REQUEST FOR PROPOSAL (RFP)

1. Request for Proposals (RFP) – Procurement Notice

William J. Clinton Foundation (WJCF), New Delhi, invites interested and eligible agencies to submit proposals for Academic Research and Manuscript Development for Project iLIFT.

Summary of important dates:

RFP Number	CHINDIHTPRO3-110
Issuing Organisation	William J. Clinton Foundation, New Delhi
Release of RFP	November 19, 2026
Last date of Confirmation of interest and written queries or clarification on RFP.	November 26, 2026
WJCF Response to Queries/Clarifications*	November 30, 2026
Proposal Due date / last date of Bid Submission	December 8, 2026
Queries Email	indiaadmin@wjcf.in
Proposal Submission Email	indiaprocurement@wjcf.in

***Note**: Bidders may approach WJCF with any queries as per the timeline in the table above. Whilst WJCF will try to address all queries received within the communicated timeline, it may not be able to fully respond to all queries received. In cases where WJCF cannot respond to specific queries, bidders may make reasonable assumptions and fulfill the basic specification set out in this RFP.

For all queries related to this RFP, kindly communicate on the email ID mentioned above within the stipulated timeline. WJCF will not entertain any queries received by any other means or received in any other email address.

The final proposal must be submitted electronically to the email ID mentioned above within the stipulated timeline**.** Proposals received after this specified due date and time and on any email ID will not be considered. Kindly note that this email ID will be open only till the finalization of the RFP by WJCF.

2. Introduction to RFP

WJCF is an Indian not-for-profit entity registered under Section 8 of the Indian Companies Act 2013. WJCF's mission is to save lives and improve health outcomes by enabling the government and private sector to strengthen and sustain quality health systems. WJCF has worked closely with the Ministry of Health & Family Welfare and State Health Departments since 2007, providing technical and operational support across programs spanning HIV/AIDS, tuberculosis, vector-borne diseases, immunization, maternal and child health, and non-communicable diseases.

This Request for Proposals (RFP) and particularly the Guidelines for Preparing Proposals are designed to help agencies to produce proposals that are acceptable to the WJCF, and to ensure that all proposals are given equal consideration. It is essential, therefore, that agencies provide the complete information that is requested, and in the formats and on the terms specified.

3. General Instructions and Considerations

3.1. These instructions must be read in conjunction with the Terms of Reference and Scope of Work set out in Annexure A and all accompanying documents forming part of this RFP package.

3.2. This RFP is issued to provide WJCF with relevant information to undertake the selection of an agency for creating the **"**Academic Research and Manuscript Development**".**

3.3. WJCF is not bound to accept the lowest-priced or any other proposal. WJCF reserves the right to request any Bidder(s) to meet with WJCF to clarify their proposal(s) without commitment, and to publish on its website answers to any questions raised by any Bidder (without identifying that Bidder).

3.4. Bidders are responsible for all costs associated with the preparation and submission of their proposals. WJCF shall not, under any circumstances, be responsible or liable for such costs, regardless of the conduct or outcome of the selection process.

3.5. Bidders are not permitted to form a consortium or joint venture to participate in this bid, nor to submit multiple bids. Detection of such activity will result in the rejection of the bid(s) concerned.

4. Conflict of Interest

4.1. Bidders must disclose in their proposal details of any circumstances, including personal, financial, and business activities, that will, or might, give rise to a conflict of interest or any circumstance that may raise justifiable doubts as to the independence or impartiality of WJCF in relation to this competitive selection process. This disclosure must extend to all personnel proposed to undertake the work.

4.2. In the event that Bidder(s) identify any potential conflicts or any circumstances that may raise justifiable doubts as to the independence or impartiality of WJCF in relation to this competitive selection process, then the Bidder(s) must disclose such conflict of interest and/or circumstance(s) and state how they intend to mitigate any impact arising from such conflicts or circumstances. WJCF reserves the right to reject any proposals which, in the WJCF's opinion, give rise, or could potentially give rise to, a conflict of interest or any circumstances that may raise justifiable doubts as to the independence or impartiality of WJCF in relation to this competitive selection process

4.3. For this provision, please be advised that the organizations that are relevant for any disclosure in accordance with this provision include the following organizations and any association of the bidder / Respondent to any of these entities must be clearly disclosed:

- William J. Clinton Foundation (WJCF)
- Clinton Health Access Initiative Inc. (CHAI)
- Clinton Health Access Initiative India Pvt. Ltd. (CIPL)

Please refer to the attached Conflict of Interest Certification as Annexure D.

5. General Disclosures

- **Bidders must disclose:**

5.1.1. If the Bidder/Respondent(s) or any of its directors, partners or key-personnel are or have been the subject of any proceedings or other arrangements relating to bankruptcy, insolvency or the financial standing of the Bidder/Respondent including but not limited to the appointment of the any officer, such as a receiver or resolution professional (interim or otherwise) in relation to the Respondent personal or business matters or an arrangement with creditors or of any other similar proceedings.

5.1.2. If the bidder/Respondent(s) or any of its directors, partners or key personnel have been convicted of, or are the subject of any proceedings, relating to:

a. Criminal offence or any other offence/s,
b. Professional misconduct before any authority or professional body
c. Red listing / Blacklisting / Debarring by any organization, Government authority, statutory authority, or public sector undertaking.
d. Corruption including the offer or receipt of any inducement of any kind in relation to obtaining any contract, with the WJCF, or any other contracting body or authority or
e. Failure to fulfil any obligations in any jurisdiction relating to the payment of taxes.

6. Submission of Proposals

6.1. The Technical Proposal and Financial Proposal, along with all requisite documentation, must be received in English by WJCF no later than **December 8 2026 at 23.59 hrs IST**. Proposals received after the prescribed deadline and/or at any email address other than indiaprocurement@wjcf.in will not be considered under any circumstances.

6.2. Soft copies of the Technical and Financial Proposals must be submitted in two separate files, attached to a covering email with the subject line: **"**Academic Research and Manuscript Development**"**

6.3. Respondents must submit the **Technical Proposal** electronically at indiaprocurement@wjcf.in in PDF or Word format.

6.4. Respondents must submit the **Financial Proposal** electronically at indiaprocurement@wjcf.in in Excel format, **password protected.** WJCF will request the password only from Respondents who achieve the minimum qualifying technical score. A dynamic, detailed Excel file with in-built formulae and a budget narrative must be submitted by the bid submission deadline.

6.5. For any clarifications or queries on this RFP, Respondents must write to indiaadmin@wjcf.in no later than **November 26, 2026 at 18:00 hrs IST**. WJCF will not entertain queries received by any other means or at any other email address.

6.6. Late, partial, or incomplete proposals will not be accepted under any circumstances. WJCF shall not be responsible for any delay, non-receipt, or non-delivery of documents. WJCF reserves the right to summarily reject any incomplete bid. WJCF shall not be responsible for any delay or non-receipt/non delivery of the documents. No further correspondence on this subject will be entertained. WJCF shall not be responsible to inform any bidder / respondent of any deficiency/incomplete information in relation to any bid and reserves its right to summarily reject any proposal / bid that is incomplete.

6.7. Only short-listed Respondents will receive an acknowledgment and may be invited for interaction with WJCF officials, at their own cost. The interaction will be held at the WJCF office in New Delhi or virtually through video conferencing, as decided by WJCF.

6.8. Security and Non-Disclosure: The selected agency shall be required to sign a Non-Disclosure Agreement as part of the proposal process, to safeguard the confidentiality of WJCF's business information and programmatic data.

7. Eligibility Criteria

Only proposals from Respondents that meet all of the following eligibility requirements shall be considered for technical evaluation. Documentary evidence substantiating each criterion must be submitted along with the proposal.

7.1. Legal Registration

7.1.1. The Respondent must be a company registered in India under the Companies Act 1956/2013, or a partnership registered under the Indian Partnership Act 1932, with its registered office in India for a minimum of three (3) years. Required documents: Certificate of Incorporation; copies of Articles of Association (for registered companies); Partnership Deed (for partnership firms).

7.1.2. Respondents must confirm, in Yes or No, whether the entity falls under the Micro, Small and Medium Enterprises Development Act, 2006. If yes, a copy of the MSME Registration Certificate must be provided.

7.2. Tax and Statutory Compliance

7.2.1. The Respondent must hold a valid GST registration and a valid PAN. Copies of both must be submitted.

7.2.2. The Respondent must not have been blacklisted by any Central or State Government institution. A self-declaration signed by an authorized signatory must be submitted to this effect.

7.3. Financial Standing

7.3.1. The Respondent must submit Audited Balance Sheets for the last three financial years (FY 2022-23, FY 2023-24, and FY 2024-25), accompanied by a Turnover Certificate duly certified by a registered Chartered Accountant, and copies of Income Tax Returns for those years.

7.3.2. Respondents for whom audited statements for FY 2024-25 are not yet available may submit unaudited financials certified by the Company Auditor for that year alongside audited statements for the prior two years.

7.3.3. There is no minimum absolute turnover threshold for this procurement; WJCF is seeking demonstrated financial stability and operational viability commensurate with the scope of this engagement.

8. Receipt, Evaluation, and Handling of Proposals

8.1 Once a proposal is received before the due date and time, WJCF intends to:

8.1.1 Log the receipt of the proposals and record the business information. Review all proposals and disqualify any non-responsive ones (that fail to meet the terms set out in these instructions) and retain the business details on file with a note indicating disqualification.

8.1.2 Evaluate all responsive proposals objectively in line with the criteria specified below

8.1.3 Inform shortlisted respondents for personal interaction.

8.1.4 Provide the shortlisted agencies an opportunity to clarify and present their proposals. For the avoidance of doubt, it is clarified that such an opportunity to the Respondent to clarify their final proposal shall be provided at the discretion of WJCF.

8.1.5 Execute the Agreement with the selected agency pursuant to the terms of this RFP.

8.2 **WJCF reserves**, in its sole discretion, all rights on submitted proposals, including but not limited to:

8.2.1 Accept or reject all proposals and/or to annul the RFP process wholly or partly without assigning any reasons whatsoever and without incurring any liability. WJCF shall not be obligated to inform the affected Respondents of the grounds for WJCF's actions prior to contract award or otherwise.

8.2.2 Negotiate - with Rank 1 Respondent(s) invited to negotiate - the proposed technical approach and methodology and the proposed price based on the Respondent's proposals.

8.2.3 Amend, delete, modify, or revoke this RFP at any time without prior notice to any bidder. WJCF also reserve the right to add, modify, alter and/or revoke any terms and conditions of this RFP as it deems necessary at its sole discretion without prior notice to any bidder.

8.2.4 To extend the date for submission of proposal/responses to this RFP.

8.2.5 To issue an award for the assignment based on initial evaluation of offers without discussion to any of the bidders

8.2.6 To add, modify, alter or revoke any of the selection criteria mentioned in the RFP.

8.3 RFP is not an offer:

8.3.1 This RFP must not be construed as a recommendation, offer or invitation to enter into a contract, agreement or any other arrangement. This RFP is an invitation for submission of proposals and does not legally obligate WJCF to accept any of the submitted proposals in whole or in part, nor is WJCF obligated to select the lowest priced proposal. WJCF has no contractual obligations with any firm based upon issuance of this RFP. It is not an offer to contract. Only the execution of a written contract shall obligate WJCF in accordance with the terms and conditions contained in such contract.

9. Criteria for Evaluation

9.1. All proposals received by the stated closing date will be evaluated and ranked by the Procurement Committee in accordance with the conditions described below.

9.2. The evaluation follows a Quality and Cost-Based Selection (QCBS) methodology, with a **70:30** weighting assigned to the Technical Proposal and the Financial Proposal respectively.

9.3. The Technical Proposal is evaluated in two stages: (i) Desk Review of the written proposals (TS1) and (ii) Presentation, interaction and live demonstration by shortlisted agencies (TS2). The following criteria will be adopted for conducting a desk review (TS1) of the technical proposals to shortlist the agencies for technical presentation / interaction (TS2) round.

