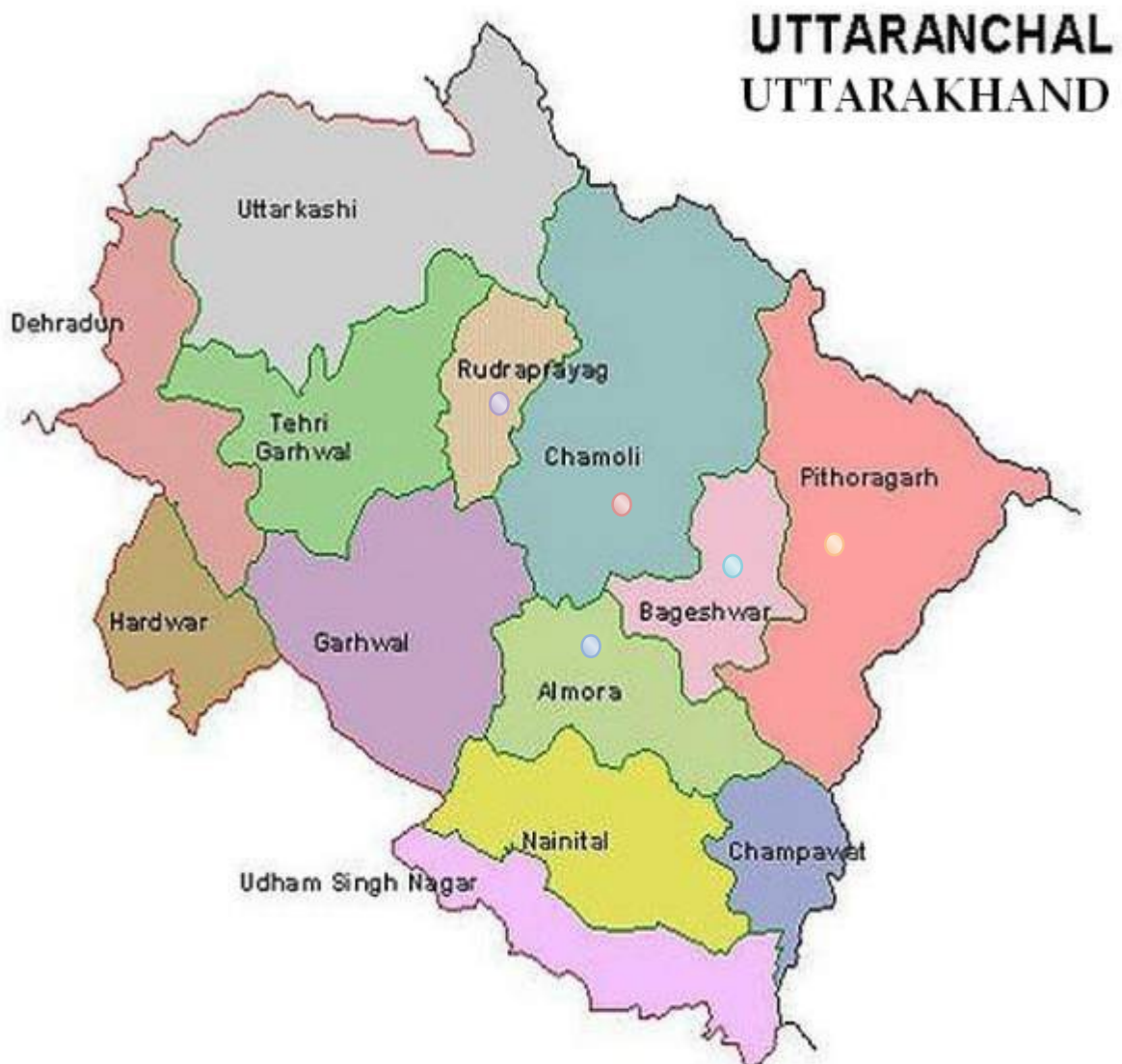


TERMS OF REFERENCE
FOR
SUPPORTING ACHIEVEMENT OF ‘PRE-ACCREDITATION ENTRY LEVEL’ UNDER
NATIONAL ACCREDITATION BOARD FOR HOSPITALS AND HEALTHCARE
PROVIDERS [NABH] INCLUDING GAP FILLING AND NABH DOCUMENTATION BY
TWO GOVERNMENT DISTRICT HOSPITALS OF UTTARAKHAND IN GARHWAL
REGION – CLUSTER 2

1. Background



Uttarakhand Health System Strengthening Project (UKHSDP) is adopting a strategy to improve the health system in the state of Uttarakhand. The Project is financed by the World Bank and implemented by Uttarakhand Health and Family Welfare Society (UKHFWS). The Project seeks to support Uttarakhand in improving access to Quality health services and in providing health financial risk protection. The main focus of the project is to strengthen the health delivery systems, improving the healthcare structure and provides the facilities required for the existing Population. The Project is to be implemented over six years with total cost of US \$125 Million, out of which the World Bank is providing financial support of US \$100 Million. The project has two components: a) Innovations in engaging the private sector (for integrated service delivery and for health financing), and b) Stewardship and health systems improvement. A description of the activities under the two project components is provided below.

