Request for Proposal
for
Selection of Agency to Evaluate Tata Trusts and HSTP Support for National Program for Prevention and Control of Non- Communicable Diseases (NP-NCD) Implementation in Select States (Oct 2023 – Oct 2025)

(Scope of work)

Issued by: Health Systems Transformation Platform

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1.Background

India is undergoing an epidemiological transition, with non-communicable diseases (NCDs) now accounting for about 66% of all deaths (World Health Organization [WHO], 2022). An estimated 77 million people live with diabetes, 220 million with hypertension, and nearly 1.4 million new cancer cases occur annually (Indian Council of Medical Research–National Centre for Disease Informatics and Research [ICMR-NCDIR], 2020; International Agency for Research on Cancer [IARC], 2020). To address this growing burden, the Government of India launched the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), originally established in 2010 as the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) which is being now renamed as National Programme for Prevention and Control of NCD (NP-NCD). The programme was integrated under the National Health Mission (NHM) in 2013 and further strengthened in 2017 with the launch of Population-Based Screening (PBS) for individuals aged 30 years and above for five priority NCDs—hypertension, diabetes, and oral, breast, and cervical cancers. These services are now delivered through the Comprehensive Primary Health Care (CPHC) platform via Ayushman Arogya Mandirs (AAMs) (formerly Health and Wellness Centres) under the Ayushman Bharat initiative.

2.National NCD Portal

To operationalize this vision, the National Non-Communicable Disease (NCD) Portal (earlier known as the Comprehensive Primary Health Care–NCD Information Technology [CPHC-NCD IT] Platform) was developed by Tata Trusts in partnership with Dell Technologies and launched by the Hon'ble Prime Minister in April 2018. Serving as the central digital backbone for NCD services, the portal digitizes individual health records, integrates with Ayushman Bharat Health Accounts (ABHA) for longitudinal tracking, standardizes care through a Clinical Decision Support System (CDSS), and enables real-time dashboards and analytics for programme monitoring. Its modular, open-source, and interoperable design ensures scalability, usability in low-connectivity field conditions, and timely decision support for health workers and programme managers. As on date, the National NCD Portal is operational across 31 States and Union Territories, with more than 2 lakh trained health workers actively using it daily. Tata Trusts' support to the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) has been structured in two distinct phases:

- Phase I (2018 – September 2023): Focused on establishing the foundation for digital health systems, capacity building, and initial programmatic support at national and state levels.
- Phase II (October 2023 – October 2025): Aims to build upon gains from Phase I while scaling up interventions, strengthening program performance, and deepening state-level technical and managerial support.

The current RFP is to evaluate NCD Programme in Phase 2. The specific programme objectives for phase 2 (period October 2023 – October 2025) are as follows:

3. Program Objectives

The partnership with MoHFW (October 2023-October 2025) is anchored around the following programme objectives:

- Scale and sustain the National NCD IT System across all States and Union Territories.
- Ensure digital integration and interoperability with the Ayushman Bharat Digital Mission (ABDM) through ABHA-linked health records.

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- Leverage data-driven analytics for planning, monitoring, and policy decision-making at national, state, and district levels.
- Strengthen capacity building through IT-enabled training modules and patient-centric counselling materials.
- Support research, innovation, and documentation of best practices to advance NCD management.
- Ensure continuity, knowledge transfer, and phased technology handover to the Ministry of Health and Family Welfare.

4. Program Coverage and Reach

Dedicated field teams have trained more than 1.25 lakh health workers since 2018 and supported over 2 lakh frontline staff—including Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), Community Health Officers (CHOs), nurses, and medical officers—in transitioning from paper-based reporting systems to digital workflows. This hands-on, iterative support has been critical in driving high adoption, ensuring real-time problem resolution, and promoting the sustained use of digital systems. The portal has already achieved significant scale, with over 54 crore individuals enrolled, 30 crores screened for NCDs, and more than 11 crore Ayushman Bharat Health Account (ABHA) IDs generated [National NCD portal data accessed on 22.09.2025].

