RFP for Development of Dashboard for monitoring ‘Strengthening of Tertiary Care Cancer facilities’ scheme under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

27th February, 2018

The National Institute of Health and Family Welfare,
Baba Gang Nath Marg, Munirka,
New Delhi – 110 067
Ph. No: 26165959 Ext-262
E-Mail: gaurav.sharma@nihfw.org
CHI, NIHFW invites Technical Proposal (Ideas, Creatives, Execution plan, etc.) and financials only from the **agencies hired through the process of empanelment as per the published document RFP** for “Empanelment of Agencies for Mobile Application Development / Online Widgets / Software Development for National Health Application (NHP)” dated 18th February 2016. All the terms and condition of the RFP document mentioned above will be adhered to:

Project code CHI/001/2016

<table>
<thead>
<tr>
<th>Job Requirement</th>
<th>RFP for Development of Dashboard for monitoring ‘Strengthening of Tertiary Care Cancer facilities’ scheme under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication Date</td>
<td>27th February, 2018</td>
</tr>
<tr>
<td>Proposal Document</td>
<td>The Proposal document can be downloaded from the official website of the NHP (i.e. <a href="http://www.nhp.gov.in">www.nhp.gov.in</a>)</td>
</tr>
<tr>
<td>Contact person for clarification</td>
<td>Shri Gaurav Sharma, Room No 429, Deputy Director(Technical), CHI of NHP, The National Institute of Health and Family Welfare (NIHFW), Baba Gang Nath Marg, Munirka, New Delhi – 110 067. Telephone No. 011-26165959 ext. 262</td>
</tr>
<tr>
<td>Date and Venue of Pre-Proposal Meeting</td>
<td>11:00 AM on 1st March, 2018 at The National Institute of Health and Family Welfare (NIHFW), Baba Gang Nath Marg, Munirka, New Delhi – 110067</td>
</tr>
<tr>
<td>Last date for submission of Proposal</td>
<td>Up to 11:00 AM on 6th March, 2018 at The National Institute of Health and Family Welfare (NIHFW), Baba Gang Nath Marg, Munirka, New Delhi – 110067</td>
</tr>
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</table>
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INSTRUCTIONS TO AGENCIES

1. PURPOSE

The Ministry of Health and Family Welfare, Government of India has set up the National Health Portal in pursuance to the decisions of the National Knowledge Commission, to provide healthcare related information to the citizens of India and to serve as a single point of access for consolidated health information. The National Institute of Health and Family Welfare (NIHFW) has established Centre for Health Informatics to be the secretariat for managing the activities of the National Health Portal.

CHI intends to develop a Dashboard for monitoring ‘Strengthening of Tertiary Care Cancer facilities’ scheme under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

2. Objective

The purpose of the project is to design and develop a user friendly and visually appealing web portal & Dashboard to provide one-stop medium to deliver all information related to ‘Strengthening of Tertiary Care Cancer facilities’ scheme under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) and financial tracking. The main objectives are:

- To provide comprehensive care, training and research in all types of cancers. The comprehensive care includes cancer prevention, early detection, diagnosis, treatment, after care, palliative care and rehabilitation.
- To act as a regional referral center for the comprehensive management (treatment) of difficult cancer cases.
- To provide pain and palliative care and ensure availability of opioids drugs for cancer patients.
- To function as a centre for creating/ imparting training of different health professionals (Doctors, Nurse, technologists, technicians) where possible.
- To facilitate in organizing workshops/training programmes for human resource development
- To facilitate in developing modules/standard treatment protocols for the common cancer
- To coordinate with other institutions, NGOs, medical colleges and the general health care delivery infrastructure in conduction of cancer related activities including peripheral outreach services in their respective geographical areas/ region.
- Generate static and dynamic reports on stored data.
- Visualize reports through variety of graphs like column chart, bar chart, line chart, pie chart, area chart, scatter etc instead of fixed graph formats.
- Access the Web Portal through both mobile and desktop.
- Activity Logs should be maintained.
- Security Audit and GIGW compliance

The main design principles for the web portal and dashboard are:
3. SCOPE OF WORK

The scope of work under the project is:

- Requirement Gathering and functional specifications for new system to be developed
- Information Architecture
- Quality Assurance and testing
- Security Audit of the System
- Project management services for successful implementation of the project
- One year warranty for operations and maintenance of the web portal after its completion and deployment. The other services to be provided as part of the warranty/operations/maintenance are:
  - Database management.
  - Refurbishment of web portal at regular interval
  - Making web portal more accessible through popular search engines
  - Fine tuning of web portal performance
  - Cyber Security Audit from time to time.
  - Monthly Web analysis and progress reports
  - Hit rate and source domain
  - Visits from search engines

3.1 Background:

- Under the ‘Strengthening of Tertiary Care Cancer facilities scheme’ of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), it is envisaged to set up 20 State Cancer Institutes (SCIs) and 50 Tertiary Care Cancer Centres (TCCCs) across the country. The financial assistance of up to Rs. 120 crore for SCIs and up to Rs. 45 crore for TCCCs can be provided under the scheme with State Government share of 40% (10% for North East and Hill States). Under the scheme, upto a
maximum of 30% of the sanctioned amount can be utilised for civil/electrical work (including renovation) and improvement of infrastructure. The detailed guidelines issued for implementation of the scheme are placed at Annexure-3.

