational issues related to data collection and that targets are met
- They will also be responsible to co-ordinate with the Supervisors/Data Quality Monitors of CARE to address any issues related to data collection

Training

One of the main factors that influence the quality of data is the length of the training period and getting field practice experience that would enhance the learning process.

- Training of Trainers (ToT)

- In-house Training will be provided by CARE India for a period of 6 days. The agenda and execution plan will be the shared by CARE India to the agency.
- Sufficient no. of eligible Trainers (preferably having contextual knowledge) designated/hired by the Agency should participate in the training. The trainers should have at least 5 years' experience in leading the data collection for surveys.
- Logistics comprising fooding, accommodation and training material will be arranged by CARE India for ToT

- Training of Data collectors

- Training of data collectors must happen for a period of 15 days.
- This training will be strictly residential, and all the data collectors are expected to stay at the training location
- Necessary training logistics such as arrangement of stay, dining, audio visual system, printout of tools etc. should be arranged by the agency
- Each group per classroom training session should not exceed 50 people and multiples of such groups should be arranged simultaneously, based on the number of data collectors that would be hired
- **The training will be attended by Master trainers and CARE Monitors (approx. 30 altogether) who will be hired by CARE India for quality assurance. Provision for fooding of Master trainers and CARE Monitors will be the responsibility of the agency.**
- **There will be a 2-days field visit (not included in classroom training) during the training period in nearby AWC (non-sampled). The 1st exercise will be planned after 7-10 days of training and the objective would be to orient the data collectors on getting a firsthand exposure of data collection on relatively sensitive topics.** The 2nd exercise will be planned

near the end of the training period which would aim at completing a survey area following the complete protocol of data collection which would enable the data collectors to understand the process, ground realities and areas of improvement, if any.

- **The agency shall arrange the logistics for the two field trips (one day each)**

Operational management of the survey

Transportation, Accommodation and Fooding

- To facilitate the field work and to ensure good data quality, the agency should provide required transportation facility to the female data collectors (separate vehicle for each data collection team) till the selected AWC/Gram Panchayat/urban ward which would also include transportation by unconventional means (such as boat) as and when required (based on location of selected AWC and seasonal variation).
- Micro-plan of within district movement for any week shall have to be shared by the agency with the CARE State and District team during the previous week. This will be essential to plan the movement of Supervisors/CARE Monitors, District (DMO & DQMC) and State Team during each weekend.
- The agency shall have to support the female data collectors for arranging accommodation at various block locations

Adherence to Data collection protocol

- The agency shall be responsible for ensuring that the data collectors meet their respective daily targets and report to the data collection sites in a timely manner
- The entire data collection process (including house listing and conduction of interviews) needs to be completed within 30 days.
- It needs to be strictly enforced that the data gets collected from the exact AWC catchment area as mentioned in the sampled list. In case of any deviation, the collected data shall be discarded.
- Further, the house listing in the selected AWC catchment area has to be meticulous
- Appropriate selection of eligible respondents in selected AWC catchment areas must be ensured
- Data quality should be the first and foremost priority. The agency shall be responsible for paying heed to any suggestions (based on spot-checks, back-checks, audit of audio-recording of interviews, review of meta-data etc.) and implementing remedial measures so that data quality can be improved.
- The Supervisors will submit a weekly report of the overall data collection status and quality checks through proper channel to CARE.
- In case a data collector is found to have repeated performance issues or even a single instance of intentional non-adherence to data collection protocol (identified either by the CARE Monitors or by Agency appointed Supervisors) the Agency shall have to abide by the suggestion (improvement plan/termination of data collector) from the CARE team.