5.Role of Tata Trusts and Health Systems Transformation Platform

Since inception, Tata Trusts have supported the nationwide rollout and adoption of the portal across 31 States and Union Territories (UTs). This work has included digital adaptation, programme monitoring, and capacity building, implemented in close collaboration with the Ministry of Health and Family Welfare (MoHFW), Directorate General of Health Services (DGHS, and National Health Systems Resource Centre (NHSRC). In phase 2- the 2023 Memorandum of Understanding (MoU) between MoHFW and Tata Trusts reaffirms this collaboration to sustain and scale the platform under Ayushman Bharat – Comprehensive Primary Healthcare. The phase 2 of implementation is supported through Tata Trusts Associate Organization the Health Systems Transformation Platform (HSTP)

5.1 Priority District Interventions and Digital Dashboard

In September 2023, HSTP, in collaboration with the MoHFW, identified 45 districts across seven priority states for focused interventions to strengthen the NP-NCD programme. These include Chhattisgarh, Jharkhand, Odisha, Karnataka, Maharashtra, and Rajasthan, with seven districts each, and Meghalaya, where support is concentrated in three districts (see annexure for details). For these districts, HSTP prepares district-specific paper based **quarterly analytical reports** that combine National NCD Portal data with secondary sources such as the National Family Health Survey (NFHS), the Census of India, and other health system datasets. These reports provide critical insights into healthcare infrastructure, human resources, and supply chain performance. By highlighting achievements and gaps, they enable authorities at the state, district, and block levels to make evidence-based decisions and develop targeted action plans to strengthen NCD service delivery.

To complement these paper-based reports, HSTP has also designed and implemented a real-time digital dashboard covering the seven states and 45 districts. Updated quarterly, the dashboard serves as a centralized repository of NCD information, integrating multiple datasets from the National NCD Portal, NFHS, the Census of India, and the Global Burden of Disease (GBD) studies. The system generates automated alerts and visual cues to highlight programme gaps, including incomplete Community-Based Assessment Checklist (CBAC) coverage, low screening and diagnosis rates, and weak treatment or follow-

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up performance. By providing timely, user-friendly insights, the dashboard equips state and district authorities to plan actions, implement corrective measures, and continuously monitor progress. Together, the analytical reports and the digital dashboard strengthen accountability and enable more responsive and effective NCD programme outcomes.

6. Technical Support Units' Roles and Responsibilities

Tata Trusts along with HTSP has provided techno-managerial support for programme implementation through the establishment of Technical Support Units (TSUs) at both the national and state levels. These units ensure seamless coordination, technical handholding, and timely resolution of operational issues across the NP-NCD programme. The support structure includes:

- National TSU Team stationed at the Ministry of Health and Family Welfare (MoHFW)
- IT TSU Team (Level 2) at the Centre for Health Informatics, providing advanced technical support and system maintenance
- Call Centre Helpline Team (Level 1) at the Centre for Health Informatics, offering front-line user assistance and troubleshooting
- State TSU Teams embedded within the NCD divisions of State Health Departments

This three-layered support system strengthens programme delivery by ensuring real-time issue resolution, system stability, and continuous capacity building at all levels of implementation. The following table presents the levels of support units established and roles and responsibilities of each unit.

