Forum for Health Systems Design and Transformation, more popularly known as Health Systems Transformation Platform (HSTP), is a company licensed under section 8 of the Indian Companies Act 2013

Request for Proposals

Evaluation of the Leadership Development Program

Terms of Reference

Forum for Health Systems Design and Transformation (also known as Health Systems Transformation Platform - HSTP), A Section 8 Not-for-Profit Company under the aegis of Tata Trusts)

RFP schedule	Date and time
Issue date	10 November 2026
Deadline for queries	13 November 2026
Proposal submission deadline	22 November 2026, 11:59 p.m. IST
Inception Report (including methodology, sampling framework, and tools)	07 December 2026
Completion of field data collection	25 December 2026
Submission of Draft Report	10 January 2027
Submission and acceptance of the final report and all deliverables	15 January 2027

1. About HSTP

The Forum for Health Systems Design and Transformation, also known as the Health Systems Transformation Platform (HSTP), is a Section 8 not-for-profit company incorporated under the aegis of Tata Trusts. HSTP works with state governments and other partners to strengthen public health systems in India through research, technical support and programme implementation. Its work on human resources for health includes supporting workforce policy development and strengthening the leadership and management capabilities of public-sector health professionals.

2. Background

India's public health system is often overburdened. Shortage of healthcare personnel in the Government health facilities often lead doctors and physicians to increasingly undertake leadership, administrative and programme management responsibilities in addition to their clinical duties. However, given their professional education is primarily clinical, it may not fully prepare them for strategic planning, team and resource management, financial stewardship, data-informed decision-making, stakeholder coordination, conflict management and performance monitoring.

To address these competency gaps, a Leadership Development Programme (LDP) was designed by the Health Systems Transformation Platform HSTP, in collaboration with the Indian Institute of Management, Calcutta (IIM, Calcutta) public sector doctors and health officials. The programme aimed to strengthen the leadership, management and operational capabilities of doctors and physicians, required to lead teams, manage programmes and contribute to effective health-system functioning.

Two residential batches of the programme were conducted at IIM, Calcutta in 2025. A total of 37 health professionals from the states of Odisha and Madhya Pradesh, representing state, divisional, district, facility and teaching roles, participated in the programme Batch 1 was held from 27 to 30 April 2025 and included 21 government participants from Odisha and Madhya Pradesh, while batch 2 was conducted from 4 to 6 November 2025 and included 16 medical officers and public health leaders from the two states.

Batch	Dates and venue	Participants	Main design features
Batch 1	27-30 April 2025 IIM Calcutta	21 government participants from Odisha and Madhya Pradesh	Three-day curriculum with residential participation; leadership, stakeholder influence, finance, people management, policy, AI in healthcare, and interpersonal skills
Batch 2	4-6 November 2025 IIM Calcutta	16 medical officers and public health leaders from Odisha and Madhya Pradesh	Three-day curriculum with interactive sessions, case studies, group work, role plays, and scenarios focused on workplace application

The programme covered leadership styles, financial management and budgeting, cost management, people management, performance appraisal, stakeholder influence and persuasion, health policy and governance, interpersonal skills, conflict management and the use of information technology and artificial intelligence in healthcare. Sessions were delivered by faculty from IIM Calcutta and public health experts from HSTP through interactive lectures, case studies, group discussions, role plays, scenario-based exercises, self-assessment and peer exchange.

Participant feedback from both batches was positive and highlighted the relevance of the content, quality of facilitation and practical value of the cases and exercises. Participants also recommended a longer programme, greater use of contextual case studies and simulations, and periodic refresher or mentoring support. The available reports primarily capture immediate reactions and perceived learning. An independent external evaluation is therefore required to assess whether the programme has produced sustained changes in participants' competencies and workplace practices and to identify improvements required for future batches.

3. Evaluation

The external evaluation will assess the relevance, design, delivery, results, workplace application and sustainability of the Leadership Development Programme across both batches. It will examine whether the knowledge and skills gained through the programme were beneficial to the participants and its impact on team management, planning, communication, resource management, stakeholder engagement, use of data and programme implementation.