- The SCI/TCCC will provide comprehensive cancer diagnosis, treatment and care services. SCI will be the apex institution in the State for Cancer related activities. SCI will provide outreach services, diagnosis and referral treatments, develop treatment protocols, undertake research and enhance the capacity of personnel in the State in this field. TCCC will undertake similar activities, though at a lower scale. The expected role of SCI and TCCC are given as under:-
  - The SCI /TCCC will provide comprehensive cancer diagnosis, treatment and care services.
  - SCI will be a role model and leader in this field. It will serve as the nodal and apex Institution to mentor other Government Institutes (including TCCC and RCC). Similarly the TCCC should mentor cancer related activities including at the district level and below in their respective footprint area (the areas from where patients are accessing the TCCC).
  - SCI/TCCC will promote prevention of cancer; participate in outreach and other activities under NPCDCS and other related public health programmes.
  - SCI/TCCC will help in training of doctors/health personnel for cancer.
  - SCI/TCCC will participate in the cancer registry programme.
  - SCI/TCCC will promote research activities for cancer.
  - Patients screened for cancer under NPCDCS and other Government programmes will get Tertiary care diagnosis and treatment in TCCC and SCI.

3.2 Users:
- NCD-II Division of MoHFW (Read-All and Write-All)
- NCD Division of Dte.GHS (Read-All and Write-All)
- Nodal Officers of approved State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) (Read-All and Write-Sections concerning them) The list will expand as and when more SCIs /TCCCs are approved under the scheme.
- Guest Users (Read-All only)

3.3 Dashboard designing & Monitoring of the scheme:
- The format for monitoring the progress of Tertiary Care Cancer Centre scheme of NPCDCS has been devised, which is attached as Annexure-4. All the Users/Stakeholders of the application are required to update the data in this format at regular intervals. For regular updating the data on the Dashboard, the Login ID and Password will have to be provided to the Stakeholder in line with the Dashboard of PMSSY on National Health Portal. All the stakeholders of the application will have access to their personalised dashboard containing respective Key Performance Indicators (Annexure-4) related to them.
- When the stakeholders logs in, they may be able to see and update their respective sections on the dashboard, can download the documents/circulars/ Sanctions/ communications/list of approved equipment with ceiling prices etc. uploaded by MoHFW, can upload their documents/letters/Status of UCs etc.
3.4 Search Module:

- Search Module will have Database Search Option. In Search User can type a word or phrase to get a list from Database on the bases of keywords.

3.5 Useful Links:

- There should be a provision to incorporate useful links on the front page of the dashboard. On clicking of the link it should be directed to a separate window reflecting the documents as desired.

3.6 Email and SMS Integration:

- Email & SMS alerts to be used for alerts.

3.7 Reports & MIS:

- User should be able to perform search and knowledge discovery using data mining techniques like pattern extraction, and visually see results in form of reports.
- Keyword and phrase search should be available for all the stored data and search results should be formatted based on the type of data element retrieved. Search function should be available on every page.
- Generate static and dynamic reports on stored data.
- Visualize reports through variety of graphs like column chart, bar chart, line chart, pie chart, area chart, scatter etc. instead of fixed graph formats.
- Generate data analytics as required.

3.8 CSS Driven Design:

The proposed website will have Cascading Style Sheet (CSS) driven design adhering to the W3C (World Wide Web Consortium) standards. The Home Page and all Inner Pages layouts would be CSS driven.

- Style & Colour scheme would be consistent across the site.

3.9 Download Management:

Under this section all the forms/documents issued by web portal will be available in downloadable format. The Administrator will have the provision to Add, Modify or Delete the forms (in pdf format) at regular intervals.

3.10 FAQ Management:

Through this section user will be able to view frequently asked questions along with their answers. Administrator will have provision to Add, Modify or Delete the questions and answers as and when required.

3.11 Menu Management:

Under this section all the Menus (Top Menu, Footer Menu, Right or Left Menu etc.) of System will have edit, add, and remove option in Front Page of the system. The
Administrator will have the provision to Add, Modify or Delete the menu items at regular intervals.

3.12 Archive Management:

A facility of auto archives will be provided to manage files wherein after the expiry date of the information, it will automatically be moved to the archive section, for lateral viewing. The archive section can be managed with a permanent manual delete provision. Facility should be provided to move the file(s) back to current section, if required along with the provision of sorting / filtering.

3.13 Audit Trail:

The “Audit Trail” option shall also be provided which will let the Administrator to keep a track of all updates and transactions taking place in the System. Audit trail would be available for all successful and unsuccessful logon attempts on the website with time, IP address etc. It will assist the Solutions Administrator in tracking the source of each transaction that has taken place or occurred.

3.14 Security

- Website should be Free from OWASP Top 10 vulnerabilities
- Password policy to be implemented for all the users.
- CAPTCHA to be implemented for login and for all forms on the System.
- Use of SSL/TLS encryption to protect the data between the server and the browser against eavesdropping if required. Also, it is to be ensured that playback attacks are not possible.
- The executing agency will perform security audit for Cert-In Empanelled vendor and obtain clearance certificate prior to making the system Live.
- The executing agency need to take all necessary steps to prevent website hacking and comply to the following:
  - Implement code and database hardening procedures along with timely updating of web server patches.
  - Restore the system within 6 hours in case it is hacked.