Stage 1: Desk Review (TS1)

The Desk Review assesses the written Technical Proposal and is scored out of 70 points across the following four categories:

Assessment Category: Technical Proposal	**(70%)**
TS1: Desk Review	
Organizational Capacity and Past Experience: • Agency's ability with emphasis on Project lead's capacity to execute the work (e.g., Background, organizational structure, prior experience in conducting similar assignments, and proposed team's expertise in TB)	20 points
Methodology and Approach: • Description of approach and methodology for developing the manuscripts and conducting the data collection, analysis, and developing the manuscripts (including but not limited to literature review, primary and secondary research & analysis, and undertaking multi-thematic stakeholder interviews)	20 points
Workplan and Documentation: • Operational plan to execute the study • Comprehensiveness (*milestone and timeline focused*) project plan • Ability to write detailed manuscripts from an impact evaluation / programme assessment perspective	20 points
Staffing and Team composition • Availability of dedicated team members • Staff structure with relevant CVs showcasing prior work experience	10 points
Technical Proposal Score (Desk Review) TS1	**70 points**

9.4. Respondents, whose proposals score at least 49 marks or more out of 70 during the Desk Review (TS1) would be considered technically qualified / short-listed for the Presentation / interaction / live demonstration stage-2 (TS2). Respondents scoring below 49 will not be invited to present and will be rejected as technically non-qualified.

Stage 2: Presentation / Interaction (TS2)

Short-listed Respondents will be required to present their proposed solution to the Evaluation Team, including a live working demonstration. The Evaluation Team will score the presentation out of 30.

The Presentation will be evaluated across the following categories:

TS 2- Presentation / Interaction	
Scoring of Technical Proposals on presentation / interaction (TS2) • Understanding of the assignment • Operational approach to execute the study and preparation of a detailed work plan • Measures to ensure high data quality, generate data-driven insights and recommendations • Showcasing successful completion of similar assignments in the past • Availability of adequate and skilled team members	30 points
Total Technical Proposal Score : TS1 + TS2 (Overall weightage – 70%)	100 points

9.5. The Presentation will be held at the WJCF office in New Delhi, or virtually, as determined by WJCF. Respondents who are unable to present on the scheduled date without prior written intimation and WJCF's concurrence may be treated as technically non-responsive.

9.6. The technical presentation of Short-listed Respondents will be carried out by the Evaluation Team or a sub-group of the Evaluation Team. The Evaluation Team will score points out of 30 in the presentation / interaction, both TS1 (Desk Review of the proposal) and TS2 (Presentation) will carry equal weightage in the final score in the technical round.

9.7. Respondents, whose proposal score at least 70 marks or more out of 100 during the technical evaluation would be considered technically qualified / shortlisted and retained for financial bid opening and evaluation. Agency receiving an evaluation score on technical proposals below 70 marks would be rejected as technically non-responsive, and their financial proposal will NOT be considered during the financial evaluation stage.

9.8. In the quality and cost basis (QCBS) method, the bidder secured the highest technical score (as given by the evaluation committee) will be given a score of 100. Other bidders will be given technical scores that are proportional to their marks relative to the highest technical marks.

- **Technical Score of a Respondent (TS) = [(Technical proposal marks of the Respondent in question/ Maximum Technical proposal marks) X 100] (rounded off to two decimal places).**

10. Financial Proposal Evaluation

10.1. The financial proposal(s) of all Technical Qualified agencies will be considered for evaluation.

10.2. The Technical Qualified respondent with lowest qualifying financial proposal (L1) will be awarded 1 00 score (amongst the respondent(s) whose proposal were retained for financial evaluation).

Financial scores for other than L1 Respondent's shall be evaluated using the following formula:

- **Financial Score of a agency (Fn) = [(lowest financial proposal/Financial proposal of the agency in question) X 100] (rounded off to two decimal places)**
- All bids must be submitted in Indian Rupees (INR).
- The Financial Proposal must provide a budget narrative

11. Combined and Final Evaluation

11.1 The final proposal will be evaluated on QCBS manner, where technical and financial scores secured by each Technical Qualified Respondent(s) shall be added using weightage of 70% and 30% respectively, to compute a combined proposal score as mentioned below:

Final Score = [(T/T-high)x 0.7) + (C-low /C)x0.3]

Where

T= the total Technical score awarded to the Bid.

T-high=the Technical score achieved by the Bid that was scored best among all responsive Bids.

C=evaluated Bid price.

C-low=The lowest of all evaluated Bid price among responsive Bids

11.2 The Respondent securing the highest Combined Proposal Score will be adjudicated as Rank 1. The Technical Qualified Respondent securing the second highest combined score will be adjudicated as Rank 2 Respondent and thereon Technical Qualified Respondent(s) will be ranked

11.3 In the event the proposal composite evaluation score is 'tied', the Technical Qualified Respondent securing the highest technical score will be considered as the Best Value Respondent. The Best Value Respondent will be considered as Rank 1 Respondent while the other Respondent will be considered as Rank 2 Respondent and thereon other respondents will be ranked.

11.4 WJCF reserves the right to negotiate with the Rank 1 Respondent. The selected Vendor shall be expected to enter an Agreement with the WJCF for the project s' duration. In the event of a contract being awarded pursuant to this RFP, all the terms and conditions of the Agreement, this RFP, the Respondents' proposal and the Letter of Acceptance shall form part of the Agreement with the Selected Vendor ('Agreement'). In the event of a conflict between the Agreement and this RFP, the terms and conditions of the Agreement shall prevail.

11.5 The successful Respondent will be expected to enter a Contract with WJCF for the duration of the Work. In the event of a Contract award, all the terms and conditions of the RFP, including the Respondent's response, will normally form part of the Contract. The contractual terms and conditions are mentioned in Annexure E.

12. Guidelines for Preparing Proposals

12.1 Proposals must be submitted in English and structured in five parts as described below.

12.2 Structure: Proposals must cover the following parts: Please refer to the detailed guidance on these sections in the subsequent text:

- 12.2.1 Covering Letter and Declaration
- 12.2.2 General & Technical Proposal
- 12.2.3 Proposed Staffing
- 12.2.4 Relevant Experience
- 12.2.5 Financial Proposal

Part 1: Covering Letter and Declaration

Proposals must be accompanied by a covering letter on company-headed paper showing the full registered and trading name(s), registered office address, and business registration number of the Respondent. The letter must be signed by a person of suitable authority and must quote the RFP number and title, and include the following declarations:

- We have examined the information provided in your RFP and offer to undertake the work described in accordance with the requirements set out therein. This proposal is valid for acceptance for six (6) months from the submission date, and we confirm it will remain binding upon us during this period.
- We accept that any contract resulting from this process will comprise the contract documents issued with the RFP and be based upon the documents submitted as part of our proposal.
- Our proposal (Technical and Financial) has been arrived at independently and without consultation, communication, agreement, or understanding for the purpose of restricting competition with any other Respondent to or recipient of this RFP from the WJCF.
- All statements and responses to this RFP are true and accurate.
- We understand the obligations regarding Disclosure as described in the RFP Guidelines and have included all necessary declarations.
- We confirm that all personnel named in the proposal will be available to undertake the services as specified.
- We agree to bear all costs incurred in connection with the preparation and submission of this proposal and any further pre-contract costs.
- I confirm that I have the authority of [insert name of company] to submit this proposal and to clarify any details on its behalf.
- We agree that WJCF is not bound to accept the lowest or any proposal received.
- We undertake that if the award is made to us, in executing the subject Contract, we shall strictly comply with the terms and conditions provided in the RFP and other legal compliances including but not limited to the relevant documents to be submitted as per the terms of the RFP as part thereof.

Part 2: General & Technical Proposal

The General and Technical section should be structured as follows:

Section 1: Credentials of the Agency (Agency) (not more than 4 pages).

Section 2: Your understanding of the study requirements provided with this RFP. You may also propose qualifications to the study that you consider may enhance the value of the outcome to the WJCF based on your expertise and experience (not more than 2 pages).

Section 3: **Technical Response**: (not more than 8 pages)

- **Approach and Preparation**: Describe the overall approach the agency will undertake to conduct the analysis (qualitative and quantitative), and to develop the manuscripts. Include design of methodology, qualitative data collection tools including questionnaires, stakeholder management, team composition and execution plan to complete the deliverables.
- **Staffing and team composition**: Describe the staff that will be working on this project, number of staff needed to complete the project, roles, and relevant experience, and whether they will be working on this project full-time or part-time.
- **Project timelines:** Describe when and how long each activity will take place.
- **Quality control measures:** Describe what quality control measures will be in place to ensure accuracy in review and copy editing.
- **Data management and confidentiality**: Describe how the agency will ensure compliance with any ethical guidelines, including how data will be kept confidential and secure during field work.
- **Data quality:** Describe how the agency will ensure quality data, including monitoring of interview and interviewer quality and planned data checking and quality assurance processes planned.
- **Data analysis and reporting:** Describe the analysis framework and how data analysis and reporting will be undertaken. Interim updates / reports of key findings from states should be provided.

Section 4: Required Qualification of the agencies (not more than 4 pages)

- **Previous Experience:** The organization should have prior experience in conducting similar assignments.
  - Describe assignments of a similar nature that were successfully completed by the firm in the last three years (maximum of 5).
  - For each of the assignments please mention the title, duration, client, the role of the firm and a brief description of services rendered by the firm.
  - Experience of working with an international organization and/or government organization is desirable.

- **Qualified Team**: The organization should have a well-qualified team with the following criteria:
  - Senior Qualitative researcher(s) who have extensive experience in engaging with key government and private sector stakeholders
  - Experienced data analytics professional(s) with storytelling and insight generation capabilities
  - Researcher(s) with comprehensive secondary research competency and a proven track record of writing detailed manuscripts, pertaining to areas such as impact evaluation, project/programme assessment etc.
  - Availability of team members with technical expertise on tuberculosis, human behaviour study, and public health is highly desirable.
  - Excellent track record of completion of tasks within the stipulated timelines.

- **Program management and financial system:** Availability of efficient program management and financial system with strong internal control mechanism in place.

Section 5: CVs of the proposed key personnel (no more than two pages per key personnel)

- CVs of the proposed key personnel to be shared. Key personnel should at least include the assessment lead, qualitative, and quantitative researcher(s). For data collectors, the agency must share a self-declaration mentioning that they would meet the mentioned experience criteria. Replacement of any key personnel during the assignment duration will need to be approved by WJCF, for which the selected agency will have to share the new CV of an equally or more qualified individual.

Part 3: Financial Proposal

- The Financial proposal must contain the expected budget for accomplishing the complete work with detailed breakup and the budget narrative. **All amounts quoted must be in INR.**

The Agency should provide a detailed budget providing justifications and calculations for all the parameters.

- Fees / service charges quoted shall be inclusive of all insurance standard business overheads and applicable taxes.

- The agencies are requested to submit a password protected budget in the financial proposal format described in **Annexure B**

ANNEXURE – A
SCOPE OF WORK

1. Project Background

Project iLIFT (Integrated Lung Health Initiative for Tribals) is being implemented by WJCF in the tribal district of Korba, Chhattisgarh, with support from TB REACH (Wave 11), Stop TB Partnership, and under the guidance of the Department of Tuberculosis and Chest Diseases, Government Medical College (GMC), Korba. The project aims to improve early detection of tuberculosis (TB) and chronic respiratory diseases (CRD) among tribal, urban slum and mining-affected populations by decentralising services through community screening camps. The camps use AI-enabled chest X-ray to detect TB, including asymptomatic cases, and a broader range of chest abnormalities. Attendees are also screened for diabetes, hypertension and sickle cell disease, and those with suspected CRD are referred for spirometry at the District Hospital and four Community Health Centres (CHCs), conducted by trained project staff.

Between July'2025 and mid-September'2026, 294 camps were held in Korba with a total attendance of 19,776 beneficiaries, of whom 134 TB patients were detected and notified on Ni-kshay. GMC Korba has obtained ethics approval for the analysis and publication of routine iLIFT programme data covering beneficiaries registered between 28th July 2025 and 31st December 2026 and will lead the publication. WJCF will provide programme data and analytical support through this assignment. Only de-identified programme data will be used. The agency will work only on de-identified data provided by WJCF, within the scope of the approval, and will sign a non-disclosure agreement before receiving any data. The list of variables captured in the project MIS has been provided in the data dictionary along with the source of data and possible entries in the Annexure D.

