



## Odisha State Health & Family Welfare Society

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Advt. No:31/18

Dt.-02/08/2018

### **CORRIGENDUM**

**TO THE REQUEST FOR PROPOSAL (RFP) FOR INTEGRATION, OPERATION AND MANAGEMENT OF EMERGENCY MEDICAL AMBULANCE SERVICE (108), BOAT AMBULANCE, 24 X 7 REFERRAL TRANSPORT SERVICE (102) AND HEALTH HELP LINE SERVICES (104) IN ODISHA.**

With reference to the advertisement no **25/18**, published in the 'Times of India', 'The New Indian Express', 'Indian Express', 'The Samaja', and 'Sambad' on 11.07.2018, and subsequent to queries raised in the pre-bid conference held on 18.07.2018 this corrigendum is being issued to the "Request for proposal" for **Integration, Operation and Management of Emergency Medical Ambulance Service (108), Boat Ambulance, 24 x 7 Referral Transport Service (102) and Health Help Line Services (104)** in Odisha (30 districts). The details of the corrigendum can be downloaded from the official website [www.nrhmorissa.gov.in](http://www.nrhmorissa.gov.in) and <http://health.odisha.gov.in>. Further, the last date for submission of complete bid documents is hereby extended to **18.08.2018**. All other terms and condition in the RFP and advertisement published on **11.07.2018** shall remain unchanged.

Sd/-  
**Mission Director  
NHM, Odisha**

**CORRIGENDUM**

Sl. No.	RFP Page No.	RFP Clause No.	Existing Provision in the RFP	Amendment (Modification, Deletion or Addition) to the RFP
1	2	NOTICE INVITING PROPOSAL	<p>1. Period of Availability of RFP Document : From <b>11/07/2018 to 10/08/2018</b></p> <p>2. Last date for submission of complete Proposal: <b>Date: 10/08/2018 Time: 15.00 Hrs.</b></p> <p>3. <b>Technical Proposal (Part A &amp; Part B) opening on 10/08/2018 at 15.30 Hrs.</b></p>	<p><b>Revised Timelines :</b></p> <p>1. Period of Availability of RFP Document : From <b>11/07/2018 to 18/08/2018</b></p> <p>2. Last date for submission of complete Proposal: <b>Date: 18/08/2018 Time: 15.00 Hrs.</b></p> <p>3. <b>Technical Proposal (Part A &amp; Part B) opening on 18/08/2018 at 15.30 Hrs.</b></p>
2	3 & 11	Clause 9 & Clause 1.2.5 : Explanation no.4	<p>Definition of company is as per Indian Company's Act 2013 to be read with participation rule for a foreign company (100% subsidiary) as the lead bidder, in case of Consortium bidding.</p> <p><b>Clarification on existing provision</b> What about foreign companies, registered outside India ? Kindly allow that, as allowed by all other state governments. However, if a foreign registered company takes part, either directly or through a consortium, its Indian technical experience, if any, shall be considered, to meet the RFP technical criteria.</p> <p>We request you to allow a subsidiary Indian company of a foreign registered company, to take part in the bid, either directly, or as a Consortium member. As defined as per the Company's Act, and as allowed by most of the state governments, pl allow the subsidiary company with 51% shareholding of the parent foreign company, and not insist on 100% subsidiary only, for basic eligibility criteria.</p> <p>Since this subsidiary company is registered in India, as per prevalent Company's Act, it, by definition, is an Indian company, and may be treated accordingly, viz. as per Indian law.</p> <p>We are operational in India, in the 108/102 EMS projects in</p>	<p><b>Clarification:</b> A foreign company (not registered in India) can take part in bidding, either directly or through consortium by its 100% subsidiary only. However the turnover, experience etc. of Indian entity alone will be taken into account.</p> <p>Any Indian company can very much participate in the Tender. The Indian experience &amp; turnover of such company shall only be taken in to consideration.</p> <p>Where the bidder has relevant experience as member of a consortium engaged in similar service, then extent of operational experience (number of ambulance) proportionate to their share in the consortium shall be considered, provided;</p> <p>(a) The bidder has minimum share of 25% in the consortium. (b) The existence of the consortium is supported by duly executed documents clearly indicating the share. (c) The project is run by the consortium.</p>

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Sl. No.	RFP Page No.	RFP Clause No.	Existing Provision in the RFP	Amendment (Modification, Deletion or Addition) to the RFP
			key Indian states of Maharashtra, Delhi and Andhra Pradesh, and the subsidiary company, UKSAS India is in existence , as the Lead Member of the UKSAS-BVG Consortium in Govt. of Delhi and in Govt. of Andhra Pradesh 108 EMS projects. UKSAS is the technical member in the Consortium of Govt. of Maharashtra as well.	
3	3	DEFINITIONS Sl. No.-1	<b>“24x7 RTS”</b> is a 24 x 7 Referral Transportation Service of government under National Ambulance Service and managed through a centralized Call Centre. The vehicles take pregnant women and newborn/infant child to nearest government health facility for deliveries/treatment and also drop them back to their homes. The service can be availed by the beneficiary anywhere in the state free of cost dialing a toll free three digit telephone number “102”. Popularly know as “102 Ambulance”	<b>Revised:</b> As per the decision of Govt. drop back shall no longer be undertaken by 102 ambulance. Accordingly all other relevant provisions of the RFP stands modified.
4	25	2.3.6	The Service Provider will arrange for setting up of workshop, parking shed, rest room or any other infrastructure as per the requirement at their cost.	<b>Revised:</b> The Service Provider will arrange for setting up of parking shed, rest room or any other infrastructure as per the requirement at their cost.
5	26	2.3.12	Enhance the capacity of staff deputed for the operation of EMAS-108 and 24x7 RTS (102 Ambulance) through quality training programs without any extra cost to Government. <b>All Emergency Medical Technician (EMT) should have ALS certification from a recognized institute(s).</b> Service Provider should also conduct regular refresher trainings of the project staff.	<b>Revised:</b> ALS certification is mandatory only for EMTs of ALS ambulance.
6	31	Clause-2.5.16	<b>(a) Basic Life Support &amp; Advanced Life Support Ambulance:</b> 1. Emergency Medical Technician: <b>Basic Qualification:</b> <ul style="list-style-type: none"> <li>• B.SC. Nursing/ GNM/ B.Pharma/ D. Pharma</li> </ul>	<b>Revised</b> a) Basic Life Support & Advanced Life Support Ambulance: 1. Emergency Medical Technician <b>Basic Qualification:</b> i) For ALS Ambulance B.SC. Nursing/ GNM/ B.Pharma/ D. Pharma

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Sl. No.	RFP Page No.	RFP Clause No.	Existing Provision in the RFP	Amendment (Modification, Deletion or Addition) to the RFP
				<p>ii) For BLS Ambulance                      B.SC. Nursing/ GNM/ B.Pharma/ D. Pharma                      or                      +2 Science along with minimum duration of training of 360 hours including internship as recommended by HSSC (Health care Sector Skill Council). The training is to be undergone under an affiliated institute of HSSC.                      N.B.- Recruitment of EMT of BLS Ambulance based on such qualification can only be effected when all other avenues for recruiting EMTs with existing eligible criteria have been explored &amp; exhausted.</p>
7	36	2.6.8	<p><b>Payment to Service Provider:</b> Ensure timely release of payment against all valid claims towards CAPEX and OPEX submitted by the Agency in the prescribed manner as per the terms and conditions of the contract.</p>	<p><b>Added:</b>                      The payment towards Operational Expenditure will be released within <b>21 days</b> from submission of correct and complete invoice along with necessary supporting.</p>
8	43 & 45	2.14.6 (A2 & B3)	<p><b>Performance Parameter:</b>                      Average Response Time (Call to Site): 25 minutes</p>	<p><b>Revised :</b>                      Performance parameter of average response time (Call to Site) revised to <b>30</b> minutes for 108 &amp; 35 minutes for 102.</p>
9	43	2.14.6 (A4-i & B2-i)	<p><b>Performance Parameter :</b>                      The off-road days for preventive and breakdown maintenance would be accumulated @1.5 days per vehicle per completed month.</p>	<p><b>Revised:</b>  <b>Performance parameter for 108 &amp; 102:</b>                      Allowed off-road days of 1.5 days per Ambulance per month to be accumulated over 1 year of service without any scope for carry forward to the next year.</p>
10	44	2.14.6 (A5)	<p><b>Performance Parameter:</b>                      3 cases /day/ambulance and avg. running of 170 km /day/ ambulance                      (Measured over a month with total no. of ambulances)</p>	<p><b>Added:</b>  <b>N.B.- In case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips and KM shall not be applicable.</b></p>

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Sl. No.	RFP Page No.	RFP Clause No.	Existing Provision in the RFP	Amendment (Modification, Deletion or Addition) to the RFP
11	45	2.14.6 (B5)	<b>Performance Parameter:</b> Numbers of trips/ambulance /day (Average 4 (Four) trips per day.)	<b>Revised:</b> <b>Performance Parameter:</b> Numbers of trips/ambulance /day revised to 3 (three) trips. <b>Added:</b> <b>N.B.-In case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips shall not be applicable.</b>
12	83	Annexure-6 (1.3) S.No.17	Extension/ lines	<b>Deleted:</b> The item “Extension/ lines” (Sl.No.17) has been deleted from the <b>List of Consumables for ALS Ambulance</b> table.
13	90	Annexure-6 - Technical specification (Ambulance) Sl no-4 (g) (4)(ii)	Minimum Ground Clearance : 190 mm	<b>Revised:</b> Minimum Ground Clearance revised to 180 mm.
14	91	Annexure-VI-5.2	Medical equipment in the Boat Ambulance	<b>Added:</b> Artificial Manual Breathing Unit is added in the list of medical equipments of Boat Ambulances.
15	31	2.5.16	<b>Manpower for various services:</b> While recruiting existing field staff the incoming Service Provider shall ensure that their performance and conduct in the earlier project is satisfactory.	<b>Added:</b> The new service provider is allowed to select the staff out of the existing employees based on their good service record.
16			New Provision	<b>Added:</b> Implementing agency may have a set of backup ambulances (at the cost of agency with same specification and equipment) which will be used as substitute for ambulances out of service. However at no point of time the number of ambulances in operation will exceed the number sanctioned.
<b>N.B.- The amendments mentioned above are to be treated as amendments in the terms &amp; conditions of the above tender reference. All other terms &amp; conditions remain unchanged.</b>				

**Clarification to Queries raised by the prospective bidder in the pre-bid meeting held on 18<sup>th</sup> July 2018.**

Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
<b>UKSAS India Ltd.</b>				
1.	Page 3 , Clause 9 & Page 11, Clause 1.2.5 : Explanation no.4	Definition of company is as per Indian Company's Act 2013 to be read with participation rule for a foreign company (100% subsidiary) as the lead bidder, in case of Consortium bidding.	<p><b>What about foreign companies, registered outside India ?</b> Kindly allow that, as allowed by all other state governments. However, if a foreign registered company takes part, either directly or through a consortium, its Indian technical experience, if any, shall be considered, to meet the RFP technical criteria.</p> <p><b>We request you to allow a subsidiary Indian company of a foreign registered company, to take part in the bid, either directly, or as a Consortium member.</b> As defined as per the Company's Act, and as allowed by most of the state governments, pl allow the subsidiary company with 51% shareholding of the parent foreign company, and not insist on 100% subsidiary only, for basic eligibility criteria.</p> <p>Since this subsidiary company is registered in India, as per prevalent Company's Act, it, by definition, is an Indian company, and may be treated accordingly, viz. as per Indian law.</p> <p>We are operational in India, in the 108/102 EMS projects in key Indian states of Maharashtra, Delhi and Andhra Pradesh, and the subsidiary company, UKSAS India is in existence , as the Lead Member of the UKSAS-BVG Consortium in Govt. of Delhi and in Govt. of Andhra Pradesh 108 EMS projects. UKSAS is the technical member in the Consortium of Govt. of Maharashtra as well.</p>	<p>A foreign company (not registered in India) can take part in bidding, either directly or through consortium by its 100% subsidiary only. However the turnover, experience etc. of Indian entity alone will be taken into account.</p> <p>Any Indian company can very much participate in the Tender. The Indian experience &amp; turnover of such company shall only be taken in to consideration.</p> <p>Where the bidder has relevant experience as member of a consortium engaged in similar service, then extent of operational experience (number of ambulance) proportionate to their share in the consortium shall be considered, provided;</p> <p>(a) The bidder has minimum share of 25% in the consortium. (b) The existence of the consortium is supported by duly executed documents clearly indicating the share. (c) The project is run by the consortium.</p>
2.	Page 7, Clause 1.2.2.	Turnover from similar lines of business only.	This will limit the competition to 2 companies only. Also this is discriminatory against consortium companies, where	No change to RFP

**Clarification to Queries raised by the prospective bidder in the pre-bid meeting held on 18<sup>th</sup> July 2018.**

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			<p>the principle of a Consortium is for a technical/clinical partner and a financial partner , to join hands, to try for the bid. <b>Thus, kindly allow turnover only, not limiting to turnover from similar line of business.</b> This will encourage competition and give the state more choice , to choose from.</p> <p>As discussed today, in a Consortium bidding, if one company is the technical/clinical member, which meets the technical experience criteria of operational experience of 200 ambulances, with GPS/GPRS etc. control, and the second member of the Consortium is a non-medical or non-ambulance company, then, <b>kindly allow this financial member of the Consortium to meet the financial/networth/working capital criteria as well.</b> For this, as indicated, <b>you may kindly enhance the turnover criteria to 300-400 crores/annum.</b></p> <p>This principle of Consortium bidding is allowed by all state govts, viz. The 2017 tender of Govt of Karnataka, 2016 tender of Govt. of Andhra Pradesh, 2018 tender of Govt. of Uttar Pradesh (this state allows the combined strength of all members of a Consortium, to meet the pre-bid criteria), Govt. of Maharashtra etc. all follow the principle of financial member of the Consortium to meet and qualify the financial criteria of a tender/RFP, in the pre-qualifying stage.</p> <p>We are happy to inform you that, besides operating in all the above 3 state govt. projects, we have been found eligible and have taken part in almost all the 10-12 tenders of various states, held in the last 3-4 years.</p>	<p>Where the bidder has relevant experience as member of a consortium engaged in similar service, then extent of operational experience (number of ambulance) proportionate to their share in the consortium shall be considered, provided;</p> <p>(a) The bidder has minimum share of 25% in the consortium.                      (b) The existence of the consortium is supported by duly executed documents clearly indicating the share.                      (c) The project is run by the consortium.</p> <p>No change to RFP on enhanced turnover criteria</p> <p>As per RFP turnover of only Lead member of the consortium will be considered.</p>