The evaluation will generate evidence to guide future programme design, follow-up support, scale-up and institutionalisation. The findings will be used by HSTP, participating state health departments, IIM Calcutta

faculty and other prospective partners to determine the programme components that should be retained, strengthened, modified or delivered through alternative approaches.

a. Objectives of the Evaluation

- Examine the relevance and quality of the curriculum, training methods and delivery across both batches, including how well the case studies, role plays and group exercises addressed participants' workplace challenges.
- Assess participants' retention of learning in leadership, financial and people management, stakeholder engagement, health policy, and the use of digital tools in healthcare.
- Examine how participants applied this learning in their workplaces, particularly in budgeting, staff supervision, performance reviews, conflict resolution and coordination with stakeholders.
- Assess the program's contribution to changes in leadership behaviour and managerial effectiveness, including evidence-based decision-making, team functioning and efficient use of resources.
- Identify the individual, organisational and system-level factors that supported or constrained the application of learning.
- Assess whether changes in workplace practice have been sustained, and recommend improvements to program content, duration and follow-up support, including refresher training, peer learning and mentoring.

4. Scope of Work

The agency will evaluate the programme as one intervention delivered through two batches while examining differences by batch, state, professional role, administrative level and other relevant participant characteristics where the available data permit. The evaluation should use a mixed-methods approach and include the following components.

a. Review of programme design and delivery

Review the curriculum, training materials, session plans, participant profiles, training reports and feedback from both batches. Examine the relevance of the content to participants' responsibilities, the adequacy of the training duration, and the effectiveness of the teaching methods, including case studies, group discussions and role plays.

b. Development of the evaluation approach and tools

Prepare an evaluation framework, methodology, sampling plan and data collection tools aligned with the evaluation objectives. The approach should combine quantitative and qualitative methods and account for differences in participants' roles and the time elapsed since each batch completed the training.

c. Assessment of knowledge and skills

Assess participants' understanding of the key areas covered by the programme, including leadership, budgeting and cost management, people management, stakeholder engagement, health policy, and digital applications in healthcare. Use practical scenarios or other suitable assessment methods to examine their ability to apply this knowledge.

d. Examination of workplace application

Conduct surveys and interviews with participants to document how they have used their learning in their current roles. Where feasible, obtain perspectives from supervisors and colleagues and review relevant workplace records to substantiate changes in budgeting, staff supervision, performance reviews, conflict resolution and stakeholder coordination.

e. Assessment of changes in managerial practice and efficiency

Examine the programme's contribution to changes in leadership behaviour, decision-making, team functioning and resource utilisation. Document specific examples of improvements in facility management or programme implementation, while considering other factors that may have influenced these changes.

f. Identification of factors affecting the application of learning

Explore the individual, organisational and system-level conditions that enabled or constrained participants' use of the learning. These may include their responsibilities and decision-making authority, workload, staffing, resource availability and support from senior management.

g. Assessment of sustainability and further support needs

Examine whether changes in workplace practice have continued over time. Identify areas requiring refresher or advanced training and assess the need for mentoring, peer learning and institutional support.

h. Analysis, reporting and recommendations

Analyse findings across both batches and, where the data permit, by state and participant role. Prepare an evaluation report with documented findings, illustrative case studies and practical recommendations on programme content, delivery, duration and follow-up support. Present the findings to HSTP and incorporate feedback while maintaining the independence of the evaluation.

5. Evaluation Methodology

The agency should propose a mixed-methods evaluation design. As the two training reports do not document a common pre-training baseline or a comparison group, the evaluation should not make unsupported causal claims. The design should use triangulation, contribution analysis and transparent consideration of alternative explanations. The technical proposal should describe the evaluation framework, sampling strategy, data collection methods and analytical approach, with a clear link to the evaluation objectives. The methodology shall include:

Document review: Examine program reports, curriculum, training materials, participant profiles, feedback and any available learning assessments to assess program design, delivery and intended outcomes.

Participant survey and learning assessment: Invite all participants from both batches to a structured survey. Include appropriate assessment methods, such as scenario-based questions, to examine retained knowledge and the ability to apply leadership and management concepts.

Qualitative enquiry: Conduct in-depth interviews with participants selected to represent both batches, states and administrative roles. Consult faculty and program coordinators to understand the rationale for program design and their experience of delivery.

Verification of workplace application: Where feasible, obtain feedback from supervisors or colleagues and review relevant workplace records to substantiate participants' accounts. Document case studies illustrating both the application of learning and constraints encountered.

Analysis and triangulation: Combine findings from the different sources to assess the program's contribution to changes in workplace practice. Examine differences across batches, states and roles where the available data permit.