S.No.	TSUs	Roles and responsibilities
1.	National Technical Support Unit (**NTSU**)	The NTSU is placed strategically inside the NCD division of MoHFW to support NCD programme implementation through states. The National TSU provide technical support to Ministry of Health and DGHS functionaries in programme development and implementation, input in policy development and programme monitoring and provides technical input in developing operational and technical guidelines and works with State TSU in facilitating National NCD Portal.
2.	State technical Support Unit (**STSU**)	The STSU are set up within the State NCD cell; the state TSUs work with the NHM and State leadership in implementing NCD Programme and National NCD Portal - IT System through District NCD unit and Districts Health society. STSU provides capacity building and training to field level workers for adopting National NCD Portal. STSU also provides continuous mentoring and monitoring to field workers on implementing NCD programme. All the states and UTs are covered by the state TSU teams either directly or served through other locations and coordinates with NTSU to ensure the effective implementation.
3.	IT Technical Support Unit (**IT TSU**)	IT TSU ensure that the application built is running 24/7, onboarding of new users, release of new version of application, application deployment in production and staging, Infrastructure management (optimizing storage, RAM and CPU and scaling of resources as per requirement), operationalization of application. IT TSU work with Dell Team at backend and upkeep the NCD Software hosted in BSNL Datacentre.
4.	Call Centre Helpline Unit (**CCHU**)	CCHU is envisaged to assist and guide the end users (field workers- ASHA, ANM, CHO, Nurse and Doctors) of the application for proper adoption and support them of any challenge faced by them at PAN India level.

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7. Key Program Indicators Monitored Across the States

The following key indicators are routinely monitored and shared with leadership at the national, state, district, and block levels to drive continuous improvement in the quality of care for the five priority non-communicable diseases (NCDs). These indicators include:

1. Number of health professionals trained
2. Number of individuals enrolled (30+ years)
3. Number of individuals screened for NCDs
4. Number of diagnosed NCD cases
5. Number of individuals initiated on treatment
6. Number of State analytical report Prepared

In addition, data on the use of the NCD portal/application by health workers is systematically tracked across all 31 states of implementation to monitor digital adoption and programme performance. Programmatic information such as trainings conducted by cadre is also periodically reported by state teams to provide a comprehensive picture of implementation progress.

In the 45 priority districts of seven states, detailed quarterly reports are prepared, shared, and reviewed through workshops at the state, district, and block levels. These reports highlight both programmatic achievements and gaps, enabling timely corrective actions and strengthening the delivery of NCD services.

8. Key Evaluation Questions

The evaluation will focus on assessing outputs against the commitments outlined in the Memorandum of Understanding (MoU) with the MoHFW and grant letter issued by Tata Trusts and related project approval documents. It will consider the evolving programme design and activities on the second phase of the MoU and programme (from September 2023 onwards). The evaluation is expected to provide actionable recommendations to strengthen programme design and enhance the effectiveness of implementation in future phases.

The specific evaluation questions are:

1. How well does the Pan-India NCD Programme, including TSUs and stakeholder collaborations, address the priority needs of healthcare providers and patients for NCD prevention and management?
2. To what extent has the Programme achieved its objectives and commitments (as per the MoU with GoI–MoHFW and Tata Trusts) in improving screening, diagnosis, treatment, and follow-up and continuum of care for NCDs?
3. How effective and efficient are the IT-TSUs, Call Centre Helpline, and internal assessment mechanisms in supporting adoption, troubleshooting, and sustained use of the NCD application?
4. What are the key outcomes and value additions of the Pan-India NCD Programme in strengthening the continuum of care—particularly in terms of provider capacity, patient access, and system responsiveness?
5. What strategies and institutional mechanisms are in place to ensure the long-term integration and sustainability of the Programme and its technology-based innovations within India's health system?

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The assessment will be guided by the Organisation for Economic Co-operation and Development – Development Assistance Committee (OECD-DAC) evaluation criteria. These criteria—Relevance, Effectiveness, Efficiency, Impact, and Sustainability—are globally recognized as the standard framework for evaluating development programmes and public health initiatives.