3.15 Deliverables

- Selected agency is expected to deliver the System within 60 days of receiving the work order.
- Selected agency has to share the Design Documents based on the CHI NIHFW Requirement document for CHI NIHFW Review & Sign-off.
• Deployment document
• The selected agency will be responsible for developing, hosting and maintaining the system for one year after the deployment on Production server and Go-Live.
• Technical documentation of design and development stages of the Web Application, database, training to users etc. shall also be provided
• Selected agency is expected to deliver additional features/ customizations required by the CHI/ MoHFW during the course of Development and O&M of the Web Portal with same terms and conditions. However, the cost/payment for deployment of additional manpower will be provided to the selected agency.
• Wireframes
• Security Audited Web Site as per the specifications/functions/features mentioned in the document and agreed as per requirement specification/functional design document
• Source Code
• GIGW compliance matrix
• GIGW Complaint
• Progress Report
• The resource deployed at the MoHFW/ CHI premises dedicatedly for this assignment or work as assigned by MoHFW/ CHI and will work as below:
  o Project Supervisor:
    ▪ Understanding the requirement from MoHFW/ CHI
    ▪ Translation of user requirement into technical requirement.
    ▪ Getting the work done from the software development team as per user need.
    ▪ Update on progress to the senior authority.
    ▪ Sharing of Progress report at regular interval.
    ▪ Resource should have minimum 5 years of experience in IT Projects.
• The resource deployed at the Agency premises dedicatedly for this assignment or work as assigned by MoHFW/ CHI and will work as below:
  o Software Developer:
    ▪ Regressively improve the design of Application
    ▪ Creative arts and work as asked by CHI as and when needed.
    ▪ Changes and Enhancement in the Web Application as asked by CHI
    ▪ Improve security features of the website
    ▪ Resource should have minimum 3 years of experience.
- Travel to MoHFW/ CHI as and when required or on a full time basis.

### 3.16 Designs

- The website design will be responsive display according to the display device.
- Web Application should build in a way that it is easy to use and navigate.
- All the design/Creatives/images to be provided by the selected agencies.
- Creative, ideas and design will be the copyright of CHI, NIHFW.

### 3.17 Preferred Technology & Standards:

**Technology:**

- The system should be developed using open source technology as per Ministry of Electronics and Information Technology (MeitY) Guidelines.

**Standards:**

- The application needs to be complaint with all GoI standards for IT applications, EHR Standards, standards notified by MoHFW, metadata standards, etc...

### 3.18 Sharing

- Links for sharing Web Application
- Comments provided by the user on his Facebook /Twitter account shall be provided.

### 3.19 Hosting

- The Web Application will be hosted on server as given by CHI NIHFW. The selected agency should provide proof of ownership (licenses) of various software used by them for the development as well as for the hosting of Web Application.
- The selected agency will provide CHI NIHFW Full Access to server hosting the Web Application

### 3.20 Support

- Selected agency should provide support 24*7*365
- Selected agency to provide Web Application customization and upgrade.
- Provide manpower to work for generating the Customised Reports / UI and writing custom Queries by collating, joining and analyse important data as per the day to day need.
  - Project Supervisor (At least 5yrs. of exp in IT Project) (1 nos.) -During warranty. (At MoHFW/CHI Premises)
o Software Developer (At least 3 yrs. of exp) (2 nos) -During warranty.(At Agency Premises but will also travel to MoHFW/ CHI as and when required or on full time basis)

3.21 Intellectual Property Rights

- The Intellectual Property Rights of the Web Application will rest with CHI NIHFW. The selected agency will provide the source code of the Application to CHI NIHFW at the time of sign-off.
- The developed Web Application will be the property of CHI NIHFW, agency shall not sale, lease or share the source code of the Application to any other entity.
- CHI NIHFW shall have the copyright to the design and content of the Web Application. The entire Web Application along with all programmes, including those meant for statistical reporting, graphics and content developed to achieve the desired functionality, will be intellectual property of CHI NIHFW.
- It will be the responsibility of the selected agency, both where the contract comes to a natural end, and also in case of foreclosure, to:
  o Furnish all information demanded by CHI NIHFW regarding the existing framework of the Web Application
  o Handover all the old / latest backup of the Web Application setup and database tools/ Web Application to CHI NIHFW on a CD/DVD/Pen drive/Hard disk.

3.22 Training

- For the effective uses of the supplied software/Web Application licenses & their functionalities, the selected vendor must compulsorily provide classroom training for CHI NIHFW officials at Delhi/NCR Locations. Following training needs are to be provided by Vendor as part of the scope:
  o Content Management Training
  o Deployment & Hosting Training
  o Web Application Submission Training
  o Support Handover

4. PROPOSAL SUBMISSION PROCESS

The agency shall submit the Proposal documents as per the details given below:
• **Sealed Envelope:** This envelope shall contain the original copy of Proposals and shall clearly provide the contents of the envelope. This envelope shall contain the following envelopes:
  - **Sealed Envelope A.1.** containing original copy (hard copy only) of Technical Proposal. The envelope shall clearly provide the contents of the envelope and shall be super scribed as “Technical Proposal (Hard copy): Original copy.”
  - **Sealed Envelope A.2.** containing original copy (hard copy only) of financial Proposal. The envelope shall clearly provide the contents of the envelope and shall be super scribed as “Financial Proposal (Hard Copy): Original copy”.

5. **SUBMISSION OF PROPOSALS**

The empanelled agencies shall duly seal the envelope. The Proposal should be deposited to the NIHFW Tender box at the following address and should reach by the time and date mentioned.

