Indian Social Responsibility Network

*RFP Number–ISRN/RFP/HCL Project /2026/**001***

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Name of the Firm: Indian Social Responsibility Network

Contact Person Name: Harsh Saklani, Finance Manager

Contact Number: +91-11-43474545

Email Id: info@isrn.in, harsh@isrn.in

RFPs invited from Organization (NGOs), Company who are eligible and having experience as given in the tender document, by the Indian Social Responsibility Network, New Delhi for engaging the partner for technical support under telemedicine Project polit project funded by HCL.

Background

Indian Social Responsibility Network (ISRN), a multi-dimensional facilitation network, working in the domain of Corporate Social Responsibility (CSR) with a vision to level up India into a developed nation on world platform through participatory approach for holistic development of rural, sub-urban communities. ISRN is registered as a trust with its head office in Delhi and several regional offices with co-partners spread across India. It is a network of more than 800 efficient NGOs and corporate and also has many experts working in diversified area empanelled in its team. It is grossly engaged into the activities of capacity building, project designing and implementation, assessment and monitoring of projects and other Govt. schemes etc.

Definitions:

Partner" shall mean the firm, trust, society, Pvt. Ltd company undertaking the works and shall include its legal representatives, successors, and permitted assigns.

Purpose of Assignment

ISRN invites application for a technical partner to collaborate on the Telemedicine Pilot (the "Project") in Dadri Block, Gautam Budh Nagar, Uttar Pradesh, India. The Project is intended to strengthen primary healthcare delivery and improve equitable access to quality healthcare through assisted telemedicine services at selected Ayushman Arogya Mandirs (AAMs), with linkages to Community Health Centers (CHCs), District Hospitals and medical-college specialist hubs.

Scope of work

The Parties shall collaborate to support the following Project objectives:

- Increase awareness, acceptance and utilization of telemedicine services through community engagement and behavior-change communication.
- Improve access to specialist healthcare through teleconsultation in four identified AAMs.
- Enhance the capacity of AAMs and frontline healthcare providers to deliver telemedicine services effectively.
- Establish referral and follow-up linkages between AAMs, CHCs, District Hospitals and medical-college specialist hubs to support continuity of patient care.
- Generate implementation evidence, learning and recommendations to inform future scale-up and sustainability.

The partner will undertake key activities:

Situational Analysis and Facility Readiness Assessment

The technical partner shall:

- Provide support for developing situational analysis framework and assessment tools.
- Define parameters for assessing infrastructure, connectivity, human resources, service readiness, provider capacity and existing telemedicine utilisation.
- Support assessment of the four selected AAMs and relevant referral facilities.
- Supports in Identifying gaps in teleconsultation workflows, provider competencies, referral

linkages, digital records and follow-up.
- Review existing government guidelines and operational practices relevant to eSanjeevani.
- Provide technical recommendations and a prioritised action plan for implementation.

Development of SOPs, Protocols and Technical Tools

The technical partner shall **provide technical expertise in developing or adapting** standardised materials for implementation of the project, including:

- SOPs for teleconsultation at AAMs.
- Patient registration, triage and consultation workflows.
- Protocols for identifying cases requiring specialist consultation or physical referral.
- Referral, counter-referral and follow-up protocols.
- Operational guidance for coordination between AAMs, CHC Dadri and higher-level facilities.
- Clinical case documentation and review formats.
- Facility monitoring checklists and quality assurance tools.
- Guidance for managing technical and operational challenges.

All tools and protocols shall be aligned with applicable Government of India and Uttar Pradesh guidelines and existing eSanjeevani workflows.

Training and Capacity Building

The technical partner shall provide **guidance in planning and implementation of** a structured capacity-building plan for relevant health personnel.

Target participants may include Medical Officers, Community Health Officers, ANMs, ASHAs, facility nodal officers and designated district/block health officials.

Responsibilities shall include:

- Support guidance in developing training modules and facilitator materials.
- Supporting orientation on telemedicine workflows and roles.
- Strengthening understanding of priority clinical areas and escalation protocols.
- Providing supportive supervision, mentoring and refresher training.
- Analysing the training effectiveness through pre/post assessments or other appropriate methods.

Technical Support for Telemedicine Implementation

The technical partner shall **provide ongoing technical guidance to ISRN** and participating health facilities.

Activities shall include:

- Providing technical guidance during operationalisation of telemedicine services.
- Supporting establishment of standard workflows across participating AAMs.
- Advising on specialist scheduling and coordination with referral facilities.
- Supporting resolution of clinical workflow and service-quality issues.
- Strengthening coordination between facility-level providers and higher-level specialists.
- Recommending corrective actions based on field monitoring findings.
- Supporting alignment with applicable digital health systems and government processes.