Project Components:

Component 1. Innovations in engaging the private sector: Innovations in engaging the private sector finances engagement with the private sector in the delivery of healthcare services as well as in healthcare financing. This component aims to expand access to services by creating integrated, technology-enabled health system architecture with enhanced focus and availability of primary care, emergency care and necessary referral services. It also expands financial protection by defining a benefit package of primary care services for child and adolescent health care and for the management of non-communicable diseases.

Component 2. Stewardship and system improvement: This component strengthens the government's capacity to engage effectively with the private sector, and therefore, to enable the government to provide effective stewardship to improve the quality of services in the entire health system and particularly in its capacity to effectively pursue the innovations being planned under this project. The component focuses on strengthening the institutional structures for stewardship and service delivery and augmenting the state's human resource capacity, so that the necessary skill sets required for effective implementation of the project and the state's health programs are available. The strengthened capacity serves beyond the activities of this project, as it contributes to the government's stewardship role for the health system as a whole. It supports research and evidence generation, use of evidence for strategic planning, and improved information systems for data generation and management, including timely feedback to providers. It also supports Facilities Assessment as well as contracting of agencies on a turnkey basis to support the attainment of National Accreditation Board for Hospitals and Healthcare Providers [NABH] quality standards in identified public health facilities in the state. Finally, the component promotes a multidisciplinary approach to strengthen the ability of the health system to respond to seasonal and context-specific needs. Project management costs are also financed from this component.

Currently, the state is taking several steps in the area of quality improvement with the help of the National Health Mission [NHM]. Along with other steps, it has already defined Quality Assurance implementation framework and formed State and District Quality Assurance committees. One of the primary objectives of UKHSDP is to improve access to quality health services in Uttarakhand, including through NABH accreditation of select Public health facilities.

To further enhance the quality of healthcare services in its hospitals, UKHSDP has initiated the process of getting Pre-accreditation Entry Level under NABH, for 5 government district hospitals in Uttarakhand. NABH Gap Assessment was carried out in year 2018 by a consulting firm hired under the Project and their team members have visited the following five government district hospitals in Uttarakhand located at Kumaon and Garhwal : **Almora, Bageshwar, Chamoli, Rudraprayag and Female Hospital Pitoragarh**. The NABH Gap Assessment Report for each of the 5 Government District Hospital is available at : <https://www.ukhsdp.org/notices.php>. Major gaps identified can be broadly classified as : structural gaps, process-related gaps, manpower-related gaps, and equipment-related gaps and critical areas identified in order to attain Pre-accreditation Entry Level under NABH include seeking regulatory compliances, infrastructure restructuring, equipment requirement and calibration, human resource gaps, system design requirement, etc. Based on the NABH Gap Assessment Report's finding, the Project Implementation Team [PIT] of the UKHFWS implementing the UKHSDP proposes to hire a consulting firm to support two out of the five government district hospitals located in Garhwal Region in Uttarakhand [Cluster 2] to fill in gaps and ultimately attain Pre-accreditation Entry Level under NABH.

The government district hospitals/facilities have been packaged into two clusters based on geographic location as follows:

Cluster 1 – Kumaon

a. District Hospital Almora

- b. District Hospital Bageshwar
- c. District Female Hospital Pithoragarh

Cluster 2 – Garhwal

- a. District Hospital Chamoli
- b. District Hospital Rudraprayag

This TOR is for Garhwal Region of Uttarakhand [Cluster 2].

2. Objectives of the Assignment

The overall objective of the assignment is attainment of Pre-entry Level Accreditation under NABH by the Three Government District Hospitals/Facilities in Garhwal Region of Uttarakhand [Cluster 2] and providing necessary support to the Facilities to enable the same. This objective can be broken down into the following sub-objectives [and deliverables] as below:

- i. *Deliverable I :Systems Readiness* : To ensure systems readiness for pre-accreditation entry level under NABH.
- ii. *Deliverable II :Infrastructure Readiness* : To facilitate filling up of civil infrastructure gaps. This involves carrying out minor works at the five government district hospitals.
- iii. *Deliverable III :Equipment Readiness* : To facilitate filling up of equipment gaps. This involves procurement of medical/non-medical equipment for the five government district hospitals
- iv. *Deliverable IV :Institutional Readiness* : To develop institutional readiness [training and internal assessments] for certification.

The activities required for Pre-accreditation Entry Level under NABH for the five government district hospitals include *inter alia*, the following:

- i. Leading and facilitating the process of formation of Quality Assurance [QA] teams (if not already formed) in each hospital (members of the QA team will be staff from the hospital) and build the capacity of the QA teams to lead the process of Pre-accreditation Entry Level under NABH.
- ii. Drafting various Manuals and Policies as per NABH requirements and guidelines provided by Quality Council of India [QCI] and NABH.
- iii. Training key personnel [approximately 150 staff per government district hospital including but not limited to medical, paramedical and support staff] in appropriately-sized batches based on NABH guidelines for capacity building of the staff as per training needs assessment [to be prepared by the selected firm and approved by UKHFWS].
- iv. Procurement and contract management [including delivery, supply, installation and commissioning, preventive maintenance, warranty/CMC/AMC requirements, etc.] of medical and non-medical equipment in a competitive and transparent manner and approved by UKHFWS], ensuring legal and regulatory compliance, in line with specifications of equipment provided by the UKHFWS. This also includes ensuring provision of training on use of equipment to operators of the equipment at the facilities, if applicable.