Quality assurance mechanisms

- Monitoring

- An important determinant of ensuring data quality is to put a stringent monitoring mechanism in place. CARE India will hire (and provide logistic supports) CARE Monitors who will externally monitor the data quality assurance process of the Agency in the allocated districts.
- As mentioned above, for the required co-ordination regarding the planning of field visits by the supervisors of the Agency and CARE Monitors, the Agency will be required to share the weekly micro-plan for field movement (within each of the study blocks) with the CARE team during the previous weekend.
- CARE Monitors will conduct spot-checks, back-checks and audio-checks based on the Meta Data for randomly sampled interviews, to assess interview techniques and quality of interviews, without any prior information to the data collectors. The Supervisors hired by the Agency will have the following responsibilities:
 - To organize the de-briefing sessions with data collectors on regular basis
 - Address the spot-check, back-check and audio-check based feedback that will be shared by the CARE Team including the CARE Monitors.
 - The Agency will be required to establish and maintain an appropriate mechanism for co-ordination between the data collectors and supervisors hired by Agency and the CARE team including the CARE Monitors, for smooth and efficient data collection.

- Quality assurance through back checks

- As mentioned before, back-check will be conducted through CAPI in randomly selected interviews.
- Any quality related issues that get detected shall be shared with the Agency.
- In case any systematic issues related to data quality is noted, the following remedial steps shall have to be taken
 - If any data collector is found to have conducted $\geq 50\%$ errors in 2 back-check reports: Unless any compelling explanation is found, the contract of the concerned data collector(s) shall be terminated, and the data collected by the data collector(s) during her entire stint shall be scrapped (i.e. the entire scrapped data shall have to be recollected from the same AWC catchment area or from a different AWC catchment area within the same block).
 - If any data collector is found to have made $\geq 50\%$ error in 1 report or between 25% to 50% in 2 reports: The data collected by the concerned data collector shall be scrapped (and shall be recollected). Additionally, necessary feedback shall be shared with the concerned data collectors and increased hand-holding support shall be provided to such data collectors.
 - If any data collector is found to have made $>25\%$ but $\leq 50\%$ error for a single time: The data collected by her in the concerned AWC catchment area (where the mismatch in back-check gets detected) shall be scrapped and repeat interviews shall be conducted in the same catchment area. Further, necessary feedback will be shared with her and she will be provided additional hand-holding support.
 - In case some amount of error gets detected during back-check which does not amount to 25%: Feedback shall be provided to the concerned data collector(s). However, if a similar amount of error gets detected thrice, then the data collected in the concerned AWC catchment areas (from

which the errors got detected) shall be scrapped and recollected. If similar data quality issues get detected for 5 times for a single data collector, that data collector shall be terminated after 5 such feedbacks (the count will also include any error % higher than 25%).

- The Agency shall be responsible for ensuring that the issues identified, areas of improvement, field observations and feedback given shall be properly implemented and monitored at the field level. CARE team and the agency shall coordinate on a weekly basis throughout the data collection to ensure quality assurance.

Administration

- The agency shall keep track of all administrative work such as attendance, productivity per day, remuneration, reimbursements, addressing grievances and disciplinary issues.
- The agency will ensure to maintain the motivation of the team and their retention till the end of the data collection period.
- There has to be a designated nodal person for communicating all issues.

1.3.4. Consulting Manpower:

- The agency will designate part time/ full-time senior consultants to guide on the approach, strategy, and provide technical inputs towards the project. The designate person will be the point of contact for CARE.
- Only Female data collectors will conduct the interviews and agency will be required to put in place eligible candidates after due screening.
- The Agency will recruit a separate team for Listing in the selected AWCs.
- The Agency shall recruit Team Supervisor cum Quality coordinator (Male) who will participate in supervision of listing and data collectors during data collection

1.3.5. Geography:

The study will be conducted in 38 districts of Bihar. 5 blocks termed as 'Primary Sampling Units' (PSU) will be selected from each district. Anganwadi Centre (AWC) from the rural setting and Ward from urban areas will be proportionately sampled from the selected blocks on the basis of population.