The evaluation pointers are as follows:

OECD-DAC Criteria	Key Pointers
Relevance	• Examine the establishment of TSUs at state and national levels, and collaboration with state governments for capacity building on NCD application. • Analyse the relevance of identified problems (e.g., gaps in IT solution usage, barriers in challenging states/UTs) and how enhanced adoption could strengthen screening, referral, diagnosis, and treatment. • Evaluate the strength and potential of the Pan-India NCD project in addressing priority NCDs and improving continuum of care. Analyse implementation support provided in priority state and districts through data analysis
Effectiveness	• Assess achievements of the Pan-India NCD Programme against MoU commitments (GoI–MoHFW, Tata Trusts circulars). • Evaluate effectiveness of IT-TSUs and Call Centre Helpline in providing troubleshooting and operational support. • Assess implementation plan against MoU commitments and Tata Trusts approvals. • Project outcomes in terms of accuracy, point-of-care usage, user-friendliness, and affordability.
Efficiency	• Appraise efficiency and responsiveness of IT-TSUs and Call Centre Helpline in sustaining portal adoption. • Review internal and external assessment mechanisms to determine ability to identify and address gaps in implementation. • Critically analyse Tata Trusts' approach in supporting a national health programme for large-scale impact.
Impact	• Appraise partnerships and collaborations with stakeholders in advancing programme objectives. • Review and analyse collaborations to evolve plans for deployment and resources. • Identify key learnings, good practices, innovations, gaps, and challenges for improvement. Document unique value proposition and distinguishing features (USP) of the Pan-India NCD Programme. • Assess integration and adoption of NCD portal innovations in the public health system—improved access, provider capabilities, and agile decision-making.
Sustainability	• Provide recommendations for future support to strengthen adoption of technology-based innovations in healthcare. • Assess sustainability of the Pan-India NCD project and outline a future support plan.

9. Indicative Methodology

The assessment will primarily rely on qualitative primary data collection, complemented by a robust analysis of secondary data drawn from the National NCD Portal, analytical reports, NFHS, and other relevant programmatic records. This approach will ensure systematic collection, analysis, and triangulation of evidence from multiple sources.

To provide comprehensive coverage, the assessment will engage both internal and external stakeholders whose perspectives are central to understanding the programme's implementation and impact. Stakeholders will be drawn from national, state, and district levels, reflecting the multi-layered governance and service delivery structure within the NP-NCD programme.

The proposed methodology is indicative in nature, and agencies are encouraged to suggest refinements where appropriate. However, it must be noted that this initiative is primarily a technical support to the Government of India, and the design of the evaluation must reflect this context. Accordingly:

- Secondary data from government sources (e.g., National NCD Portal, programme MIS, official progress reports) should be meaningfully leveraged as the central evidence base.

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- Primary data collection should complement secondary data and focused on qualitative methods (e.g., in-depth interviews, key informant interviews, stakeholder consultations), rather than large-scale quantitative surveys.
- Agencies are therefore advised not to propose large sample sizes for primary research as the role of HSTP/ Tata Trusts was limited to supporting the Government's NP-NCD programme. Field visit to only a few select districts with reasonable degree of geographic representation is suggested.

In addition, the study will be strengthened by site visits across representative regions, allowing a closer examination of the adoption and use of the NP-NCD application for screening, diagnosis, treatment, and follow-up. Together, the combination of primary insights and secondary programme data will provide a balanced and credible evaluation of the programme's performance and outcomes.

The framework that follows outlines the proposed stakeholder groups, data sources, tools, and tentative focus areas for inquiry.

S.NO	Stakeholders	Data Source	Tools/Methods	Focus Areas (Tentative)
1	HSTP/Tata Trusts team (Programme officials, advisors, management, admin) HSTP team Sabado Technologies State programme implementation teams (supported by Tata Trusts/HSTP)	**Primary Data – Internal**	Key Informant Interviews (KIIs) In-Depth Interviews (IDIs)	Processes by which Pan-India NCD staff support states/UTs Implementation plans for collaborations/partnerships Learnings and opportunities for expansion of partnership scope
2	MoHFW (GoI) officials State/UT NP-NCD officials• District NCD Cells District/Block programme management unit staff• End-users: ASHAs, ANMs, CHOs, DEOs, staff nurses, MOs at PHCs/UPHCs, CHCs/UCHCs, SDH, DHs	**Primary Data – External**	KIIs/IDIs Stakeholder consultations	Role in problem identification, prioritization, and innovation selection• Participation in portfolio reviews and joint initiatives (PPP)• Effectiveness of collaborations with ministries and state divisions
3	State and facility-level stakeholders in 2-3 representative states (East, West, North, South, North-East)	**Site Visits**	Field visits• Observations• Facility-level interactions	• Adoption of NCD portal for population-based screening (PBS)• Early diagnosis, treatment, follow-up, and continuum of care• User experience of ASHAs, ANMs, CHOs, MOs, nurses
4	Tata Trusts & partners	**Secondary Data – Project Sources**	Document review	Concept notes, proposals, circulars, grant letters Annual work plans, progress/review reports (monthly/quarterly/annual) Financial utilization reports• Field visit reports
5	MoHFW, state NP-NCD divisions	**Secondary Data – Government Sources**	Data extraction from MIS/NCD Portal	Programme MIS and portal data Progress indicators across screening, diagnosis, treatment,