- v. Leading the process of refurbishment and minor civil alterations based on Detailed Project Report [DPR] and Bill of Quantity [BOQ] [to be prepared by the selected firm and approved by UKHFWS].
- vi. Handling procurement related complaints in a fair and efficient manner, under the overall guidance of UKHFWS, in accordance with Grievance Redressal Manual (available at <https://www.ukhsdp.org/assets/pdf/GRM-FINAL.pdf>).
- vii. Fulfilling all statutory and regulatory requirements including applying and securing necessary certificates and clearances for the hospitals.

[It may be noted that the Human Resources required for pre-accreditation entry level under NABH would be hired by UKHFWS and placed at the government district hospitals seeking NABH pre-accreditation entry level. UKHFWS has initiated the tendering process for the same].

3. Duration of the Assignment

The duration of the assignment is 30 months from contract signature.

4. Detailed Scope of Services

The overall objective of the assignment is attainment of Pre-entry Level Accreditation under NABH by the Two Government District Hospitals/Facilities in Garhwal Region of Uttarakhand [Cluster 2] and providing necessary support to the Facilities to enable the same. The scope of services can be broken down into four [4] major components which are aligned with the sub-objectives/sub-deliverables, as below.

- i. *Systems Readiness*: To ensure systems readiness for pre-accreditation entry level under NABH including policies, frameworks, protocols, etc.
- ii. *Infrastructure Readiness*: To facilitate filling up of civil infrastructure gaps.
- iii. *Equipment Readiness*: To facilitate filling up of equipment gaps.
- iv. *Institutional Readiness*: To develop institutional readiness (training and internal assessments) for certification.

Activities/tasks involved in each of the above four components include *inter alia* the following:

I. *Systems Readiness : For Pre-accreditation Entry Level under NABH*

This involves carrying out all of the following activities with active engagement of the facility staff/staff of the government district hospitals.

- a. Formation of Quality Assurance (QA) teams in hospitals if not already formed (department specific and one for the overall hospital).
- b. Developing Terms of References (TOR) for the QA teams for approval of the UKHFWS prior to adoption, and orientation of QA teams thereafter in line with the TOR.
- c. Developing manuals/Standard Operating Procedures (SOPs) in close coordination with the QA Teams for approval of the UKHFWS and adoption thereafter. The Manuals/Standard Operating procedures will include the following but not be limited to:

- i. General Information Brochure
 - ii. Assessors Guide
 - iii. Hospital Infection Control Manual for Small Healthcare Organizations
 - iv. Policy and Guidelines for use of NABH Accreditation Mark
 - v. Procedure on Handling of Complaints and Appeals
 - vi. NABH Standard Accreditation Agreement
 - vii. Policy and Guidelines for use of NABH Accreditation/Certification Mark
 - viii. Access Assessment and Continuity of Care
 - ix. Policies and Procedures on Care of Patients
 - x. Management of Medication
 - xi. Policy and Procedures to Protect Patient Rights and Education
 - xii. Hospital Infection Control Manual
 - xiii. Policies and Procedures on Continuous Quality Improvement
 - xiv. Policies and Procedures on Responsibilities of Management
 - xv. Policies and Procedures on Facility Management and Safety
 - xvi. Human Resources Management
 - xvii. Policies and Procedures on Information Management System
- d. Developing all level of documentation as mentioned below **as per NABH guidelines:**
 - 🚩 Level I: Apex Quality Manual
 - 🚩 Level II: Policies and Procedures Manual and Protocols
 - 🚩 Level III: Forms, Formats, registers and Work Instructions
 - e. Developing Quality Policy, Mission Statement and Vision statement for the organization **as per NABH guidelines.**
 - f. Seeking and securing various approval for various types process documentation from process owners and facility-in-charge (Medical Superintendent/Chief Medical Superintendent/Principal Medical Superintendent) **as per NABH requirements.**
 - g. Arranging to print and disseminate two sets of all documents to all concerned.
 - h. Constitution of various **committees as per** Pre-accreditation Entry Level for **NABH requirements.**

- i. Ensuring display of signage **as per NABH requirements** by drafting a signage plan and printing signage for display at the appropriate locations in the government district hospitals.
- j. Conducting internal assessments **as per NABH requirements**.
- k. **Preparation of Audit formats for** Conducting audits such as Internal, Code Blue, Clinical, Medical Records, Prescriptions, Death, Antibiotic, Bio-Medical Waste [BMW], Hand Washing, etc., **as per NABH requirements**.
- l. Conducting audits such as Internal, Code Blue, Clinical, Medical Records, Prescriptions, Death, Antibiotic, Bio-Medical Waste [BMW], Hand Washing, etc. **as per NABH requirements and preparation and submission of quarterly audit reports thereof**.
- m. Preparation of Monitoring data formats along with Monitoring indicators.
- n. **Continuous** Monitoring of progress and quality indicators; Patient and employee satisfaction survey **and preparation and submission of monthly reports thereof**.
- o. Supporting the government district hospitals in developing/fulfilling statutory requirements for Pre-accreditation Entry Level under NABH.
- p. Ensuring display of the Citizen Charter and Patient Charter **as per NABH requirements**.
- q. Devising and implementing periodic patient and employee feedback, and conducting analysis for continuous improvement **as per NABH requirements**.
- r. Facilitating the implementation of policies and procedures though rigorous and continuous training of hospital staff [approximately 150 staff per government district hospital]**as per NABH requirements**.
- s. Establishing an appropriate mechanism of monitoring, benchmarking and scalability of quality indicators [to be developed and approved by UKHFWS] for Continuous Quality Improvement **as per NABH requirements**.
- t. The selected firm shall guide the government district hospitals in filling the requisite application form and Self-assessment toolkit for the Pre-accreditation Entry Level under NABH, send it to NABH for assessment, and follow up with NABH for the same for securing the necessary accreditation.
- u. Registration on web Portal for online application of Pre-accreditation Entry Level under NABH.
- v. Uploading of all required documents on portal.
- w. Fee submission by the selected firm for online application of Pre-accreditation Entry Level under NABH.
- x. Non Conformance (NC) Closure of desktop assessment by uploading evidence.
- y. Closure of all Gaps as per detailed scope of work Point numbers i, ii, iii and iv of Para 4 of the TOR.
- z. Uploading evidence on the web portal for the identified gaps.
- aa. Providing guidance in preparation of Corrective Action Preventive Action [CAPA] report along with the evidences hyperlinked and forward to NABH for review.
 - ab. Any other activity that may be identified to facilitate achieving the Pre-accreditation Entry Level under NABH of identified government district hospitals.