1.3.6. Deliverables:

The consultant/ agency is expected to deliver following deliverables and cleaned data as per the below milestone. Based on the schedule data quality review, payment process will be initiated in phased manner. There will be two types of payment- fixed and variable. Fixed payment will be pre-defined and paid as per the contract. As mentioned above, no. of interviews of 22800 samples and variable payment will be decided & made based on milestones given below.

Proposed timelines and quality check schedule:

Deliverable	Activity 1 (Pan-Bihar sample of 22800 currently Married Women of Reproductive Age (15-49 Yrs) to assess their current status of Family Planning Service exposure, related perception, practice, their Nutrition, Mental Health and Social Recognition)	Start date	End date	Duration (days)	Activity 2 (Conducting additional interview of 4560 subsample of the above mentioned currently Married Women of Reproductive Age (15-49 Yrs) and their Mother-in-laws to generate state level estimates for the awareness, belief, influence and relevant drivers for FP related practices)
1	Operational Plan which includes plan for recruitment, training and field movement	22-01-2021	23-01-2021	2	Operational Plan which includes plan for recruitment, training and field movement
2	Training of Trainers (ToT)	24-01-2021	29-01-2021	6	Training of Trainers (ToT)
3	Recruitment and finalization of female data collectors and male supervisors	22-01-2021	27-01-2021	6	Recruitment and finalization of female data collectors and male supervisors
4	Review-1 (Suitability of the candidates and completion arrangement of training)	28-01-2021	28-01-2021	1	Review-1 (Suitability of the candidates and completion arrangement of training)
5	Upon meeting Review-1 requirements successfully	29-01-2021	29-01-2021	1	Upon meeting Review-1 requirements successfully
6	Training of Data collectors/ Supervisors including 2 field trips	30-01-2021	15-02-2021	17	Training of Data collectors/ Supervisors including 2 field trips
7	Transit for data collection	16-02-2021	16-02-2021	1	Transit for data collection
8	Duration of Data collection	17-02-2021	18-03-2021	30	Duration of Data collection
9	Data Quality Review-2 (10% completed tool submission)	21-02-2021	21-02-2021	1	Data Quality Review-2 (10% completed tool submission)
10	Disbursement of 2nd instalment based on Review 2	22-02-2021	22-02-2021	1	Disbursement of 2nd instalment based on Review 2

11	Data Quality Review-3 (25% completed tool submission)	25-02-2021	25-02-2021	1	Data Quality Review-3 (25% completed tool submission)
12	Data Quality Review-4 (50% completed tool submission)	03-03-2021	03-03-2021	1	Data Quality Review-4 (50% completed tool submission)
13	Data Quality Review-5 (75% completed tool submission)	10-03-2021	10-03-2021	1	Data Quality Review-5 (75% completed tool submission)
14	Disbursement of 3rd instalment based on Review 5	11-03-2021	11-03-2021	1	Disbursement of 3rd instalment based on Review 5
15	Data Quality Review-6 (100% completed tool submission)	18-03-2021	18-03-2021	1	Data Quality Review-6 (100% completed tool submission)
16	100% cleaned data submission	20-03-2021	20-03-2021	1	100% cleaned data submission
17	Disbursement of 4th instalment based on Review 6	21-03-2021	24-03-2021	1	Disbursement of 4th instalment based on Review 6

Deliverables with timeline and payment schedule:

Activity 1 (Pan-Bihar sample of 22800 currently Married Women of Reproductive Age (15-49 Yrs) to assess their current status of Family Planning Service exposure, related perception, practice, their Nutrition, Mental Health and Social Recognition)

Deliverable	Milestone	Start date	End date	Payment schedule
1	Review and payment schedule 1: Operational Plan which includes plan for recruitment of female data collectors/supervisors, training of trainers	22-01-2021	29-01-2021	30%
2	Review and payment schedule 2: Training of female investigators 35% completed tool/data submission	30-01-2021	25-02-2021	30%
3	Review and payment schedule 3: 100% completed tool submission	03-03-2021	24-03-2021	40%