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S.NO	Stakeholders	Data Source	Tools/Methods	Focus Areas (Tentative)
				and follow-up Triangulation with primary findings

10. Responsibilities of the Agency

The selected Agency will be responsible for finalizing a suitable methodology for the evaluation in close consultation with HSTP teams and the Pan-India NCD Programme Lead (Dr. Aman Kumar Singh – a.singh@hstp.org.in). Subsequently, the Agency must:

- Prepare appropriate data collection tools/instruments, keeping relevant teams involved to ensure comprehensive coverage of evaluation points.
- Clearly and transparently prepare and share a detailed work plan for the entire evaluation exercise.
- Conduct the evaluation based on the agreed methodology.
- Provide regular updates on progress, preliminary findings, and any roadblocks encountered during implementation.

11. Support from HSTP

HSTP will facilitate linkages between the Agency and key internal/external stakeholders, sites, and project materials (e.g., reports, circulars, and concept notes of the NP-NCD programme) during the evaluation.

12. Expected Credentials of the Agency

1. Minimum 3 years of experience in conducting research in the development sector/social impact space.
2. Demonstrated experience in conducting impact evaluations in the public health domain is highly desirable.
3. Commitment to using collected datasets strictly for research purposes and not for commercial use or dissemination without prior written permission of HSTP/ Tata Trusts.
4. Compliance with privacy and data security standards in line with prevailing government policies, laws, and guidelines.

13.Key Deliverables

The selected Agency will submit the following to HSTP and Tata Trusts:

1. Inception Report/Work Plan.
2. Research instruments (e.g., questionnaires, KII/IDI guides).
3. Datasets – raw and analysed.
4. Transcripts and analysis (using software such as ATLAS.ti or NVivo).
5. Draft report (PowerPoint presentation and Word).
6. Final report (PowerPoint presentation and Word).

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Final Report must include

1. Analysis of programme implementation and outputs achieved against KPIs specified in Tata Trusts circulars.
2. Analysis and recommendations on programme implementation modalities and strategies for improved performance.
3. Review of partnerships and collaborations undertaken.
4. Recommendations for current performance enhancement and future scope.
5. Appropriately designed PPT format for external sharing.

Draft reports will be reviewed by Tata Trusts/HSTP, and the final report must be submitted within 7 days of receiving feedback.

14.Timeline

The evaluation, including submission of the Final Report, is expected to be completed within **4 weeks** of approval. A maximum extension of **1 weeks** may be allowed under unavoidable circumstances.

Work Item	Week 1	Week 2	Week 3	Week 4
Inception Report/Study Plan	✓			
Research Instruments		✓		
Training		✓		
Fieldwork & Research			✓	✓
Draft Report				✓
Final Report				✓

15. Payment Terms and Penalty Clause

Payment Schedule (linked to milestones):

1. **10%** – Signing of agreement/contract/work order.
2. **20%** – Completion of fieldwork and submission of complete datasets.
3. **30%** – Submission of Draft Report.
4. **40%** – Acceptance of Final Report.