The inner and outer envelopes shall be addressed

**Shri Gaurav Sharma,**  
Deputy Director(Technical), Centre for Health Informatics  
Room. No. 429  
National Institute of Health and Family Welfare (NIHFW),  
Baba Gang Nath Marg, Munirka,  
New Delhi – 110067  
Email: gaurav.sharma@nihfw.org

6. **CONTENT OF DOCUMENTS TO BE SUBMITTED**

Documents required in Proposal Envelope (Sealed Cover):

1) Technical Proposal as per Annexure 1
2) Financial Proposal as per Annexure 2

7. **LAST DATE AND TIME FOR SUBMISSION OF PROPOSALS**

Proposals must be received by the CHI, NIHFW at the address specified in the Proposal Document not later than the specified date and time as specified in the Proposal Document or as extended by the CHI, NIHFW.
In the event of the specified date of submission of Proposals being declared a holiday for the CHI, NIHFW the Proposals will be received up to the appointed time on next working day.

8. LATE PROPOSALS

Any Proposal received by the CHI, NIHFW after the deadline for submission of Proposals will be rejected and/or returned unopened to the empanelled agencies, if so desired by him.

9. PROPOSAL OPENING AND EVALUATION

The CHI, NIHFW will open the Proposal, in the presence of agency representative who choose to attend, at the time and date mentioned in Proposal document at the address mentioned.

NHP reserves the right to award the work to any of the empanelled agencies, based on the merit of their credentials (Ideas, Creatives, execution plan etc.) and financial quote for a particular task. The selection of work will be through Quality and Cost-Based Selection (QCBS) (60 –Technical: 40- Financial quote) on technical/creative presentation and financial quote for that assigned task. The Evaluation Committee will be the final authority for selection of work.

10. REJECTION OF PROPOSAL

The Proposal has to be submitted in the form of printed document. The Proposals submitted by Telex, fax or email shall not be entertained.

Any condition put forth by the agency non-conforming to the Proposal requirements shall not be entertained at all and such Proposal shall be rejected.

If a Proposal is not responsive and not fulfilling the conditions it will be rejected by NIHFW and shall not subsequently be accepted even if it is made responsive by the agency by correction of the non-conformity. No further communication will be made in the regards.

11. PROJECT NATURE

Time bound and Inter-Ministerial level

12. SERVICE LEVEL AGREEMENT (SLA)

Detailed SLA to be signed with the successful agency.
13. MAINTENANCE AND SUPPORT

The vendor should provide first year maintenance (Warranty Period) for free of charge and continuous maintenance for further 3 consecutive years with agreeable maintenance coverage and associated cost.

The selected agency will also perform the security audit on yearly basis and the cost for the same will be included in maintenance cost of each year respectively. The selected agency has to submit security audit from Cert-In empanelled agency on yearly basis.

The contract for maintenance will be awarded on yearly basis subject to the satisfaction of CHI/NIHFW based on annual performance reviews of the bidder. If performance is satisfactory, CI/NIHFW may extend the contract period on same terms & conditions.

During Warranty Period the selected agency would provide below manpower to work for generating the Customised Reports / UI and writing custom Queries by collating, joining and analyse important data as per the day to day need.

- Business Analyst (At least 5 yrs. of exp in IT Project) (1 nos.) - During warranty. (At MoHFW/CHI Premises)
- Software Developer (At least 3 yrs. of exp) (2 nos) - During warranty. (At Agency Premises but will also travel to MoHFW/ CHI as and when required or on full time basis)

14. TIMELINES

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Description</th>
<th>Timeline (in weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Requirement Gathering and SRS Submission</td>
<td>T1 = T + 2</td>
</tr>
<tr>
<td>2.</td>
<td>Design and App Development</td>
<td>T2 = T1 + 4</td>
</tr>
<tr>
<td>3.</td>
<td>UAT</td>
<td>T3 = T2 + 1</td>
</tr>
<tr>
<td>4.</td>
<td>Security Audit</td>
<td>T4 = T3 + 1</td>
</tr>
<tr>
<td>5.</td>
<td>Go Live</td>
<td>T5 = 8 weeks</td>
</tr>
<tr>
<td>6.</td>
<td>Warranty</td>
<td>T5 + 52 weeks (One year)</td>
</tr>
</tbody>
</table>

*Where T stands for the date of signing work order and warranty period of one year starts from the date of Go-Live and sign off from CHI.

* Warranty period will be free of cost for one year from the date of Go-Live and sign off from CHI.

Total project duration time is 8 Weeks.

Timelines acceptance:
• Sign off from CHI on each phase is mandatory for the process of payment.
• Any delay in approval on the part of CHI, the selected agency may shift the timeline as specified above with due approval from CHI in written.

15. PAYMENT SCHEDULE

Following is the payment terms for this assignment:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Milestone</th>
<th>Percentage Granted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Completion of development, Submission of Security Audit Report, Go live and after training</td>
<td>90% of Pricing Summary-Development (ref. Annexure – 2 Financial Proposal)</td>
</tr>
<tr>
<td>2.</td>
<td>User Acceptance Certificate after one year of completion of warranty period</td>
<td>10% of Pricing Summary-Development (ref. Annexure – 2 Financial Proposal)</td>
</tr>
</tbody>
</table>

**Payment Schedule - Maintenance and Support**

• The Quoted amount of annual maintenance services will be paid on a quarterly basis at the end of each quarter.
• The Quoted amount for onsite resource will be paid on a quarterly basis at the end of each quarter.
### Annexure 1 – Technical Proposal

**RFP for Development of Dashboard for monitoring ‘Strengthening of Tertiary Care Cancer facilities’ scheme under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)**