The agency shall account for differences in participants' responsibilities, opportunities to apply learning and time elapsed since training. Where baseline data are unavailable, the proposed approach must explain how changes will be assessed and how recall bias and limitations in attribution will be addressed. The agency shall ensure voluntary participation, informed consent and confidentiality throughout the evaluation.

a. Key Evaluation Areas

- **Relevance and program design:** Alignment of the curriculum with participants' leadership and managerial responsibilities; adequacy of training duration; and balance between conceptual inputs and practical exercises.
- **Quality and consistency of delivery:** Quality of facilitation, participant engagement, usefulness of case studies and role plays, opportunities for peer learning, and consistency of delivery across both batches.
- **Retention of learning:** Retention of knowledge and skills in leadership, budgeting and cost management, people management, stakeholder engagement, health policy, and digital applications in healthcare.
- **Workplace application:** Evidence of learning applied in planning, staff supervision, performance feedback, conflict resolution, stakeholder coordination and policy implementation, including changes in leadership attitudes and behaviour.
- **Managerial effectiveness and efficiency:** The programme's contribution to decision-making, team functioning, resource utilisation, accountability and the resolution of operational challenges.
- **Enabling factors and constraints:** Individual, organisational and system-level factors affecting application, including authority, workload, staffing, resources and support from senior management.
- **Sustainability and further support:** Continuation of changes in workplace practice and the need for refresher training, mentoring, peer learning and institutional support

6. Roles and Responsibilities

a. Health Systems Transformation Platform

HSTP will serve as the commissioning and coordinating organisation for the evaluation. Its responsibilities will include:

- Providing available program documents, participant contact information, feedback data and relevant implementation or follow-up records, subject to data-protection requirements.
- Providing overall technical inputs and approving the evaluation framework, inception report, tools and deliverables.
- Facilitating introductions to participating state departments, program faculty, coordinators and participants while ensuring that participation remains voluntary.
- Nominating a focal person and providing consolidated comments on deliverables within the agreed review period.
- Supporting the scheduling of stakeholder consultations and validation meetings.
- Protecting the independence of the evaluation and not directing findings, conclusions or recommendations.

b. Evaluation Agency

The selected agency will be responsible for conducting the evaluation under the overall coordination of HSTP. Its responsibilities will include:

- Develop the evaluation framework, methodology, sampling plan and data collection tools, and submit an inception report for review by HSTP.
- Deploy a qualified team with experience in programme evaluation, public health and leadership or management training.
- Review programme documents and undertake participant assessments, surveys, interviews and verification of workplace application, as agreed in the inception report.
- Manage data collection, quality assurance and analysis, ensuring informed consent, confidentiality and secure handling of all evaluation data.
- Exercise independent judgement and substantiate findings through evidence from multiple sources, clearly stating methodological limitations.
- Submit the draft report, present the findings to HSTP and relevant stakeholders, and address factual corrections and comments while retaining responsibility for the evaluation conclusions.
- Deliver the final report, executive summary, recommendations, anonymised datasets and supporting documentation within the agreed timeline.

c. IIM Calcutta and relevant State Health Departments

- The Departments of Health and Family Welfare in Odisha and Madhya Pradesh will have a facilitative role.
- Subject to their approval and availability, they may rovide relevant information on programme design, delivery and participants' workplace responsibilities.

- IIM Calcutta may facilitate consultations with faculty, supervisors and other relevant personnel.

7. Evaluation Timeline

The study should be completed in a span of two months from the date of its inception.

8. Evaluation Deliverables

1. **Inception Report:** final evaluation questions, reconstructed theory of change, evaluation matrix, sampling plan, fieldwork plan, analysis plan, ethical and data-protection approach, quality assurance procedures, limitations and detailed schedule.
2. **Data Collection Tools and Protocols:** participant survey, competency or scenario assessment, interview guides, template for case-study template, and translated versions wherever required.
3. **Preliminary Findings Presentation:** findings against the evaluation matrix, comparative analysis of the two batches, evidence strengths and gaps and issues requiring validation.
4. **Final Evaluation Report:** final report incorporating all comments, two-page evaluation brief, final presentation and four to six outcome case studies.

9. Budget

The financial proposal for the study should include personnel costs for the research team and consultants, training and capacity building of field staff and expenses related to data collection such as travel, accommodation, per diem and data collection instruments. The budget should also account for data management and analysis, stakeholder engagement and dissemination activities, ethics and regulatory approvals, report generation and so on. Finally, a reasonable contingency allocation and institutional overheads should be factored in to cover unforeseen expenses and administrative support required by the implementing research partner.