Activity 2 (Conducting additional interview of 4560 subsample of the above mentioned currently Married Women of Reproductive Age (15-49 Yrs) and their Mother-in-laws to generate state level estimates for the awareness, belief, influence and relevant drivers for FP related practices)

Deliverable	Milestone	Start date	End date	Payment schedule
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1	Review and payment schedule 1: Operational Plan which includes plan for recruitment of female data collectors/supervisors, training of trainers and training of female investigators/supervisors and data collection	22-01-2021	29-01-2021	30%
2	Review and payment schedule 2: Training of female investigators 35% completed tool/data submission	30-01-2021	25-02-2021	30%
3	Review and payment schedule 3: 100% completed tool submission	03-03-2021	24-03-2021	40%

1.4. Pre- Qualification Criteria

This invitation is open to all eligible agency /organizations/firms registered under Indian Societies Registration Act 1860, Indian Trust Act 1882, who fulfil the eligibility & qualification criteria specified hereunder.

Pre-Qualification Criteria for Bidder – Mandatory
1) The Bidder should be registered under Societies Registration Act 1860, Indian Trust Act 1882 OR Section 8 under Companies Registration Act 2013 – under the Jurisdiction of India.
2) The Bidder must have an average annual turnover of not less than INR 1 Crore per annum, during the financial year FY 2017-18, 2018-19 and 2019-20
3) The bidder should have minimum 5 years' experience in health sector research and large-scale field survey, as on Dec 31, 2020, in <ul style="list-style-type: none"> • Household community survey • Women related FP studies
4) Bidder will provide self-attested copies of PAN card, GST & Registration Certificate
5) Bidder having working experience in Bihar is an added advantage especially in the area of large-scale community-based surveys and FP related studies with women groups.
6) Bidders must not have been blacklisted/banned/declared ineligible by any entity of any State Government or Govt. of India or any Local Self Government body or public undertaking in India or CISSD for participation in future bids for unsatisfactory past performance, corrupt, fraudulent or any other unethical business practices or for any other reason during the past 5 years

1.5. Selection Process

Evaluation criteria for award:

Any award to be made pursuant to this RFP will be based upon the proposal with appropriate consideration given to operational, technical, cost, and management requirements. Evaluation of offers will be based upon the Vendor's responsiveness to the RFP and the total price quoted for all items covered by the RFP. The following elements will be the primary considerations in evaluating all submitted proposals and in the selection of a Vendor or Vendors:

1. Expertise in conducting large scale community sample surveys
2. Adequate human resource for managing social science/public health survey

3. Recruitment plan for field worker in research area
4. Adequacy of survey approach including attention to data quality issues and how quality will be insured
5. The extent to which Vendor's proposed solution fulfils CARE India's stated requirements as set out in this RFP
6. An assessment of the Vendor's ability to deliver the indicated service in accordance with the specifications set out in this RFP
7. The Vendor's stability, experiences, and record of past performance in delivering such services
8. Availability of sufficient high-quality Vendor personnel with the required skills and experience
9. Overall cost of Vendor's proposal
10. Bid for this contract will be assessed in accordance with Quality and Cost-based selection method and will involve both technical and commercial evaluation with the following weightage:

Evaluation	Weightage
Technical	70%
Financial	30%

1.5.1. Technical Bid

All bidders scoring 50 marks or above would be technically qualified and only these technically qualified bidders will move to the next stage of financial evaluation. The technical scoring shall be carried out on the following criteria:

SI #	CRITERIA	MARKS
1	Understanding of the assignment	15
2	The agency has relevant experience and successful completion of projects of similar nature	25
3	Study approach, methodology and data quality assurance mechanism	25
4	Key Personnel (qualifications, track Record, experience in the region/state, back up support, availability and certainty of obtaining qualified investigators/supervisors/team members etc.), management structure.	30
5	Ability to recruit and deploy the team quickly	5
TOTAL		100

The bidders **with 50 marks or more** in the technical evaluation criteria shall be eligible for financial bid evaluation.