#### Technical Scoring

<table>
<thead>
<tr>
<th>A</th>
<th>What would be the features and strategies adopted by the empanelled agencies on the following: <em>(Description should have detailed description, clear Screen shots, diagrams, design, figures, if required)</em></th>
<th>60 Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Detailed technical and web interface design as per the scope of work</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Detailed Project Plan and Implementation methodology</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Detailed strategies for security, Database, documentation and maintenance</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>Experience of developing similar application/Systems with government Successful Project Completion Certificate from previous clients to be attached with work order. Maximum of 3 projects 1 Project = 5 marks</td>
<td>15</td>
</tr>
</tbody>
</table>

| S | Experience of Managing Dashboard Systems with government Successful Project Completion Certificate from previous clients to be attached with work order. Maximum of 3 projects 1 Project = 5 marks | 15 |

<table>
<thead>
<tr>
<th>B</th>
<th>Presentation/Demonstration on the below mentioned points</th>
<th>40 Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Development approach of Dashboard for monitoring ‘Strengthening of Tertiary Care Cancer facilities’ and</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Workflow, Creative design, presentation, documentation method etc.</td>
<td>20</td>
</tr>
</tbody>
</table>

**A+B TOTAL**

| 100 Marks |

(Multiple options can be given here. It has to be, however, ensured that complete details are given with recommendations for optimum solution which is cost effective and functional)

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* It is the responsibility of the agency to provide relevant documents.

* Minimum absolute technical score to qualify for financial evaluation is 60 out of 100.
Annexure 2 – Financial Proposal
RFP for Development of Dashboard for monitoring ‘Strengthening of Tertiary Care Cancer facilities’ scheme under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

A. Pricing Summary- Development

<table>
<thead>
<tr>
<th>S. No</th>
<th>Particular / Designation</th>
<th>Total Price (Exclusive of Tax)</th>
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<tbody>
<tr>
<td>1</td>
<td>Project Manager</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>UI Professional</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Security Expert / Tester / Database Professional</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Security Audit from NICSI / CERT empanelled agencies &amp; Load testing Charges</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
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</table>

B. Maintenance Cost

<table>
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<tr>
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<th>Particular / Designation</th>
<th>Total Price (Exclusive of Tax)</th>
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C. Support Personnel- Deployment

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<th>Particular / Designation</th>
<th>Total Price (Exclusive of Tax)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Project Supervisor (At least 5 yrs. of exp in IT Projects) (1 nos)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Software Developer (At least 3 yrs. of experience). (2 nos)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
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</tbody>
</table>

Total Project Cost:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Particular / Designation</th>
<th>Total Price (Exclusive of Tax)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Pricing Summary- Development</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Maintenance Cost</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Support Personnel- Deployment</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Total of above (A+B+C) without taxes</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total of above (D+E)</strong></td>
<td></td>
</tr>
</tbody>
</table>

* All the prices should be inclusive of all taxes and duties which should be clearly specified.
• The financial proposal quoted prices will be valid for three years for enhancement of work to the same agency, who have received the work order, if required. The work order for the selected agency may be extended for additional years after due approvals.
• All the fields are to be filled, any field left empty is liable for rejection.
• The agencies whose price quoted in the financial proposal (Annexure 2) is zero or below 30% of the average value quoted by all the agencies, will not be considered for deciding the L1 and will be liable for rejection.
• No deviations will be accepted from the Annexure 2 – Financial Proposal, by NIHFW.
• The above rates shall be fixed and remain valid for the entire contract duration.
• All the prices should be inclusive of all taxes and duties which should be clearly specified.
• No price variation shall be allowed during the period of contract.
• Selected agency is expected to deliver additional features/ customizations required by the CHI/ MoHFW during the course of Development and O&M of the system/ application with same terms and conditions. However, the cost/payment for deployment of additional manpower will be provided to the selected agency. CHI may hire additional manpower during the Maintenance period at the prices mentioned in the financial proposal.
• NIHFW will not make any additional payments apart from the amounts quoted in the above provided format.

Signature of Agency  _______________________
Business Address  _______________________
Date:  _______________________
Place:  _______________________
Annexure 3— Guidelines

Guidelines for Setting up/ Strengthening of Tertiary Care Cancer Centers under the National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS)

1.0 Introduction

1.1 Cancer has emerged as a major public health challenge internationally and in India. It is one of the leading causes of deaths. Prevalence of cancer in India is estimated to be 28 lakh while the annual incidence and mortality is estimated to be 11 lakh and 5 lakh respectively. It is also estimated that facilities for radio-therapy vis-à-vis the population in India need to be substantially enhanced along with the increase in trained human resources.

1.2 These guidelines have been framed to provide financial assistance for strengthening of tertiary care cancer facilities under the National Program for Prevention and Control of Cancer, Diabetes, CVDs and Stroke (NPCDCS) during the 12th Five Year Plan (2012-17). Under the scheme, it is envisaged to support the establishment of 20 State Cancer Institutes (SCI) in 20 States and 50 Tertiary Care Cancer Centers (TCCC) in different parts of the country. The broad objective is to develop capacity for tertiary care for cancer in all States so as to provide universal access for comprehensive cancer care.

1.3 SCI will be the apex institution in the State for cancer related activities. It is expected to mentor and coordinate the activities of other Institutes in the State dealing with the tertiary care of cancer. SCI will provide outreach services, diagnosis and referral treatments, develop treatment protocols, undertake research and enhance the capacity of personnel in the State in this field. TCCC will undertake similar activities, though at a lower scale. A separate SCI may not be necessary for every state.