**Clarification to Queries raised by the prospective bidder in the pre-bid meeting held on 18<sup>th</sup> July 2018.**

Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
			<p>Hence, we are keen to take part in the prestigious Odisha state tender and request you to create an equal playing field, for all companies. This would result in the state govt having a wider choice of companies to choose from.</p> <p>Otherwise the state govt will restrict the competition, in this RFP, to 2 companies only, as, we, as the 3<sup>rd</sup> one, would remain disqualified.</p>	
3.	Page 11, Clause 3.	Turnover of lead member (in case of a consortium) will be considered only.	<p>This goes against the very grain of Consortium principle. If a company satisfies both the technical and financial criteria, as specified in this RFP, it does not need a Consortium partner. In India, only 2 companies meet this criteria. So, like all other states, in case of a Consortium, <b>pl allow the turnover of any member of the Consortium, to meet the criteria of this RFP.</b></p> <p>Additionally, as discussed in the pre-bid meeting today, in the Govt. of Delhi EMS contract, which is a consortium of UKSAS &amp; BVG, and UKSAS is designated as the 'lead member' (as it meets both the technical and financial criteria of the pre-qualifying stage), <b>kindly allow the Indian subsidiary company, UKSAS India (which holds 51% equity shareholding in the UKSAS-BVG Consortium/SPV), to qualify as a 'stand-alone' basis</b>, as our Delhi project has completed 2 years of operations, with more than 200 ambulances, which is the qualifying criteria in the RFP of Odisha.</p> <p><b>Thus, we request you to allow a 'lead member' of a previous consortium, to be able to independently take part in this RFP, if the 'lead member' holds at least 51% share-holding in the earlier Consortium/SPV, &amp; the lead member of the earlier Consortium, was designated as</b></p>	<p>No change in RFP on turnover of Lead member</p> <p>UKSAS India can very much participate in the Tender as any other company in India and the experience &amp; turnover of UKSAS India only as a company shall only be taken in to consideration.</p> <p>Where the bidder has relevant experience as member of a consortium engaged in similar service, then extent of operational experience (number of ambulance) proportionate to their share in the consortium shall be considered, provided;</p> <p>(a) The bidder has minimum share of 25% in the consortium.                  (b) The existence of the consortium is supported by duly executed documents clearly indicating the share.                  (c) The project is run by the</p>

**Clarification to Queries raised by the prospective bidder in the pre-bid meeting held on 18<sup>th</sup> July 2018.**

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			<p><b>'lead' , by virtue of meeting, both the technical and financial criteria, and not just the 'financial criteria'.</b></p> <p>In the state of Maharashtra, the Consortium of BVG &amp; UKSAS had no mention of any share-holding, and UKSAS was designated as the 'technical member', and BVG as the 'lead', as the tender allowed the 'financial' member to be called the 'lead'. However, in this state, the work division in the Consortium, is based on a MoU only, without any mention of any share-holding pattern.</p>	consortium.
4.	Page 29. Clause 2.3.13	On line data transfer based ERC.	We request you to specify the detailed specifications of a data-based ERC.	Ordinarily in ERC , details of call logged on dialler, access to tracking portal, Off Road & On Road reasons captured as per ticket raised by crew, details of cases undertaken by ambulance and attendance record of crew & call centre staff is expected to available in online & real time basis along with facility to search voice logs. Detail specification of data pertaining to broad areas mentioned above will be worked out during the phase of SOP preparation.
5.	Page 61. Markings on 104 call centre.	10 marks to be given.	This being a new domain subject, not under emergency medical services, some EMS companies do not have this prior experience. They should not get discriminated. This feature can form a content of the technical presentation, and this presentation, if depicts the expertise, should carry 20 marks, instead of only 10 points.	No change to RFP.

**Clarification to Queries raised by the prospective bidder in the pre-bid meeting held on 18<sup>th</sup> July 2018.**

Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
6.	Page 83.	Medical equipment specifications.	All medical equipment, including oxygen delivery system , should, from the point of view of safety, should comply with internationally accepted US FDA or EN standards. No EMS equipment or device is made in India, so allowing for ISI for all, would compromise the quality and medical safety standards. Most of the key states, like Maharashtra, Delhi etc. specify these standards for medical devices and National Ambulance Code, for the ambulances.	Appropriate quality standard are being followed by the state and suitable quality parameter shall also be considered at the time of procurement of new equipments.
7.	Page 15. Clause 1.4.4.3	Criteria for financial proposal- based on kilometre run, for 108 & 102.	<p>We request you to allow price-bid submission, based on the lumpsum monthly basis (as you have adopted for boat ambulance now, and as you had adopted for the existing 108 EMS project.).</p> <p>As you would appreciate, pre-hospital care EMS service is completely need-based, viz. the ambulance trip comes into picture, once the patient, in need of medical emergency , makes a 108 call. Thus, in case there is less number of calls, viz. if the patient does not need medical emergency, then the service provider should not be penalised, for not making 3 trips, or not running for 5000 km/month, as the service provider, anyway, has to pay for the fixed costs like salaries, office rent etc. So, linking the income of the service provider, to number of patient trips, is bound to lead to field manipulations and irregularities , as has been happening in the states of UP, where NHM had to go to the extent of filing a police FIR against the service provider, to stem the rot.</p> <p>All states of India have adopted the per month consolidated tariff, and not a per/km tariff, as it has failed , in case of medical emergencies.</p> <p>Hence, we request you to kindly allow this methodology.</p>	No change to RFP.

**Clarification to Queries raised by the prospective bidder in the pre-bid meeting held on 18<sup>th</sup> July 2018.**

Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
8.	Page 60, Clause 3.1.4.	In the evaluation criteria, the marks given under various heads, is skewed in favour of older and large operator. (10 marks for more years of operation, 10 marks for more ambulance etc.)	<p>Since this evaluation criteria does not reward quality of work or lack of it, we request you to incorporate negative marks for bidders who have been black-listed, pre-terminated by a state govt, due to lapse in service, or under investigation by agencies like the ED and CBI, for various economic crimes committed, linked to 108 EMS.</p> <p>Mere years of experience , in this critical field of pre-hospital care has no meaning if the operator is black-listed, or its directors are charge-sheeted by central agencies like the ED or CBI.</p> <p>This should be a disincentive, and the evaluation process should take serious note of it, by taking appropriate precautionary checks and balances in the evaluation process. Hence, either such companies need to be debarred or negative marks need to be introduced, so that genuine and honest bidders, who may be rather new, may not be discriminated against.</p>	No change to RFP.
9.	Page 83	Specifications of medical equipment.	<p>We request you to consider and give due importance to quality and safety parameters of the ambulance-based medical equipment, by incorporating internationally accepted medical standards of pre-hospital care, viz. EN 1789/EN 1865 or the US FDA standards. These are extremely important from the point of view of safety of the paramedics and the patients. These standards have been adopted by most states like Delhi, Kerala, Maharashtra etc.</p> <p>The ambulances need to be compliant with the AIS-125 of the National Ambulance Code, which has already been notified by the Ministry of Road Transport and Highways. (MoRTH, GoI).</p>	Appropriate quality standard are being followed by the state and suitable quality parameter shall also be considered at the time of procurement of new equipments.

**Clarification to Queries raised by the prospective bidder in the pre-bid meeting held on 18<sup>th</sup> July 2018.**

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			National Ambulance Code incorporates the safety aspects of all parameters.	
11.	Page 62.	Technical Presentation.	<p>You have separately allotted full 10 marks , during the technical evaluation, for experience in handling a healthcare helpline 104.</p> <p>As you are aware, healthcare helpline is not a part of the domain expertise of pre-hospital care emergency ambulance service. Not many state govts. (excepting MP) have combined ambulance service and health-helpline under one roof.</p> <p>We, as a service provider, in Maharashtra, Delhi, or in AP state, do not operate this, and hence, in this RFP, which is primarily to provide emergency medical service, we lose out on full 10 marks.</p> <p>In India, as far as we know, only GVK-EMRI operates this, in some states (under a nomination basis).</p> <p>Hence, we request you to provide a level playing field, by reducing the 10 marks here, to 5, but, alternatively allot more marks to quality bench-marks/SLAs of the core ambulance service domain.</p> <p>Alternatively, more marks (20) can be allotted to the technical presentation, so that a holistic analysis and evaluation is made of the domain expertise of the bidders, in all the clinical fields, thereby ensuring a level playing field for all bidders.</p>	<p><b>No Changes in RFP</b> (104 health line service is one of the essential services under this project. No discrimination is perceived as only 70 marks is required out of total marks of 100 to qualify and thereafter price shall be the only criteria for selection among the qualified bidders)</p>

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
<b>BVG India Ltd.</b>				
1.	Page-7 : Clause-1.2.1	Should have minimum two year of experience as on the last date of bid submission in successful operation and management of at least a fleet of 200 Ambulances, with computer telephony integration and ability to log calls with GIS based GPRS integrated vehicle monitoring system.	Sir, we at BVG India Ltd., are successfully operating and managing emergency medical services in Maharashtra for total 937 ambulances (ALS + BLS) since last 4 years, 265 ambulances for CATS Delhi since 2 years & recently started operations for AP government with 439 ambulances. These services have been provided by us in consortium with UKSAS. Considering the above scenario <b>we request the department to also allow bidder having the required experience in JV/Consortium with other companies to independently bid for this RFP and qualify the bidders like us</b> having vast experience in the same field to participate. We would also like to mention that recently RFP for such services was published by the government of J&K wherein they had allowed such experience for qualification	Where the bidder has relevant experience as member of a consortium engaged in similar service, then extent of operational experience (number of ambulance) proportionate to their share in the consortium shall be considered, provided; (a) The bidder has minimum share of 25% in the consortium. (b) The existence of the consortium is supported by duly executed documents clearly indicating the share. (c) The project is run by the consortium.
2	Page-9 : Clause-1.3.4.	The proposal shall be prepared in the manner as detailed in following paras. The bidder shall ensure that the pages are serially numbered with indexing and duly signed by the bidder or the authorized signatory. The proposal should be received through courier, speed post or registered post. Proposals received after the due date and time of submission shall be treated as late bid and be liable for rejection.	Requesting you to kindly make the bid online as it is the general practice followed by all states. Secondly if that is not possible we request you to at least allow physical submission in your good office through bidders representative instead of just receiving the proposal through courier/speed post/registered post, reason being we cannot be sure that the proposals will reach in time or even reach at all through any above means. Also by accepting the proposals through courier/speed post/registered post, technically, the bid due date gets preponed by at least 2-3 days. Hence requesting you to allow online submission.	No change to RFP.
3	1.4.4.2) Pg.no. 11	2) Proposed organizational structure and Curriculum Vitae (CV) of key personnel's to be involved in the implementation and	Kindly specify the number of key personnel required.	Key persons for technical evaluation purpose are given under para 3.1.4 (2) of RFP.

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		operation of the project. Format for CV is given in Annexure -17.		
4	1.4.4.3 2) Pg. no. 12	2) In case of <b>EMAS (ALS &amp; BLS)</b> , the Agency (Service Provider) shall be paid on per KM run basis towards operational expenditure.	Kindly take the bid in terms of per ambulance per month for fixed assured kilometres as in Maharashtra EMS. Anything above the fixed assured kilometre should be paid on per kilometre basis. This per kilometre rate can also be asked in the bid.	No changes in RFP (This being a performance based contract, payment on KM run basis found to be appropriate)  Since 102 service is being run on KM basis for last 5 years in the state successfully.
5	1.4.4.3 3) Pg. no. 12	3) In case of 24x7 RTS (102 Ambulance), Service Provider shall be paid on per Kilometre run basis for the actual distance covered during the trip.	Kindly take the bid in terms of per ambulance per month for fixed assured kilometres as in Maharashtra EMS. Anything above the fixed assured kilometre should be paid on per kilometre basis. This per kilometre rate can also be asked in the bid.	No changes in RFP (Per KM basis payment is presently in practice in Odisha for RTS) Since 102 service is being run on KM basis for last 5 years in the state successfully.
6	2.1.3 Pg.no. 16	The Government of Odisha has decided to integrate the above two ambulance services and operate the same through a single centralized call centre and single toll free number i.e. <b>"108"</b> to improve overall operational efficiency and cost effectiveness of these schemes. In addition, the Health Helpline Services (including Grievance Redressal) through toll free number "104", to be housed in the same call centre. On integration all the ambulances (both 108 and 102) shall have identical branding/stickering.	By integrating 2 ambulance services under a single no. 108, the operator will need some extra time to analyse and decide whether it is an emergency or a referral service. Hence the overall operational efficiency may not be improved in such case. Hence we request the department to have separate numbers as per present practice, but they can be routed through a single centralized call centre. In this case, the call taker will not have to spend his time analysing the nature of the measure of request. If it is the current facility which we need to use, is it big enough to accommodate staff for 108, 104, and 102? Give facility details.	No changes in RFP provision.  Prospective bidders may be allowed to visit the premises on request.
7	2.1.5.1 (last para)	All existing hardware and software (right to use only) shall be handed over to the	There is nothing mentioned about the short fall of equipment in the ambulances. It may so happen that	Agreed.