Referral Linkages and Clinical Case Reviews

The technical partner shall **provide guidance in establishment of a structured referral and clinical review mechanism.**

These shall include:

- Oversee Development of referral and counter-referral protocols.
- Supporting coordination with CHC Dadri, District Hospital and designated specialist facilities.
- Facilitating periodic review of selected referral cases with relevant specialists and health officials.
- Reviewing referral appropriateness, documentation, follow-up and continuity of care.
- Identifying recurring clinical and operational gaps.

- Recommending improvements to provider practice, training and referral workflows.

Monitoring, Quality Assurance and Data Systems

The technical partner shall **support ISRN in establishing a practical monitoring and quality assurance framework. This** includes:

- Providing assistance in identifying and defining technical indicators and means of verification.
- Reviews monitoring tools and quality checklists.
- Supporting review of teleconsultation and referral data.
- Advising on data quality, completeness and consistency.
- Conducting periodic technical review of implementation quality.
- Providing recommendations for improving service utilisation and continuity of care.
- Supporting documentation of good practices, implementation challenges and lessons learned.

Evidence Generation and Scale-up Recommendations

The technical partner shall support documentation of implementation evidence and lessons from the pilot.

Responsibilities shall include:

- Reviewing programme monitoring findings.
- Identifying operational practices that can be replicated or adapted.
- Providing technical inputs for periodic programme reviews.
- Supporting preparation of technical briefs and presentations.
- Recommending improvements to the operational model.
- Providing evidence-based recommendations on the suitability of the model for wider adoption.

Roles and Responsibilities of ISRN

- Lead overall field implementation, programme management, coordination and day-to-day operational oversight of the Project.
- Act as the primary liaison with State, District and Block authorities, AAMs, CHCs, District Hospitals, medical colleges and other local stakeholders, in coordination with Technical partner on technical matters.
- Recruit, engage, deploy, supervise and manage ISRN project personnel, including programme, coordination, community mobilization, IT support and finance/administration staff, in accordance with the approved budget and applicable law.
- Coordinate community mobilization, beneficiary engagement, awareness camps, screening camps, government health-day activities, referral follow-up and field-level logistics.
- Manage procurement, installation coordination, asset records, inventory, office and field logistics in accordance with the approved budget, donor requirements and applicable procurement procedures.
- Maintain project accounts, supporting documents, vouchers, payroll and statutory records; manage approved project funds and ensure expenditure is within the agreed budget.
- Prepare and submit timely narrative, financial and activity reports; maintain attendance, photographs, minutes, monitoring records and other means of verification.
- Facilitate baseline, midline and end line assessments, monitoring visits, review meetings, donor engagements and project documentation, with technical inputs from Technical partner.
- Coordinate development, translation, printing and dissemination of approved IEC/SBCC materials and support collection of informed consents for photographs, videos, testimonials and case stories.

- Ensure safeguarding, child protection, inclusion, data protection, ethical conduct and compliance by its employees, consultants, vendors and other engaged personnel.

Responsibilities of Technical partner

- Provide **technical leadership and guidance for telemedicine**, public health, clinical governance, referral systems, quality assurance and alignment with applicable national standards, including experience of accessing eSanjeevani platform for requirements as relevant.
- Engage the **Public Health and Telemedicine Technical Expert** and provide technical inputs, including protocol development, mentoring, clinical workflow integration and coordination with Medical Colleges for Centre of Excellence-related tasks.
- Supports in developing **technical guidelines, SOPs, training modules, screening guidance, referral protocols, camp operational guidance, data definitions and quality standards** in line with state and district health department's guidelines and protocols.
- Provide technical support for **community awareness and screening activities**, including review of health content, eligibility criteria, testing guidance, counselling, reporting formats and biomedical-waste handling guidance, as applicable.
- Support **capacity building of CHOs, ASHAs, ANMs, AWWs, Medical Officers and block officials** through technical content, facilitation, mentoring and review of training materials and assessments.
- Provide **technical inputs for situational analysis, baseline/endline and impact assessments, learning products, scale-up and sustainability planning, and interpretation of project findings.**
- Review and advise on the **digital dashboard, monitoring indicators, telemedicine data systems**, reporting tools and clinical workflow integration.
- Support **hub-engagement activities, technical consultations, government reviews, launch / dissemination events and knowledge-sharing**, as mutually agreed.
- Review **technical progress and reports**, identify implementation or quality risks, and provide recommendations for corrective action and continuous improvement.

