Annexure A
The issues rose in the pre bid meeting held on 21st January,2008 and clarifications from NACO are as below:

Sl No.	Query	Clarification
1	Mode of selection – QBS or QCBS?	A QBS (Quality Based Selection) approach would be used for selecting the agencies.
2	Do the agencies need to develop the communication materials – if yes we need to allocate budget for this activity also?	NACO will be providing the communication materials to agencies and the agency may have to replicate these materials and use them. They can decide on the type of on ground communication activities (tangible) as per the budget allocated. This should be detailed in the RFP.
3	Does the Mapping study cost also includes the Salary of team members involved?	YES the budget of Mapping component does include the Salary as well.
4	TOT on the induction training for the Supportive supervision team.	NACO will conduct TOT for National level master trainers as well as Regional level trainers. The list of these trainers will be provided to all the implementing agencies. These trainers should be utilized to do the supportive supervision for the Allopath providers and training for the Allopath as well as Non Allopath providers. The honorarium, TA, DA etc to conduct Supportive supervision and trainings of the franchised providers has to be born by the Agencies. The Agency may also identify other good trainers (Not in the list provided by NACO) with the requisite qualifications (Skin VD, Public Health, ObsGyne) especially in States where no Medical Collages are available. This list can be communicated to NACO and NACO may also include these Doctors in their regional training (TOT) so that these trained Doctors can also be utilized for Training/Supportive supervision by the Agencies.
5	Is NACO expecting any other budget for presentation (As per RFP page 41)?	The 7.35 lakh budget includes all the expenses for implementation of the model, there is no separate budget for anything. This presentation is not a Power Point presentation and physical presence is not essential, the Agencies can prepare the Activities and Budget as per the clause in the RFP and send it across to NACO addressing to the Director Finance (NACO).All references to presentation are to be deleted.

6	Release of budget after signing of MOU; will the release be done on a pre-rata basis i.e. 25% releases after signing of MOU with 25% of the Providers or the entire money will be released only after signing MOU with all 100 providers in the District which may make the cash floe difficult.	The release of Budget will be done strictly as per the clause in the RFP.
7	Who will sign the MOU on behalf of NACO/SACS?	The Director Finance (NACO) will sign the MOU from NACO side.
8	Specify the model implementation criteria – RFP page 46 which says that 20% of the budget will be releases after 6 months of the Model Implementation.	The model implementation, in the RFP – Page 46, refers to the PPP model implementation. The Agency needs to document the progress report of 6 months from the signing of contract to get the budget released. The progress should be inline with the timelines as discussed in the pre-bid meeting. i.e. by the end of 6 months the agency should have the following things in plane: - 1. MOU signed with all the providers in each district 2. Supportive supervision team in place 3. Communication activities started.
9	Term of payment may be redefined to be Time based release of budget to maintain positive cash flow and may be linked with adherence and achievement of targets set in timelines to link with performance.	Terms of payment as given in the RFP will be adhered to.
10	Bank guarantee should be waved off.	NACO cannot waive off the clause related to Bank Guarantee for advance payments.
11	The contract mentions 10% budget to be withheld at the end of each year which contradicts with the term which says the last 20% of the budget will be released within 30 days of financial year ending with submitting of all UC and SOE. Can the fund withholding condition be waived off or are kept	The Agencies are required to submit only the auditor's certified SOE for the fund release. The revised plan for the release of Budget would be - 30% with signing contract - 30% with signing MOU - 30% at the end of six months of model implementation - 10% within 30 days of FY ending with all certified SOE.