II. *Infrastructure Readiness : To Facilitate Filling up of Structural/Civil Infrastructure Gaps*

This involves carrying out the following activities:

- a. The selected firm shall prepare and submit to the UKHFWS a Detailed Project Report (DPR) and Bill of Quantities [BOQ] along with updated equipment inventory based on actual survey of the hospitals for works identified in NABH GAP Assessment Report as gaps, and prepare cost estimates for :
 - (i) Refurbishment and minor civil works as specified in the NABH Gap Assessment Report;

The selected firm shall get the said DPR approved from a civil engineer of the Public Works Department [PWD] - [this will be facilitated by UKHFWS] or any other person as nominated by the UKHFWS before submission to and approval by UKHFWS.

- b. The selected firm shall procure services of contractors for carrying out above tasks through a competitive and transparent process [process to proposed by selected firm and approved by the UKHFWS].
- c. The selected firm shall execute alterations in existing infrastructure, **as per DPR approved by the civil engineer of the PWD or any other person nominated by the UKHFWS and in order facilitate NABH accreditation;** and in compliance with Bank's Environment Social Health and Safety requirements available at <https://www.ukhsdp.org/assets/pdf/safeguard.pdf> and <https://www.ifc.org/wps/wcm/connect/960ef524-1fa5-4696-8db3-82c60edf5367/Final%2B-%2BHealth%2BCare%2BFacilities.pdf?MOD=AJPERES&CVID=jqeCW2Q&id=1323161961169> [it may be noted that no major civil works¹ are envisaged].
- d. The selected firm shall supervise implementation of above works and ensure that the works are of the prescribed quality in accordance with the required specifications.
- e. UKHFWS will arrange measurement and certification of works completed by the contractors and the selected firm then can make payment to the contractors which will be reimbursed by the UKHFWS as per the payment schedule at para 6.2 of the TOR, and upon submission of invoices with all supporting documentation.
- f. On completion of work for each government district hospital the selected firm will have to submit a completion and compliance report along with as-built drawings certifying the completion of work as per the requirement for NABH accreditation.
- g. The selected firm will be responsible for fair and efficient handling of procurement related complaints under the overall guidance of UKHFWS, in accordance with Grievance Redressal Manual.
- h. Any other activity that may be identified to facilitate in achieving the Pre-accreditation Entry Level under NABH.

¹ No major civil works are envisaged to be executed. Minor civil works envisaged include [but are not restricted to] extension or construction of new building/wing/wards.

III. Equipment Readiness: To Facilitate Filling up of Equipment Gaps

This involves carrying out the following activities:

- a. The selected firm shall review the specification (to be provided by UKHFWS) and requirement of medical and non-medical equipment of the government district hospitals, and finalize the same along with cost estimates, in consultation with the UKHFWS.
- b. The selected firm shall prepare and update equipment inventory, DPR including cost estimates, requirement for Comprehensive Maintenance Contract [CMC]/Annual Maintenance Contract (AMC), as applicable, for each equipment.
- c. The selected firm shall select suppliers for procuring medical and non-medical equipment as per approved DPR through a competitive and transparent process [process to be proposed by selected firm and approved by the UKHFWS].
- d. The selected firm shall ensure supply, installation, delivery, commissioning and testing of Medical Gas Pipe Line System (MGPS), Modular Operation Theatre (MOT), Nurse Call system, Effluent Treatment Plant (ETP)/Sewage Treatment Plant (STP) and medical and non-medical equipment at the district hospitals under the cluster. The DPR for MGPS, MOT, Nurse Call System, and ETP/STP for each of the government district hospitals will need to be prepared by the selected firm and approved by the UKHFWS.
- e. The selected firm shall ensure calibration of existing medical and non-medical equipment at the hospital during the contract period.
- f. The selected firm shall ensure preventive maintenance including warranty/CMC/AMC, as applicable, of medical and non-medical equipment procured under this contract at least for the contract period of this assignment.
- g. The selected firm shall also ensure training on use of equipment for all the relevant staff in the hospital with due consideration to safety.
- h. On completion of successful supply, installation, commissioning and testing of all equipment, the agency shall submit all test reports along with a completion report certifying the completion as per the requirement for NABH accreditation.
- i. The selected firm shall provide guidance in obtaining required licenses as per Pre-accreditation Entry Level under NABH standards
- j. The selected firm will be responsible for fair and efficient handling of procurement related complaints under the overall guidance of UKHFWS, in accordance with Grievance Redressal Manual.
- k. Any other activity that may be identified to facilitate in achieving the Pre-accreditation Entry Level under NABH.