2. Scope of work

The scope of work comprises the analysis of routine iLIFT programme data and the preparation of five manuscripts and one academic article narrating the iLIFT story, outlined in this section. The five manuscripts are descriptive reviews of routine programme data for beneficiaries registered between 28th July 2025 and 31st December 2026 (interim data cut-off), in line with the approved protocol. They are intended to document implementation learnings that can inform programme design and scale-up, and do not seek to establish cause and effect.

WJCF will provide de-identified and processed data extracted from:

(i) Radiological Information System (RIS) hub, including Vulnerability Index Mapping (VIM) and AI software (Genki),
(ii) the Facility MIS maintained at the District Hospital and CHCs,
(iii) the Patient Care Coordinator (PCC) tracking sheet,
(iv) Ni-kshay verified TB treatment outcomes. Verification will be done by WJCF project staff, and Ni-kshay IDs will not be shared with the agency.
(v) Extracted data from Spirometry reports

A beneficiary ID generated on RIS hub will be the only linkage variable across the datasets. WJCF will carry out the linkage. The linkage key will remain with the iLIFT M&E lead and will not be shared with the agency. The agency will receive only de-identified, linked analytic datasets with no names, contact numbers, addresses or Ni-kshay IDs. Location will be provided at block or facility catchment level, and WJCF will derive the distance-to-facility variable. Results with very small numbers will be suppressed to prevent re-identification in small tribal and mining communities. Datasets will be stored on secure systems within India, will not be shared onward, and will be deleted or returned at the end of the contract. The GMC Korba lead and the WJCF iLIFT team will provide technical oversight for all manuscripts, and the agency will work closely with them on analysis plans, interpretation of findings and manuscript review.

3. Timeline and Contract Period

The assignment will run from contract signing until 31st March 2027. WJCF will share the final de-identified dataset, covering beneficiaries registered up to 31st December 2026 (the data cut-off in the approved protocol). Before the dataset is available, the agency will start with the Work Plan, Analysis Plans, literature reviews, the introduction and methods sections of each manuscript, and the outline of the academic article, and will complete results and discussion after the dataset is shared. The agency will submit a draft Work

Plan within two weeks of contract signing and will propose a staggered delivery schedule for the five manuscripts and the article.

Final submission-ready manuscripts and the academic article are due by 31st March 2027. GMC Korba will submit the manuscripts to journals and handle reviewer comments. The agency's support after submission will be limited to clarifications on data and analysis within the contract period.

4. Service Terms, Ownership and Confidentiality

This is a service contract. The agency will deliver the work to WJCF and will not claim authorship or credit for the manuscripts or the article. Authorship and acknowledgements will be decided by GMC Korba and WJCF in line with journal requirements, and the support of Stop TB Partnership (TB REACH Wave 11) will be acknowledged. All deliverables, analysis code and working files will be handed over to WJCF at the end of the contract, and programme data will be returned or deleted. The agency may not publish or share any of these, or use them for any other purpose.

5. Bidder Requirements and Proposal Submission

Bidders should propose a team that includes a biostatistician, an epidemiologist with TB or respiratory health experience, and an experienced medical writer, and should name the key team members who will carry out the analysis and writing. Bidders should share two to three examples of published or submitted work in indexed public health journals, a technical approach, a work plan, a detailed budget and payment milestones linked to deliverables, a declaration of any conflict of interest and a description of their data-security arrangements (secure storage within India, access controls, and deletion or return of data). WJCF will evaluate proposals on technical approach, team experience, timeline and cost.

(A) Manuscript 1: One camp, four diseases: How many people are found, how many complete care, and how many have more than one disease?

1. Summary

This manuscript will describe the performance of the iLIFT integrated community camp model, which combines AI-enabled chest X-ray, symptom screening, referral for spirometry, and screening for NCDs (diabetes and hypertension) and sickle cell disease in a single camp. It will quantify screening yield and retention at each stage of the disease-specific care cascades, the overlap between conditions among camp attendees, and operational efficiency, to inform decisions on scaling integrated lung health camps in similar tribal and mining settings.

2. Objectives

- Construct and describe the TB care cascade (screening and X-ray at camps, testing and diagnosis at health facilities): screened → CXR done → presumptive → tested → diagnosed → notified → treatment initiated → outcome verified on Ni-kshay (for cases with an outcome available at the data cut-off).
- Construct and describe the CRD, NCD and sickle cell disease cascades (NCD reported separately for the age groups 18–30 years and above 30 years), and quantify attrition and loss to follow-up at each stage.
- Quantify the overlap of presumptive flags across TB, CRD, NCD and sickle cell disease among camp attendees.
- Estimate efficiency indicators, including the number needed to screen (NNS) and number needed to test (NNT) per TB case detected.
- Compare cascade performance by referral source, age group, gender, block or location and, if permitted under the approved protocol, camp type (community, urban slum, mining area and vulnerable tribal groups).

3. Agency's Activities and Responsibilities

Activity	Description	Lead	Support
A1. Data Compilation	Extract, de-identify and share linked analytic datasets from RIS (VIM/Genki), the Facility MIS and the PCC sheet, along with Ni-kshay-verified treatment outcomes.	WJCF	Agency

Activity	Description	Lead	Support
A2. Data Validation & Cascade Definitions	Review data completeness, duplicates and cross-dataset linkage; finalise operational definitions for each cascade stage with WJCF and the GMC Korba lead.	Agency	WJCF + GMC Korba
A3. Literature Review	Conduct a focused review of integrated / multi-disease active case finding and AI-CXR camp models in India and other LMICs; build a repository of relevant sources.	Agency	WJCF
A4. Statistical Analysis	Frequencies and proportions retained at each cascade stage by disease; cross-tabulation of presumptive flags across diseases; NNS/NNT; subgroup comparisons using chi-square / Fisher's exact tests.	Agency	WJCF
A5. Drafting Manuscript	Prepare initial draft including abstract, introduction, methods, results, discussion, figures, tables and references.	Agency	WJCF + GMC Korba (review)
A6. Internal Review	Incorporate feedback from the WJCF technical team, the GMC Korba lead and other reviewers.	Agency	WJCF
A7. Journal Selection & Submission Package	Suggest target journals (indexed, preferably open access, and not paid-for-publication) based on theme, audience and reach; format the manuscript and prepare the submission package (cover letter, declarations, applicable reporting checklist such as STROBE, figures) for submission by GMC Korba.	Agency	WJCF + GMC Korba (review)
A8. Revisions	Outside the contract scope. GMC Korba will submit the manuscript and handle journal reviews. The agency will answer clarification queries on data and analysis until the end of the contract.	GMC Korba	Agency (clarifications only)

(B) Manuscript 2: Spirometry closer to the community: Can it be done well at the District Hospital and Community Health Centres?

1. Summary

Under iLIFT, spirometry has been deployed at the District Hospital and four CHCs in Korba, with Medical Officers (MOs) trained and supported by a project medical officer and pulmonologist mentorship. This manuscript will assess whether decentralising spirometry below the district level is feasible without loss of test quality or diagnostic yield, and will generate operational guidance for national and state programmes on expanding CRD diagnosis in primary and secondary care.

2. Objectives

- Estimate spirometry uptake (tests completed among those referred) among camp referrals and OPD walk-ins, by facility.
- Assess test quality using standard acceptability and repeatability criteria, by facility and over time.
- Describe diagnostic outcomes (COPD, asthma, other, normal) and turnaround time from referral to diagnosis.
- Compare uptake, quality, yield and turnaround time between the District Hospital and CHCs, before and after MO training, and, where the data allow, across periods of drug availability (descriptive comparison only, without attributing differences to any single factor).
- Document operational learnings to guide the scale-up of decentralised spirometry.

3. Agency's Activities and Responsibilities

Activity	Description	Lead	Support
A1. Data Compilation	Share de-identified Facility MIS spirometry records for the District Hospital and four CHCs, along with MO training dates and drug-availability periods.	WJCF	Agency
A2. Data Validation & Definitions	Validate spirometry records; agree definitions for uptake, test quality grading and turnaround time with WJCF and the GMC Korba lead.	Agency	WJCF + GMC Korba
A3. Literature Review	Review evidence on spirometry delivered in primary and secondary care settings in India and other LMICs.	Agency	WJCF
A4. Statistical Analysis	Descriptive comparison of uptake, quality, yield and turnaround time by facility and time period; chi-square / Fisher's exact tests for proportions and appropriate tests for continuous measures. Subgroup comparisons across referral source (camp vs. OPD walk-in), age group, gender, mMRC grade, smoking status, symptoms (cough, breathlessness), BMI.	Agency	WJCF
A5. Drafting Manuscript	Prepare initial draft including abstract, introduction, methods, results, discussion, figures, tables and references.	Agency	WJCF + GMC Korba (review)
A6. Internal Review	Incorporate feedback from the WJCF technical team, the GMC Korba lead and other reviewers.	Agency	WJCF
A7. Journal Selection & Submission Package	Suggest target journals (indexed, preferably open access, and not paid-for-publication) based on theme, audience and reach; format the manuscript and prepare the submission package (cover letter, declarations, applicable reporting checklist such as STROBE, figures) for submission by GMC Korba.	Agency	WJCF + GMC Korba (review)
A8. Revisions	Outside the contract scope. GMC Korba will submit the manuscript and handle journal reviews. The agency will answer clarification queries on data and analysis until the end of the contract.	GMC Korba	Agency (clarifications only)

(C) Manuscript 3: Not TB, but not healthy: COPD and asthma among people suspected of TB, and how to improve camp referral.

1. Summary

iLIFT camps refer attendees for spirometry using the referral criteria in force during the data period [WJCF to list criteria and dates of any change]. This manuscript will evaluate how individual and combined criteria perform in identifying COPD and asthma, estimate the proportion of TB presumptives who are ultimately diagnosed with non-TB CRD, and explore whether additional criteria (e.g., biomass/chulha exposure, where recorded) could capture patients currently being missed, who are predominantly women.

2. Objectives

- Estimate the positive predictive value (PPV) and number-needed-to-refer (NNR) of each criterion and of the referral criteria in force during the data period for a COPD/asthma diagnosis.
- Assess the performance of the mMRC breathlessness scale on its own, by score category, against final diagnosis (PPV and number-needed-to-refer).
- Compare alternative combinations of criteria, including a sensitivity analysis excluding OPD walk-ins.
- Assess the added value of proposed criteria, such as biomass/chulha exposure, in capturing currently missed patients, to the extent this information is recorded in routine data.
- Estimate the proportion (with 95% CI) of non-TB CRD (COPD and asthma) among individuals identified as TB presumptives.

3. Agency's Activities and Responsibilities

Activity	Description	Lead	Support
A1. Data Compilation	Share de-identified camp screening, referral and spirometry outcome data.	WJCF	Agency
A2. Analytic Framework	Define the reference standard (MO-confirmed diagnosis supported by spirometry) and criterion combinations; propose methods to address partial verification, as only referred attendees undergo spirometry. Any re-optimised criteria should be checked on a separate portion of the data to avoid over-fitting.	Agency	WJCF + GMC Korba
A3. Literature Review	Review evidence on CRD case-finding questionnaires and referral criteria in community settings in LMICs.	Agency	WJCF
A4. Statistical Analysis	Compute PPV and NNR per criterion and per combination; sensitivity analyses; proportion of non-TB CRD among TB presumptives with 95% CI.	Agency	WJCF
A5. Drafting Manuscript	Prepare initial draft including abstract, introduction, methods, results, discussion, figures, tables and references.	Agency	WJCF + GMC Korba (review)
A6. Internal Review	Incorporate feedback from the WJCF technical team, the GMC Korba lead and other reviewers.	Agency	WJCF
A7. Journal Selection & Submission Package	Suggest target journals (indexed, preferably open access, and not paid-for-publication) based on theme, audience and reach; format the manuscript and prepare the submission package (cover letter, declarations, applicable reporting checklist such as STROBE, figures) for submission by GMC Korba.	Agency	WJCF + GMC Korba (review)
A8. Revisions	Outside the contract scope. GMC Korba will submit the manuscript and handle journal reviews. The agency will answer clarification queries on data and analysis until the end of the contract.	GMC Korba	Agency (clarifications only)

(D) Manuscript 4: Women and lung disease: Are current referral criteria missing women?