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
	Pg. no. 17	winning bidder on, as is where is basis. Any additional hardware such as IP-PABX, furniture, computers, products having inbuilt software, etc., shall be part of CAPEX (for call centre only), which shall be procured only after due approval from Government.	certain equipment are damaged or not available in the ambulances which cannot be found out until and unless there is proper handover turnover between the successful bidder and existing service provider. We request the department to reimburse the capital expenditure regarding for such short shortfalls, which can be mutually decided by the successful bidder and the department.	
8	2.3.2 Pg.no. 24	All necessary IT, communication software and hardware are there to operate and manage existing 108-EMAS ambulances fleet. The bidder needs to Install additional IT and communication infrastructure, if any, required for integration the integrated call centre including vehicle tracking (GPS System), call management, performance monitoring and reporting. Computer telephony integration with the ability to log calls with GIS and GPRS integrated ambulance-monitoring system should also be installed if not fitted already. The Government shall reimburse the CAPEX towards up gradation and expansion of the Call Centre/Control Room. Details of existing hardware/software, vehicle launching details, etc. are given at Annexure13.	Kindly give details and number regarding the quantity of GIS and GPRS units which are not already fitted on the ambulances, as this is directly related to the price bid. Thus to bring all the bidders on a common platform, this information is needed.	All ambulances are GPS fitted and are being tracked.
9	2.3.6. Pg. no 25	The Service Provider will arrange for setting up of workshop, parking shed, rest room or any other infrastructure as per the requirement at their cost. In case of Boat Ambulance the	Please clarify the no. of FRP floated jetties whether it is 60 or 6.	Number of FRP floating jetties are 60 based on pickup location finalized as mentioned in RFP.

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
		service provider shall also manage 60 (sixty) numbers of FRP floated Jetty(s) for 4 (four) riverine districts of Odisha with walkway, at designated locations.		
10	2.3.6. Pg. no 25	Wherever possible, the Authority shall provide the parking space at the premises of Government health facilities. In case of non- availability of parking space in any government building(s), service provider has to make its own arrangements. Service provider shall have its own security arrangement of all vehicles and on board equipment/tools.	It would be useful if the department gives the exact details of parking locations available with them and the number which the bidder has to arrange for. This is again directly related to price bid. Thus to bring all the bidders on a common platform, this information is needed.	List of parking locations of vehicle operational under 108 (Annexure-I) & 102 ambulance attached as Annexure-II.
11	2.6.8 Pg. no. 36	<b>Payment to Service Provider:</b> Ensure timely release of payment against all valid claims towards CAPEX and OPEX submitted by the Agency in the prescribed manner as per the terms and conditions of the contract.	Kindly specify the time in which the department will make payment to the service provider.	<b>Operational Expenditure:</b> Within <b>21 days</b> of submission of correct and complete invoice along with necessary supporting.  <b>Capital Expenditure: Already detailed RFP Clause 2.3.7 (Page-25)</b>
12	2.10.1 Pg. no. 39	<b>Capital Expenditure:</b>	The clause is not clear. Please clarify.	Except application software, all assets if procured will be financed by the Govt.
13	2.10.4 Pg. no. 39	In case of GR & Health Advice Helpline Services, Government shall pay per seat/shift/month basis (separate rate for doctors and non-doctors) at the end of the month on satisfactory completion of services. The call centre for helpline service shall be operational 24x7 (all three shifts) Number of staff in each shift shall	Please clarify.	Refer clause 2.3.15

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
		vary as per caseload.		
14	2.14.2 Pg. no 42	The Service Provider shall ensure that an average performance level of average 3 Emergency Cases (trips)/Day/Ambulance and average running of 170.00 km/Day/Ambulance to attend emergency cases (excluding maintenance and others) is achieved under EMAS-108 immediately after handing over of the project. In case this level of service is not achieved it would be considered as non-performance and accordingly penalty will be levied.	Since the dispatch of ambulance entirely depends on the call received and the distance or average running would entirely depends upon the distance of the incidence/emergency from the base location of the ambulance it is difficult to/ impossible to benchmark average emergency cases/day or the average running of ambulance beforehand. It cannot be considered as non-performance if a particular ambulance does not get 3 emergency cases or the distance does not count to 170 km/day. We request the department that they should decide the performance of the operators by analysing the no. of genuine calls received as against the no. of dispatches mad. Kilometre running of less than 170km/day should not be considered as non-performance and penalty should not be levied as this is not at all in the control of the operator.	<b>In case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips and KM shall not be applicable.</b>
15	A5 Pg. no. 44	Penalty shall be imposed @Rs. 200/- per Month/ambulance per each 1.00 km shortfall in average daily running of ambulance). And @ Rs 1,100/- per each 0.1 cases shortfall from expected level of 3 cases/day against avg. trip done per day.	It cannot be considered as non-performance if a particular ambulance does not get 3 emergency cases. Not getting 3 emergency cases should not be considered for penalty and penalty should not be levied as this is not at all in the control of the operator that he receives 3 calls daily.	<b>In case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips and KM shall not be applicable.</b>
16	B5 Pg. no. 45	Penalty shall be imposed in case of any shortfall in average trip/ambulance/ day in each month of operation @ Rs. 1,000/- for each shortfall of 0.1 trips per ambulance. (Short fall in trips per ambulance/day = Minimum Expected	Shortfall of 0.1 trips per ambulance cannot be considered for penalty and penalty should not be levied as this is not at all in the control of the operator	<b>In case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips and KM shall not be applicable.</b>

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
		Average Trip per Ambulance/Day (i.e. 4 trips) – Actual Average Trips per Ambulance/Day)		
17	2.15 (2) and (9) Pg. 2 and 9	2) Average number of emergencies** to be attended by one ambulance per day 9) Average distance travelled per vehicle per day should not be less than (only for BLS)	We request the department that they should decide the performance of the operators by analysing the no. of genuine calls received as against the no. of dispatches mad. Kilometre running of less than 170km/day should not be considered as non-performance and penalty should not be levied as this is not at all in the control of the operator. It cannot be considered as non-performance if a particular ambulance does not get 3 emergency cases. Not getting 3 emergency cases should not be considered for penalty and penalty should not be levied as this is not at all in the control of the operator that he receives 3 calls daily.	<b>In case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips and KM shall not be applicable.</b>
18	Pg. no. 48. Clause no. 2	<b>Service Quality Parameters for Referral Transport System (102 Ambulance):</b> 2) Average number of pregnant women/ children to be transported from home to hospital or Hospital to home by one ambulance per day (pick-up or drop)	Shortfall of 4 trips per ambulance cannot be considered for penalty and penalty should not be levied as this is not at all in the control of the operator.	<b>Average case per ambulance per day changed to 3 from 4. In case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips and KM shall not be applicable.</b>
19	2.17.3. Pg. no. 53	During the suspension period, Government reserves the right to terminate the agreement by giving 30 days' notice period.	In case of termination what about the capital expenditure which the service provider has made for 500 verified transport vehicles?	In case of premature termination refer clause 2.17.5 of RFP for clarification on unpaid capital expenditure.
20	3.1.4 1. (iv) Pg. no. 57	Experience of handling Call Centre based health helpline services in terms of capacity in number of seats ( >= 15 seats – 5 points; >= 30 seats – 7 points; >= 50 seats – 10 points)	We feel that the marks allotted for experience of only health helpline services are very high. We request the department to consider the no. of seats for the call centre for EMS also along with health helpline services, as health helpline services are not being provided by many agencies and hence this will favour to a few particular ones. Hence	<b>No Changes in RFP</b> (104 health line service is one of the essential services under this project. No discrimination is perceived as only 70 marks is

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			along with the no. of sets in call centre for only health helpline services kindly consider no. of seats for EMS also.	required out of total marks of 100 to qualify and thereafter price shall be the only criteria for selection among the qualified bidders)
21	Pg. no. 66 Annexure 4	<b>Schedule of Rates</b>	<p>The price bid does not talk anything about taxes. We request the department to kindly ask the bid without any taxes. All the taxes as applicable, as and when, should be paid separately by the department over and above the quoted rate as this cannot be anticipated in future.</p> <p>Similarly, there is no escalation in the rates over the tenure of the contract since the cost of operation mainly involves the cost of manpower (escalation regarding which cannot be anticipated as it depends on the minimum wages published by government time to time) and the fuel component which again cannot be anticipated, the department should incorporate a suitable price escalation clause covering the escalation in manpower, fuel and other material.</p>	<p>It is inclusive of applicable taxes.</p> <p>As regards price escalation refer clause 1.4.4.3 (6)</p>
<b>TATWA Technologies Ltd.</b>				
1	Page-7 : Clause-1.2.1	Should have minimum two year of experience as on the last date of bid submission in successful operation and management of at least a fleet of 200 Ambulances, with computer telephony integration and ability to log calls with GIS based GPRS integrated vehicle monitoring system.	Should have minimum two year of experience as on the last date of bid submission in successful operation and management of at least a fleet of 200 Ambulances, with computer telephony integration and ability to log calls with GIS based GPRS integrated vehicle monitoring system/ <b>Operation and Management of Call Centre, Health related call centres.</b>	No change to RFP.
2	Page-7 : Clause-1.2.2	Should have at least average annual turnover (audited) of Rs. 100 crores during last two completed financial years	Should have at least average annual turnover (audited) of Rs. 100 crores during last two completed financial years (i.e. (2015-16 & 2016-17) or (2016-17 & 2017-18 [if	No change to RFP.

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		(i.e. (2015-16 & 2016-17) or (2016-17 & 2017-18 [if audited])) or Rs. 50 crores of average annual turnover in the similar line of activities (i.e. Ambulance and Health Helpline Service) during last two completed financial years starting from financial year 2015-16. Bidder needs to submit audited Statement of Accounts and Turnover Certificate duly certified by Chartered Accountant. While calculating turnover, only audited statement shall be considered.	audited])) or <b>Rs. 30 crores</b> of average annual turnover in the similar line of activities (i.e. Call Centre/ BPO/ IT/ ITeS/ Ambulance/ Health Helpline Service) during last two completed financial years starting from financial year 2015-16. Bidder needs to submit audited Statement of Accounts and Turnover Certificate duly certified by Chartered Accountant. While calculating turnover, only audited statement shall be considered.	
<b>GVK Emergency Management and Research Institute</b>				
1	Page-7 : Clause-1.2.1	Should have minimum two year of experience as on the last date of bid submission in successful operation and management of at least a fleet of 200 Ambulances, with computer telephony integration and ability to log calls with GIS based GPRS integrated vehicle monitoring system.	Considering the huge size of operation with quality service, request authority to change this criteria to " Minimum 3 years of experience in successful operation of at least 500 Ambulances with computer telephony integration and ability to log calls with GIS based GPRS integrated vehicle monitoring system".	No change to RFP.
2	Page-11 : Clause-1.4.4.2 PART B (Technical Proposal)	Details of manpower (positions and reporting structure) to be engaged at each level (i.e. field operation, call centre operation and project management) and their role and responsibility	Required clarity on whether only the reporting structure is required or the names of employees is also required? If names are also required then it will not be possible for all positions except the key ones.	Name for key personnel may be provided. Proposed no. of manpower at each level is required to be provided as per clause 1.4.4.2 (3) and also a part of technical proposal.
3	Page-12 : Clause-1.4.4.3 PART C Point No-2	In case of <b>EMAS (ALS &amp; BLS)</b> , the Agency (Service Provider) shall be paid on per KM run basis towards operational expenditure.	In Case of 108 EMAS, the service provider request to consider " <b>Per ambulance per month</b> " Basis as in penalty clauses, for every short fail in KM there is a penalty laid. There should not be double penalty to service provider for smooth functioning of the project. Also checking correct Km travelled will be very difficult task.	No change to RFP.

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4	Page-12 : Clause-1.4.4.3 PART C Point No-6	The price (contract price) shall remain firm for initial 18 months of operation for all four Services. Thereafter,. The price increment shall be allowed for the first time on 19 <sup>th</sup> month, form the date of taking over of the operation and thereafter on annual basis on 31 <sup>st</sup> month, 43 <sup>rd</sup> month and finally on 55 <sup>th</sup> month. For calculation of changes in annual CPI preceding 12 months from the month of revision shall be taken in to consideration. Price escalation shall be applicable on prospective basis only.	Request to keep the price firm for initial one year from launch and subsequently increase it by 10% every year.	No change to RFP.
5	Page-13 : Clause-1.4.4.3 PART C Point No-7	For comparison purpose, 5000 KM running per month shall be taken for EMAS (ALS & BLS) vehicles	<ul style="list-style-type: none"> <li>• What is the Current KM Run per ambulance?</li> <li>• The Current average Trip in Odisha is 2.14 per Ambulance per month or approx. 65 Trips per month. As per the RFP 5000 KM / month running means 76 km per trip which seems to be on very high side. With our experience in other states it must lie between 35 to 40 km per trip or 2500 KM/Month. Request TIA to change this parameter from 5000 KM to 2500 KM.</li> </ul>	<ul style="list-style-type: none"> <li>• The average KM per ambulance per day is 178 for 108 ambulance.</li> <li>• 5000 Km cited in clause is only for simplifying price comparison. No changes to the provision.</li> </ul>
6	Page-13 : Clause-1.4.4.3 PART C Point No-8	For comparison purpose, 4500 KM per month shall be taken for Referral Transport vehicles.	<ul style="list-style-type: none"> <li>• What is the Current KM Run per ambulance?</li> <li>• The Current avg. Trip in Odisha is 2.8 as per the RFP and with our experience 4500 KM/month will be on higher side. Request the authority to change this parameter from 4500 KM to 2500 KM/Month</li> </ul>	Average KM run per ambulance per month-5933 KM. 4500 KM cited in clause is only for simplifying price comparison. Thus no changes to the provision.
7	Page-17 : Clause-2.1.5.1	The project is presently operational with 428 Basic Life Support (BLS) Ambulances and 84 Advance Life Support (ALS) Ambulances deployed strategically across the State of Odisha supported with a fully	In page no: 100, Annexure-13; (II) Vehicle Launching Details are given for 420 vehicles only & “Additional launching of 92 Ambulances will be on 23/12/2018, which can be construed that only 420 vehicles are existing out of 512(428 BLS+ 84 ALS) as mentioned in clause 2.1.5.1 of RFP. Please clarify and provide	<ol style="list-style-type: none"> <li>1. As on date 470 ambulances are operational with another 42 ambulances to be launched within a month.</li> <li>2. Complete details of KM run &amp; age of the vehicle is attached as</li> </ol>