CISSD may, at their discretion and without explanation to the prospective Agencies, at any time choose to discontinue this RFP without obligation to bidders. However, if required, CISSD may ask the top ranked agencies to provide best and final offer for consideration.

Note: Only those agencies that score 50 marks or above (out of 100) on the technical proposal will be eligible for the shortlisting process.

Example:

Technical Bid Evaluation

Bidder Details	Technical Marks Obtained	Technical Qualification
Bidder 1	60	Qualified
Bidder 2	65	Qualified
Bidder 3	45	Disqualified
Bidder 4	55	Qualified

Table 1: Conversion of Technical Marks to Technical Score

Bidder Details	Technical Marks	Technical Score [(TM/HTM)*100]
Bidder 1	60	$(60/65)*100 = 92$
Bidder 2	65	$(65/65)*100 = 100$
Bidder 3	45	Disqualified
Bidder 4	55	$(55/65)*100 = 85$

TM: Technical Marks; HTM: Highest Technical Marks

1.5.2. Financial Bid

- a) Financial bids of only the technically qualified agencies will be evaluated, i.e. having scoring or minimum 50 marks (or above).
- b) The procurement committee will open ‘Financial Bid’ of only those Bidders, who are found technically qualified as per Clause 1.5.1.

Example:

Table 1: Financial Bids Received

Bidder Details	Financial Bid Amount
Bidder 1	100
Bidder 2	120
Bidder 4	90

Table 2: Conversion of Financial Bid Amount to Financial Score

Bidder Details	Financial Bid Amount	Financial Score [(LFB/F)*100]
Bidder 1	100	$(90/100)*100 = 90$
Bidder 2	120	$(90/120)*100 = 75$
Bidder 4	90	$(90/90)*100 = 100$

LFB: Least Financial Bid; F: Quoted Financial Amount

1.5.3. Final Selection Process:

Final selection of the agency shall be as per Quality and Cost Based Selection (QCBS).

The contract shall be awarded to the bidder who scores highest Combined Technical and Financial Score (CTFS) with 70:30 weightage of technical and financial score.

Table 3: Combined Technical and Financial Score

With Weightage: 70:30

Bidder Details	Applying Weightage for Technical & Financial Score	CTFS	Rank of Bidders
Bidder 1	$92*0.7 + 90*0.3$	92	L2
Bidder 2	$100*0.7 + 75*0.3$	95	L1
Bidder 4	$85*0.7 + 100*0.3$	88	L3

- a) The Financial Bid should be furnished clearly indicating the bid amount in the format given in **Annexure IV**.
- b) **The financial bid score of the Bidder should take into consideration all the expenses incurred or likely to be incurred for providing services as per the terms defined in this document. The expenses shall include the total expenditure in manpower, management, planned events and all other related cost and expenses/ taxes/ levies/ tariff should also be included, including any applicable Goods & Services Tax (GST).**
- c) **Any applicable GST shall be paid to the agency on actuals.**
- d) The Bidder who scores the highest CTFS score, as per Clause 1.5.3 shall be considered as the selected bidder.
- e) After bid evaluation, a notification shall be issued declaring the selected agency, and the selected agency shall within 5 days of issue of the notification sign the contract with CISSD.
- f) CISSD reserves the right at the time of Contract award and/or during validity of contract, to increase or decrease the scope of services.

1.6. Termination Clause

The Agreement with the selected Agency will be terminated under the following circumstances.