	minimal (less than 5 % for such a tight budgeted project)?	
12	Minimum 3 years contract should be there with the agency.	Since this is a pilot project the agencies would be contracted for 1 year only, if this succeeds a fresh contract will be initiated.
13	Whether the cost of distribution is to be generated from the social marketing of Kits.	Yes.
14	Supply mode of the Kits to the agencies.	The Agencies need to raise indent with SACS; SACS would raise the indent to NACO accordingly NACO would procure centrally all the Kist and supply to the SACS from where these Kits will be supplied to Agencies.
15	Pricing & incentive policies be centrally fixed by NACO or will be left to States/Agencies.	The MRP of each Kits will be fixed by NACO only, the sales price may vary depending on Sales Tax of different States. NACO will not fix any incentives on social marketing of Kits.
16	Are there any minimum subsidies to be passed on to the patients?	Not by the agencies. The price of these Kits would be fixed by NACO
17	Cost of Kits to patients – who determines NACO/SACS/Agencies or Doctor involved.	NACO will decide the MRP however the Sales Price (Price for the Patients) may vary with local Sales Tax.
18	Free sample kits – will it be provided to the providers/chemists before signing of MOU.	No free sample would be available
19	Sales terms, Will sales tax be included/charged	Sales Tax will be charged as per the government norm.
20	Wastages/Unsold or damaged Kits.	The Expiry Kits/Damaged Kits would be replaced by NACO. The unsold Kits, if within the 2.65 lakh, would be taken by NACO but no reimbursement will be provided to the Agency as it is expected that the agency would be able to sell at least these many Kits per year. The unsold kits from the additional Kits procured by the agency will be taken back by NACO at the same cost at which it was sold to the Agency. Transportation cost in either case will be born by NACO.
21	Will NACO support in providing any other additional medicines as suggested in the	NO, if any other medicines are required (other than Kits) the franchised providers are required to write prescription and the patients will buy the medicine from the open market.

	Operational Guidelines?	
22	For genital Molluscum, who does NACO supports the treatment of this infection?	There is no kit for treatment of Genital Molluscum, if diagnosed, the franchised providers are supposed to provide treatment as per the Technical guidelines and write prescription so that the medicine required can be purchased by the patients from open market.
23	If the kits worth 2.65 lakh/districts are consumed before 1 year, will NACO provide additional kits and under what understanding?	It is assumed that by selling the Kits worth 2.65 lakh per district, the agency would recover the Salary cost/ Supervision cost and other costs like Travel cost for social marketing of Kits. Additional requirement of Kits would not require additional human resource. These additional Kits would be sold to the Agencies at a further subsidized price so that by selling these kits at the price fixed by NACO, the agency would recover additional expense of distributing these additional Kits.
24	Is the Budget indicative/Maximum or fixed.	It is fixed.
25	There is a mention that sending franchised practitioners to conferences – is it for all PP, Budget , frequency.	This is suggested for those treating high volume clients, The Agencies can recommend names of these high Client volume Doctors – NACO would support in sending some selected Providers for conferences.
26	What will be the brand of these Clinic?	NACO will decide the Brand and communicate to each Agency, there would be different Brand Name for Allopath and Non Allopath franchised providers.
27	For GUK kit, there is an injection - Penicillin, what happens if the patient develops shock, can NACO provide Professional indemnity insurance to PP as a part of incentive package.	NACO will not provide professional indemnity insurance. The available scientific evidence suggests remote chances of occurrence of anaphylaxis reaction to injection Benzathine Penicillin.
28	What amount of Chemists should be involved, what is the incentive for the chemists?	At least 1 Chemist per Allopath franchised has to be identified. Incentives has to be decided by the Agencies themselves, the cost of social marketing recovered by selling the Kits will include these cost as well. The Price at which the Kits are to be sold to the Chemists/Providers will be fixed by NACO.
29	What are other health care	These other private practitioners are Rural Private