1. Summary

Programme data suggest that women with chronic respiratory disease, particularly those exposed to biomass fuel, may be missed by the current camp referral criteria. This manuscript will compare the demographic, exposure, symptom and AI-CXR profiles of women and men attending iLIFT camps, estimate the share of female CRD diagnoses captured under overall-cohort versus female-specific referral criteria, and examine gender differences in loss to follow-up by distance and facility.

2. Objectives

- Compare the demographic, exposure (biomass where recorded, mining and smoking), symptom and AI-CXR profiles of women and men attending iLIFT camps.
- Estimate the proportion of female CRD diagnoses captured by referral criteria optimised on the overall cohort versus female-specific criteria.
- Compare loss to follow-up between women and men, accounting for distance to facility and facility type.
- Recommend gender-responsive adjustments to referral and follow-up pathways.

3. Agency's Activities and Responsibilities

Activity	Description	Lead	Support
A1. Data Compilation	Share linked, de-identified screening, referral, spirometry and follow-up data, including a distance-to-facility variable derived by WJCF. Village names, addresses and coordinates will not be shared.	WJCF	Agency
A2. Literature Review	Review evidence on sex and gender differences in COPD/asthma presentation, biomass exposure and care-seeking in India.	Agency	WJCF
A3. Statistical Analysis	Gender-stratified comparisons (chi-square / t-test as appropriate); capture rate under current vs. alternative criteria (aligned with Manuscript 3); regression-based comparison of loss to follow-up by gender and distance.	Agency	WJCF
A4. Drafting Manuscript	Prepare initial draft including abstract, introduction, methods, results, discussion, figures, tables and references.	Agency	WJCF + GMC Korba (review)
A5. Internal Review	Incorporate feedback from the WJCF technical team, the GMC Korba lead and other reviewers.	Agency	WJCF+ GMC Korba (review)
A6. Journal Selection & Submission Package	Suggest target journals (indexed, preferably open access, and not paid-for-publication) based on theme, audience and reach; format the manuscript and prepare the submission package (cover letter, declarations, applicable reporting checklist such as STROBE, figures) for submission by GMC Korba.	Agency	WJCF+ GMC Korba (review)
A7. Revisions	Outside the contract scope. GMC Korba will submit the manuscript and handle journal reviews. The agency will answer clarification queries on data and analysis until the end of the contract.	GMC Korba	Agency (clarifications only)

(E) Manuscript 5: Life after TB: Lung damage among people who had TB in the past.

1. Summary

TB survivors frequently live with lasting lung impairment, yet post-TB lung disease is rarely addressed in routine TB care. Using camp and spirometry data from Korba, this manuscript will estimate the prevalence and severity of obstructive, restrictive and mixed spirometric patterns among attendees with self-reported past TB, and compare them with TB-naive attendees of similar demographic and exposure profiles, to inform whether post-TB lung health should become part of routine follow-up for TB survivors.

2. Objectives

- Estimate the prevalence and severity of obstructive, restrictive and mixed spirometric patterns, and of AI-CXR abnormalities, among attendees with self-reported past TB.
- Compare the lung-health profiles of past-TB and TB-naive attendees using stratified or matched analyses (age, gender, tobacco use and, where recorded, cooking smoke exposure), recognising that past TB is itself a referral criterion and the two groups were therefore referred under different criteria.
- Where Ni-kshay linkage is available, examine patterns by time since completion of TB treatment.
- Generate recommendations on integrating post-TB lung health assessment into TB care.

3. Agency's Activities and Responsibilities

Activity	Description	Lead	Support
A1. Data Compilation	Share linked, de-identified camp, AI-CXR, spirometry and final diagnosis data, with Ni-kshay-verified treatment completion dates where available.	WJCF	Agency
A2. Analytic Framework	Finalise definitions of spirometric patterns and severity with the GMC Korba lead; design the matching / stratification approach.	Agency	WJCF + GMC Korba
A3. Literature Review	Review global and Indian evidence on post-TB lung disease.	Agency	WJCF
A4. Statistical Analysis	Stratified / matched comparison between past-TB and TB-naive groups; stratification by time since TB treatment where linkage is available.	Agency	WJCF
A5. Drafting Manuscript	Prepare initial draft including abstract, introduction, methods, results, discussion, figures, tables and references.	Agency	WJCF + GMC Korba (review)
A6. Internal Review	Incorporate feedback from the WJCF technical team, the GMC Korba lead and other reviewers.	Agency	WJCF
A7. Journal Selection & Submission Package	Suggest target journals (indexed, preferably open access, and not paid-for-publication) based on theme, audience and reach; format the manuscript and prepare the submission package (cover letter, declarations, applicable reporting checklist such as STROBE, figures) for submission by GMC Korba.	Agency	WJCF + GMC Korba (review)
A8. Revisions	Outside the contract scope. GMC Korba will submit the manuscript and handle journal reviews. The agency will answer clarification queries on data and analysis until the end of the contract.	GMC Korba	Agency (clarifications only)

6. Brief for the Academic Article

A. Purpose and audience

The article tells the story of Project iLIFT to non-academic audiences: policymakers, programme managers and health system leaders at state and national level, and the wider public health community. It should read as a clear narrative backed by data, in plain language, and not as a technical report.

B. Format and journal

A programme case or field action report format in a leading public health journal with a policy and programme readership. The agency will propose two or three target journals, with reasons, and agree the choice with WJCF and GMC Korba before drafting.

C. Story arc

- The problem: TB, chronic respiratory disease and NCDs run as separate programmes serving the same people. People who test negative for TB are sent home, and spirometry and specialist care are far away in a tribal and mining district.
- The idea: use the TB active case finding platform, and the national rollout of ultraportable X-ray devices, as the entry point for lung health. Screen the person, not the disease.
- The model: express health camps with AI-read chest X-ray, spirometry at the District Hospital and four Community Health Centres, dedicated respiratory camps (Shwaas Shivirs), and digital tracking from camp to diagnosis, all within the public health system.
- What was delivered: coverage, yield and care cascades across TB, chronic respiratory disease, NCDs and sickle cell disease, using data up to the December 31, 2026 cut-off.
- What was hard and what changed: for example early chronic respiratory disease patients not travelling to facilities, women being missed by referral criteria, and a share of TB cases not flagged by AI.
- What it means: the implications for national and state programmes.

D. What should stand out

- People who tested negative for TB at camps were often found to have chronic respiratory disease. As of February 2026, about three in four chronic respiratory disease diagnoses from camps came from TB presumptives.
- One camp and one mobilisation effort found several conditions. By February 2026 there were roughly six times as many new chronic respiratory disease diagnoses as TB diagnoses.
- Diagnosis moved closer to patients through spirometry at Community Health Centres, Medical Officer training with pulmonologist mentoring, and inhalers made available at the four centres.
- AI was used as a bridge where specialists are scarce, with its limits stated openly.
- The model was built within the government system, with joint planning with district leadership and NTEP, Ni-kshay notification and clinical guidance from GMC Korba.
- Attention to tribal, mining and urban slum populations, and to women.

E. Implications for policy and programmes

- Make active case finding multi-disease, using the ultraportable X-ray devices being rolled out nationally for lung health and not only TB.
- Give people who test negative for TB but have lung symptoms a standard referral pathway.
- Decentralise diagnosis of chronic respiratory disease to Community Health Centre level, with trained Medical Officers, spirometry, inhalers on the centres' drug lists, and a planned handover from project staff to facility staff.
- Use AI as decision support where radiologists are scarce, with governance and monitoring of missed cases.
- Design referral criteria that work for women and for exposures such as cooking smoke.
- Consider lung health follow-up for people who have completed TB treatment, where the data support it.
- Link camp, facility and Ni-kshay data so that patients can be followed to diagnosis.

F. Being open about limits

The article should state its limits plainly: camp attendees are not the general population, there is no comparison group, costs were not captured, and follow-up is short. It should also present what did not work, not only what did.

G. Style and process

Plain language, short sections, three to five clear figures or graphics, and a short box of key messages. The agency's will deliver this article first.The agency will share an outline within 7 days and a first draft by 14 days for review by WJCF and GMC Korba. The text will follow the conventions of the target journal.

7. Deliverables

1. **Work Plan** - outlining timelines, roles and coordination mechanisms for delivery of all five manuscripts and the academic article by March 2027
2. **Analysis Plans** - one per manuscript, finalised before data is shared, with variable and outcome definitions, dummy tables and planned analyses, agreed with WJCF and the GMC Korba lead
3. **Validated Analytic Datasets and Code** - cleaned analytic datasets, a data-cleaning log and reproducible, annotated analysis code (R, Python or STATA)
4. **Draft Manuscripts (5 total)** - complete first drafts of the five manuscripts, including figures, tables and references, aligned with target journal formats
5. **Final Manuscripts and Submission Packages** - revised, submission-ready manuscripts along with cover letters, declarations, reporting checklists and formatted materials for journal submission by GMC Korba
6. **Academic Article** - one academic article for a leading public health journal narrating the iLIFT story, covering the design, implementation approach, results and learnings, written in the format of the target journal, with a draft and a final version delivered by March 2027.
7. **Handover and Data Closure** - handover of all deliverables, analysis code and working files to WJCF, with written confirmation that all programme data have been deleted or returned

8. Tentative Timelines

Given below is the tentative timeline for the study against the key activities:

S.No	Activity	Tentative timeline
1.	Selection of agency by WJCF	By 3rd January 2027
2.	Agency Onboarding and Contracting	By 3rd January 2027
3.	Agency to submit the detailed workplan (withing one week of confirming the selection.	By 10th January 2027
4.	Qualitative and Quantitative analysis	By 10th February 2027
5.	Draft Manuscripts	By 15th February 2027
6.	Final Manuscripts	By 15th March 2027

ANNEXURE – B : Budget Template

Agencies are required to submit a separate file as a budget in Excel as per below format. The financial proposal must be in password protected file.

Instructions and costing basis

- All amounts are to be quoted in Indian Rupees (INR), exclusive of applicable taxes; GST is to be shown separately in the summary.
- Payments are milestone-linkd and released on WJCF review and acceptance of each deliverable (indicatively within 30 working days).

S.No.	Particulars	Person Days / Quantity	Unit Rate	Total Amount	Budget Narrative
A	SALARIES / PROFESSIONAL FEES				
A1	Professionals				
A2	Field staff or Consultants				
	Sub total of A				
B	TRAVEL, TRANSPORTATION (Vehicle Expenses/Local Conveyance)				
B1	Local Conveyance for field work				
B2	Local Conveyance for Professional Staff				
B3	Local Conveyance for Field Resources				
	Sub total of B				
C	In-Country Travel (Travel expenses for Professional staff from base station to states/districts				
C1	Air Travel				
C2	Train Travel				
	Sub Total C				
D	Daily allowance / Lodging expenses if any				
D1	Professional staff				
D1	Field staff or Consultants				
	Sub Total D				
E	Office Expenes				
E1					
	Sub Total E				
F	Other Expenses (specify)				
F1					
	Sub Tottal F				
	Total of Direct cost (A to F)				
G	Management cost .....% on total direct cost (if any)				
H	Goods and Service Tax on total direct cost				
	Total cost (A-F + G-H)				

[The declaration must be on the letterhead of the vendor]

Annexure C
Conflict of Interest Declaration and Certification

To
Managing Director
William J. Clinton Foundation
40, Okhla Industrial Estate
Phase-III, New Delhi – 110020

Sub: Submission of Proposal for selection of agency for Academic Research and Manuscript Development

We hereby certify, that to the best of my knowledge:

1. We have read, understand, and will follow the principles of **WJCF's Conflict of Interest Policy** [https://clintonhealth.box.com/s/y7xqul398gjjfo150ku9w3ntqzklmtly] . We verify that we did not participate in the development or preparation of any entity that has submitted a quote or proposal.

2. We have reviewed my financial interests and current and past employment. By signing this form, we hereby certify that, to the best of our knowledge and belief as of the date indicated below, that we have no conflict of interest with respect to this procurement.