- a) CISSD, without prejudice to any other contractual rights and remedies available to it, may, by written notice of default sent to the Agency, terminate the contract in whole or in part, if the Agency fails to perform services as specified in the contract/RFP or any other contractual obligations within the time period specified in the contract.
- b) If the selected Agency fails to perform any other obligation(s) under the Contract, CISSD may terminate the contract by providing 30 days of termination notice
- c) If the Service Provider becomes bankrupt or otherwise insolvent, it will inform to CISSD with the request to terminate the contract. CISSD reserves the right to terminate, without any compensation, whatsoever, to the Agency.

1.7. Project Duration

The initial contract shall be for a period of 55 days, from the date of commencement of services.

1.8. Financials

- a) The payments from CISSD to the Agency will be paid, based on reports on deliverables as mentioned under scope of work, the agency required to submit reports and invoices including taxes (if applicable). All payments will be approved by CISSD.
- b) CARE will deduct taxes as per the applicability.
- c) Normally, maximum of 10% as management fee/institutional overhead cost is permitted.

1.9. Monitoring and Reporting

The CISSD will be monitoring the deliverables and progress made by the partner. It will be done through the following mechanism:

- a) At the time of signing of the contract or during currency of the contract, CISSD will appoint a point person for coordination and monitoring, as required.
- b) Reporting and data submission will be done as per the reference section 1.3.6.

2. Instructions to Bidders

1.1. General Terms of Selection

An Agency or firm is eligible to submit only one Proposal.

Notwithstanding anything to the contrary contained in this RFP, the detailed terms specified in the Contract Agreement shall have overriding effect; provided, however, that any conditions or obligations imposed on the Agency hereunder shall continue to have effect in addition to its obligations under the Concession Agreement.

The Bid should be furnished in the formats attached in Annexures, clearly indicating the bid amount in both figures and words, in Indian Rupees, and signed by the Agency's authorised signatory. In the event of any difference between figures and words, the amount indicated in words shall be taken into account.

The Selection Documents including this Request for Proposal (RFP) and all attached documents are and shall remain the property of the CISSD and are transmitted to the Agencies solely for the purpose of preparation and the submission of a proposal/Bid in accordance herewith. Agencies are to treat all information as strictly confidential and shall not use it for any purpose other than for preparation and submission of their bids.

An Agency shall not have a conflict of interest that affects the Selection Process. Any Agency found to have a Conflict of Interest shall be disqualified.

1.2. Number of Bids and Costs thereof:

No Agency shall submit more than one Application. The Agency shall be responsible for all the costs associated with the preparation of their proposals/ Bids and their participation in the Selection Process. CISSD will not be responsible or in any way liable for such costs, regardless of the conduct or outcome of the Selection Process.

1.3. Language

The Bid and all related correspondence and documents in relation to the Selection Process shall be in English language. For the purpose of interpretation and evaluation of the Bid, English language shall prevail.

1.4. Sealing and marking of Bids

- a) Online Pre-bid meeting is scheduled on 28 December 20 from 3.0 PM onwards through URL link. All the vendors are invited to join with their queries.
- b) The Two Bid System, i.e. **“Technical Bid” and “Financial Bid” to be prepared** and sealed in separate envelope. Both the sealed envelopes to be placed in another single envelope, sealed and dispatched to the following address by hand/courier/speed post, etc
- c) Address for sending sealed bids: CARE India, State Office, 14, Pataliputra Colony, Patna-800013 Bihar.

1.5. The Agency shall submit the financial bid in the format specified in Annexures

1.6. Contents of the Bid

Technical Bid Submission Requirements

- a) Technical Bid and financial bid in prescribed format.
- b) Certificate of Incorporation/ Registration of the bidder. (scan copy)
- c) Self-attested copy of balance sheet and Income & Expenditure Statement for FY, 2017-18, 2018-19 and 2019-20. (scan copy)
- d) Copy of work order/ or contract/ or experience certificate from the previous clients during last three financial years indicating bidder's experience. (scan copy).
- e) Self-attested copies of PAN card. (scan copy)
- f) Proposal for this project

To facilitate evaluation of Bids, CISSD may, at its sole discretion, seek clarifications in writing from any Bidder regarding its Bid.