IV. Institutional Readiness : To Develop Institutional readiness (Training and Internal Assessments) for Certification

This involves carrying out the following activities:

- a. The selected firm shall conduct training needs assessment including (i) Department 'as-is' documentation of existing practices keeping in mind the NABH entry level standards; and (ii) listing gaps between 'as is' and 'should-be' to collectively determine actions points for course correction.
- b. The selected firm shall prepare a Training Plan [and updates if necessitated] for institutional readiness including potential training institutes/venues/trainers as well as dates scheduled to provide the training [to be approved by of UKHFWS].

- c. The selected firm shall develop and distribute the appropriate training material to all the trainees [approximately 150 staff per government district hospital].
- d. The selected firm shall train the key personnel [approximately 150 staff per government district hospital] of all the departments as per agreed training plan including mock drills and **NABH guidelines**.
- e. Preparation of formats for conducting periodic training progress assessment.
- f. The selected firm shall conduct pre and post training assessment and collect feedback on the training program. Thereafter, plan for re-training taking into consideration [i] feedback received on the training in case assessment results are poor; and/or [ii] in case some participants were left out in the first round of training.
- g. The selected firm shall maintain and submit all training records along with feedback received to the facilities heads (Medical Superintendents) and to UKHFWS.
- h. The selected firm shall provide handholding support to the government district hospitals for preparedness of NABH assessment, i.e., undertake the first internal assessment, identify gaps, identify and facilitate corrective actions to address the gaps, second internal assessment, review of 2nd and final internal assessment results with the QA teams as part of final preparation for the NABH audit team.
- i. The selected firm shall conduct preparatory training as required for Entry level NABH assessment and refresher training before final NABH inspection.
- j. Submission of Final report on all training conducted including preparatory training and refresher training before NABH inspection.
- k. Any other activity that may be identified to facilitate achieving the Pre-accreditation Entry Level under NABH.

5. Deliverables

The overall deliverable of the assignment is attainment of Pre-entry Level Accreditation under NABH by the Two Government District Hospitals/Facilities in Garhwal Region of Uttarakhand [Cluster 2] and providing necessary support to the Facilities to enable the same.

The selected firm shall submit the following reports/deliverables for each of the four components as detailed below in 1 (one) hard copy + 1 (one) editable soft copy separately for each government district hospital, and a final completion report [1 hard copy and 1 soft editable copy] for the assignment. UKHFWS will provide approval/comments for incorporation for all the reports within one month of submission by the selected firm.

5.1 Deliverable/Outputs : Systems Readiness

S. No.	Report	Deliverable	Broad Contents	Timeline	Deliverable Linked to Payment [Yes/No]. If yes, indicative %
1.	Inception Report	Inception report for System readiness, Minor Works, Equipment Procurement and Contract Management, Institutional Readiness	<ol style="list-style-type: none"> 1. Governance and Administrative Mechanisms proposed by the selected firm to perform this contract. 2. Technical and operational approach and methodology including procurement process with timelines proposed. 3. Time lines for implementation of all Deliverables mentioned in Para 5 4. Audit Formats as referred at sub-point (a) of point nos. 1 	1 month from contract signature	Yes – Refer point 1 of Table 6.1

			<p>table 5.2 below.</p> <p>5. Monitoring data with Monitoring indicators as referred in sub-point (a) of point no 2 of table 5.2 below.</p>		
2.	Interim Report	i. Manuals, SOPs , forms and formats and constitution of QA committees	<p>Formation of QA Teams in Hospitals (Department Specific and on for overall hospital) referred in Clause ‘a’ of Para 4 [I]</p> <p>Developing TORs for QA teams as referred in Clause ‘b’ of Para 4 [I].</p> <p>Developing standardized policies and procedure manual and protocols for the facilities as referred in Clause ‘c’ of Para 4 [I]</p> <p>Customizing existing forms, formats and registers as per functional requirement if needed or introduction of new forms,</p>	3 months from contract signature	Yes – Refer Point 2 of Table 6.1

			<p>formats and registers as per NABH requirements as referred in Clause ‘d’ of Para 4 [I].</p> <p>All level of documentation shall be developed in consultation with in-charges as mentioned below:</p> <ul style="list-style-type: none"> ➤ Level I: Apex Quality Manual ➤ Level II: Policies and Procedures Manual and Protocols ➤ Level III: Forms, Formats, registers & Work Instructions <p>Developing Quality Policy, Mission Statement and Vision statement for the Health facilities if required as referred in Clause ‘e’ of</p>		
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			<p>Para 4 [I]</p> <p>Ratify and approval as referred in clause 'f' of Para 4[I]of all level of documentation from the process owners and facility in-charge.</p> <ol style="list-style-type: none"> 1. All level of documents as referred in Clause 'c', 'd', 'e' of Para 4[I] shall be printed and distributed to the concerned personnel. As referred in Clause 'c' and 'd' of Para 4 [I] 2. Constitution of various committees as per Pre-accreditation Entry Level for NABH requirementsAs referred in Clause 'c' and 'd' of Para 4 [I] 		
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		ii. Minor works	DPR for refurbishment work including cost estimates duly approved by a civil engineer of the Public Works Department [PWD] or any other person as nominated by the UKHFWS as referred in Clause 'a' of Para 4 [II].		
		iii. Equipment Procurement	<p>a. Reviewing specifications and requirements of equipment as per pre-entry level accreditation for NABH as referred in Clause 'a' of Para 4 [III]</p> <p>b. DPR for equipment including cost estimates and updated equipment inventory as referred in Clause 'b' of Para 4 [III]</p>		
3.	Draft Report	Application to NABH	a. Registration on web	21 months from contract	Yes – Refer point 3 of