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		functional centralized call center situated at 7 <sup>th</sup> Floor, IDCO Tower, Bhubaneswar which is receiving more than 10,000 calls per day and handling approx. 1100 emergencies on daily basis. GPS (without biometrics) has been installed in all ambulances. Detailed technical specifications and all other relevant data about the services could be collected from the office of TIA.	<ol style="list-style-type: none"> <li>1. The actual count of Ambulance</li> <li>2. Complete details of life in KMS and age in years since commission.</li> <li>3. In order to assess the Capex our lay to replace the more than 2.5 lakh kms or 5 years aged vehicles.</li> <li>4. It is also necessary to share the condition of the vehicles which will get retained after replacement of aged vehicles.</li> </ol>	<p>annexure-I.</p> <p>3. The CAPEX towards replacement of 108 ambulance shall be borne /reimbursed by government.</p>
8	Page-17 : Clause-2.1.5.1 (Emergency Medical Ambulance Service (108))	All existing hardware and software (right to use only) shall be handed over to the winning bidder on, as is where is basis.	Let us know more details about the existing hardware and software. Need to check the operational reliability of the existing hardware and software. Also all the existing EMAS Ambulances need to be handed over in roadworthy condition.	Prospective bidders shall be allowed to visit the facility on request. Detail handing over procedure shall be developed by the winning bidder in consultation with authority for a smooth transition.
9	Page-19 : Clause-2.2.1.4 Key Objective of IPTS (Ambulance Service) Point No.6 (i)	Ambulatory services with two levels of pre-hospital care -Advance Life Support (ALS) and Basic Life Support (BLS). Provide comprehensive Emergency Medical Services (EMS) to the people of Odisha with enhanced quality of emergency care during transportation through the introduction of models customized for the State.	Please clarify / throw some light on the expectation from Government for introducing customized models for the state for quality emergency care during transportation.	Shall be covered in the Standard Operating Procedure and Protocol. Standard Ambulance Operating Procedure and Protocol to be developed by the Agency in consultation with the Authority.
10	Page-20 : Clause-2.2.2.2 Services to be Offered : Point-1 Grievance registering (24X7)	Real-time Grievance Redressal by establishing linkages with the heads of all the health facilities on 24x7 basis.	Any standard procedures is in place for Real time grievance Redressal or Escalation matrix or any other grievance Redressal Escalation matrix or any other grievance Redressal mechanism is in place with government authority.	Shall form part of the SoP, which shall be subject to revision and modification as per the requirement from time to time.

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
	Service)			
11	Page-20 : Clause-2.2.2.2 Services to be Offered : Point-1 Grievance registering (24X7 Service)	Registering and tracking of public grievances regarding the deficiencies in health care delivery, welfare schemes and entitlements on 24x7 basis	Clarification on welfare schemes and how do we have access to master data.	Shall form part of the SoP, which shall be subject to revision and modification as per the requirement from time to time.
12	Page-20 : Clause-2.2.2.2 Services to be Offered : Point-2 Health Advice (24X7 Service)	24x7 health information for guiding the people on health related matters like first aid, nutrition, disease prevention and common ailment	Are there any standard procedural documents in place or how do we have access to master data related to guidelines on first aid, nutrition and disease prevention etc.	FAQ on thematic area will be provided
13	Page-20 : Clause-2.2.2.2 Services to be Offered : Point-2 Health Advice (24X7 Service)	Information about blood bank, blood storage centres and availability of blood.	How do we have access to master data of blood information and blood banks?	To be provided during finalization of SOP.
14	Page-20 : Clause-2.2.2.2 Services to be Offered : Point-2 Health Advice (24X7 Service)	<i>Support to field health staff like ANM and ASHAs for management of emergency conditions and treatment protocol over the phone.</i>	Clarify on support functionalities.	Medical Advise will be provided over phone.
15	Page-21 : Clause-2.2.2.2 Services to be Offered : Point-3 Counselling	Counselling regarding general well being as well as people with psychological problems e.g. adolescent health issue, Suicide prevention, Family Welfare, Nutrition HIV/AIDS	Is there any standard procedure in place for adolescent health issue, Suicide prevention, Family Welfare, Nutrition HIV/AIDS?	FAQ will be provided along with training to counsellor by the Deptt.
16	Page-21 : Clause-2.2.2.2	Follow up of sample beneficiaries registered under MCTS for availing	Is there any standard procedure in place or how do we have access to follow up data related to MCTS.	Yes.

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	Services to be Offered : Point-3 Counselling	desired services in time. Special call will be made to High Risk Pregnant Women on monthly basis & to those defaulters of services as per need.		
17	Page-21 : Clause-2.2.2.2 Services to be Offered : Point-4 Health Information	Health Related information during epidemic and disasters	How do we have access to master data of emergency health related information during epidemic and disasters?	It will be shared on due course of time.
18	Page-21 : Clause-2.2.2.3 Other Responsibilities of Call Centre	Send SMS of web address, registration number (Complaint ID) and estimated time required to resolve the grievance to complainant.	Will the timelines be provided by the Tender inviting authority category-wise for each type of complaint in order to send SMS to service provider	It will be decided in SOP
19	Page-21 : Clause-2.2.2.3 Other Responsibilities of Call Centre	Linkages with ASHA grievance redressal system Linkage with Patient Transport Service Grievance registration system is to have a scope of integration with other state level grievance redressal portal.	Please elaborate on any standard procedures or mechanism in place for linkages with ASHA grievance Redressal system, linkage with Patient Transport service. Any standard procedures or mechanism in place for grievance registration system is to have a scope of integration with other state level grievance Redressal portal.	It will be decided in SOP
20	Page-24 : Clause-2.3.1 Under Scope of Work	<b>Operation of Centralised Call Centre:</b> The Government of Odisha has an existing call centre facility at 7 <sup>th</sup> Floor, IDCO Tower, and Bhubaneswar for operation of 108-EMAS (ALS & BLS) in all 30 districts in the State. The existing call centre infrastructure is capable of handling of operation for 108-EMAS but may require extension for integration of three more services i.e. 24x7 RTS, Boat Ambulance and Grievance Redressal & Health Advice Helpline Service (104). . Accordingly, at	<ul style="list-style-type: none"> <li>We understand that the authority will provide the space and existing infrastructure. What is the existing call centre seating capacity? Does the existing facility adequate to enhance the all four services? Please share the existing available area to enhance the existing facility. What would be the total seating capacity required to operate of all four Services?</li> <li>Call Centre / office space to be provided to Service Provider free of charge by Govt.</li> </ul>	Interested agency may be allowed to visit the call centre on request. Total seating capacity required to meet the service level parameter may be assessed by the Agency.  Only Call Center space shall be provided by the Government free of cost.

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		the existing facility, for integration of operations, the Government shall provide only infrastructure and equipment, which are exclusively required for integration of all these services.		
21	Page-25 : Clause-2.3.6	The Service Provider will arrange for setting up of workshop, parking shed, rest room or any other infrastructure as per the requirement at their cost.	a) It has been the practice all over the nation that THE Governments are providing the parking space for ambulances as they are being located in Government Hospital. Suggested to provide the Govt. Premises for parking and rooms for operating staff. b) <b>“Setting up of workshop”</b> does it mean that service provider needs to create his own workshops for the Repair & maintenance of project vehicles?	a) No change to RFP.  b) Mention of <b>workshop</b> removed from RFP.
22	Page-25 : Clause-2.3.6  Page-92 : Clause-5.3	In case of Boat Ambulance the service provider shall also manage 60 (sixty) numbers of FRP floated Jetty(s) for 4 (four) riverine districts of Odisha with walkway, at designated locations. <b>FRP Floating Jetty with Walkway</b> <b>Diemntion:</b> (i) Float – 4MTR X 3 MTR (ii) Walkway – 5MTR X 1.2 MTR <b>Float :</b> The Jetty will be made using six numbers of FRP floats joined together to give a final dimension of 3 Mtrs X 4 Mtrs approx. <b>Walkway :</b> The approach walkway to the floating jetty will be 1.2 mtr. Width and 5 mtrs length, having a tough non-skid surface of marine plywood sandwiched FRP.	<ul style="list-style-type: none"> <li>We understand that we need only to manage the existing RFP Floated Jetty(s) with walkway for boat ambulances. Need clarity as Page no 92 : point no-5.3 Mentions the specification of Jettys. Do we need to manage the existing or build new jetteys?</li> <li>Apart from the specifications given, Are there any other important specs like Impact strength and ESCR resistance?</li> </ul>	Existing Jetties to be managed.
23	Page-25 : Clause-2.3.7	The incoming Agency (Service provider) shall takeover existing fleet of	<ul style="list-style-type: none"> <li>As per Annexure 13 : age of 262 Vehicles are above 5years &amp; 47 vehicles are above 4.5years old, remaining</li> </ul>	Details of Procurement Process, Means of Finance and Financing of

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		Ambulances (ALS and BLS) under “EMAS (108)” on ‘as is where is basis’ and replace those ambulances which have run for more than 2,50,000 KMs or older than 5 years, whichever is later. The replacement cost of the vehicles, its refurbishment and equipment of capital nature, if any, shall be reimbursed by the Authority, upon transfer of the asset in the name of Government of Odisha and deployment of the same. The government within three months shall reimburse all eligible capital expenditure incurred by the service provider from the date of submission of invoice along with all necessary supporting documents, which is to be raised after commissioning of assets.	<p>vehicles are above 4 years; so suggest the TIA to replace the existing vehicles and give to Service provider as these Ambulances will be used for next 5 years. Also this is in addition to the 500 RTS vehicles that need to be provided by service provider and overall this would call for very high investment.</p> <ul style="list-style-type: none"> <li>Govt. Should grant the money towards replacement cost of the vehicles, its refurbishment and equipment of capital nature immediately on signing of the Agreement.</li> <li>New Vehicle specifications to be inducted as replacement to aged fleet in 108</li> <li>It is suggested to provide the fabrication and medical equipment specifications also for both 108 and 102 vehicles</li> <li>As the fleet is in the name of the Govt of Odisha, it is suggested to procure and supply the vehicles by the Govt of Odisha</li> <li>In the event of investment to be made by Service provider in taking the vehicles on lease/hire and if the vehicles so taken on lease/hire are not deployed/launched in field due to delay from the side of Authority, then the Service Provider may be suitably compensated for this delay</li> </ul>	<p>the project are given in Para 2.9, 2.10 and 2.11 of RFP.</p> <p>Specification of medical equipments for 108 ambulance are given at Annexure-6 and 102 ambulance at Annexure-6 (4) of Page 90</p> <p>No change to RFP.</p> <p>No change to RFP.</p>
24	Page-25 : Clause-2.3.8	Deploy 500 (minimum) number of ambulances under <b>24x7 RTS</b> (i.e. 102 Ambulance) with manpower and basic amenities and operationalize it fully across the state within 6(six) months from the date of signing the Agreement. These ambulances shall operate on 24 x 7 basis. Vehicles shall be either procured or hired by the Service Provider.	We request authority to Procure or hire the required vehicle(ambulance) with all required equipment and get it registered as an ambulance and handover to the selected service provider.	No change to RFP.

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25	Page-26 : Clause-2.3.10	Ensure proactive use of RCH data, for example Expected Date of Delivery, to improve effectiveness of the services.	Will the RCH data be provided by the Tender inviting Authority to the service provider	Yes it will be provided.
26	Page-26 : Clause-2.3.12	Enhance the capacity of staff deputed for the operation of EMAS-108 and 24x7 RTS (102 Ambulance) through quality training programs without any extra cost to Government. All Emergency Medical Technician (EMT) should have ALS certification from a recognized institute(s). Service Provider should also conduct regular refresher trainings of the project staff.	<ul style="list-style-type: none"> <li>ALS Training certification is required only for ALS Ambulance EMTs. For BLS Ambulance EMTs the ALS Certificate is not necessary. It would be very difficult to find so many ALS EMTs. For BLS Ambulances BLS trained/certified EMTs is sufficient. Request to incorporate this into RFP</li> <li>ALS Training provided by an Service Provider that is recognized by any state government for providing ALS Training should also be considered.</li> </ul>	<ul style="list-style-type: none"> <li>Alternate qualification of BLS EMT is std XII with Science background along with minimum duration of training of 360 hours including internship as recommended by HSSC (Health care Sector Skill Council). The training is to be undergone under an affiliated institute of HSSC. <b>Recruitment of EMT based on such qualification can only be effected when all other avenues for recruiting EMTs with existing eligible criteria have been explored &amp; exhausted.</b></li> <li>ALS training for BLS EMTs is not required.</li> <li>However for EMT of ALS Ambulances B.SC. Nursing/ GNM/ B.Pharma/ D. Pharma is mandatory.</li> </ul>
27	Page-26 : Clause-2.3.13	In addition to biometric attendance, there should be provision for transfer of other data as and when required subject to the	Please elaborate on other data to be transferred.	Shall form part of the SoP, which shall be subject to revision and modification as per the

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		availability of network in the locality. The bidder may come out with technical solution to ensure maximum connectivity.		requirement from time to time.
28	Page-27 : Clause-2.4.1 (d)	Training and Deployment of adequate qualified personnel as per requirement of the project in Head Office, field staff, Call center employees, Emergency Management Technicians, Drivers and other required staff for running the Project efficiently.	Government should provide space for conducting training	Not accepted  (It's the responsibility of Agency to arrange space.)
29	Page-28 : Clause-2.5.3	There shall be one single telephone number (i.e. 108) for all services except Health Helpline services for which separate telephone number (i.e. 104) shall be used. The Service Provider shall operate the Call Centre for Ambulance and Health Helpline services in the Control Room for round the clock on 24X7 modes through dedicated toll free three digit numbers (i.e. 108,102 and 104) to respond to emergency, grievance redressal, health advice calls in a shortest possible time and monitor the movement and positioning the ambulances on a continuous basis.	Please clarify the toll free numbers required. Is it 108 & 104 or 108,102 & 104.	108 & 104
30	Page-31 : Clause-2.5.14	Insurance cost (Comprehensive with Zero Depreciation) of all 108 and Boat Ambulances, for both initial and subsequent years shall be part of OPEX and borne by the Agency. The comprehensive insurance shall cover atleast 5 persons in case of 102	<ul style="list-style-type: none"> <li>For Existing 108 old ambulances Comprehensive Insurance with Zero Depreciation is not suggestible as 70-75% can be recovered in Normal Comprehensive policy; if we go for zero depreciation additional 68% extra premium will be incurred.</li> <li>Suggested that for the left over old 108 (after replacing the 5years old /2.5L run KMs vehicles) the zero</li> </ul>	No change to RFP provision but it is subject to availability of Insurance coverage in the market. Insurance Premium of the vehicles is part of Operational Expenditure.