10. Evaluation Criteria

Relevance and Understanding of the objectives (20%)

- Demonstrates a clear understanding of the program, the participant batches and the purpose of the external evaluation.
- Demonstrates clear understanding of the study's aims and scope.

Methodological Rigour and Feasibility (25%)

- Clarity and robustness of study design (quantitative, qualitative or mixed methods).

- Provides an appropriate survey plan, qualitative sampling strategy and competency-assessment approach.
- Explains triangulation, contribution analysis, data-quality assurance, ethics, limitations and risk mitigation.
- Feasibility of data collection plans, including access to facilities and stakeholders within the available timeframe.

Relevant Organisational Experience (10%)

- Demonstrates experience evaluating training, leadership development, workforce capacity-building, public health or health-system programs.
- Provides evidence of at least three comparable assignments and credible client references.

Technical Expertise and Team Composition (25%)

- Relevant qualifications and experience of the principal investigator and team members
- Demonstrates knowledge of government health systems in India and capacity to work in English, Hindi and Odia as required.

Work Plan and Timeline (10%)

- Presents a realistic work plan with clear milestones, responsibilities and risk management measures.
- Aligns activities and staffing with the required deliverables and eight-week period.

Budget and Cost-Effectiveness (10%)

- Provides Appropriateness and justification of proposed budget.
- Cost-effectiveness and value for money in achieving study objectives.
- Inclusion of all essential components (personnel, travel, data management, dissemination).

Only proposals meeting the minimum technical threshold determined by HSTP will be evaluated for financial evaluation. HSTP may verify references, seek clarifications, request a presentation or decide not to award the assignment.

11. Ethical Considerations

The agency shall ensure that all evaluation activities comply with applicable ethical standards and regulatory requirements. Participation must be voluntary and based on informed consent. The agency must protect privacy and confidentiality, minimise potential risks, avoid collecting unnecessary personal data and use anonymised quotations and aggregate findings in all outputs. Any requirement for ethics review or exemption should be identified during inception.

12. Proposal Submission Guidelines

Eligibility

Proposals should be submitted by eligible research organisations, academic institutions, evaluation firms or consulting agencies with demonstrated experience in evaluation, leadership development, public health, health systems or related fields.

Proposal Format

Proposals should be structured as follows:

- **Cover Page:** title of the assignment, name of the organisation, team leader and contact details.
- **Executive Summary:** brief overview of the proposed approach, key methodological choices, expected outputs and suitability of the organisation.
- **Technical Proposal:** understanding of the assignment, methodology, sampling, tools, analysis plan, ethical and data-protection measures, quality assurance, limitations, work plan, risk management and team composition.
- **Financial Proposal:** detailed and justified budget covering professional fees, travel, fieldwork, data management, analysis, consultations, report production, taxes, contingencies and overheads.
- **Relevant Experience:** details of at least three comparable assignments, work samples or links where disclosure is permitted and client references.
- **Team Details:** curriculum vitae, role allocation, level of effort and confirmation of availability for all key personnel.
- **Conflict of Interest Declaration:** disclosure of any actual, potential or perceived conflict, including prior involvement in designing or delivering the program.

Proposal Submission Process

- Proposals should be submitted electronically in Word format to the designated contact email provided in the TOR.
- All submissions must be complete, including both technical and financial proposals and should adhere to the specified format.
- Late or incomplete submissions may not be considered.

Timeline for submission of proposals

- Proposals must be submitted by 22nd November 2026 to the given email ID: hstp@hstp.org.in. Submissions received after this date will not be accepted.

Evaluation Process

- Proposals will be evaluated based on relevance, methodological rigour, technical expertise, work plan feasibility, budget justification, innovation and plans for dissemination and policy translation.
- The selected agency will be notified via email and may be requested to provide clarifications or participate for an interaction before final selection.

Contact Information

For any queries regarding the submission process, format or study scope, agencies may contact: hstp@hstp.org.in.

Submission Instruction

- Proposals must be submitted by email to: hstp@hstp.org.in
- Proposals should be sent as two separate PDF documents: one marked "Technical Proposal" and the other "Financial Proposal".
- Use the email subject line: “Proposal for Evaluation of Leadership Development Programme”.
- Proposals must be received by 11:59 p.m. IST on 22nd November 2026. Late submissions may not be considered.