		Portal and Healthcare Organizations Platform for Entry Level Certification [HOPE] web Portal QCI (Entry level certification)	<p>Portal for online application of NABH as referred in Clause ‘u’ of Para 4 [I]</p> <p>b. Uploading of all required documents on portal as referred in Clause ‘v’ of Para 4 [I]</p> <p>c. Fee submission by the selected firm as referred in Clause ‘w’ of Para 4 [I]</p> <p>d. Non Conformance (NC) Closure of desktop assessment by uploading evidence as referred in Clause ‘x’ of Para 4 [I]</p>	signature	Table 6.1
4.	Final Report	Gap closure after	a. Closure of all the	30 months from contract	Yes – Refer Point 4 of

		assessment and accreditation	gaps as referred in clause 'y' of Para 4 [I] b. Uploading evidence on the web portal for the identified gaps as referred in clause 'z' of Para 4 [I] c. Guiding in preparation of CAPA reports along with evidences hyperlinked and forwarding to NABH for review as referred in Clause 'aa' of Para 4 [I]	signature	Table 6.1
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5.2 Deliverables/Outputs - Systems Readiness – Periodic Reports

S. No.	Report	Frequency of Deliverable	Broad Contents	Timeline	Deliverable Linked to Payment [Yes/No]. If yes, indicative %
1.	Audit Reports	Quarterly	a. Preparation of audit formats as referred in Clause 'k' of Para 4 [I]	Along with Inception Report as described in point no 1 of table 5.1.	Yes - Refer Point 1 of Table 6.1

			<p>b. Conducting audits such as Internal audits, Code Blue, Clinical, Medical Records, Prescriptions, Death, Antibiotic, BMW, Hand Washing, etc.,as referred in Clause ‘l’ of Para 4 [I].</p> <p>c. Preparation and submission of audit report as referred in Clause ‘l’ of Para 4 [I]</p>	Quarterly from contract signature	Yes – Refer points 2, 3 and 4 of Table 6.1
2.	Monitoring Report	Monthly [Capturing relevant Indicators]	<p>a. Preparation of Monitoring formats and Monitoring Indicators for capturing monitoring data as referred in Clause ‘m’ of Para 4[I]</p>	Along with Inception Report as described in point no 1 of table 5.1.	Yes - Refer Point 1 of Table 6.1
			<p>b. Monitoring of progress and quality indicators; Patient and employee satisfaction survey as referred in Clause ‘n’ of Para 4 [I]</p>	Monthly from contract signature	Yes – Refer point 2,3,4 of Table 6.1

5.3 Deliverables/Outputs – Infrastructure Readiness

S. No.	Report	Deliverable	Broad Contents	Timeline	Deliverable Linked to Payment [Yes/No]. If yes, indicative %
1	Interim Report	Completion of tendering process for all facilities and contract signature with selected contractors/vendors	Brief detail of tendering process including method of procurement, selection criteria, advertisement, Evaluation sheet and Selected Agency and contract signature as referred in Clause 'b' of Para 4 [II]	4 months from contract signature	No
2	Final Report	Structural Gap Fulfillment Infrastructure Readiness	Submission of Completion Report as referred in Clause 'f' of Para 4 [II] for minor works including completion of works of : <ul style="list-style-type: none"> a. Painting b. Wall Cladding c. Flooring d. Nursing call system e. ETP/STP f. Any other task as per the DPRs prepared and as per minimum requirements set forth by the NABH 	18 months from contract signature	No

5.4 Deliverables/Outputs – Equipment Readiness

S. No	Report	Deliverable	Broad Contents	Timeline	Deliverable Linked to Payment [Yes/No]. If yes, indicative %
1.	Interim Report	Completion of tendering process and Selection of Suppliers to conduct refurbishment work	Brief detail of tendering process, selection criteria, advertisement, evaluation sheet and selected Agency as referred in Clause ‘c’ of Para 4 [III]	4 months from contract signature	No
2.	Final Report	❖ Gap Fulfillment - Equipment Readiness	Submission of Completion Report as referred in Clause ‘h’ of Para 4[III].Procurement, installation, trainings, commissioning and testing and Annual Maintenance Contract/Comprehensive Maintenance Contract, as needed, under Pre-accreditation Entry Level under NABH as referred in Clause ‘d’ of Para 4 [III] , and provision of training in the use of equipment by operators as referred in Clause ‘g’ of Para 4 [III]	15 months from contract signature	No
		❖ Obtaining Licenses	Guidance in obtaining required licenses as per Pre-accreditation Entry Level under NABH standards as referred in Clause ‘i’ of Para 4 [III]		No