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		ambulance and 6 (six) persons in case of 108 ambulances.	depreciation is not recommended. For new vehicles zero depreciation can be kept.	
31	Page-31 : Clause-2.5.16	<b>Manpower for various services:</b> In case of districts having 20 or more ambulances the Agency shall provide atleast two field coordinators to manage the operation and coordination with district authority.	Manpower is service provider's responsibility and should be left to operator.	Not Accepted.
32	Page-31 : Clause-2.5.16	<p><b>(a) Basic Life Support &amp; Advanced Life Support Ambulance:</b> 1. Emergency Medical Technician: <b>Basic Qualification:</b></p> <ul style="list-style-type: none"> <li>• B.SC. Nursing/GNM/ B.Pharma/ D. Pharma Training</li> <li>• The EMT should undergo training of at least one month or till proficiency in a tertiary care institution or at any recognized institutes to handle the life-saving &amp; life sustaining equipment &amp; administer use splints. EMTs should be trained and certified in Advance Life Support (ALS)/ Advance Cardiac Life Support (ACLS)/ Integrated Trauma Life Support (ITLS) from a recognized national/international institution.</li> </ul>	<p>Getting so many Nurses or Pharmacists to work as EMTs in Ambulances would be almost impossible. Even in advanced countries these qualifications are not insisted upon for EMTs.</p> <ul style="list-style-type: none"> <li>• The eligibility of candidates for EMT shall be in the order of following priority :- <ul style="list-style-type: none"> <li>a) B. Sc (Life sciences or equivalent), GNM or equivalent qualification from any Recognized university</li> <li>b) 12th Science with any Graduation from recognized university.</li> <li>c) 12th plus any qualification in Nursing of minimum one year like ANM (Auxiliary Nurse Midwife), HAT Hospital Assistant Technician) DNYS (Diploma in Naturopathy and Yogic Science) etc</li> <li>d) Any graduate from a recognized University.</li> <li>e) BLS EMTs Does not require ALS/ACLS/ITLS Training; this training program should only be kept for the EMTs deployed in ALS ambulances. For BLS EMTs the BLS training is sufficient. This is the norm followed in other states.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Alternate qualification of BLS EMT is std XII with Science background along with minimum duration of training of 360 hours including internship as recommended by HSSC (Health care Sector Skill Council). The training is to be undergone under an affiliated institute of HSSC. <b>Recruitment of EMT based on such qualification can only be effected when all other avenues for recruiting EMTs with existing eligible criteria have been explored &amp; exhausted.</b></li> <li>• ALS training for BLS EMTs is not required.</li> <li>• However for EMT of ALS Ambulances B.SC. Nursing/ GNM/ B.Pharma/ D. Pharma is mandatory.</li> </ul>
33	Page-31 : Clause-2.5.16	2.Ambulance Care Assistant	With our experience in running the EMS services, the EMT and Driver is sufficient in providing pre-hospital care and	No change to RFP.

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		<b>Basic Qualification:</b> Matriculation or 8 <sup>th</sup> Standard (Pass)	transportation service to the patient. We request you to remove the Provision of ambulance care assistant from the manpower requirement of EMAS – 108.	
34	Page-35 : Clause-2.5.20	<b>Transition Plan:</b> It's the responsibility of the incoming service provider to develop, finalise and implement the transition plan for a smooth transition of the operation between outgoing and incoming service providers to ensure availability of all the services without any interruption and disruption.	<ul style="list-style-type: none"> <li>We suggest handing over the existing operations from TIA rather from outgoing operato0r. Also the new Service provider should not be penalized for delay in transition.</li> <li>The handing over and taking over process can be carried after a joint committee of Govt., Vehicle manufacture, and outgoing Service Provider &amp; incoming Service Provider inspects the vehicles for record the estimated expenditure of refurbishment. The repairs can either be carried under the direct supervision of the Govt or cost of repair can be given in advance to the new service provider.</li> </ul>	<p>No changes in RFP</p> <p>As per RFP, transition plan shall be finalised by the Agency in consultation with the Authority and the Authority will facilitate handing over of the assets.</p>
35	Page-37 : Clause-2.8.2	24x7 Referral Transport System (102-Ambulance) is being operated through a Centralized Call Centre managed and run by an Agency selected through a competitive bidding process. This service is presently available across the state and can be availed dialing a toll free three digit number "102" from anywhere in the state. The incoming Service Provider is required to takeover and operationalizes the service across all districts within six months from signing of the Contract. <i>The Agency has to either procure or hire the vehicle from the third party for RTS of desired specification. Government shall not incur any cost towards the cost of the Vehicle under RTS. However, all the services shall be controlled and operated</i>	Process of procurement, fabrication, branding registering and induction of 500 vehicles is dependent on the production schedule of original Vehicle and equipment manufactures. Similarly the availability of fabricators and their schedule of production are some of the challenges to complete the implementation within 6 months. In addition, the 102 plan of launch needs to be correlated w2ith that of 450+ new vehicles of 108 as an integrated project which requires at least 12 months time.	<p>No change to RFP.</p> <p>Since all the services are ongoing and demand is continuous there is no scope of changing implementation time line.</p>

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		<i>form the centralized call centre owned and funded by Government of Odisha To avoid disruption to the present operation, Service Provider shall develop a transition plan and finalise the same in consultation with the department. The implementation should be completed within six months of signing the Contract.</i>		
36	Page-40 : Clause-2.11.4	<b>Advance financing towards procurement of capital asset:</b> The Service Provider, shall be provided advance, if required, only towards procurement of capital asset (i.e.CAPEX) under the project against 100% Bank Guarantee separately (other than performance security). Advance financing towards CAPEX shall be limited to of Rs 15.00 crores at any given point time. This advance shall be adjusted against claim for CAPEX. While requesting for advance financing, service provider shall produce sufficient evidence justifying the CAPEX requirement.	Request you to give the mobilization advance for the total <b>CAPEX</b> requirement without any additional bank guarantee and that shall be deducted form the bills of service provider upon start of Operation. Besides, the performance security is also deposited by the Service Provider.	No change to RFP.
37	Page-41 : Clause-2.13.5	The preferred bidder to whom the contract shall be awarded have to deposit Performance Security equivalent to 7% of the annual value of the contract in the form of Bank Guarantee issued from a scheduled commercial bank having branch at Bhubaneswar and should be drawn in favor of "Mission Director, NHM, Odisha payable at Bhubaneswar".	Request You to keep Performance Security at 5% of annual value of contract.	No change to RFP.

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38	Page-42 : Clause-2.14.5	Details of existing fleet with launching date created from the funds of Government of Odisha given in <b>Annexure-13</b> .	By the time the project implementation by new service provider commences all 420 vehicles mentioned in the Annexure 13 cross 5 years of life and likely that rest of the vehicles will record more than 2.5 lakh kms. Suggest to give the actual no of vehicles that need replacement along with the specification of new vehicles.	As of now Model of 108 ambulance TATA winger 3488 (BS-IV) procured through DGS&D. All 420 ambulances is required to be replaced in phases without disrupting the operation.
39	Page-43 : Clause-2.14.6 (A1)	<b>“EMAS-108”:</b> <b>Emergency Medical Ambulance Service</b> Taking over and operationalization of Services (complete fleet) across all districts within 6 months of signing of the Contract.	i) Deployment of the ambulance is not under the control of service provider. Request you to facilitate the process of taking over as soon as tender is awarded to the successful bidder. ii) Any delay in handing over beyond service provider’s control should be exempted. The 6 month period should start from the date of complete handover of old assets to the new service provider. iii) 1000 per day/ vehicle is huge amount, kindly decrease it to 100 per day/ vehicle.	As per RFP, transition plan shall be finalised by the Agency in consultation with the Authority and the Authority will facilitate handing over of the assets. (ii) & (iii) No change to RFP
40	Page-43 : Clause-2.14.6 (A2)	Average Response Time (Call to Site): 25 minutes	There should be Moratorium period of 6 months from the launch of all Ambulances on all the penalty clauses. The Reach time also depends on lots of factors beyond control of Operator like 1) Long distance in which it is impossible to cover the said distance in the prescribed reach time. 2) Traffic congestion 3) bad road Condition 4) Bad Weather conditions etc. Exceptions should be given for the above mentioned factors beyond operator’s control. Request to change 0.5% penalty to 0.05% from the monthly bill.	There is no moratorium period as this is an ongoing service and demand level shall remain unchanged. <b>No Change to RFP.</b>
41	Page-43 : Clause-2.14.6 (A3)	Eligible Call Attended: 80% or more Rs 45,000/- per each percentage of shortfalls from 80% level.	Service provider shall always maintain the said parameter however the Penalty amount of Rs 45000/ each percentage shortfall should be changed to Rs 5000/ each percentage shortfall	No change to RFP.

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42	Page-43 : Clause-2.14.6 (A4)	<p>i) The off-road days for preventive and breakdown maintenance would be accumulated @1.5 days per vehicle per completed month. No ambulance (ALS/BLS) shall be allowed to be off road* for more than the balance of accumulated off-road days.</p> <p>ii) At any given point of time more than 90% of the vehicles (ALS/BLS) shall be on road (<i>ready to attend the emergency call with all major equipment functional including the GPS device</i>).</p>	<p>3 days/vehicle shall be allowed for preventive and breakdown maintenance in a month.</p> <p>Similarly the vehicle uptime shall be kept 90% in a month in first year, and 85% in subsequent years.</p> <p>i)The Penalty of 1000 per day /vehicle in excess of allowed day shall be changed to Rs.300/vehicle and</p> <p>ii)Rs 25 per ambulance per hour in case of crossing allowable limit. Request to change from the District wise to State wise</p>	<p>1.5 days off road per month would remain unchanged. <b>Off road days will be accumulated over 1 year of service only, without</b> any scope for carry forward .</p> <p>No change to RFP.</p>
43	Page-44 : Clause-2.14.6 (A5)	<p>3 cases /day/ambulance and avg. running of 170 km /day/ ambulance</p> <p>Penalty shall be imposed @Rs. 200/- per month/ambulance per each 1.00 km shortfall in average daily running of ambulance).</p> <p>And</p> <p>@ Rs 1,100/- per each 0.1 cases shortfall from expected level of 3 cases/day against avg. trip done per day.</p>	<ul style="list-style-type: none"> <li>• The expected trip/ ambulance should be kept at 2.25 (as the existing average is 2.15) and km may be kept at 100 km/ amby/ day (taking 40 km as average trip length) and</li> <li>• There should be moratorium period of 6 months from the date of last handover to stabilize the operational performance.</li> <li>• Rs.100/- each 0.1 cases shortfall shall be imposed in case of not meeting the set benchmark.</li> <li>• Penalty on account of KM shortfall may be deleted.</li> <li>• In case of average trip more than the benchmark, the service provider should be incentivized at the rate of Rs.300/ each 0.1 cases.</li> </ul>	<p>No change to RFP.</p> <p>There is no moratorium period as this is an ongoing service and demand level shall remain unchanged.</p> <p>No change to RFP.</p>
44	Page-44 : Clause-2.14.6 (A6)	<p>Any shortfall/ default found on inspection by Authorised representatives or officials of the Authority.</p> <p>1. Poor General cleanliness /Ambulance body Hygienic storage of Medical/ non- medical consumables/staff</p>	<p>Penalty on account of shortfall under this clause should be category wise only. For more than 1 default in a single category only single penalty should be levied.</p> <p>Request you to keep Rs.100/ category default for the first time and subsequently Rs.200/default.</p>	<p>No change to RFP.</p>