	providers (Other than AYUSH) mentioned in the Guidelines/RFP?	Practitioners.
30	From where the agencies will get data of hot zones where TI is not operating?	The Agencies can use any available data with SACS or will have to take help from other local sources to get this data.
31	If in a District 100 doctors are not found can the agency franchise Doctors with high client load from neighboring district?	No as this is a district based approach. However NACO expects that each District (Urban as well as Rural) would have 100 providers the mix of Allopath and non Allopath may vary
32	Restricting the AYUSH for only preventive services would be very difficult as it is not very likely for them to refer patients. What should be the strategy of utilizing the AYUSH and other HCP?	The agencies are suppose to sensitize the AYUSH and other HCP on STI issues and train them on counseling the STI patients and also refer them to the Franchised Allopath/ Government STI clinics to an extent possible. The agency may plan some incentive schemes for this referral activity. These franchised non Allopath providers may also be used as an outlet for Condom Social Marketing.
33	It is found that high volume of patients seeks services from providers which falls outside of District, can these be included in PPP?	The Districts mentioned for the implementation includes Urban as well as Rural areas of the Districts. Under the PPP model the agencies are required to franchise Providers from all locations (Wherever these providers exists) There might be high client volume providers beyond District headquarters i.e. in rural areas they need to be mapped and franchised.
34	Is the number of Allopath as well as non Allopath to be franchised fixed or flexible?	On an average NACO expects the agency to franchise 20 to 30 Allopath and 70-80 non Allopath. This is the broad guideline and not fixed. If a particular District contains more Allopath with high STI/RTI client load, the number of Franchised Allopath can go beyond 30 and vice-versa also.
34	Getting full time MBBS for supportive supervision team is difficult as the budget is stringent. Can the agency have a team leader for supportive supervision with non medical background?	The Agencies are required to have at least 1 full time Doctor (may be a basic Doctor with MBBS degree), for the supportive supervision the agency are suppose to identify faculty members from the Government Medical College (List of trained faculty members would be provided to each Agency by NACO), for the supportive supervision of no n Allopath the agency may hire non medico as this does not involve technical discussion.
35	To maintain 2 contact with every franchised providers every 2 months a huge	As per the operation Guideline – If the agency identifies 3 faculty members for supportive supervision in each District and asks these

	number of staff needs to be made available and adequately budgeted.	identified faculty members to spare 5 working days each month, the agency will have 15 man days of the faculty members every month for each District i.e. 30 man days every 2 month which would be sufficient to provide personal support to 25 (on an average) allopath providers every 2 months. For non Allopath providers franchised, the Agency may hire non medical person. The Budget for supportive supervision has been calculated with the above said logic.
36	What are the Drugs for STI/RTI?	These drugs are mentioned in the operation Guidelines.
37	What should be the Staffing pattern for the Agencies?	The Agencies are suppose to develop their own staffing structure, NACO has no specific guidelines for Staffing pattern. Agency should ensure that their staffing pattern suffices the need of the project implementation.
38	Evaluation criteria for the RFP needs to be changed as the team for mapping would be of short duration and would be outsourced most probably.	The revised evaluation criteria for the RFP is: • Adequacy of the proposed technical approach, methodology and work plan in responding to the term of reference : 30% • Key professional Staff qualification and competence for the assignment : 40% - Team Leader : 15% - Person in-charge of supportive supervision team : 10% - Person in-charge of Social Marketing team : 10 % - Person in-charge of demand generation team : 5% • Organizational Capacity : 30% - Experience of handling other Projects in the past: 10% - Experience of working in related field: 10% - Experience of conducting communication activity for demand generation: 5% - Local presence of the organization: 5%
39	If this is a simplified proposal, it should not include Tech 2, 3 and Financial Budget.	Financial budget is not required. Tech 2 and 3 has to be included.
40	Who would do the program evaluation?	The program evaluation would be done from 3 angles by STI team at NACO 1. As per the data provided by the agencies to NACO/SACS/DAPCU 2. Report of supervisory visit conducted by SACS (If available)

		3. Report of supervisory visit conducted by NACO (if available).
41	Specification of Districts included in Delhi.	As per the NCT Geographical boundaries ,GOI.
42	Last date of submitting the RFP.	The last date is extended to 1st February, 2008.