5.5 Deliverables/Outputs – Institutional Readiness

S. No.	Deliverable	Broad Contents	Timeline	Deliverable Linked to Payment [Yes/No]. If yes, indicative %
1.	Interim report (the report should outline the plans for trainings which are to be initiated after completion of 80% of refurbishment work, equipment installation and 80% HR Placement at the government district hospitals)	<ul style="list-style-type: none"> • Conducting training needs assessment as referred in Clause ‘a’ of Para 4 [IV] • Developing /sourcing/adapting training content as referred in Clause ‘b’ of Para 4 [IV] • Identifying potential Trainers/Venue/Training Agency as referred in clause ‘b’ of Para 4[IV] • Preparation of training plan as referred in clause ‘b’ of Para 4[IV] • Preparation of formats for conducting periodic training progress assessment, as referred in clause ‘e’ of Para 4[IV] 	To be completed within 3 months from the date of submission and approval of inception report	Yes – Refer point 1 of Table 6.4

2.	Draft Report - Institutional Readiness	<ul style="list-style-type: none"> • Conducting all trainings as per the plan including mock drills (Code Red, Blue, Yellow, Pink) as referred in clause 'd' of Para 4[IV] • Providing pre and post training feedback on the training given. As referred in clause 'f' of Para 4 [IV] • Corrective and preventive action for deficiencies observed. As referred in clause 'f' of Para 4 [IV] • Maintaining and submission of all training records. As referred in clause 'g' of Para 4 [IV] 	To be completed before the end of contract period	No
3.	Final Training Report –	Final report on all the trainings conducted during the assignment as referred in clause 'j' of Para 4 [IV] after conducting Preparatory training as required for Entry level NABH assessment and refresher training before final NABH inspection as referred in clause 'i' of Para 4 [IV]	Within 10 days of intimation from UKHFWS	Yes – Refer point no 4 of Table 6.4.

6. Payment Schedule

The payments shall be done for each component as defined above at para 5 of the TOR as per the schedule given below. UKHFWS shall process all payments within 45 days of submission of invoice by the selected firm along with supporting documentation as per the schedule given below.

6.1 Payment Schedule – Deliverable I : Systems Readiness

S. No.	Report	Tentative timeline from Contract Signature [Months]	Payment*
1.	Inception Report (For the Assignment as a whole)	Refer point 1 of Table 5.1	10% on acceptance of inception report by UKHFWS as described in table 5.1.
2.	Interim Report for Systems Readiness	Refer point 2 of Table 5.1	20% on acceptance of interim report (as described in table 5.1) along with all Periodic reports (as described in table 5.2, i.e., Audit Report – Quarterly, Monitoring Reports - Monthly) by UKHFWS as required up till this timeline
3.	Draft Report for Systems Readiness	Refer point 2 of Table 5.3	50% on submission and approval of draft report (as described in table 5.1) along with all periodic reports (as described in table 5.2, i.e., Audit Report – Quarterly, Monitoring Reports - Monthly) by UKHFWS as required up till this timeline
4.	Final Report for Systems Readiness and accreditation	Refer point 3 of Table 5.4	20% on submission and approval of final report (as described in table 5.1) along with all Periodic reports (as described in table 5.2 i.e. Audit Report – Quarterly, Monitoring Reports - Monthly) by UKHFWS as required up till this timeline

**Lumpsum payment as a % of Amount Quoted by the Firm for Deliverable I and Upon acceptance of deliverables in this Table by UKHFWS*

6.2 Payment Schedule – Deliverable II – Infrastructure Readiness

Payment will comprise of following :

- i. *Reimbursable against work invoices* : Payment of reimbursable excluding payments listed below at S. No. 6.2 [ii]) shall be an absolute amount of actual payments made by the selected firm to the contractor(s) every month upon submission of invoice along with supplier(s) supporting bills/documentations.
- ii. *Fee* : Quoted Percentage payment on actual payments mentioned at S. No. 6.2 [i] above will be made to the selected agency on monthly basis at the same time of making payments as at S. No. 6.2 [i].

The selected firm has to submit monthly invoice which should contain monthly expenditure duly verified by UKHFWS along with proof of payment and contractor(s)

bills/documentations for this component.

All estimates including DPR with cost estimates and actual expenditure mentioned at S. No. 6.2 [i] for this component will be duly verified by UKHFWS.

6.3 Payment Schedule – Deliverable III : Equipment Readiness

Payment will comprise of following :

- i. *Reimbursable against equipment invoices* :Payment of reimbursable excluding payments listed below at S. No. 6.3 [ii]) shall be an absolute amount of actual payments made by the agency to the supplier(s) every month upon submission of invoice along with supplier(s) supporting bills/documentations.
- ii. *Fee* :Quoted Percentage payment on actual payments mentioned at S. No.6.3 [i] above will be made to the selected agency on monthly basis at the same time of making payments as at S. No. 6.3 [i].

The selected firm has to submit monthly invoice which should contain monthly expenditure duly verified by UKHFWS along with proof of payment and supplier(s) bills/documentations for this component.