1.4 SCI will emerge as the main repository of knowledge, expertise and capacity vis-à-vis cancer within the State. Similar role will be performed by TCCC in the relevant parts of the State.

2. Provisions under the scheme

2.1 Who is eligible?

- The Institution can be a Government Medical College/ Hospital or erstwhile Regional Cancer Centre (including existing NGO RCC).
- Autonomous Institutions under Central or State Government, will also be eligible
- Should have normally at least five years of experience in cancer treatment to be eligible for the SCI category.
- TCCC should have well equipped and functional departments of Medicine, Surgery, Gynecology, ENT, Anesthesia, Pathology and Radiology with a 50 bedded cancer facility. These departments can be part of the Institute or part of a Government hospital in near vicinity in the same city which has entered into a formal understanding with TCCC. SCI should have atleast 100 dedicated beds for cancer care and functional departments of Medical Oncology, Radiation Oncology, Surgical Oncology and laboratories. SCI can be stand alone or attached to a Government Medical College/Hospital.
- Scheme will be applicable to only existing Medical Colleges and Institutions.

2.2 Who is to recommend
State/UT Governments would recommend the proposals which are fulfilling all the eligibility criteria, requirements and conditions along with furnishing of commitment to provide the State share of funds.

2.3 How to apply

The Institution shall submit the proposal through the State Government as per the prescribed format (Annexure I) including action plan for procurement of equipment, instruments etc. related to cancer treatment and research. Expenditure to be incurred on construction and/or renovation and other non-equipment related infrastructure would be shown separately. The application will provide, inter alia, all details of existing facilities, indoor and outdoor patient load (last 3 years), availability of trained personnel, availability of land and commitment to provide the land free of cost, financial capacity, recommendation of State Government along with commitment to provide the State share and for ensuring that recurring and manpower costs will be met by the Institution / State Government, undertaking that due permission will be taken form Atomic Energy Regulatory Board (AERB) etc.

2.4 Appraisal of proposal

The proposal would be examined by the Ministry of Health & Family Welfare, Govt of India. Inspection as warranted would be conducted by a Central team. Thereafter, proposals found to be fit would be placed for appraisal before a Standing Committee constituted for this purpose. The assistance would be released after due approvals based on the recommendation of the Standing Committee.

2.5 Maximum quantum of assistance

The maximum permissible assistance for SCI is ₹ 120 crores and for TCCC ₹ 45 crores. This is inclusive of State share of 25% (for North East and Hill States 10%). Upto a maximum of 30% of the sanctioned amount will be permitted to be used for civil/electrical work (including renovation), and improvement of infrastructure. Land will be provided by the State Government / Institution at their own cost. The cost of land will not be reckoned against the State share.

2.6 Purpose of assistance

It is expected that assistance under this scheme will be utilized by the Institution for procurement of radio therapy equipment, diagnostic equipment, surgical equipment, enhancement of indoor patient facility for cancer and such other purposes relevant for diagnosis, treatment and care of cancer. Factoring in annual maintenance cost in the equipment cost at the time of placing the order for reasonable time period will be permitted.

2.7 Procurement process

The State Government will ensure that expenditure under this scheme for purchase of equipment or any other purpose is incurred in a transparent manner after following all applicable rules and procedures including GFR. For equipment estimated with per unit cost of more than ₹ 1.00 crore, (Rupees One Crore) the Central Government will be advising ceiling prices from time to time. The State Government/Institutions are expected not to exceed the same. Any excess expenditure above the ceiling cost will be borne by the Institution or the State Government. A commitment regarding the above will be included in the Application form.

2.8 Are NGOs eligible?
Non-Government Institutions with experience and expertise in tertiary care for cancer, if recommended by the State Governments, will also be eligible for assistance as SCI/TCCC. This will be subject to the State Government underwriting the commitments made by the Institution at the time of application/sanction and also adherence to guidelines regarding free beds and user charges.

2.9 Memorandum of Understanding (MoU)
A tripartite Memorandum of Understanding (MOU) will be signed by Institution, State Government and Government of India before the release of financial assistance.

2.10 Release of funds
The financial assistance would be released through the State Government. Upto 75% of Government of India share may be released at the time of sanction while the remaining 25% would be released after the finalization of procurement/construction. However, modalities of release procedure can be altered by the Ministry with the approval of Health & Family Welfare Minister.

2.11 Free beds and User charges
Below Poverty Line (BPL) patients are to receive treatment free of charge. A minimum number of beds (to be decided by the State Government) should be available for this category. For poor patients who may not be BPL, the user charges are expected to be reasonable and not market determined, since the purpose of enhancing these facilities is to provide affordable treatment for cancer. Beds/treatment facilities for well to do patients who can afford to be pay can cross subsidize the poor patients. User charges will be fixed with the approval of the State Government.

3. Expected Role of SCI and TCCC
- The SCI /TCCC will provide comprehensive cancer diagnosis, treatment and care services.
- SCI will be a role model and leader in this field. It will serve as the nodal and apex Institution to mentor other Government Institutes (including TCCC and RCC). Similarly the TCCC should mentor cancer related activities including at the district level and below in their respective footprint area (the areas from where patients are accessing the TCCC).
- SCI/TCCC will promote prevention of cancer; participate in outreach and other activities under NPCDCS and other related public health programmes.
- SCI/TCCC will help in training of doctors/health personnel for cancer.
- SCI/TCCC will participate in the cancer registry programme.
- SCI/TCCC will promote research activities for cancer.
- Patients screened for cancer under NPCDCS and other Government programmes will get Tertiary care diagnosis and treatment in TCCC and SCI.