3. We have also reviewed the financial interests and current and past employment of our relatives, meaning a spouse or domestic partner, siblings or half-siblings, children (whether natural or adopted), grandchildren, and great-grandchildren, in-laws i.e., parents-in-law, siblings-in-law, and children-in-law or other significant relationships including individuals living in the same household as me or those with whom I have a close personal relationship, and hereby certify that, to the best of our knowledge and belief as of the date indicated below, that we have no conflict of interest with respect to the procurement.

4. Should we become aware of any conflict of interest for the duration of the contract with WJCF, I will disclose that conflict to indiaprocurement@wjcf.in

Name and Title (printed):
Date:
Signature:

Annexure D: Data Dictionary

Sl No	Source	Variable Name	Description of the variable	Possible Values
1	CRD-MIS	Beneficiary ID	Beneficiary ID used to map RIS and CRD-MIS	Unique identifier entry
2	CRD-MIS	Type of Camp	Camp type	Facility, Others, Mega Camp, Mini Camp
3	CRD-MIS	Facility	Facility name	District Hospital, CHC Pali, CHC Podi, Select, CHC Katghora, CHC Rani Dhanraj
4	CRD-MIS	Beneficiary Name	Name of beneficiary as per CRD MIS	Name as text
5	CRD-MIS	Patient Spiro ID	Spirometry ID	Unique identifier entry
6	CRD-MIS	Age.x	Age as per CRD MIS	Number entry
7	CRD-MIS	Gender.x	Gender as per CRD MIS	Female, Male, MALE, FEMALE, Other, O, male
8	CRD-MIS	Contact Number	Contact as per CRD MIS	Text entry
9	CRD-MIS	Referred from camp (for TB or CRD)	Was the person referred from iLift camp or organic walk in?	FALSE, TRUE
10	CRD-MIS	CRD Presumptive	Was the beneficiary CRD presumptive?	FALSE, TRUE
11	CRD-MIS	Past TB patient	Did the beneficiary have TB in the past?	FALSE, TRUE
12	CRD-MIS	Date of facility visit DD-MM-YYYY	Date	Text entry
13	CRD-MIS	Beneficiary ID...13	Beneficiary ID as per CRD-MIS	Date entry
14	CRD-MIS	Spirometry test status	Status of spirometry	Test completed and report generated successfully, Test not done- patient could not perform test, Test not done- MO did not prescribe spirometry, Test not done- Not applicable, Test not done- patient not available for test, Test completed but report inconclusive
15	CRD-MIS	Spirometry test date	Date of spirometry	Date entry

16	CRD-MIS	mMRC scale grading	Modified Medical Research Council score for staging of breathlessness (one of the common symptom for patient presumptive for Chronic Respiratory Diseases)	Grade 0: Breathless only with strenuous exercise, Grade 1: Short of breath when hurrying on level ground or walking up a slight hill, Grade 2: Walks slower than people of the same age because of breathlessness, or has to stop for breath when walking at own pace, Grade 3: Stops for breath after walking about 100 meters or after a few minutes on level ground, Not applicable, Grade 4: Too breathless to leave the house, or breathless when dressing/undressing, Grade 2: Walks slower than peers due to breathlessness or stops for breath at own pace, Grade 1: Short of breath when hurrying or walking up a slight hill, Grade 4: Too breathless to leave the house or breathless while dressing/undressing, Grade 3: Stops for breath after walking 100 m or after a few minutes on level ground, grade_5
17	CRD-MIS	CRD history	For beneficiary undergoing spirometry, if they were previously diagnosed as having a CRD and under MDI treatment	No CRD history, On Asthma treatment - diagnosed, Not applicable, On symptomatic medication - no diagnosis, On COPD treatment - diagnosed
18	CRD-MIS	SPO2 %	Oxygen level measured using pulse oximetry	>0 and <=100
19	CRD-MIS	Type of test	For spirometry test - pre test is done on patient without any medication and post test is 15 minutes after giving a dosage of bronchodilator	Both Pre and Post test, Pre-test only, Test not done, Not applicable, Post-test only
20	CRD-MIS	FVC % - PRE	value in spirometry reading	Number entry
21	CRD-MIS	FEV1/FVC% - PRE	value in spirometry reading	Number entry
22	CRD-MIS	FVC % - POST	value in spirometry reading	Number entry
23	CRD-MIS	FEV1/FVC% - POST	value in spirometry reading	Number entry
24	CRD-MIS	Diagnosis/ Action by MO	Diagnosis asssigned to the beneficiary	Other, Normal, Asthma, COPD, Referred, Not applicable, Other diagnosis (specify), Not normal, but no action indicated
25	CRD-MIS	Specify other diagnosis/ Specify where referred	Specify other diagnosis/ Specify where referred	Text entry
26	CRD-MIS	Treatment initiated for CRD	MDI Inhaler and other medications prescribed for the disease	Yes, No, Not applicable

27	CRD-MIS	Inhaler demonstration given	Patient shown how to take the MDI Inhalers by doctor/team marked as yes	Yes, No, Not applicable
28	CRD-MIS	Other endpoints		Others, Not applicable
29	CRD-MIS	Remarks	Notes from data quality check process	Text entry
30	CRD-MIS	Spiro report google drive link	Spiro reports saved here	Link
31	CRD-MIS	Prescription google drive link	Spiro reports saved here	Link
32	RIS	Camp ID	Unique camp identifier	Unique identifier entry
33	RIS	Camp Creation Date	Date of camp	Date entry
34	RIS	Camp Last Update Date	Updated data last date	Date entry
35	RIS	First X-Ray Date	First X-Ray Date	Date entry
36	RIS	Latest X-Ray Date	Latest X-Ray Date	Date entry
37	RIS	Camp District	Camp Location Details	Korba, Manendragarh Chirmiri Bharatpur Mcb
38	RIS	Camp Block	Camp Location Details	Korba, Kartala, Katghora, Urban Ward, Poundi-Uproda, Pali, Chirmiri
39	RIS	Camp Village	Camp Location Details	Text entry
40	RIS	Camp Village (Custom)	Camp Location Details	Text entry
41	RIS	Camp Pincode	Camp Location Details	Text entry
42	RIS	Type of Camp	Camp type	Urban slum, Community ACF, Mining area, PVTG, Others, Camp at AAM - PHC, Prison
43	RIS	Type of Camp (Other)	Camp type if other than available options	Text entry
44	RIS	Camp Population	Camp Population	Number entry
45	RIS	Area Type	Area Type	Urban, Tribal, Rural
46	RIS	Local Area Name	Local Area Name	Text entry
47	RIS	Closest Health Center	Closest Health Center	Text entry
48	RIS	Closest Health Center (Custom)	Closest Health Center (Custom)	PHC Bhaisma, CHC Katghora, CHC Dipka, DH chirmiri
49	RIS	Latitude	Latitude	Number entry
50	RIS	Longitude	Longitude	Number entry
51	RIS	Mobilization Type: Door to door mobilization by ASHA/Mitanin	Was Door to door mobilization by ASHA/Mitanin done?	Yes, No
52	RIS	Mobilization Type: Door to door	Was Door to door mobilization by camp team done?	Yes, No

		mobilization by camp team		
53	RIS	Mobilization Type: Flyers/pamphlets	Were Flyers/pamphlets used?	No, Yes
54	RIS	Mobilization Type: Posters	Were Posters used?	No, Yes
55	RIS	Mobilization Type: Camp coupons	Were Camp coupons used?	Yes, No
56	RIS	Mobilization Type: Key Opinion Leaders	Was mobilization done through Key Opinion Leaders?	Yes, No
57	RIS	Mobilization Type: Loudspeaker activity	Was Loudspeaker activity done for mobilization?	Yes, No
58	RIS	Mobilization Type: Others	Was any other mobilization method adopted?	Text entry
59	RIS	Test Available: BP	Was BP test available?	No, Yes
60	RIS	Test Available: Diabetes	Was RBS test available?	Yes, No
61	RIS	Test Available: Height	Was height measurement facility available?	Yes, No
62	RIS	Test Available: Weight	Was weight measurement facility available?	Yes, No
63	RIS	Test Available: HIV	Was HIV test available?	No
64	RIS	Test Available: Hemoglobin	Was hemoglobin test available?	No, Yes
65	RIS	Test Available: Sickle cell disease	Was SCD test available?	No, Yes
66	RIS	Test Available: SpO2	Was SPO2 test available?	No, Yes
67	RIS	Test Available: Others	Was any other test available?	Text entry
68	RIS	Staff Available: WJCF MO	Is MO available?	No, Yes
69	RIS	Staff Available: WJCF DS	Is DS available?	No, Yes
70	RIS	Staff Available: Govt. MO	Is Govt. MO available?	Yes, No
71	RIS	Staff Available: CHO/RHO	Is CHO/RO available?	Yes, No
72	RIS	Staff Available: STS	Is STS available?	No, Yes
73	RIS	Staff Available: STLS	Is STLS available?	No, Yes
74	RIS	Staff Available: TBHV	Is TBHV available?	No
75	RIS	Staff Available: LT	Is LT available?	No, Yes
76	RIS	Staff Available: Others	Is any other health staff available?	Text entry
77	RIS	Number of ASHA/Mitanin	Number of ASHA/Mitanin	Number entry
78	RIS	Number of ANM/Nurse	Number of ANM/Nurse	Number entry
79	RIS	Point Person Designation	Point Person Designation	Text entry
80	RIS	Point Person Name	Point Person Name	ANM/CHO/RHO, ASHA/Mitanin, NTEP Staff (STS, TBHVs, etc.), District Supervisor, Others
81	RIS	Beneficiary Full Name	Beneficiary Details	Text entry
82	RIS	Beneficiary Age	Beneficiary Details	Text entry
83	RIS	Beneficiary Contact Number	Beneficiary Details	Text entry

84	RIS	Beneficiary Gender	Beneficiary Details	Male, Female, O
85	RIS	Landmark	Beneficiary Details	Text entry
86	RIS	Nikshay ID	Beneficiary Details	Text entry
87	RIS	Beneficiary Registration Date	Beneficiary Details	Text entry
88	RIS	Relationship Type	Beneficiary Details	Son, Wife, Daughter, -
89	RIS	Relative Name	Beneficiary Details	Text entry
90	RIS	BMI	Reading as measured at camp	Number entry
91	RIS	Weight (kg)	Reading as measured at camp	Number entry
92	RIS	Height (cm)	Reading as measured at camp	Number entry
93	RIS	Blood Sugar (mg/dL)	Reading as measured at camp	Number entry
94	RIS	Pulse Oximeter (SpO2 %)	Reading as measured at camp	Number entry
95	RIS	Hemoglobin (g/dL)	Reading as measured at camp	Number entry
96	RIS	Systolic BP	Reading as measured at camp	Number entry
97	RIS	Diastolic BP	Reading as measured at camp	Number entry
98	RIS	Sickle Cell Disease Result	Reading as measured at camp	Text entry
99	RIS	HIV Result	Reading as measured at camp	Text entry
100	RIS	Other	Reading as measured at camp	Text entry
101	RIS	Cough (in Last 2 Weeks)	Verbal Screening of symptom cough by project field officer, more than 14 days is marked as yes	No Cough, Less than 7 Days, 7-14 Days, 14-30 Days, 30-60 Days, more than 60 Days
	RIS	Cough (since 22nd July)	Presence of symptom : Cough, verbally screened by project field officer	No Cough, Less than 7 Days, 7-14 Days, 14-30 Days, 30-60 Days, more than 60 Days
102	RIS	Chest Pain (in Last 2 Weeks)	Present of symptom of chest pain - verbally screened by project field officer	No, Yes
103	RIS	Night Sweats (in Last 2 Weeks)	Present of symptom of night sweats, not related to environmental causes - verbally screened by project field officer	No, Yes
104	RIS	Fever (in Last 2 Weeks)	Present of symptom of fever - verbally screened by project field officer	No, Yes
105	RIS	Loss of Weight (in Last 3 Months)	Presence of unintentional loss of weight (>5% in 1 month or >10% in 6 months) - verbally screened by project field officer	No, Yes, dk
106	RIS	Blood in Sputum (in Last 6 Months)	Present of symptom of blood in sputum(any time in past 6 months)- verbally screened by project field officer	No, Yes
107	RIS	Lymphadenopathy	Presence of enlargement of lymph nodes- verbally screened by project field officer	No, Yes
108	RIS	Shortness Of Breath	Presence of breathless(at rest/on exertion) - verbally screened by project field officer	Yes, No
109	RIS	Size Of Lump	For Lymphadenopathy - the approximate size of lump	Groin: More than 2 cm, Neck or axilla: More than 1 cm