Joint Responsibilities and Governance

- Constitute a joint project coordination mechanism with designated nodal persons and hold regular coordination and review meetings, including monthly internal team reviews.
- Jointly validate the inception plan, implementation schedule, monitoring plan, deliverable calendar, technical standards and risk-mitigation actions.
- Share relevant information, data and technical resources in a timely manner, subject to confidentiality, consent, data-protection and applicable legal requirements.
- Coordinate with government and health-system stakeholders in a consistent manner and avoid making commitments on behalf of the other Party without written authorization.
- Promote transparency, ethical conduct, safeguarding, inclusion, patient safety and quality improvement throughout the Project.
- Resolve operational issues through good-faith consultation and document agreed decisions, action points, owners and timelines.

Deliverables and Indicative Timeline

The **Technical Partner shall support in delivering the following outputs** in coordination with ISRN and relevant health department stakeholders:

No.	Deliverable	Indicative Timeline
1	Inception report and detailed technical workplan	Within 2–3 weeks of commencement
2	Situational analysis framework and assessment tools	Month 1
3	Facility readiness assessment methodology and technical parameters	Month 1
4	Situational analysis findings and recommendations	Month 1–2
5	SOPs for teleconsultation, referral and follow-up	Month 2
6	Training modules and facilitator materials	Month 2-3
7	Training needs assessment and capacity-building plan	Month 2
8	Technical support for initial facility operationalisation	Months 2–3
9	Technical monitoring framework and indicator definitions	Month 2–3
10	Periodic technical monitoring and quality review reports	Monthly/quarterly, as agreed
11	Clinical case review reports and action trackers	Monthly or as mutually agreed
12	Mid-course technical review and recommendations	Mid-project
13	Pilot learning and scale-up recommendations	Towards project completion
14	Final technical report and documentation package	End of assignment

Eligibility of Technical Partners

Interested organisations shall meet the following minimum eligibility requirements.

- The applicant must be a legally registered non-profit organisation, public health institution, private limited Company, academic institution or other eligible organisation with the legal capacity to enter into a technical partnership.
- The applicant shall demonstrate relevant experience in public health, health-system strengthening, technical assistance, telemedicine or digital health, training and mentoring healthcare providers for technology-enabled service delivery through the qualifications and relevant experience of its proposed technical team.
- **Experience related to Uttar Pradesh or comparable state health-system** settings will be an advantage.
- Ability to facilitate coordination between multiple levels of the public health system including NHM, district health administrations, medical colleges or public health institutions.

Expert Personnel

The applicant must propose a qualified technical team with appropriate expertise, including:

- Public health Systems, Telemedicine or digital health expertise, Clinical or health-system strengthening expertise, either within the team or through clearly defined specialist support.

The proposed team should demonstrate relevant qualifications, minimum 5 years + relevant experience

(preferably Telemedicine at State level) and availability for the duration of the assignment.

Other Terms & Conditions:

- Bidders must meet the eligibility requirements specified in the RFP and submit valid registration documents, PAN, GST registration (where applicable), relevant licenses, and other supporting documents as required.
- Commencement of work from first week of November 2026. The project completion date is 15-Sep-2028.
- The Selection of partner is sole decisions of ISRN,
- Proposals shall be evaluated against criteria, technical requirements, Relevant experiences, financial proposal, Proposal will be evaluated on basis of technical proposal 70% for financial proposal 30%.
- ISRN has a reserve the right to accept and reject any proposal, cancel or suspend the procurement process.
- Bidders must disclose any actual, potential, or perceived conflict of interest. Bidders shall not engage in bribery, fraud, collusion, coercion, or other unethical practices. Any attempt to improperly influence the procurement process may result in disqualification.
- Bidders shall maintain the confidentiality of all non-public information received from the organization in connection with the RFP and shall use such information only for preparing the proposal or performing the resulting contract. Any disclosure required by law shall be handled in accordance with applicable legal requirements.
- All costs associated with preparing, submitting, and presenting a proposal shall be borne by the bidder. The organization shall not reimburse such costs unless expressly agreed in writing.

RFP QUESTIONS AND REPONSES

Each bidder may submit their questions via email to harsh@isrn.in and procurement@isrn.in prior to the closing date. Questions will be answered within 2 business days via email with a return reply.

SUBMISSION PROCEDURE

Proposals conforming to the requirements set above must be received by Indian Social Responsibility Network by email – harsh@isrn.in / info@isrn.in by or before 26 October 2026. The timeline is extended till 07th November 2026.