4. Indicative details of State Cancer Institutes
(i) Support will be given to 20 institutions in the country, one each in 20 States/UTs to function as apex Institutes in the State/region to provide comprehensive care for cancer. The States will be selected on the basis of factors such as the estimated cancer prevalence, cancer treatment facilities already available in the State, availability of trained human resources, capacity of the State to run such an Institute, availability of land, willingness of the State to contribute the State share and to meet the recurring expenditure for human resources, maintenance of equipment and other facilities, drugs for BPL etc.
(ii) SCI will strive to be a state-of-the-art treatment centre for management of different cancer. SCI will generate and enhance the availability of trained human resources for cancer treatment at all levels, undertake applied/translational research and will be linked to districts to mentor cancer related activities. SCI will provide outreach services, referral treatment services, help in development of human resources, development of treatment protocols and training material related to cancer care. SCI will also mentor the TCCC in the States.

(iii) It is envisaged that SCI will have a provision of at least 100 dedicated beds for a cancer care. The SCI will have well equipped and functional departments of Medical Oncology, Radiation Oncology, Surgical Oncology and Laboratories. The Institute can either be stand alone or attached to a Govt. Medical College/Hospital. SCI will also be encouraged to provide palliative care. Tertiary Cancer Centers earlier supported under Government of India schemes, Government Medical Colleges/Hospitals/ Institutes, erstwhile RCCs (including RCCs run by Non-Government Organizations) can be considered for SCI. One time support upto ₹ 120 crores (including State share) will be provided including up to 30% for construction/renovation.

(iv) Flexibility will be given to the SCI to purchase the equipment as per guidelines in para 2.7 and the requirement assessed subject to approvals by the Ministry of Health & Family Welfare, Government of India.

5. Indicative details of Tertiary Care Cancer Centers (TCCC)

(i) Support will be given for 50 Govt. Medical Colleges/Hospitals/Institutes/ erstwhile RCCs/ District Hospitals to be strengthened as TCCC across the country. Existing Tertiary Care Cancer Institutions earlier supported by Government will also be eligible for assistance. In addition to the recommendations of the State Government, factors such as existing availability of cancer care facilities in the State, capacity of the Institute/State to take up the proposed activity etc. will be relevant while selecting the Institutions to be supported.

(ii) TCCC will be linked to nearby districts to mentor and provide outreach services, referral services, development of human resources, development of treatment protocols and training material related to cancer care.

(iii) The TCCC will have at least 50 bedded cancer hospital. There could be relaxation made for hill / difficult /remote areas/ NE States and in States where there are no Government cancer treatment facilities. The TCCC is expected to have well equipped and functional departments of Medicine, Surgery, Gynecology & Obstetrics, ENT, Pathology and Radiology. These departments can be part of the TCCC or a part of the hospital/Government Medical College in near vicinity, to which the TCCC is attached.

(iv) One time support of up to ₹ 45 crore (including State share) will be provided including up to 30% for construction/renovation. Flexibility will be given to TCCC to purchase the equipment as per the assessed requirement subject to approvals by Ministry of Health & Family Welfare, Government of India.

6. Activities of SCI/TCCC:

The SCI & TCCC is expected to provide comprehensive cancer care. The following is an illustrative list of activities:
1. To provide comprehensive care, training and research in all types of cancers. The comprehensive care includes cancer prevention, early detection, diagnosis, treatment, after care, palliative care and rehabilitation.

2. To act as a regional referral center for the comprehensive management (treatment) of difficult cancer cases.

3. To provide pain and palliative care and ensure availability of opioids drugs for cancer patients.

4. To function as a centre for creating/ imparting training of different health professionals (Doctors, Nurse, technologists, technicians) where possible.

5. To facilitate in organizing workshops/training programmes for human resource development

6. To facilitate in developing modules/standard treatment protocols for the common cancer

7. To coordinate with other institutions, NGOs, medical colleges and the general health care delivery infrastructure in conduction of cancer related activities including peripheral outreach services in their respective geographical areas/ region.

7. Procedure of application

1) Based on the gaps identified by the grantee institute, the institute shall submit the Proposal as per the format and include action plan for
a. Procurement of equipment/instruments related to cancer treatment and research
b. Construction of the building related to cancer care (if required)

2) The application should indicate separately the amount of grant required for equipment and construction work.

3) The State Government shall forward the proposal with necessary undertaking to the Government of India and recommendation as per format duly approved by the competent authority.

4) If the institute requires Radiotherapy equipment, a letter of ‘in principle’ approval, with layout map of the institution, from AERB will be submitted along with the Proposal. The sanction of the central share may be released subject to AERB approval or undertaking from the State Govt. in this regard.

5) The detail of previous grant(s) received under the erstwhile National Cancer Control Programme and TCCC scheme of NPCDCS, if any and Utilization Certificate(s) thereof should be annexed with the Proposal

6) The proposal should be addressed to Under Secretary (Cancer Desk), Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi- 110108.

8. Procedure for approval:

1. An expert team, consisting of at least one expert (at least two in case of SCI) and one senior officer of the central government including the Regional Directors (H&FW), shall be nominated to make an assessment of the Applicant Institution. The expert/team shall assess the eligibility criteria and evaluate the gaps in the availability of the cancer treatment facilities in various disciplines. The assessment shall be carried out as per Annexure I – Part V with details in the inspection format as prescribed from time to time.