CISSD reserves the right to accept or reject all or any of the Bids without assigning any reason whatsoever. It is not obligatory for the CISSD to accept any Bid or to give any reasons for their decision. CISSD reserves the right not to proceed with the Selection Process at any time, without notice or liability, and to reject any Bid without assigning any reasons.

1.7. Confidentiality

Information relating to the examination, clarification, evaluation and recommendation for the Bid shall not be disclosed to any person who is not officially concerned with the process. CISSD will treat all information, submitted as part of the Bid, in confidence and will require all those who have access to such material to treat the same in confidence. CISSD may not divulge any such information unless it is directed to do so by any statutory entity that has the power under law to require its disclosure or is to enforce or assert any right or privilege of the statutory entity or CISSD.

4. Resolution of Disputes

- 4.1. Any dispute/ differences between the parties arising out of and in connection with the contract shall be settled amicably by mutual negotiations.
- 4.2. If the parties fail to resolve their dispute or difference by such mutual consultation within thirty days of its occurrence, the same shall be settled in the court of law, within the jurisdiction of Delhi only.

Annexures

Annexure – I: Format of Technical Bid

Dated:

To,

Subject: Application for Selection of Agency to Provide Technical Assistance in provide Operational Management and Field Assistance for a large-scale community-based study in the state of Bihar

Dear Sir,

1. With reference to your RFP document..... dated, including amendment/corrigendum No. _____, dated _____ (if any), we, having examined the RFP document and understood its contents, hereby offer to provide service in conformity with your above referred Tender Document as mentioned in our price bid which has been submitted separately as part of this tender.
2. If our tender is accepted, we undertake to perform services as mentioned above, as specified in the Scope of Services and also accepts all conditions of the tender document.
3. We acknowledge that CISSD will be relying on the information provided in the Application and the documents accompanying such Application for prequalification of the bidder for providing technical assistance in building up advocacy of the Organization, and we certify that all information provided in the Application and in Annexures is true and correct; nothing has been omitted which renders such information misleading; and all documents accompanying such Application are true copies of their respective originals.
4. We shall make available to the Authority any additional information it may find necessary or required to supplement or authenticate the Qualification statement.
5. We acknowledge the right of CISSD to reject our tender without assigning any reason or otherwise and hereby waive, to the fullest extent permitted by applicable law, our right to challenge the same on any account whatsoever.

6. We certify that in the last three years, we have neither failed to perform on any contract, as evidenced by imposition of a penalty by an arbitral or judicial authority or a judicial pronouncement or arbitration award, nor been expelled from any project or contract by any public authority nor have had any contract terminated by any public authority for breach on our part.
7. We certify that in the last three years, we were not involved in any kind of financial irregularities.
8. We declare that:
 - (a) We have examined and have no reservations to the RFP document, including any Addendum issued by the Authority.
 - (b) We do not have any conflict of interest with the RFP.
 - (c) We have not directly or indirectly or through an agent engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, and
 - (d) We hereby certify that we have taken steps to ensure that in conformity with the provisions of the RFP document, no person acting for us or on our behalf has engaged or will engage in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice.
9. We understand that you may cancel the Selection Process at any time and that you are neither bound to accept any bid that you may receive nor to invite the bidders to apply for selection, without incurring any liability to the bidders.
10. We declare that we are not a Member of any other agency applying for pre-qualification.
11. We certify that in regard to matters other than security and integrity of the country, we have not been convicted by a Court of Law or indicted or adverse orders passed by a regulatory authority which could cast a doubt on our ability to undertake the work or which relates to a grave offence that outrages the moral sense of the community.
12. We further certify that in regard to matters relating to security and integrity of the country, we have not been charge-sheeted by any agency of the Government or convicted by a Court of Law.
13. We further certify that no investigation by a regulatory authority is pending either against us or against our Chairman/ CEO/ MD or any of our directors/ managers/ employees.
14. We undertake that in case due to any change in facts or circumstances during the Selection Process, we are attracted by the provisions of disqualification in terms of the provisions of this RFP, we shall intimate the Authority of the same immediately.
15. We agree and undertake to abide by all the terms and conditions of the RFP document.
16. We agree and undertake to be severally liable for all the obligations till occurrence of Financial Close in accordance with the Concession Agreement.