Penalty Clause

1. The Agency is expected to adhere to agreed quality standards.
2. In case of non-compliance, HSTP/Tata Trusts reserve the right to terminate the contract or impose a penalty of up to **20% of the project value**, at their sole discretion.

16. Proposal Format

Agencies must submit **two separate PDF documents** – one Technical Proposal and one Financial Proposal.

Technical Proposal

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The technical proposal should be structured to provide clear, comprehensive, and evidence-based information. It must cover the following outlines:

1. Organization Profile – Overview of annual turnover, client portfolio, headquarters location, and staffing strength.
2. Relevant Experience – Evidence of prior evaluations, particularly with Tata Trusts or supported organizations, and experience in the development sector or government technical support programmes.
3. Approach & Methodology – Detailed description of the proposed evaluation design, tools, data sources, and analytical framework, demonstrating an understanding of the NP-NCD programme.
4. Quality Assurance – Processes and mechanisms to ensure validity, reliability, ethical compliance, and credibility of findings.
5. Work Plan – Timelines, milestones, and sequencing of activities aligned with the contract period.
6. Team Composition – Team structure, roles, and detailed profiles of key members highlighting relevant expertise in evaluation, public health, and NCD-related domains.

Financial Proposal must include (tabular format)

1. Professional Fee.
2. Travel and Field Expenses.
3. Data Analysis & Overheads.
4. GST (%) and value.
5. **Total Quote in INR (inclusive of GST).**

Detailed Financials

Complete breakup of person-days, rates, and units.

17. Selection Method

Evaluation will follow a **Quality and Cost Based Selection (QCBS)** approach with **70:30 weighting** between technical and financial scores.

Technical Evaluation Criteria (70 marks)

1. Organization Profile – 15 points
    - Annual turnover, client portfolio, HQ location, staffing strength.
2. Relevant Experience – 15 points
    - Assessments/ experience working with Tata Trusts/ Supported Organization evaluations in development sector or government technical support programmes.
3. Approach & Methodology – 30 points
4. Quality Assurance – 10 points
5. Work Plan – 15 points
6. Team – 15 points
    - Team structure and profiles of key members.

Financial Evaluation (30 marks): Based on comparative pricing.

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Overall Score:

1. **Tx = Technical Score × 70%**
2. **Fx = (Lowest Bid ÷ Bidder's Quote) × 100 × 30%**
3. **Total Score = Tx + Fx**

The agency with the highest overall score will be awarded the contract.

References

Indian Council of Medical Research–National Centre for Disease Informatics and Research. (2020). *National Cancer Registry Programme: Report 2020*. Bengaluru: ICMR-NCDIR.

International Agency for Research on Cancer. (2020). *GLOBOCAN 2020: India fact sheet*. Lyon, France: World Health Organization, International Agency for Research on Cancer. Retrieved from https://gco.iarc.fr/today

World Health Organization. (2022). *Noncommunicable diseases country profiles 2022: India*. Geneva: World Health Organization. Retrieved from https://www.who.int/publications/i/item/9789240065027

Table1: List of Priority Districts in Seven Select States of India

State	Districts
Chhattisgarh	Bemetara, Bijapur, Bilaspur, Dantewada, Dhamtari, Raipur, Sukma
Jharkhand	Bokaro, Dhanbad, Godda, Hazaribagh, Khunti, Pakur, Ranchi
Odisha	Balasore, Baudh, Debagarh, Ganjam, Jagatsinghpur, Mayurbhanj, Nuapada
Meghalaya	Southwest Khasi Hills, West Garo Hills, West Khasi Hills
Karnataka	Belgaum, Chikmagalur, Kodagu, Mysore, Tumkur, Udupi, Uttara Kannada
Maharashtra	Ahmednagar, Buldana, Hingoli, Mumbai, Nandurbar, Pune, Satara
Rajasthan	Ajmer, Chittaurgarh, Hanumangarh, Jaisalmer, Jhunjhunun, Jodhpur, Pratapgarh

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