2. The proposals shall be considered by the Standing Committee constituted for this purpose, which will give its recommendation to the Ministry of Health & Family Welfare for financial assistance.

3. The grant amount shall be released to the institute through the State Govt. by the Ministry of Health & Family Welfare after the signing of a tripartite Memorandum of Understanding (MOU).
4. The three parties signing the MoU shall be the authorized signatories of (i) Grantee institute; (ii) State Government; and (iii) Ministry of Health & Family Welfare, Government of India.

9. Financial Provisions:

1) For both SCI/TCCC, the Central Government’s share shall be 75% of the grant approved and remaining assistance shall be the States’s contribution. In case of NE & hilly region the same would be in ratio of 90:10. The central share is non-recurring.
2) State Government shall ensure that all the institutions being supported shall provide certain percentage free treatment to cancer patients below poverty line (BPL). BPL criteria would be as per state Govt. policies. For poor patients who may not be BPL, the user charges are expected to be reasonable and not market determined, since the purpose of enhancing these facilities is to provide affordable treatment for cancer. Beds/treatment facilities for well to do patients who can afford to be pay can cross subsidize the poor patients. User charges will be fixed with the approval of the State Government.
3) The selected institute shall be permitted to procure one or more equipment related to cancer care. The ceiling price for costly equipment would be fixed from time to time. Any amount over and above would be provided by state/institution.
4) A portion of the grant not exceeding 30% of the sanctioned amount can be utilized for civil works and electrical works related to cancer care.
5) The Utilization Certificate of the grant sanctioned should be settled by the grantee institute within one year’s time.
6) The grant shall be deposited in a Bank Account and the interest accrued thereon will be refunded/utilized as per provisions of the General Financial Rules and instructions of the Govt. of India from time to time.
7) There would be no claim for any recurrent grant to the grantee institutions.
8) All recurring cost will be met by the Institution/State Government.
9) The State share in proportion (25% and in case of NE & hilly region 10%) will be released as per rules and guidelines issued by the Government from time to time.
10) The grantee institution would undertake cancer registry and be part of network of the National cancer Registry Program of ICMR with its own resources.

PROFORMA FOR STATE CANCER INSTITUTE & TERTIARY CANCER CENTRE

This Performa is in four parts:
- Detailed information about the Institution,
- Application for grant-in-aid (Action Plan)
- State Govt. Recommendation
- Inspection report (to be completed by the central inspection team)
Annexure 4– Formats

Format for reporting progress of State Cancer Institute (SCI)/ Tertiary Care Cancer Centre (TCCC), under strengthening of Tertiary Care Cancer facilities scheme of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

1. Name of the Institute:

2. Whether SCI or TCCC:

3. Details of SCI/TCCC:-

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Item</th>
<th>Progress during current month</th>
<th>Cumulative Progress</th>
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<tbody>
<tr>
<td>1.</td>
<td>Central Government share received from State Government (Amount &amp; date when received)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>State Government share received (Amount &amp; date when received)</td>
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<td></td>
</tr>
<tr>
<td>3.</td>
<td>Status of Procurement/installation of Equipments:</td>
<td></td>
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<tr>
<td></td>
<td>List of Approved equipments has already been conveyed along with the Sanction letter. Please furnish the equipment-wise progress.</td>
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<tr>
<td>4.</td>
<td>Status of Construction/Civil and Electrical Work:</td>
<td></td>
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<tr>
<td></td>
<td>Append item-wise plan of civil/electrical work.</td>
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<td></td>
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<tr>
<td>5.</td>
<td>Status of AERB approvals:</td>
<td></td>
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<tr>
<td></td>
<td>(a) If obtained, attach a copy of the approval letter.</td>
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<tr>
<td></td>
<td>(b) Equipment-wise Approval to be furnished.</td>
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<tr>
<td>6.</td>
<td>Details regarding participation in National Cancer Registry Programme of Indian Council of Medical Research.</td>
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</tr>
<tr>
<td>7.</td>
<td>Status of Beds:-</td>
<td></td>
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<tr>
<td></td>
<td>(a) Total number of beds available for cancer patients.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>(b) Additional beds planed for cancer patients.</td>
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<tr>
<td>8.</td>
<td>Status of HR:</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>(a) Details of availability of Medical</td>
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</table>
Physicist and Radiotherapists or other HR as per approval given for the proposal.
(b) Activities undertaken for training of doctors/health personnel for cancer.

9. If SCI/TCCC is already functioning, provide following details:

9(a) comprehensive cancer diagnosis, treatment and care services being provided

9(b) Activities undertaken to promote prevention of cancer; participation in outreach and other activities under NPCDCS and other related public health programmes.

9(c) Steps taken to provide pain and palliative care and ensure availability of opioids drugs for cancer patients.

9(d) Details regarding free treatment (OPD & IP) being provided to BPL cancer patients and user charges for others as per clause 8 of State Govt. recommendation letter and clause 5 (vii) and 6 (ix) of MoU under the scheme.

10 Status of settlement of Utilization Certificates in respect of 1st installment of Central share as per GFR. (Note: UC is required to be settled within one year’s time).

11 Availability of AMRIT pharmacy. (If available, please furnish details thereof. If not, reasons therefore)

12 Status/likely dates for Inauguration/Foundation Stone laying of SCI/TCCC

13. Name, Designation and contact details of Nodal Officer in the Institute/Medical College

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Contact No (Landline &amp; Mobile)</th>
<th>Email address</th>
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