110	RIS	mMRC Scale	For Breathlessness = yes, further grading based on modified medical research council score	Grade 1: Short of breath when hurrying or walking up a slight hill, Grade 3: Stops for breath after walking 100 m or after a few minutes on level ground, Grade 2: Walks slower than peers due to breathlessness or stops for breath at own pace, Grade 4: Too breathless to leave the house or breathless while dressing/undressing, grade_5 (not in standardized grade, for use by project team to capture those with seasonal cough)
111	RIS	(Common) Hypertensive	Beneficiaries previously diagnosed as hypertensive.	Yes, No
112	RIS	(Common) Diabetes	Beneficiaries previously diagnosed as diabetic	No, Yes
113	RIS	(Common) Smokeless Tobacco	Beneficiaries using smokeless form of tobacco (eg. Gutkha, kheni, etc.) regularly	Yes, No
114	RIS	(Common) Smoking	Beneficiaries smoking (cigarrete, bidi, ganja, etc) regularly	No, Yes
115	RIS	(Common) Alcohol Consumption	Beneficiaries doing routine consumption of alcohol in any form	No, Yes
116	RIS	(Common) Contact of Known TB Patients (Household Contacts)	Beneficiaries having any household member currently on TB treatment	No, Yes
117	RIS	(Common) Past TB (less than 5 years)	Beneficiaries with a history of any form of TB in the past	No, Yes
118	RIS	(Common) Currently on TB Treatment	Beneficiaries currently on treatment for any form of Tuberculosis	No, Yes
119	RIS	(Clinical) Renal Impairment/Dialysis	Beneficiaries suffering from renal impairment	No, Yes
120	RIS	(Clinical) Liver Impairment	Beneficiaries suffering from liver diseases	No
121	RIS	(Clinical) Cancer	Beneficiaries with a history of cancer / under cancer treatment	No
122	RIS	(Clinical) Organ Transplantation	Beneficiaries with history of organ transplantation or under immunosuppresive therapy	No, Yes
123	RIS	(Clinical) Existing Chronic Respiratory Disease	Beneficiaries currently on treatment/ diagnosed with chronic respiratory diseases	No, Yes
124	RIS	(Social) Migrant	Beneficiaries who are not a local.	No, Yes
125	RIS	(Social) Factory/Construction workers	Beneficiaries who work in construction, factories, brick kilns; etc	No, Yes
126	RIS	(Social) Miner	Beneficiaries who are working in mines	No, Yes
127	RIS	(Social) Health Care Worker	Beneficiaries who are health care workers	No, Yes
128	RIS	Other Risk	Any risk factor not mentioned above	No, Yes
129	RIS	Other Risk Freetext	Any risk factor not mentioned above	Text entry
130	RIS	Symptoms	If any of the TB symptom is presenet (cough, fever, chest pain, weight loss, blood in sputum, night sweats), the beneficiary is symptomatic	Vulnerable only, Symptomatic only, Symptomatic and Vulnerable, None
131	RIS	X-Ray Taken	Was the X-ray taken?	Yes, No
132	RIS	X-Ray Eligibility	Was the beneficiary eligible for X-ray?	Yes, No

133	RIS	X-Ray Discordance	Was X-ray taken even if not eligible?	Not eligible but taken - patient wanted it
134	RIS	Medical Officer Result	The interpretation of Chest Xray by Medical Officer (government or project)	Not Present, TB Related Abnormalities, Normal
135	RIS	Radiologist Result	The interpretation of Chest Xray by a radiology expert	Not Present, Normal
136	RIS	Genki Edge Result	The interpretation of Chest Xray by AI - Genki	TB Related Abnormalities, Normal, Other Chest Related Abnormalities, Beneficiary ID not present, Sync Pending
137	RIS	Tuberculosis	Does the chest Xray has signs of Tuberculosis, as per AI?	Yes, No
138	RIS	Tuberculosis Zone | Location | Size	Location, Size and Zone of the part of Xray, AI considers as TB	Text entry
139	RIS	Pneumonia	Does the chest Xray has signs of Pneumonia, as per AI?	No, Yes
140	RIS	Pneumonia Zone | Location | Size	Location, Size and Zone of the part of Xray, AI considers as Pneumonia	Text entry
141	RIS	Nodule	Does the chest Xray has signs of Nodule, as per AI?	No, Yes
142	RIS	Nodule Zone | Location | Size	Location, Size and Zone of the part of Xray, AI considers as Nodule	Text entry
143	RIS	Pleural Effusion	Does the chest Xray has signs of Pleural Effusion, as per AI?	No, Yes
144	RIS	Pleural Effusion Zone | Location | Size	Location, Size and Zone of the part of Xray, AI considers as Pleural Effusion	Text entry
145	RIS	Pleural Thickening	Does the chest Xray has signs of Pleural Thickening, as per AI?	No, Yes
146	RIS	Pleural Thickening Zone | Location | Size	Location, Size and Zone of the part of Xray, AI considers as Pleural Thickening	Text entry
147	RIS	Atelectasis	Does the chest Xray has signs of Atelectasis, as per AI?	No, Yes
148	RIS	Atelectasis Zone | Location | Size	Location, Size and Zone of the part of Xray, AI considers as Atelectasis	Text entry
149	RIS	Mass	Does the chest Xray has signs of Mass, as per AI?	No, Yes
150	RIS	Mass Zone | Location | Size	Location, Size and Zone of the part of Xray, AI considers as Mass	Text entry
151	RIS	Fibrosis	Does the chest Xray has signs of Fibrosis, as per AI?	No, Yes
152	RIS	Fibrosis Zone | Location | Size	Location, Size and Zone of the part of Xray, AI considers as Fibrosis	Text entry
153	RIS	Pneumothorax	Does the chest Xray has signs of Pneumothorax, as per AI?	No, Yes
154	RIS	Pneumothorax Zone | Location | Size	Location, Size and Zone of the part of Xray, AI considers as Pneumothorax	Text entry
155	RIS	Opacity	Does the chest Xray has signs of Opacity, as per AI?	No, Yes
156	RIS	Opacity Zone | Location | Size	Location, Size and Zone of the part of Xray, AI considers as Opacity	Text entry
157	RIS	Cardiomegaly	Does the chest Xray has signs of Cardiomegaly, as per AI?	Yes, No
158	RIS	Cardiomegaly Zone | Location | Size	Location, Size and Zone of the part of Xray, AI considers as Cardiomegaly	Text entry
159	RIS	Address Line 1	Beneficiary Location Details	Text entry
160	RIS	Address Line 2	Beneficiary Location Details	Text entry
161	RIS	Beneficiary Block	Beneficiary Location Details	Text entry

162	RIS	Beneficiary Village	Beneficiary Location Details	Text entry
163	RIS	Beneficiary Pincode	Beneficiary Location Details	Text entry
164	RIS	Sputum Eligibility	If the beneficiary either has TB symptoms or AI suspects TB, the beneficiary is eligible for sputum collection	Yes, No
165	RIS	Referral	Where the beneficiary is referred at the camp based on his BP,RBS, symptoms, Xray, sickle cell result	-, DH, PHC, CHC
166	RIS	TB Confirmed by Clinician	If the beneficiary is diagnosed by a doctor as having TB, despite having a normal sputum/NAAT result	-, No, Yes
167	RIS	EPTB	The beneficiary is diagnosed as an extrapulmonary form of TB (pleural, lymph node, spine, etc)	Text entry
168	RIS	Lymph Node TB (Other)	Lymph Node TB (Other)	Text entry
169	RIS	Pleural Effusion TB (Other)	Pleural Effusion TB (Other)	Text entry
170	RIS	NCD Diabetes	The status of beneficiary with regards to Diabetes after follow-up with healthcare personnel.	Known diabetics reached facility for management, New diabetic diagnosed, Non-diabetic, No diagnosis assigned, Prediabetic diagnosed, LTFU
171	RIS	NCD Hypertension	The status of beneficiary with regards to Hypertension after follow-up with healthcare personnel.	Known hypertensive reached facility for management, No diagnosis assigned, New hypertensive diagnosed, Non-hypertensive, Prehypertensive diagnosed, LTFU
172	RIS	Chronic Respiratory Diseases	The status of beneficiary with regards to Chronic Respiratory Disease after follow-up with doctors	No diagnosis assigned, Others, COPD, Asthma, LTFU
173	RIS	Chronic Respiratory Diseases (Other)	Any other Chronic Respiratory Disease diagnosis assigned by Doctor other than COPD, Asthma	Text
174	RIS	Sickle Cell Disease	The status of beneficiary regarding sickle cell disease after confirmatory testing	Text entry
175	RIS	Sputum Collected(Same Day)	Sputum Collection done on the same day as camp	Collected, Not collected
176	RIS	Sputum Result(Same Day)	Sputum results of the same day sample	Negative, Positive
177	RIS	Test Type(Same Day)	Test conducted on same day sample	TrueNat, CBNAAT
178	RIS	Sputum Collected(Next Day)	Sputum Collection done on the next day as camp	Collected, Not collected
179	RIS	Sputum Result(Next Day)	Sputum results of the next day sample	Negative, Positive
180	RIS	Test Type(Next Day)	Test conducted on next day sample	TrueNat
181	RIS	Sputum Collected(Other Day)	Sputum Collection done on the other day as camp	Collected, Not collected
182	RIS	Test Date(Other Day)	Date of testing the other day sample	Text entry
183	RIS	Sputum Result(Other Day)	Sputum results of the other day sample	Negative, Positive
184	RIS	Test Type(Other Day)	Test conducted on other day sample	TrueNat
185	RIS	Tuberculosis Detection (%)	The probability of Xray having a tuberculosis like finding as per AI	Number entry

186	RIS	Pneumonia Detection (%)	The probability of Xray having a pneumonia like finding as per AI	Number entry
187	RIS	Nodule Detection (%)	The probability of Xray having a nodule like finding as per AI	Number entry
188	RIS	Pleural Effusion Detection (%)	The probability of Xray having a pleural effusion like finding as per AI	Number entry
189	RIS	Pleural Thickening Detection (%)	The probability of Xray having a pleural thickening like finding as per AI	Number entry
190	RIS	Atelectasis Detection (%)	The probability of Xray having a atelectasis like finding as per AI	Number entry
191	RIS	Mass Detection (%)	The probability of Xray having a mass like finding as per AI	Number entry
192	RIS	Fibrosis Detection (%)	The probability of Xray having a fibrosis like finding as per AI	Number entry
193	RIS	Pneumothorax Detection (%)	The probability of Xray having a pneumothorax like finding as per AI	Number entry
194	RIS	Opacity Detection (%)	The probability of Xray having a opacity like finding as per AI	Number entry
195	RIS	Cardiomegaly Detection (%)	The probability of Xray having a cardiomegaly like finding as per AI	Number entry
196	RIS	Expert Name	Expert Name	Text entry
197	RIS	Expert Comments	Expert Comments	Text entry
198	RIS	Does this person need further investigation?	Radiologist comment on additional investigation like CT scan, MRI, required for patient based on Xray interpretation by them	Text entry
199	RIS	Expert Referral	All Xray having other chest abnormalities by AI and without symptoms are referred to an expert - radiologist for further interpretation	-
200	RIS	X-Ray Quality Comment	Experts comment on the quality of Chest Xray taken	Text entry
201	RIS	Expert Opinion: Tuberculosis	Expert opinion of Xray showing features of Tuberculosis	Text entry
202	RIS	Expert Opinion: Pneumonia	Expert opinion of Xray showing features of Pneumonia	Text entry
203	RIS	Expert Opinion: Nodule	Expert opinion of Xray showing features of Nodule	Text entry
204	RIS	Expert Opinion: Pleural Effusion	Expert opinion of Xray showing features of Pleural Effusion	Text entry
205	RIS	Expert Opinion: Pleural Thickening	Expert opinion of Xray showing features of Pleural Thickening	Text entry
206	RIS	Expert Opinion: Atelectasis	Expert opinion of Xray showing features of Atelectasis	Text entry
207	RIS	Expert Opinion: Mass	Expert opinion of Xray showing features of Mass	Text entry
208	RIS	Expert Opinion: Fibrosis	Expert opinion of Xray showing features of Fibrosis	Text entry
209	RIS	Expert Opinion: Pneumothorax	Expert opinion of Xray showing features of Pneumothorax	Text entry
210	RIS	Expert Opinion: Opacity	Expert opinion of Xray showing features of Opacity	Text entry
211	RIS	Expert Opinion: Cardiomegaly	Expert opinion of Xray showing features of Cardiomegaly	Text entry
212	RIS	Expert Opinion Date	Date on which the radiology expert reviewed and provided their opinion on the Chest X-ray	Date entry

213	RIS	Household Pollution Exposure	Whether the beneficiary is exposed to household / indoor air pollution (e.g. smoke from biomass or solid-fuel cooking). Column present in export but empty for this reporting period.	Only clean cooking fuel like LPG since a long time, Currently using clean cooking fuel but long term exposure of biomass fuel, Mostly clean cooking fuel but some biomass fuel also used, Clean cooking and biomass fuel in equal proportion, Mostly biomass fuel but clean cooking fuel also used, Only biomass fuel

Annexure E: Terms and Conditions of the Contract

The selected agency will be expected to enter a Contract with the WJCF for the duration of the work. Below are the standard clauses, if the clauses are agreeable, please submit your proposal.