6.4 Payment Schedule – Deliverable IV : Institutional Readiness

S. No.	Tentative timeline from Contract Signature [Months	Deliverable	Payment*
1.	Refer point 1 of Table 5.5	Interim report and training manuals (soft and hard copies) as per table 5.5	20%
2.	Refer point 2 of Table 5.5	Completion of training for at least 75% of total Staff as per table 5.5	50%
3.	Refer point 3 of Table 5.5	Completion of training of 100% staff as per table 5.5	10%
4.	Refer point 3 of Table 5.5	Final Training Report on Number, Type of Trainings Conducted, Number of Staff Trained, and Feedback Received, and refresher training (if required) before final NABH accreditation) etc., as per Table 5.5	20%

**Lumpsum payment as a % of Amount Quoted by the Firm for Deliverable IV and Upon acceptance of deliverables in this Table by UKHFWS*

7. Team Composition, Minimum Qualification Requirements for the Key Experts [and any other desirable requirements which will be used for evaluating the Key Experts] per cluster of facilities

UKHFWS will assess the demonstrated experience and capacity of interested consulting firms applying for this assignment. The assignment requires a firm with relevant experience in securing NABH accreditation for healthcare facilities with experience of doing this for facilities in the public sector.

The selected firm will be expected to deploy sufficient amount of human resource required to successfully deliver the tasks to ensure credible verification. An indicative human resource requirement for the assignment duration of 30 months must include Key Experts of suitable qualifications and experience against the key positions as tabulated below.

S. No.	Key Experts and Primary Responsibility	Number	Qualification and Indicative Professional Experience	Indicative estimated person month requirement
K1	Team Leader <i>[Single point of contact between UKHFWS and selected firm for successful implementation of this assignment. Represent the Firm in meetings at State Level, and plan, supervise and manage the coordination of entire assignment]</i>	1	Education Level: MBBS/BAMS/BHMS/BUMS degree preferably Masters in Public Health/Health Management Professional Experience: 10 years of experience in health sector projects Specific Expertise: Experience of availing NABH accreditation and have completed similar projects Desirable experience: In development of manuals and policy, training and indicator monitoring, mock drills for Hospital as required for NABH accreditation	29 person months
K2	Civil Engineer <i>[Civil Engineer will be primarily responsible for delivery of tasks under Deliverable 2]</i>	1	Education Level: B.E. in Civil Engineering Professional Experience: 5 years of experience Specific Expertise: Experience of building construction and refurbishment and civil works procurement, preferably in hospital/health sector	10 person months
K3	Bio-medical Engineer <i>[Bio medical Engineer will be primarily responsible for delivery of tasks]</i>	1	Education Level: Degree/diploma in Bio medical engineering Professional Experience: 5 years Specific Expertise: experience of	6 person months

	<i>under Deliverable 3]</i>		planning and procurement of medical and non-medical equipment and operation preferably have worked with facilities to secure NABH accreditation	
K4	Procurement Expert <i>[Procurement Expert will be primarily responsible for procurement process including complete tendering cycle for delivery of tasks under Deliverables 2 and 3]</i>	1	Education Level :MBA/Masters in Procurement/Supply Chain and Inventory Management /Materials Management/ CA/ICWA, etc. Professional Experience: 5 years Specific Expertise: experience in procurement process including complete tendering cycle for medical/non-medical equipment civil works, preferably in govt. or development sector	10 person months
K5	Quality Consultant <i>[Quality Consultant will be supporting the team leader in overall accreditation process and specifically responsible for development of manuals and policy, training and indicator monitoring, mock drills for Hospital as required for NABH accreditation]</i>	1	Education Level: MPH/MHA/MBBS/Any Medical Graduate degree Professional Experience: 5 years of experience in the area of NABH accreditation. Experience of being an NABH assessor is desirable. Specific Expertise: experience in development of manuals and policy, training and indicator monitoring, mock drills for Hospital as required for NABH accreditation.	18 person months
K6	Hospital cum Training Coordinator <i>[Hospital cum Training Coordinator will</i>	2 [1 per Governm ent District Hospital]	Education Level: Master degree in Hospital Management/Public Health/Equivalent Professional Experience: 5 years of experience	36 person months

<p><i>be primarily responsible for coordinating NABH accreditation process at hospital level and training and capacity development for hospital staff for NABH accreditation. This person will be based at respective hospital]</i></p>		<p>Specific Expertise: experience in coordinating NABH accreditation process at hospital level and training and capacity development for hospital staff for NABH accreditation.</p>	
<p>Total Person Months</p>			<p>109 person months</p>

8. Composition of review committee to monitor consultants work and Client's Input and facilities to be made available to the consultant by the client

The Project Implementation Team [PIT] of the UKHFWS will appoint a senior person to monitor and coordinate the activities of the selected firm/consultant. The designated person will closely follow up with the selected firm and provide necessary guidance, documents, information, contact details and coordinates, provide support to facilitate meetings, etc., on a timely basis, during the assignment. The designated person will also coordinate with relevant stake holders to ensure access to relevant stakeholders and information.

A monthly review of the assignment shall be done under the chairmanship of Project Director/Additional Project Director at Project Office at Dehradun upon submission of monthly progress report.

The selected firm is expected to maintain an office at Dehradun, Uttarakhand to coordinate with the UKHFWS and health facilities during the duration of the contract.

9. Provision for Office Space and Services

The shortlisted consultants are expected to set up office in Dehradun.

10. Copyright

All materials and documentation during the assignment will be the sole property of UKHFWS.