17. We agree to keep our offer valid for the period of 180 days from the bid due date as specified in the tender document.

In witness thereof, we submit this application under and in accordance with the terms of the RFP document.

Yours faithfully,

Date:

Place:

(Signature, name and designation of the Authorized Signatory)

Name and seal of the Applicant

Annexure – II: Bidder Information Form

1. Name of the Organization/Firm: _____

2. Postal Address: _____

PIN: _____ District: _____

3. Telephone/Mobile: _____ Fax: _____ E-mail: _____

4. Brief profile of the organization

5. a) Registration Details

S. No.	Particulars	Registration no.	Date
i.	Agency Registration Details		

b) Whether organization is of all India character.

6. Details of office bearers of the Organization (management team):

S.	Name & Address	Designation	Profession

7. Please provide basic information on the key projects carried out by the organization in the last 3 years (5 lines maximum for each project over the last 3 years). Please attach separate sheet.

8. Details of the annual turnover of the organization for the last 3 years:

Financial Year	Turnover	Sources of Turn-Over
2017-18		
2018-19		
2019-20		

9. Whether blacklisted or placed under funding restriction by any Ministry or Department of the Government of India? Yes () No (). If yes,

10. Contact Person: _____

Designation: Contact No _____

Declaration

I, _____ working as _____ in _____, hereby certify that all information given above is correct to the best of my knowledge.

Signature:

Date:

Place:

Annexure – III: Format for Financial Bid

With reference to tender document for _____, we submit our financial bid as under:

Name of the Agency:

Budget period :

Sl. No.	Budget Line Item	Description of Expenses	Unit Cost	No. of Units	Total Rs.
1	Personnel:				
1.1					-
1.2					-
1.3					
	Sub-total				-
2	Travel				
2.1					-
2.2					-
2.3					
	Sub-total				-
3	Other Direct Cost				
3.1					-
3.2					-
3.3					
	Sub-total				-
	Total				-
	Indirect Cost (if any)				-
	Grand Total				-

Note: Add applicable GST rate for each budget line. Normally, maximum of 10% as management fee/institutional overhead cost is permitted.

Declaration: If selected, we agree to abide by the terms of this RFP during the complete project duration at the above-mentioned cost.

Place: (Signature of the Authorised Signatory)
Date: (Name and designation of the Authorised Signatory)
Seal & Signature of Bidder

CONTACT PERSON (FOR ANY QUERY)

Any questions concerning technical specifications requirements must be addressed to:

Name	Dr. Tanmay Mahapatra
Address	CARE India, 14, Patliputra Colony, Patna – 800 013, Bihar
Phone	+91- 612- 2274957, 2274389, 2270464/ Cell: +91 – 7369021218
FAX	+91- 612- 2274957
Email	tanmay@careindia.org

RFP Terms and Conditions

Any questions regarding contractual terms and conditions or proposal format must be directed to:

Name	Jyoti Prakash/Gajanana V Hegde
Phone	7544005988/9262696280
Email	procurementbr@careindia.org

Online Pre-Bid Meeting for Tender	
Date	Dec 28, 2020
Time	03:00 PM in <u>Mumbai, Kolkata, New Delhi</u>
Topic	Online Pre-Bid Meeting for Tender
Registration Link	http://bit.ly/cissdbtsp
Note	Kindly register yourself with valid email id. You will get your personalized link in your registered mail. Do not forward the mail that you have received, each one need to register individually to attend this virtual meeting.

----- END -----