1. **Deliverables.**
   Please see Annex A, Scope of Work for complete details of Service Provider's deliverables. Service Provider will use all reasonable efforts to complete the work in accordance with the timeline set forth in Annex A, Scope of Work.

2. **Term and Termination.**
   - **a.** The Term of this Agreement shall commence on [Start date] and [End date].
   - **b.** Either Party may terminate this Agreement upon the other Party's failure to perform its obligations hereunder if such failure to perform is not cured within fifteen (15) days following their receipt of written notice from the complaining Party. The written notice must be sent in a timely manner upon the complaining Party's discovery of the other Party's failure to perform.
   - c. The Parties may mutually terminate this Agreement at any time upon the written agreement of the Parties. WJCF may at any time, with immediate effect, terminate this Agreement by giving written notice to the Service Provider, if the Service Provider becomes bankrupt or otherwise insolvent. In this event termination will be without compensation to the Service Provider provided that such termination will not prejudice or affect any right of action or remedy, which has accrued or will accrue thereafter to WJCF.
   - d. Service Provider acknowledges that this Agreement is funded by contributions from an organization or various organisations supporting WJCF's work ("Donors"). In the event that such Donor funding for this Agreement ceases, pauses or it withheld, WJCF may, at its sole discretion and without liability, terminate this Agreement with immediate effect.

3. **Fee**
   - **a.** The service rendered hereunder, a fee of maximum up to INR [the final budget offered by selected agency]
   - **b.** Any changes to Budget due to an increase/decrease in costs will be discussed by the Parties, confirmed in writing, and attached as an amendment to this Agreement.

4. **Taxes.**
   - **a.** WJCF shall be liable for the applicable Goods and Services Tax (GST) and Tax Deducted at Source (TDS). WJCF shall pay the applicable GST to service provider to pay directly to the Indian tax authorities. The applicable TDS shall be calculated and deducted from each payment to Service Provider at the time of invoicing and shall be paid directly to the Indian tax authorities by WJCF in accordance with Annex C.
   - **b.** Except as set forth in subpart A above, WJCF shall not be liable for any other Service Provider liabilities which may arise on account of income tax, employee dues, Provident Fund, employee state insurance or any other applicable statutes that are the sole responsibility of the Service Provider. Service Provider shall be liable for all other taxes arising out of this Agreement.

5. **Allocation of Funds.**
   a) The Agreement price shall be allocated in accordance with the Budget and Disbursement Details (Annex C) and shall be used solely for the purposes outlined in this Agreement.
   b) WJCF shall initiate funds disbursement upon the timely receipt of invoices and reports as specified in the Budget and Disbursement Details.
   c) Service Provider shall maintain clear and accurate records of funds related to the service delivered under this Agreement, including all expenses incurred and payments made with respect to the funds. Such records shall be kept in accordance with applicable Accounting Standards and statutory requirement and shall be made available for audit by WJCF or any of its designees, in accordance with this Section.
   d) Upon reasonable request from WJCF, WJCF's auditors or WJCF's Donors, Service Provider shall provide to WJCF to review financial records related to work under this Agreement, including accounting records, bank statements, and expense receipts, which document uses of WJCF funds, and all information required in connection with any examination, evaluation, or assessment relating to the Agreement i.e servicer provider will provide Bank Statement, Tax invoice and GST filing record etc..

6. **Relationship of the Parties**.
   The Parties are independent entities, and the employees of one Party shall not be deemed employees, agents, partners, joint venturers or representatives of the other. Neither Party has the power or authority to act for, represent or bind the other. WJCF shall not be responsible for any act or omission of Service Provider, its employees, contractors or agents. Service Provider personnel described in this Agreement are not employees of WJCF and are neither eligible for WJCF employee benefits nor covered under WJCF's insurance policies. Service Provider is solely responsible for its employees' supervision, daily direction and control, and payment of salary (including, without limitation, withholding of income taxes and social security), workers' compensation and disability benefit.

7. **Confidentiality.**
   a) "Confidential Information" means any and all non-public information of a Party, including, but not limited to, (i) third party information that either Party is obligated to maintain as confidential (ii) information developed by either Party on behalf of the other Party, (iii) information developed by either Party within the performance of its duties under this Agreement, (iv) information pertaining to a disclosing Party's technologies, products, intellectual property, finances, operations and (v) information that either Party discloses to the other Party, directly or indirectly, in writing or orally, which is designated as "Confidential", "Proprietary", or "Restricted". Notwithstanding the foregoing, Confidential Information shall specifically, but without limitation, include business plans, data, lists, names, design documents, drawings, financial analyses, forecasts, formulas, know-how, ideas, inventions, market information, marketing plans, processes, products, product plans, research, specifications, software, source code, and trade secrets. Confidential Information shall not, however, include any information that, as evidenced by written records, (i) was publicly known or generally available in the public domain prior to the disclosing Party's disclosure to the receiving Party, (ii) becomes publicly known and generally available after disclosure to the receiving Party through no wrongful acts or omissions of the receiving Party, (iii) the receiving Party possessed prior to disclosure, as shown by the disclosing Party's written evidence, or (iv) the receiving Party obtained from a third party lawfully in possession of such information and without a breach of that third party's obligations of confidentiality.
   b) The receiving Party shall use all Confidential Information solely for purposes of performing its obligations under this Agreement. During the Term of this Agreement and thereafter, the receiving Party shall not directly or indirectly (i) publish, disseminate or otherwise disclose, (ii) use for its own benefit or the benefit of a third party, or (iii) deliver or make available any Confidential Information of the disclosing Party to a third party, other than to further the purposes of this Agreement and with the prior written consent of the disclosing Party. The receiving Party shall limit access to Confidential Information to its officers, employees, affiliates, related parties, agents, subcontractors, attorneys, auditors, or lenders (collectively, "Representatives") who have a need to know for purposes of performance of this Agreement, and require such Representatives to keep the Confidential Information confidential and to be bound by this Agreement to the same extent as if they were parties to this Agreement; provided that, the receiving Party will remain liable for the breach of such terms and conditions by its Representatives and will be liable for any damages incurred by the disclosing Party pursuant to this Agreement as a result of such breach. The receiving Party shall exercise all reasonable precautions to protect the integrity and confidentiality of the Confidential Information. Such precautions shall include, but not be limited to, the highest degree of care the receiving Party utilizes to protect its own Confidential Information of a similar nature. Upon expiration or termination of this Agreement, or at the request of the disclosing Party, whichever occurs first, the receiving Party must immediately return to the disclosing Party or destroy all Confidential Information provided to or developed by the receiving Party under this Agreement.
   c) If the law requires the receiving Party to make any disclosure that this Agreement prohibits or otherwise constrains, the receiving Party must promptly notify the disclosing Party in writing so as to allow the disclosing Party a reasonable opportunity to seek a protective order or other appropriate relief.
   d) As between the Parties, Confidential Information is the exclusive property of the disclosing Party, subject to the receiving Party's rights to use the Confidential Information which is disclosed to the receiving Party from the disclosing Party to perform this Agreement. The use of Confidential Information in furtherance of this Agreement shall not be deemed a waiver by the disclosing Party of any rights with respect to such materials, and it is expressly agreed that neither Party transfer by operation of this Agreement to the other Party hereto any patent right, copyright, or other intellectual property or proprietary right that either Party owns or controls.

8. Marks. This Agreement shall not be construed to grant Service Provider any license to use WJCF's (or any of its affiliates') names or logos, whether now existing or adapted in the future, in any format (the "Marks"). Any requests by Service Provider for use of WJCF's Marks shall be submitted in writing to WJCF. WJCF shall have the right, in its sole discretion, to grant Service Provider any usage rights in its Marks. Any such usage rights shall be agreed to by WJCF in writing.

This Agreement shall not be construed to grant Service Provider any license to use any WJCF's Donor (or any of its affiliates') names or logos, whether now existing or adapted in the future, in any format (the "WJCF Donor Marks"). Any requests by Service Provider for use of WJCF Donor Marks shall be submitted in writing to WJCF; WJCF shall pass such requests to WJCF's Donor. WJCF's Donor shall have the right, in its sole discretion, to grant any usage rights to WJCF Donor Marks.

9. **Press/Marketing/Publications.**
Any public announcement, including press releases and media advisories, regarding this Agreement or the work of the Parties shall require the prior written approval of the Parties.

10. **Proprietary Rights.**
   a. "Developments" includes, whether patentable or un-patentable, ideas, concepts, discoveries, inventions, developments, improvements, know-how, trade secrets, designs, processes, methodologies, materials, products, formulations, data, documentation, reports, algorithms, notation systems, computer programs, works of authorship, databases, mask works, devices, equipment and any other creations (whether or not patentable or subject to copyright or trade secret protection) in all media that are developed, conceived, or reduced to practice by Service Provider, either alone or jointly with others, and that result from the completion of the Deliverables under this Agreement. For the purpose of this Section, "Deliverables" include all work products that the Service Provider is required to provide to WJCF pursuant to this Agreement, as set out and described in Annexure A (Scope of Work)
   b. All Developments and deliverables shall be the exclusive property of WJCF. All Developments and Deliverables that are copyrightable works shall be deemed to be "works made for hire" to the extent permissible under applicable law. To the extent any such Developments or Deliverables are not considered works made for hire under applicable law, Service Provider hereby perpetually and irrevocably assigns, transfers and conveys and, solely to the extent any such assignment cannot be made at present, hereby agrees to assign, transfer and convey to WJCF, without further compensation, all right, title, and interest in and to any and all Developments and Deliverables, including without limitation, any related patents, patent applications, copyrights, copyright applications, trademarks, trade names, trade secrets, and other proprietary or intellectual property rights embodied in or derived from Developments or Deliverables, or developed in the course of the Service Provider's creation of the Development or Deliverables, and all claims and causes of actions of any kind with respect to any of the foregoing, whether now known or hereafter arising. Service Provider will cooperate as may reasonably be necessary for WJCF to perfect title to any Development or Deliverables, including executing any documents in connection with such assignment that WJCF may reasonably request. Service Provider will enter into agreements with its personnel or any other party as necessary to establish WJCF's sole and exclusive ownership in the Developments or Deliverables, and upon WJCF's request, Service Provider will provide WJCF with copies of such agreements. Service Provider appoints WJCF as its attorney-in-fact to execute assignments of, and register all rights to, the Developments and Deliverables and the intellectual property rights in the foregoing. This appointment is coupled with an interest. At any time upon request from WJCF and upon termination or expiration of this Agreement, Service Provider will deliver to WJCF in tangible form all materials containing or embodying the Developments and Deliverables, whether complete or in process.