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		<p>uniform and availability;</p> <p>2. Non-availability of Medical/ non-medical consumables as per the enclosed list at Annexure-6.</p> <p>3. Non-functioning of major equipment;</p> <p>4. Improper maintenance/non- updating of log book, stock register, PCR record, vehicle maintenance record as prescribed by Authority;</p> <p>5. Non-functioning of Air- conditioning of Ambulance.</p> <p>Penalty of Rs 1000/- per ambulance 1st time for every shortfall/ default and subsequently Rs. 2500/- per Ambulance (Individually for every shortfall/ default)</p>		
45	<p>Page-44 : Clause-2.14.6 (B1)</p> <p>Page-90 : Clause-4</p>	<p>Complete rolling out of all vehicles (102 Ambulances) within 6 months of signing the contract</p> <p>Rs. 500 per day/non deployed vehicle</p>	<p>i)Request Govt. Authority to provide the ambulances. If not then request govt. to discharge mobilization advance soon after letter of award to quickly make the ambulance available.</p> <p>ii)We request you to consider Omni or Bolero for 102 Services with suitable modifications so as to match the specifications given in Clause 4 on page 90.</p> <p>iii)Penalty may be Rs.200/day/Ambulance</p>	<p>i)No change to RFP .</p> <p>ii)The minimum ground clearance of 102 ambulance revised to <b>180mm</b>.</p> <p>iii) No change to RFP .</p>
46	<p>Page-44 : Clause-2.14.6 (B2)</p>	<p>The off-road days for preventive and breakdown maintenance would be accumulated @1.5 days per vehicle per completed month. No ambulance (102) shall be allowed to be off road* for more than the balance of accumulated off-road days</p>	<p>3 days/ vehicle shall be allowed for preventive and breakdown maintenance in a month.</p> <p>Similarly the vehicle uptime shall be kept 85% in a month. The penalty of Rs.80 per hour/ vehicle in excess of allowed days shall be changed to Rs.20/hour/vehicle in case of</p>	<p>1.5 days off road per month would remain unchanged. <b>Off road days will be accumulated over 1 year of service only, without</b> any scope for carry forward.</p> <p>No change to RFP.</p>

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		At any given point of time more than 90% of the vehicles (102 Ambulance) shall be on road.	crossing allowable limit. Request to change the District average to State Average.	
47	Page-45 : Clause-2.14.6 (B3)	Average Response Time (Call to Site): 25 minutes  0.5% of the monthly charges.	There should be Moratorium period of 6 months from the launch of all the Ambulances on all the penalty clauses. The Reach time also depends on lots of factors beyond control of Operator like 1) Long distance in which it is impossible to cover the said distance in the prescribed reach time 2) Traffic congestions 3) Bad Road Conditions 4) Bad weather conditions etc Exception should be given for the above mentioned factors beyond operator's control. Request to change 0.5% penalty to 0.05% from the monthly bill	There is no moratorium period as this is an ongoing service and demand level shall remain unchanged. No Change to RFP.
48	Page-45 : Clause-2.14.6 (B4)	Eligible Call Attended: 80% or more Rs 25,000/- per each percentage of shortfalls from 80% level.	Request you to keep Rs.5000/ each percentage default of short fall.	No change to RFP.
49	Page-45 : Clause-2.14.6 (B5)	Numbers of trips/ambulance /day (Average 4 (Four) trips per day.) A trip could be either (a) Pick-up from Home to Hospital or (b) Drop back from Hospital to Home) i.e. Base Location/Point of Diversion → Home →Hospital→ Base Location/Point of Diversion or reverse i.e. base Location/Point of Diversion → Hospital →Home→ Base Location/Point of Diversion	As per data provided in RFP current average is less than 3 Trips. This criterion may be kept as 3 trips/ Amby/ Day.  Moratorium period of 6 months from the date of launch of all the 102 Ambulances may kindly be given.  Penalty-Rs.200 for each shortfall of 0.1 trips per Ambulance.	<b>Average case per ambulance per day changed to 3 from 4.</b>  There should not be any moratorium period as this is an ongoing service and demand level shall remain unchanged.  No change to RFP.

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		<p><b>1 Trip= 1 Case</b>                      Multiple patients in a single trip will be considered as a single trip.                      No penalty shall be imposed if average trip per ambulance per day is less than 4(four)                      Average daily trips per ambulance per day to be calculated for each month of operation over entire fleet of vehicles (102 Ambulances) deployed in that month.                      Penalty shall be imposed in case of any shortfall in average trip/ambulance/ day in each month of operation @ Rs. 1,000/- for each shortfall of 0.1 trips per ambulance. (Short fall in trips per ambulance/day = Minimum Expected Average Trip per Ambulance/Day (i.e. 4 trips) – Actual Average Trips per Ambulance/Day)  <b>Example: If service provider does 3.8 trips/day/ambulance for 100 vehicles then penalty shall be = 100x1000 x 2 = Rs. 2,00,000/-</b></p>		
50	Page-46 : Clause-2.14.6 (D1)	Call Centre Down Time beyond permissible limit of 0.5%, calculated over a month. Rs.5000/- per each hour of downtime.	Request the authority to keep 2% as the permissible limit. Penalty of Rs.1000/- per each hour of downtime may be levied	No change to RFP.

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51	Page-46 : Clause-2.14.6 (E1)	Service level target of 85% of the calls is to be attended within threshold limit of 10 seconds (Short abandoned calls within 5 seconds are to be excluded) Penalty shall be @ 30,000 per each 1% of Shortfall.	Request you to levy Rs 10000/ each 1% of shortfall	No change to RFP.
52	Page-57 to 59 : Clause-3.1.4 & 3.2	Evaluation of Technical Proposal & Financial Proposal : Least Cost method	Request the authority to consider QCBS (Quality and Cost Based Selection) method for the evaluation of Service Provider as this method brings the bidder with most experience and quality of rendering services. QCBS Method Scoring Sheet is attached in <b>Annexure-I</b>	No change to RFP.
53	Page-58 : Clause-3.1.4 & SI No.-4	Financial Strength ii) Working Capital (WC)	Inplace of Working Capital, annual Turnover can be the measure.	No change to RFP.
54	Page-66 : Annexure-4	Schedule of Rates A&C – Rate per KM	Rate per Ambulance per month may kindly be taken for both EMAS and RTS ambulances.	No change to RFP
55	Page-69 : Annexure-B : SI No.-3 (b) (i)	Odometer reading from EDS shall be considered only in exceptional circumstances where the variation in distance covered (kilometer run) in a trip between odometer reading and GPS tracking report is more than 10% due to defunct in GPS device during the course of the trip and which shall be limited to maximum 2% of the total cases completed in a month across the fleet, to be calculated separately for 102 and 108 ambulance services.	This majorly depends on a good telecom and network connectivity in the area, Request you to allow 30% variation. As per our experience in rural areas, jungles, hills, near water bodies the GPS connectivity is not good. In rural areas in more than 30% cases there is variation in GPS and actual reading and sometimes the GPS reading is not captures at all. In urban areas the variation is more than 10% .	<b>No change to RFP</b>

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
56	Page-77 : Annexure-6 (1.1)	Equipment for ALS Ambulances	Please clarify whether these medical equipments are in warranty or not?	Since the most of the ambulances are around 5 years old standard warranty of all equipment has expired.
57	Page-77 : Annexure-6 (1.1)	Technical Specifications	Please provide make models for ALS & BLS Medical Equipments	Make model of the medical equipment is attached as Annexure-IV
58	Page-83 : Annexure-6 (1.3)	List of consumables for ALS ambulance	Please provide the required quantity along with specifications and unit of measurement.	Agency has to decide to meet the requirement.
59	Page-83 : Annexure-6 (1.3) S.No.17	Extension/ lines	Please clarify	Deleted from RFP.
60	Page-88 : Annexure-6 (2.2)	List of consumables for BLS Ambulance	Please provide the required quantity along with specifications and unit of measurement.	Agency has to decide to meet the requirement .
61	Page-89 : Annexure-6 (3)	Minimum Ambulance Rescue equipments for Ambulances (ALS & BLS)	Please clarify on ALS items carry and also intimate the quantity.	Rescue items for ALS is same as BLS. Annexure 6 (3)
62	Page-91 : Annexure-6 (5.2)	Medical Equipment in the boat ambulance	Kindly provide the medical consumables with quantity. Flow meter and Humidifier required or not	Agency has to decide to meet the requirement .
63	Page-91 : Annexure-13 (I)	IT Equipment	<ul style="list-style-type: none"> <li>• We require the detail configuration of IT hardware servers, desktops (only model numbers are provided)</li> <li>• Currently how many agent's licenses are being used with IP PBX as we need to check with the OEM for scalability and support for the product</li> <li>• Is the Analog telephone used for Office administration staff</li> <li>• Since the services have been started in year 2013, as on date all the IT Equipment are 5 years old, can we propose new hardware as the new contract should run for next 5 years</li> <li>• Or please let us the know the AMC status of the entire IT equipment</li> <li>• Is the Windows server Operating system installed on</li> </ul>	<ul style="list-style-type: none"> <li>• Configuration of IT hardware is enclosed at Annexure-III</li> <li>• Currently 60 agent's licenses are being used for dialer Drishti Ameyo Professional Contact Centre Solution</li> <li>• Analog telephone used for back office administration staff.</li> <li>• RFP Clause 2.9.4 is self-explanatory.</li> <li>• AMC is being maintained by the current service provider.</li> <li>• Window Service OS installed is in the name of NHM.</li> </ul>

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
			servers is on Department of Health & Family Welfare or on the current operating agency name	
64	Page-101 : Annexure-13 (II)	Vehicle Launching details	The total BLS Ambulance details provided is 444 only, but the total mentioned in the RFP is 512.	As on date 470 ambulances are operational with another 42 ambulances to be launched within a month.
65	General	Benchmarking of Cost at minimum wage	Cost to be benchmarked at existing Minimum wage levels. Increase in minimum wage upto 10% can be factored in in our costs. But sometimes minimum wages are increased more than 10% in a year and that makes the entire operation unviable as the wages are the 60% of the total costs of operation of Ambulance. In case increase in minimum wages is more than 10% in a year, additional payment to service provider should be made as per formula= (Service Fee X 60%) X (increased MW – 1.1 previous MW)/ (previous MW)	No change to RFP.
66	General	Benchmarking of Cost for Fuel	Cost to be benchmarked at existing Diesel price levels, for any increase in diesel price, additional payment to service provider should be made as per formula = (Service Fee X 25%) X (increased Diesel price – benchmark Diesel price)/ (benchmark Diesel price)	No change to RFP.
67	General	Cap on Penalty	Maximum penalty that can be levied in any month should be more than 5% of the monthly invoice. This would help in keeping the project viable for the Service Provider.	No change to RFP.
68	General	Moratorium Period	Request the authority to make a provision of moratorium period of 6 months from the date of last launch.	There is no moratorium period as this is an ongoing service and demand level shall remain unchanged.
69	General	Contract Period	We request you to make provision of extension for 1 year beyond 5 years by Govt. upon mutual agreement/consent.	No change to RFP.
70	General	Whether to take over existing employees	The new Service Provider may be allowed to select the staff out of the existing employees based on their previous record.	The new service provider is allowed to select the staff out of the existing employees based on

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				their good service record.
71	1.4.4.3 part C – Point no- 2 Page No- 12	In case of EMAS (ALS & BLS), the Agency (Service Provider) shall be paid on per KM run basis towards operational expenditure.	After today’s pre-bid meeting we strongly feel that keeping payment on per km basis will not be viable and lead to lot of disputes between Service Provider and Authority regarding km travelled for operational trips. Both 108 EMAS and 102 may kindly be considered on “ <b>Per ambulance per month</b> ” basis.	No change to RFP.
72	2.1.5 About Ongoing Services, Page No -16,17	<p><b>2.1.5.1 Emergency Medical Ambulance Service (108):</b> The project is presently operational with 428 Basic Life Support (BLS) Ambulances and 84 Advance Life Support (ALS) Ambulances deployed strategically across the State of Odisha supported with a fully functional centralized call center situated at 7th Floor, IDCO Tower, Bhubaneswar which is receiving more than 10,000 calls per day and handling approx. 1100 emergencies on daily basis. GPS (without biometrics) has been installed in all ambulances. Detailed technical specifications and all other relevant data about the services could be collected from the office of TIA.</p>	<p>It was informed in the pre-bid meeting that the Drop Back will not be considered for 102 Ambulances and IFT will not be considered for calculating average Response time of 102 Ambulances. Kindly provide the following parameters/information related to the current operations to the bidders:</p> <p>For 102 Ambulances:</p> <ol style="list-style-type: none"> <li>1) Current Average trips per Ambulance per day without drop back</li> <li>2) Current Average km per trip without considering drop back trips</li> <li>3) Current Average response time without IFT</li> </ol> <p>For 108 Ambulances:</p> <ol style="list-style-type: none"> <li>1) Current Average trips per Ambulance per day</li> <li>2) Current Average km per trip</li> <li>3) Current Average response time</li> </ol> <p>As discussed in the meeting the SLAs of Average trips per Ambulance per day, Average km per trip, Average response time for 108 and 102 Ambulances for the new service provider should be as per the current SLAs given above.</p>	<p><b>For 102 ambulances</b></p> <ol style="list-style-type: none"> <li>1.Average trips per ambulance per day without drop back- 2.11 (Cancelled Call against Genuine Service request- 20%)</li> <li>2.Average KM per trip without drop back-57 KM</li> <li>3.Average Response time without IFT &amp; Drop back-44.55 Min</li> </ol> <p><b>For 108 ambulances</b></p> <ol style="list-style-type: none"> <li>1.Average trips per ambulance per day -2.66 (Cancelled Call against Genuine Service request- 30%)</li> <li>2.Average KM per trip -67 KM</li> <li>3.Average Response time without IFT-34.45 Min</li> </ol> <p><b>N.B.</b></p> <ul style="list-style-type: none"> <li>• In case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips and KM shall not be applicable.</li> <li>• For 102 ambulance, average case per ambulance per day</li> </ul>

