

# Terms of Reference (ToR) to engage a Radiologist

World Health Partners (WHP) is looking for engagement of radiologist for CXR interpretation for TB services for select districts (listed below) of Punjab and Haryana under the Global Fund-supported project "Integrated Pediatric TB and Technology-Enabled Active Case Finding (ACF)" implemented by SAATHII and WHP.

- Date of ToR Circulation: April 28, 2025
- End Date of application: **May 7, 2025**

## 1. Introduction

The Integrated Pediatric TB and Technology-Enabled Active Case Finding (ACF) Project, funded by The Global Fund, is being implemented by SAATHII as Principal Recipient (PR) under the guidance of the Central TB Division (CTD) and SR partners under the guidance of the State TB Office. The key purpose of the project is to provide technical assistance to the National TB Elimination Program (NTEP) in seven states to increase the access and availability of pediatric TB services across all levels of health system in both public and private health sector, and identify new TB cases among key vulnerable populations in 42 selected districts using AI technology enabled Handheld X-ray device.

World Health Partners (WHP) is a non-governmental organization that sets up programs to bring sustainable healthcare within easy access to underserved and vulnerable communities. It innovatively harnesses already available resources more efficiently by using evidence-based management and technological solutions. WHP is best known for its programs focused on Tuberculosis, primary healthcare, family planning, MNCH, and mental health. The organization uses all available resources--both in the public and private sectors, to ensure that people living in any part of the project area will have access to high-quality treatment.

To support the above-mentioned project, we are inviting quotations for the following districts.

PUNJAB (PN) - 4 districts		HARYANA (HR) - 7 districts	
Sr. No.	ACF Districts	Sr. No.	ACF Districts
1	Ludhiana	1	Mahendergarh
2	Amritsar	2	Sonipat
3	Patiala	3	Panipat
4	Jalandhar	4	Ambala
		5	Kaithal
		6	Sirsa
		7	Fatehabad

## 2. Objective

The primary objective of this TOR is to invite proposals from the eligible applicants submitting their quotations who can provide CXR interpretation for CXR taken of the key vulnerable

population as a part of active case finding for TB. The aim is to engage an expert radiologist to support the expert interpretation of CXR taken under ACF activities

### **3. Terms of Reference**

- The project is collaborating with radiologist so as to identify TB and other diseases that the project serves.
- Project is conducting TB active case finding (ACF) through community based camps or household visits, and take Chest X-ray for the key vulnerable population using a handheld CXR device at the community, or CXR is taken at a public or private CXR centre (based on the field situation).
- Project team will share the soft copy of CXR film to the Radiologist for CXR interpretation.
- The Radiologist will provide CXR interpretation report for those digital/soft copy of CXRs shared by the project team
- The radiologist shall provide electronic CXR reports.
- Report should be given as per the standard CXR report format. Radiological findings and impressions/conclusions should be specifically mentioned in the report issued as per standard formats, suitable for TB or non-TB diagnosis.
  - Conclusions should mention CXR findings suggestive of TB or not suggestive of TB
- CXR radiological reports issued by Qualified radiologists registered with the Medical Council of India (MCI) or equivalent authority.
- Radiological findings and impressions/conclusions should be specifically mentioned in the report issued as per standard formats prescribed for TB detection.
- The radiologist shall share electronic CXR digital reports with the project team (by email to the team/WhatsApp modality) within 24 hours from the time CXR film shared for interpretation.
  - We encourage and look forward for real time sharing of reports within a few hours' time, however, 24 hours' time mentioned as the time limit so as to provide services in the community to the person in need.
- Data management, reporting, and confidentiality shall be adhered by the bidder as per government norms, considering the project supports the government's TB initiatives

### **4. Documentation**

- Project will send a CXR film, either digital version or as a photo version of the hard copy (photo taken through mobile phone). The photo will be primarily shared through WhatsApp or email to the radiologist. The following four details will be mentioned for each film shared
  - Name
  - Age
  - Gender
  - Symptoms
- After completion of each month, radiologist must ensure to submit an invoice including tax, having details for the number of CXR interpreted provided during the month.
- This invoice should be sent to WHP by the first week of next month. Invoice must be supported by.

- **CXR report of each patient (hard or soft copy).**

## **5. Minimum Eligibility to apply**

- The radiologist should have functional registration with the Medical Council of India (MCI) or equivalent authority
- The radiologist must maintain all necessary certifications and accreditations required to operate as a radiologist

## **6. Documents Required**

Interested and eligible radiologists are requested to submit their quotations as per below required documents.

- CXR interpretation cost for each chest X Ray interpretation, including tax
- Valid registration certificate

**\*Performa attached in Annexure 1 to submit the documents**

## **7. Duration of Contract**

- The contract is valid, initially for one year, and may be extended based on budget availability.
- The extension of the contract will be done based on the project requirements and guidance from the funder and the government.

## **8. Evaluation Criteria**

- Valid registration
- Per CXR interpretation cost

## **9. Terms and Conditions**

- The following payment mechanisms will be adhered to. Payment will be done as per the agreed rate contract on the submission of agreed invoice documents.
- Either party may terminate the contract by giving a 15 days' notice period in writing.
- The MoU/contract may also be terminated by the service recipient on immediate effect, any time without any notice period due to non-satisfactory performances, such as- the delay in service, quality of service, and non-compliance to registration/certification or delay in payments.
- Service Recipient reserves the right, to invite fresh bids with or without amendment of the TOR at any stage, or, to terminate the entire bidding/selection process at any time without assigning any reason to any of the Bidders and whatsoever.
- Bidder should not have a conflict of interest that affects the bidding process. Any Bidder found to have a Conflict of Interest shall be disqualified.
- All Bidders are required to submit their applications in accordance with the terms outlined in this TOR.
- Notwithstanding anything to the contrary contained in this TOR, the detailed terms specified in the contract shall have an overriding effect.
- Responses to TOR must be received no later than the date and time indicated in the TOR.

## **10. Application Deadline**

- All quotations should be submitted on or before the Last date of receiving quotes is **May 7, 2025.**
  - Quotes can be mail to [purchase@whpindia.org](mailto:purchase@whpindia.org) with mentioned the subject line :  
**"Terms of Reference (ToR) to engage a Radiologist"**
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## **ANNEXURE-I QUOTATION FOR ENGAGEMENT OF RADIOLOGIST**

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***Kindly submit your quotation in the below prescribed format with a duly stamped and signature by the bidder.***

**Date:**

**Name of the radiologist:**

**Registration number:**

<b>Sr. No.</b>	<b>Particulars</b>	<b>Details</b>	<b>Submission status</b>
<b>1</b>	Valid radiologist registration	Self-Attested photocopy	
<b>2</b>	Per CXR interpretation cost, including tax	In Rs.	

**Declaration:**

I..(name) **Dr.** ..... Son/ Daughter of .....

Resident at..(address).....,

declare that I have read carefully the terms of reference and agrees on all terms and conditions of this TOR.

I .....(name).....declare that I fulfil the eligibility of this TOR, I .....(name).....also declare that I do not have any conflict of interest with WHP.

**Signature of the radiologist**