11. **Data Privacy and Retention.**
   a. As further described in Annex A, Scope of Work, Service Provider may collect, use and enter sensitive data during the course of this Agreement and may be required to hand it over to WJCF for storage.
   b. Data collected or entered by Service Provider in the performance of this Agreement shall be limited to that which is strictly necessary to complete the Services. Service Provider shall use any and all data gathered during this Agreement only as necessary to complete the Services in accordance with this Agreement and not for any other purpose whatsoever.
   c. The Service Provider shall take reasonable steps to protect data in Service Provider's possession from unauthorized use, access, disclosure, alteration or destruction. Security measures shall include access controls, encryption, and/or other means, where appropriate. Service Provider must immediately notify

WJCF of any known security breach that may result in the unauthorized use, access, disclosure, alteration or destruction of the data.

d. The Service Provider shall, in collecting and entering data, comply with all applicable industry standard security policies for the protection of sensitive personal information. The Service Provider shall immediately report to WJCF any actual, attempted, or suspected breaches of the security or privacy of the data, and the Parties shall mutually agree on appropriate steps to (i) immediately alleviate any continued threat to the privacy or security of such data subjects; and (ii) prevent foreseeable future threats to the security or privacy of the data subjects. Service Provider's failure to resolve, to WJCF's reasonable satisfaction, any security failure shall be a material breach of this Agreement.

e. Service Provider shall (a) ensure that the collection, use and disclosure of data complies with all applicable laws, including (without limitation) "privacy and data protection laws and accompanying regulations" such as the GDPR or the DPDP Act 2023. All applicable laws and regulations relating to the Processing of Personal Data currently in force or which shall come into force during the validity of the Agreement in India including but not limited to the Information Technology Act 2000, the Information technology (Reasonable Security Practices and Procedures and Sensitive Personal Data or Information) Rules, 2011, the Digital Personal Data Protection Act 2023 and rules thereunder (as may be applicable).

12. **Indemnification.**

Each Party (an "Indemnifying Party") agrees to defend, indemnify, and hold harmless the other Party (the "Indemnified Party"), at the Indemnifying Party's cost and expense, from and against any and all losses, costs, damages, fees or expenses ("Losses"). Losses shall include, without limitation, actual damages, attorney and expert witness fees, court costs, and other litigation expenses relating to or in connection with a third party claim arising out of (i) any breach by the Indemnifying Party of this Agreement, or (ii) any act, omission, gross negligence or wilful misconduct on the part of the Indemnifying Party, including any of its employees, contractors or agents, in performing its obligations or exercising its rights under this Agreement. The foregoing shall not apply to the extent that any such Losses are attributable to the gross negligence or wilful misconduct of the Indemnified Party, including any of its employees, contractors or agents. In no event shall either Party be liable for indirect, special, punitive or consequential damages.

13. **Limitation On Liability.**

Except for each party's confidentiality and indemnification obligations pursuant to this agreement, to the fullest extent permitted by law, neither party shall be liable to the other for any goodwill, lost profits, indirect, special, incidental, consequential, exemplary, or punitive damages arising from this agreement, regardless of whether for breach of contract, warranty, tort (including negligence), strict liability, or otherwise, and whether or not the party was or should have been aware of, or was advised of, the possibility of such damages. No limitations on liability shall be enforceable where damages result from a party's gross negligence, wilful misconduct, or fraud. WJCF's donors shall not be held accountable for any liabilities that arise due to the action or inaction of either party under this agreement.

14. **Legal Compliance.**

a. Service Provider agrees to conduct all work under this Agreement in accordance with all applicable laws, regulations, and rules and will not infringe, misappropriate, or violate the intellectual property, privacy, or publicity rights of WJCF or any third party.

b. Service Provider shall take no part in acts of bribery, fraud, money laundering or other corrupt practices. Service Provider shall furthermore take reasonable steps to minimize the opportunities for loss, bribery, fraud, conflicts of interest, or other corrupt practices to arise or occur. For the purposes of this Section: "Loss" is understood as the irreversible consequences of unintentional and uncontrollable events on the financial resources provided by WJCF, or the medicines and other products funded by WJCF; "Bribery" is the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to improperly influence the actions of another party. "Fraud" is any act or omission that knowingly or recklessly misleads, or attempts to mislead, a party to obtain financial or other benefit or to avoid an obligation, including misrepresentation or any intellectual fraud, such as the falsification of the data (including clinical or other trial results), diversion or financial misappropriation. Fraud also includes coercive or collusive practices; "Money Laundering" is the act of disguising the proceeds, sources or nature of illicit activities so that such proceeds can be used without detection of the illegal activity that produced them. "Conflicts of Interest" include any situation where the impartial and objective implementation of the Project is compromised for reasons involving economic interest, political or national affinity, family or emotional ties, or any other shared interest. Service Provider shall fully cooperate with any independent investigation commissioned by WJCF or WJCF's Donors into any of the preceding acts or circumstances that occur during the Term of this Agreement.

c. Service Provider must promptly report to WJCF violations or suspicion of violations of WJCF policies as outlined in this Agreement, including but not limited to requirements related to Fraud, Corrupt Practices, and Conflicts of Interest or other misconduct ("Misconduct") by WJCF employees, other contractors or agents. Service Provider also agrees to report Misconduct or suspicion of Misconduct, as related to this Agreement, by its own employees, agents and subcontractors. Service Provider shall at all times during the terms of this Agreement comply with WJCF's code of Conduct. Service Provider may use to anonymously report (or choose to self-identify) Misconduct as outlined in this Agreement or other misconduct by WJCF employees, other contractors, or agents. Service Provider must promptly report to the email ID at indiafilings@wjcf.in any violations of the WJCF Code of Conduct or other misconduct by WJCF employees, other contractors, or agents.

15. **Dispute Resolution, Governing Law and Venue.**

a. Any dispute between the Parties arising out of this Agreement or its implementation shall, unless amicably settled, be subject to conciliation. If the dispute is not resolved by conciliation within sixty (60) days of a conciliator being appointed, the dispute shall be settled by arbitration in accordance with the Indian Arbitration and Conciliation (Amendment) Act, 2015. Any arbitration conducted pursuant to this Section shall be conducted in New Delhi, India and shall be conducted in the English language.

b. If either Party brings an action (whether litigation, arbitration, or otherwise) to enforce its rights under this Agreement or to obtain redress of any kind, including without limitation damages or specific performance, for the breach or violation of any of its provisions, the Prevailing Party (as defined below) shall be entitled to receive all reasonable costs and expenses relating to that legal action and appeals therefrom, including attorney's fees and expert fees.

c. For the purposes of this Agreement, "Prevailing Party" means the Party for whom a judgment, decree, or final award is rendered such that it shall receive all or substantially all of the relief sought.

d. If any part of this Agreement conflicts with any part of any proposal provided by either Party prior to the execution of this Agreement, the relevant part of this Agreement shall govern.

e. This Agreement shall be governed by the substantive laws of India to the exclusion of conflict of law provisions.

16. **Timing, Delay and Penalty**

During the period of this Agreement, Service Provider shall use commercially reasonable efforts to deliver on the Annexure-A, Scope of Work in a timely and a quality-assured manner.

a. Service Provider agrees to complete the deliverables defined in Annexure-A to WJCF's satisfaction in order to receive the full scheduled payments.

b. In the event that the Service Provider fails to complete the deliverable within the stipulated timeframe, the Service Provider shall be liable to the WJCF for liquidated damages as compensation for such delay.

c. The liquidated damages for each day of delay beyond the agree-upon timeframe shall be calculated as 1% per / week, up to maximum total penalty amount of 10%. For every day in delay from 1-10 days, 1.0% of each deliverable as mentioned in the SOW. The penalty shall be levied on each payment milestone mentioned in the payment disbursement schedule.

d. Acceptable delay in conducting this study will be those that result from unforeseen circumstances, such as any changes in current scope of work, beneficiary availability, natural calamities, pandemic or any material changes introduced by WJCF at the last moment. A delay not exceeding 7 working days from the initially proposed timeline would be permissible subject to prior written intimation within 3 working days of any of the above eventualities coming to light. Any delay beyond the time frame mentioned in this session will be deemed unacceptable.

e. WJCF may not declare a breach, and Service Provider cannot be held in breach of this Agreement, of this section if such delay is caused by an action or failure to action of WJCF. In such cases the Service Provider will provide WJCF with written notice of the delay and work on the deliverables will hald until the reason for the delay has been resolved in mutual consultation and an extended period agreed upon by both the parties.

f. WJCF reserves the right to delay or withhold payment of the final disbursement in the event any deliverables under this Agreement are not completed to the satisfaction of WJCF based on data quality standards as indicated in Annexure-A

17. **Service Provider's Certifications, Representations, and Warranties.**

a. Service provider represents and warrants that, to the best of its knowledge, all information provided to WJCF is accurate and all items purchased under this Agreement or otherwise transferred to WJCF are in good working order and function at a level reasonable for the activities for which WJCF is procuring them.

b. Service provider represents and warrants the following to WJCF, and if at any time fails to meet the following representations and warranties, or such representations and warranties are no longer true, accurate or complete, shall immediately notify WJCF: (i) Service Provider has the right, power and authority to enter into and perform under this Agreement; and (ii) Service Provider shall comply with and ensure that all personnel, including subcontractors, providing services under this Agreement comply with all applicable laws and all reasonable directions and orders given by Service Provider, and Service Provider shall ensure that such personnel are appropriately qualified and, as applicable, licensed and certified, to perform all functions assigned to them in connection with the provision of the services under this Agreement.

c. Service Provider represents and warrants that it maintains a data protection policy consistent with industry best practices and applicable local laws. In the event that Service Provider does not maintain a data protection policy, or maintains a data protection policy less strict than that of WJCF, then Service Provider warrants and represents that it will comply with WJCF's Data Protection Policy during the term of this Agreement, available upon request.

d. If applicable, Service Provider warrants to WJCF that all services will: (a) be free from any defects in workmanship, material and design; (b) conform to applicable specifications, drawings, designs, samples and other requirements specified by WJCF; (c) comply with all applicable laws, regulations and ordinances; (d) meet the specifications and standards as approved by WJCF; (e) be fit for their intended purpose and operate as intended; (f) be merchantable; (g) be insured for their full value while being shipped or otherwise transported to WJCF; (h) be free and clear of all liens, security interests or other encumbrances; and (i) not infringe or misappropriate any third party's patent or other intellectual property rights. Service Provider shall, at its sole cost and expense, promptly replace the defective or non-conforming services and pay for all related expenses.

18. **Notice.**
All notices and requests in connection with this Agreement shall be given to the Parties by certified or registered mail, by a nationally or internationally recognized courier service, by facsimile (subject to acknowledgement of receipt), or by hand as set forth below. All notices and requests shall be deemed given the earlier of seven (7) days after duly deposited in the mails properly addressed with postage prepaid, or when actually received.

[name of the agency]

William J. Clinton Foundation

New Delhi – 110 020
Email:

19. **Force Majeure.**
Neither Party shall be liable by reason of any failure in the performance of this agreementin accordance with its terms if such failure arises out of causes beyond the control and without the fault and negligence of such Party. Such cases may include, but are not limited, to acts of God, acts of insurrection, fires, floods, epidemics, quarantines, strikes, and labour disputes.

20. **Entire Agreement.**
This Agreement represents the entire agreement between the Parties with respect to the subject matter of the Agreement and supersedes all prior agreements and understandings, oral or written, between the Parties with respect to the subject matter of this Agreement.

21. **No Assignment or Subcontracting.**
No Party may transfer or assign any of its rights or obligations under this Agreement without the express written permission of the other parties hereto, nor may any part of the Project be subcontracted or delegated by Service Provider, without the prior written consent of WJCF

22. **Amendments.**
Any material changes to this Agreement will be discussed by the Parties, confirmed in writing, and attached as an addendum to this Agreement.

23. **Counterparts and Facsimiles.**
The Parties may execute this Agreement in counterparts, each of which is deemed an original, but all of which together constitute one and the same agreement. This Agreement may be delivered by facsimile transmission

or electronic scan, and facsimile or electronic scan copies of executed signature pages shall be binding as originals.

[Signatures appear below]

[name of agency]	William J. Clinton Foundation in India
By: _____	By: _____
	[Title]
Date:	Date:

=== End of RFP ===