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
				<p>changed to 3 from 4 and for 108 it remains unchanged.</p> <ul style="list-style-type: none"> <li>Average response time revised to 30 min for 108 excluding IFT cases only &amp; 35 min for 102 excluding IFT &amp; Drop back.</li> </ul>
73	Clause – 2.14.6, Page No -43	Service provider shall be liable to penalty for non-performance or adherence to the performance/quality parameter in the manner described below	As was discussed in pre-bid meeting today- The service provider should attend calls per Sub-Clause A3 given in this Clause 2.14.6. If Service Provider attends to calls as per A3, the other penalties given in Clause 2.14.6 will not be levied on Service provider. So Sub Clause A3 will be overriding clause for all other penalty clauses. This would be applicable for both 108 and 102 Service.	<b>No change in RFP. However, in case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips and KM shall not be applicable.</b>
74	Clause – 2.14.6, (A2), (A5), (B3), (B%) Page No -43, 44, 45	<p>(A2) Average Response Time (Call to Site): 25 minutes</p> <p>(A5) 3 cases /day/ambulance and avg. running of 170 km /day/ ambulance</p> <p>(B3) Average Response Time (Call to Site): 25 minutes 0.5% of the monthly charges</p> <p>(B5) Numbers of trips/ambulance /day (Average 4 (Four) trips per day.)</p>	<p>It was informed in the pre-bid meeting that the Drop Back will not be considered for 102 Ambulances and IFT will not be considered for calculating average Response time of 102 Ambulances.</p> <p>Kindly provide the following parameters/information related to the current operations to the bidders:</p> <p>For 102 Ambulances:</p> <ol style="list-style-type: none"> <li>Current Average trips per Ambulance per day without drop back</li> <li>Current Average km per trip without considering drop back trips</li> <li>Current Average response time without IFT</li> </ol> <p>For 108 Ambulances:</p> <ol style="list-style-type: none"> <li>Current Average trips per Ambulance per day</li> <li>Current Average km per trip</li> <li>Current Average response time</li> </ol> <p>As discussed in the meeting the SLAs of Average trips per Ambulance per day, Average km per trip, Average response time for 108 and 102 Ambulances for the new service provider should be as per the current SLAs given above.</p>	<p><b><u>For 102 ambulances</u></b></p> <ol style="list-style-type: none"> <li>Average trips per ambulance per day without drop back- 2.11 (Cancelled Call against Genuine Service request- 20%)</li> <li>Average KM per trip without drop back-57 KM</li> <li>Average Response time without IFT &amp; Drop back-44.55 Min</li> </ol> <p><b><u>For 108 ambulances</u></b></p> <ol style="list-style-type: none"> <li>Average trips per ambulance per day -2.66 (Cancelled Call against Genuine Service request- 30%)</li> <li>Average KM per trip -67 KM</li> <li>Average Response time without IFT-34.45 Min</li> </ol> <p><b><u>N.B.</u></b></p> <ul style="list-style-type: none"> <li>In case the cancelled call remains within 10% of total</li> </ul>

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
				<p>service request then penalty with respect to minimum number of trips and KM shall not be applicable.</p> <ul style="list-style-type: none"> <li>• For 102 ambulance, average case per ambulance per day changed to 3 from 4 and for 108 it is remain unchanged.</li> </ul> <p>Average response time revised to 30 min for 108 excluding IFT cases only &amp; 35 min for 102 excluding IFT &amp; Drop back.</p>
75	Clause – 2.14.6, (A4) Page No -43	<p>i)The off-road days for preventive and breakdown maintenance would be accumulated @1.5 days per vehicle per completed month. No ambulance (ALS/BLS) shall be allowed to be off road* for more than the balance of accumulated off-road days.</p> <p>ii) At any given point of time more than 90% of the vehicles (ALS/BLS) shall be on road (ready to attend the emergency call with all major equipment functional including the GPS device).</p>	As was discussed in pre-bid meeting today Service Provider shall be allowed to deploy Back-up Ambulances against off-road Ambulances. These Back-up Ambulances shall be counted in the count of on-road Ambulances against those off-road Ambulances. The total no. of back-up Ambulances allowed may be 15% of the total Ambulances for 108 and 102 Ambulances.	Implementing agency may have a set of backup ambulances (at the cost of agency with same specification and equipment) which will be used as substitute for ambulances out of service. However at no point of time the number of ambulances in operation will exceed the number sanctioned
76	Clause- 4g SNo. 4 Page No- 90	<p>Basic Technical Specifications: Vehicle (ii) Minimum Ground Clearance- 190 mm</p>	As discussed in the pre-bid meeting Minimum Ground Clearance of <b>180 mm</b> may kindly be considered in place of 190 mm as 190 mm limits the availability of vehicles to very few.	The minimum ground clearance of 102 ambulance revised to <b>180mm</b> .
77	General	Drop back by 102 Service	It was informed in today's meeting that dropback will not be there in 102 service. It is requested that as per national JSSK norms drop back may kindly be kept as service to be provided under 102 service. All the other states in the country are providing drop-back under 102 service.	As per the decision of Govt. the RFP shall be change to exclude the drop back by 102 Ambulance service.

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
<b>Zigitza Health Care Ltd.</b>				
1	2.14-2.14.6 (A4-i) Page No-43	The off-road days for preventive and breakdown maintenance would be accumulated @1.5 days per vehicle per completed month. No ambulance (ALS/BLS) shall be allowed to be off road* for more than the balance of accumulated off-road days.	Off road days Exemption should be 2.5/days/vehicle/month instead of 1.5/days/vehicle/Month. (Both for 108 and 102) The quota may be accumulated till completion of 60 months of the project ,i.e 2.5X60 month=150 days.	1.5 days off road per month would remain unchanged. <b>Off road days will be accumulated over 1 year of service only, without</b> any scope for carry forward & average.
2	2.14-2.14.6 (A4-ii) Page No-43	At any given point of time more than 90% of the vehicles (ALS/BLS) shall be on road (ready to attend the emergency call with all major equipment functional including the GPS device).	For 90% on-road condition only those ambulances, which are off road for more than 2 hour (instead of 1 hours) . Ex-Tyre Puncture, Headlight Problem, Inverter Charging, washing. Accident/Mob violence/Rusting/ vehicles are excluded for the SOR calculation.	No change to RFP.
3	2.14-2.14.6 (A2) Page No-43	Average Response Time (Call to Site): 25 minutes (For response time calculation inter-facility transfer cases to be excluded)	Response time should be Considered @35mins instead of 25Mins. (Both for 108 &102). For the calculation of response time, all jobs including IFT cases should be considered. Further jobs where start to on scene is more than 30KM should be excluded from the calculation. Response time should be calculated from dispatch to on scene.	<b>Average response time revised to 30 min for 108 excluding IFT cases only &amp; 35 min for 102 excluding IFT &amp; Drop back.</b> <b>No change to RFP.</b>
4	2.14-2.14.6 (A5) Page No-44	3 cases /day/ambulance and avg. running of 170 km /day/ambulance (Measured over a month with total no. of ambulances)	As per RFP, currently 1100 jobs are done by 108. Considering 512 Ambulances the average comes to 2.14 trips/amby. The denominator should be the total nos of amby which are operational for the entire billing cycle. Maximum 2.5 cases/day/amby calculated over the fleet may be considered. The narration 3cases/day/amby and avg. running of 170 KM/day/amby may kindly be changed from "and" to "or". The payment is based on Kilometer. Also Penalty is also based on Kilometer. However, in Page 47 RFP clause 2.15.1 made 3 trips as bench mark. As per present clause, the	No change to RFP.

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
			Service provider has to do bench mark of 3 trips and minimum of 170 kms. There might be a double penalty on this clause.	
5	2.15-2.15.1-a-sl no-4 Page No-47	District wise vehicle busy calls (for BLS) (Change to be measured half yearly) (Not more than 5%)	This is beyond the control of the operating agency	No change to RFP.
6	2.15-2.15.1-a-sl no-5 Page No-47	District wise vehicle busy calls (for ALS) (Not more than 5%)	This is beyond the control of the operating agency as the objective is to dispatch the nearest ambulance available ;be it ALS/BLS. However Prioritizing of ALS ambulance in case of IFT.	No change to RFP.
7	2.15-2.15.2 (D) Page No-50	From the time of receipt of call at the ERC the ambulance must be dispatched in 90 seconds.	After the integration of call centre, it is not possible to dispatch with in 90sec. Request to increase the dispatch time from 90 sec to 300sec.	No change to RFP.
8	2.2-4(b) Page No-90	All vehicles should not be older than 1 year at the time of deployment of vehicle from its first registration.	Request you to consider the age of the vehicle as maximum 2 years at the time of operationalization.	No change to RFP.
9	Definitions-20 Page No-5	20. "GPS" means Global Positioning System device for track and trace of all vehicles under the IPTHS. Every GPS device used under IPTHS should be satellite connected with at least one month data back up with biometric attendance, fixed to vehicles, web application with customized reports and additional feature, if any. Wherever word GPS is mentioned, it shall have specifications as defined above.	a) There are many types of GPS devices catering to different types of usage. Once such device used for vehicle tracking is "VTS", which is ideally fitted under the dashboard and does not come with biometric reader as it is not accessible directly on the vehicle. Please clarify on the exact use case for this requirement and whether the GPS device also need to be directly accessible on the vehicle. If the reference is to a specific type of device, kindly confirm on the same. b) Which kind of biometric is needed (Face, Finger print, Hand, Iris) and at what frequency c) Is the GPS data one month backup to be made available on the GPS device or GPS web-portal? d) If the GPS data to be stored in GPS web-portal, what would be the frequency to remove older GPS data?	a) both the options i.e. stand alone biometric device and one connected to GPS may be explored b) only finger print c) one month of GPS data is to be available on offline storage of device not in web portal d) one year of GPS data is to be available on web portal

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
10	2.2 Services, Target Group and Coverage-2.2.1.4 Key Objectives of IPTS (Ambulance Service) Page No-22	1) To establish and operate an integrated centralized state of art call centre (Control Room) with computer telephony integration, computer aided dispatch of ambulances and ability to log calls with GIS based GPRS integrated vehicle monitoring system for Emergency Medical Ambulance Services (108), 24x7 RTS (102) and Boat Ambulance in the State of Odisha.	a) Kindly confirm the detail requirements for computer aided dispatch b) Kindly confirm the detail requirements for ability to log calls with GIS based GPRS integrated vehicle monitoring system c) Kindly confirm the detail requirements for computer telephony integration	Detail requirement of Dialer & AVL, PRI lines and dispatch protocols is to be provided during preparation of SoP.
11	2.2 Services, Target Group and Coverage-2.2.2.2 Services to be Offered Page No-23	1) Grievance registering (24x7 Service): Receive complaints and feedback regarding deficiencies in service provided in government health Institutions and escalate the same to appropriate authority.	For escalation kindly confirm who would be providing information on appropriate authority and the escalation matrix and at what frequency	To be provided during finalization of SOP.
12	2.2 Services, Target Group and Coverage-2.2.2.2 Services to be Offered Page No-23	1) Grievance registering (24x7 Service): Registering and tracking of public grievances regarding the deficiencies in health care delivery, welfare schemes and entitlements on 24x7 basis.	Kindly confirm the requirement for tracking public grievances	To be decided at the time formulation of SoP.
13	2.2 Services, Target Group and Coverage-2.2.2.2 Services to be Offered Page No-23	1) Grievance registering (24x7 Service): Real-time Grievance Redressal by establishing linkages with the heads of all the health facilities on 24x7 basis.	a) Kindly confirm the requirement of linkages with the heads of all the health facilities. B) Is there any automation required	To be decided at the time formulation of SoP.
14	2.2 Services, Target Group and	2) Health Advice (24x7 Service): Information on health care service, health	a) For information on health care service, health care facilities and diagnostic centres, kindly confirm who would	To be provided during finalization of SOP.

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
	Coverage-2.2.2.2 Services to be Offered Page No-23	care facilities and diagnostic centres with the help of integrated computerized geographical mapping and database.	be providing information and at what frequency. B) Kindly confirm the detail requirement for integrated computerized geographical mapping and database.	
15	2.2 Services, Target Group and Coverage-2.2.2.2 Services to be Offered Page No-23	2) Health Advice (24x7 Service): Information about blood bank, blood storage centres and availability of blood.	a) For information on blood bank, blood storage centres and availability of blood., kindly confirm who would be providing information and at what frequency.	To be provided during finalization of SOP.
16	2.2 Services, Target Group and Coverage-2.2.2.3 Other Responsibilities of Call Centre: Page No-24	Maintain directory of in charge of all facilities and other stakeholder for emergency referrals, health care service availability and reporting of grievances.	Kindly confirm who would be providing information on directory of all facilities and other stakeholders for emergency referrals, health care service availability , and at what frequency.	Shall form part of the SoP, which shall be subject to revision and modification as per the requirement from time to time.
17	2.2 Services, Target Group and Coverage-2.2.2.3 Other Responsibilities of Call Centre: Page No-24	Forward the complaint to the concerned official through an SMS/email (Call Centre) for redressal within 7 days of the complaint.	Kindly confirm who would be providing information on officials for redressal of complaint, and at what frequency.	It will be decided in SOP
18	2.2 Services, Target Group and Coverage-2.2.2.3 Other Responsibilities of Call Centre: Page No-24	Linkages with ASHA grievance redressal system	Kindly confirm the protocol and requirements for linkages with ASHA grievance redressal system	It will be decided in SOP
19	2.2 Services, Target Group and	Linkage with Patient Transport Service	Kindly confirm the protocol and requirements for linkages with Patient transport service	Shall form part of the SoP, which shall be subject to revision and

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
	Coverage-2.2.2.3 Other Responsibilities of Call Centre: Page No-24			modification as per the requirement from time to time.
20	2.2 Services, Target Group and Coverage-2.2.2.3 Other Responsibilities of Call Centre: Page No-24	Grievance registration system is to have a scope of integration with other state level grievance redressal portal.	Kindly confirm the protocol and requirements for integration with other state level grievance redressal portal	Shall form part of the SoP, which shall be subject to revision and modification as per the requirement from time to time.
21	2.3 Scope of Work -2.3.13 Page No-29	Additional terminal(s) and/or log in rights shall be provided by the selected Service Provider at the office of Mission Director, NHM, Bhubaneswar for continuous online monitoring by Patient Transport Cell.	Kindly confirm the detailed requirements for continuous online monitoring by Patient transport Cell	Shall form part of the SoP, which shall be subject to revision and modification as per the requirement from time to time.
22	2.3 Scope of Work -2.3.13 Page No-29	In addition to biometric attendance, there should be provision for transfer of other data as and when required subject to the availability of network in the locality.	Kindly confirm on the requirements for transfer of other data. Also elaborate the line 'availability of network in the locality'.	Shall form part of the SoP, which shall be subject to revision and modification as per the requirement from time to time.
23	2.3 Scope of Work -2.3.13 Page No-29	The bidder may come out with technical solution to ensure maximum connectivity.	All GPS devices come with either single sim / dual sim. Connectivity depends on the network of the service provider. Is there any specific technical solution being referred to ensure maximum connectivity	It will be decided in SOP.
24	2.3 Scope of Work -2.4.15 Page No-31	The bidder will be required to establish the Health Helpline through the extensive use of proven & indigenous triage software with algorithms/protocols and appropriate information and communication technologies (ICT).	Is there any specific requirement in terms of triage software with algorithms/protocols and appropriate information and communication technologies (ICT)	To be decided at the time formulation of SoP.

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
25	Annexure-13-IT Equipment Page No-102/103	IT Equipment	NHM will be bearing the cost of replacement of existing equipment's after end of life, kindly confirm	Provision 2.5.7, 2.9.4 are self explanatory.
26	2.3 Scope of Work-2.3.2 Page No-27	The Government shall reimburse the CAPEX towards up gradation and expansion of the Call Centre/Control Room. Details of existing hardware/software, vehicle launching details, etc. are given at Annexure-13.	a) Will the cost of replacing the GPS devices with biometric reimbursed by NHM, kindly confirm b) Call centre / control room expansion covers the support functions like project HR, IT, Ops, kindly confirm	a) Yes b)No
27	2.3 Scope of Work-2.3.2 Page No-27	Performance monitoring shall include real time recording, analysis and reporting of time, distance and response under each event/incidence/response.	Kindly confirm the detailed requirements for performance monitoring shall include real time recording, analysis and reporting of time, distance and response under each event/incidence/response.	Shall form part of the SoP, which shall be subject to revision and modification as per the requirement from time to time.
28	2.3 Scope of Work-2.3.4 Page No-28	Mapping and defining of strategic positioning of the ambulances with route maps, motorable points, nearest catch points in case of non-motorable locations. The Service Provider shall source these documents/ information on their own and Department shall not pay anything out of these	Kindly confirm the source from which the data of route maps, motorable points, nearest catch points in case of non-motorable locations be sourced from. We are unaware on who can provide this data. Kindly confirm from whom this data can be sourced.	It's the responsibility of the Agency. And RFP is clear on this.
29	2.5 Service Provider's Responsibilities-2.5.3 Operation of Control Room Page No-32	For proper management of the system, the Service Provider shall equip the Control Room with Geographical Information System, Global Positioning System, Automatic Vehicle Location Tracking and other necessary hardware and software for computer integrated telephonic integration	For Automatic Vehicle location tracking within the Call centre/ control room the below licenses are needed 1) Googles Asset tracking 2) Google Places API license NHM will be bearing the cost of Google licenses, Kindly confirm	<b>Cost of licenses shall be borne by the Agency. Refer Clause 2.5.8.</b>

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
30	2.5 Service Provider's Responsibilities- 2.5.4 Emergency response Page No-32	Emergency Response: On receiving call of such nature, wherein ambulance is required, the control room shall communicate with the nearest ambulance and take the patient to the nearest designated Government /Empanelled Health Facility depending on the severity of the patient's condition within the shortest possible time. The concerned health facility is also to be informed in advance to keep them prepared for immediate emergency care within that critical/golden hour	Kindly elaborate the detail requirements on below points 1) Communicate with nearest ambulance 2) Take the patient to the nearest designated Government /Empanelled Health Facility depending on the severity of the patient's condition within the shortest possible time. 3) The concerned health facility is also to be informed in advance to keep them prepared for immediate emergency care within that critical/golden hour. The below point conflict with one of RFP point PG 32 - 2.5.4 - Take the patient to the nearest designated Government /Empanelled Health Facility depending on the severity of the patient's condition within the shortest possible time. Pg 42 - 2.10.5 - The Service Provider shall submit the GPS reports (as customized by the Authority from time to time) along with monthly claim to validate the same. Service Provider shall go to the destination by following shortest possible route and shall avoid detouring the vehicle to gain kilometers. If found, payment of additional Kilometers run during the trip(s) could be deducted.	RFP is self-explanatory.  Detailed operational procedure can be elaborated in the SoP for better clarity.
31	2.5-Manpower for various services- 2.15.16 Page No-31	Emergency Medical Technician: Basic Qualification: · B.SC. Nursing/GNM/ B.Pharma/ D. Pharma	The Proposal for alternative eligibility qualification of standard XII with science background and minimum duration of course as recommended by HSSC for 360 hours which includes internship, for emergency medical technical-B under OEMAS project was approved in the 14th meeting of the state steering committee held on 7th Feb'14	<ul style="list-style-type: none"> <li>• Alternate qualification of BLS EMT is std XII with Science background along with minimum duration of training of 360 hours including internship as recommended by HSSC (Health care Sector Skill Council). The training is to be undergone under an affiliated institute of HSSC. <b>Recruitment of EMT based on such qualification can only be</b></li> </ul>

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
				<p><b>effected when all other avenues for recruiting EMTs with existing eligible criteria have been explored &amp; exhausted.</b></p> <ul style="list-style-type: none"> <li>• ALS training for BLS EMTs is not required.</li> <li>• However for EMT of ALS Ambulances B.SC. Nursing/ GNM/ B.Pharma/ D. Pharma is mandatory.</li> </ul>
32	2.5-Manpower for various services- 2.15.16 Page No-31	The Service Provider, at each district, shall provide at least one field coordinator to respond, attend and explain the progress to District Collector/ CDMO for co-ordination/resolution of complaints, if any. However, in case of districts having 20 or more ambulances the Agency shall provide atleast two field coordinators to manage the operation and coordination with district authority. Other than above, Service Provider shall place adequate staff at the centralised call centre. While recruiting existing field staff the incoming Service Provider shall ensure that their performance and conduct in the earlier project is satisfactory.	The agency may be allowed to recruit train and position qualified and suitable personnel for each district based on number of ambulances and geography. The guideline for two field coordinator is not feasible.	No change to RFP.
33	2.3-2.3.12 Page No-26	All EMT's should have ALS certification	The EMT B candidates will be deputed on the BLS Ambulances. They don't require ALS training. Further the training duration will go up by another 35 days for ALS	<ul style="list-style-type: none"> <li>• Alternate qualification of BLS EMT is std XII with Science</li> </ul>

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			training.	<p>background along with minimum duration of training of 360 hours including internship as recommended by HSSC (Health care Sector Skill Council). The training is to be undergone under an affiliated institute of HSSC. <b>Recruitment of EMT based on such qualification can only be effected when all other avenues for recruiting EMTs with existing eligible criteria have been explored &amp; exhausted.</b></p> <ul style="list-style-type: none"> <li>• ALS training for BLS EMTs is not required.</li> <li>• However for EMT of ALS Ambulances B.SC. Nursing/ GNM/ B.Pharma/ D. Pharma is mandatory.</li> </ul>
34	2.3.7-N.A Page No-25	The government within three months shall reimburse all eligible capital expenditure incurred by the service provider from the date of submission of invoice along with all necessary supporting documents, which is to be raised after commissioning of assets.	Please define the scope of eligible CAPEX	As per the terms and condition of the RFP.
35	2.5.17-N.A Page No-34	The Agency shall also ensure that no staff is allowed to work for more than 12 hours	Since this is an emergency service, it is difficult to define working hours as there are jobs which go beyond 12hrs. However any working beyond 12hrs we will call for	<b>No change to RFP</b>

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		in a day.	additional remuneration as per law.	
36	2.5.18 / 2.11.1-N.A Page No-34 & 40	Service Provider shall ensure that monthly salary of the project staff, directly involved in the operation of different services under this project (including call centre, ambulance and other field staff) are paid directly through their bank account without any delay latest by 5th of the following month. Financing of the project shall be on fixed rate reimbursement basis in accordance with the provision of the agreement.	<ul style="list-style-type: none"> <li>As per RFP clause 2.11.1 monthly payment is based on km run by ambulance. Has no relation with our employee payment.</li> <li>We request you to consider 100% payment of OPEX for the 1st month of the project. The Penalty due on account of various operational parameter may be deducted in full from the 2nd month OPEX. The same process may be adopted for subsequent month till the 60th month in which the penalty due for the 59th and 60th month may be deducted.</li> <li>The term reimbursement may be removed as Monthly expenses should not be considered as reimbursement.</li> </ul>	<ul style="list-style-type: none"> <li>No change to RFP. Timely payment of salary to project staff is the responsibility of Operator.</li> <li>No change to RFP.</li> <li>OPEX is to be paid on reimbursement basis since it is expected that it will be due after agency runs the service for a period of 1 month and makes all the incidental expenses and then makes a claim for OPEX which is reimbursed.</li> </ul>
37	2.13.5-(ii) Page No-41	The Contracting Authority/Government in the following circumstances can forfeit the Performance Security: (i) When any terms or conditions of the agreement are infringed; (ii) When the service provider fails in providing the services satisfactorily;	Please define the term satisfactory.	Running the services with adherence to terms and condition of RFP and SoP in letter and spirit and achieving all performance parameters
38	2.22.1-N.A Page No-55	the parties to this Agreement out of or in relation to the construction, meaning, scope, operation or effect of this Agreement or the validity of the breach thereof shall be referred to a sole Arbitrator to be appointed by the Secretary to Government, Department of Health & Family Welfare, Govt. of Odisha.	Either party should have the right to go for an arbitration.	No change to RFP.

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
39	2.5-2.5.16 Page No-35	Ambulance Care Assistant Basic Skill & Training · First aid and life saving palliative skill · Trained in first aid and life saving palliative skill. The training module content and duration has to be agreed by the Authority	What are elements of "life saving palliative skills".	It will be decided in SOP
40	Annexure-VI-1.2 Page No-85	Sr. No. 24 - Inj. Morphine/Inj . Pethidine Sr. no. 28 Inj. Fentanyl	1. All these three medicines have addiction and abuse potential 2. Procuring and storing these medicines require registration under The Narcotic Drugs and Psychotropic Substances Act, 1985 3. It is not possible to store these medicines in ambulances	<b>As per extant statutory provision.</b>
41	Annexure-VI-5.2 Page No-94	Medical equipment in the Boat Ambulance	Artificial Manual Breathing Unit is not included	<b>Artificial Manual Breathing Unit is added in the list of medical equipments of Boat Ambulances.</b>
42	2.5-2.5.14 Page No-31	Insurance cost (Comprehensive with Zero Depreciation) of all 108 and Boat Ambulances,	Comprehensive with zero depreciation insurance is not available for commercial registered vehicles. The 108 Ambulances come under the same category.	<b>No change to RFP provision</b> but it is subject to availability of Insurance coverage in the market. Insurance premium of the vehicles is part of Operational Expenditure.
43	Financing of the Project:-2.11.1 Page No-40	Monthly payment of Ambulance Services under EMAS (108) and RTS (102) shall be based on actual kilometres run as supported by GPS tracking reports or based on Odometer reading from EDS, whichever is lesser. Odometer reading from EDS shall be considered only in exceptional circumstances where the variation in distance covered (kilometre run) in a trip between odometer reading	Should be limited to 5% of the total cases completed in a month across the fleet.	<b>No change to RFP</b>

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		and GPS tracking report is more than 10% due to defunct GPS device during the course of the trip and which shall be limited to maximum 2% of the total cases completed in a month across the fleet, to be calculated separately for 102 and 108 ambulance services.		
44	Operational/ Performance Parameter and Penalty Clauses-B Referral Transport Ambulance (102-Ambulance) Page No-45	B5. Numbers of trips/ambulance /day (Average 4 (Four) trips per day.)----- Multiple patients in a single trip will be considered as a single trip.	As per RFP, currently 1100 jobs are done by 102. Considering 500 Ambulances the average comes to 2.8 trips/amby. The denominator should be the total nos of amby which are operational for the entire billing cycle. Maximum 3 cases/day/amby calculated over the fleet may be considered.	<b>Average case per ambulance per day changed to 3 from 4.</b>
45	*Off-road Condition (for the purpose of Penalty calculation):- (f) Page No-47	An ambulance cannot have an operational status in a sequence like Off-road à On-road à Off Road unless a minimum of one case is successfully attended in between two off-road conditions. That means there can't be an On-road condition between two Off-road condition of an ambulance unless a call is attended successfully in between. Such On-road condition shall be treated as Off-road condition for all practical purpose where not even a single call is attended successfully.	If there is no cancelled call during the on road duration in between two off roads, the same should not be considered as off road.	No change to RFP.
46	2.14.6*Off-road Condition (for the	Off-road" does not include force majeure cases including accident and mob	While attending aggregate repairs, what criteria will be applied, where such cases arise where there is non-	Repair and Maintenance of Ambulance ensuring maximum

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	purpose of Penalty calculation (b)- Page No-46	violence vehicle under repair. However, it covers all other maintenance including routine or preventive	availability of spare parts even at OEM level	uptime is the responsibility of Agency. Hence no change to RFP.
47	2.13.5-EMD and PBG Page No-41	The prefer bidder to whom the contract shall be awarded, have to deposit Performance Security equivalent to 7% of the Annual Value of the Contract	Please make it to 5% only. As same we are following currently as well.	No change to RFP.
48	others- Page No-	Vehicle Road Tax	Road Tax is paid for 15 years. The same should be considered as CAPEX in total	No change to RFP.
49	Annexure-6 - Technical specification-4.g -Sl no-4 Page No-90	Vehicle size-(ii) Minimum Ground Clearance : 190 mm	As per the prescribed ground clearance of 190mm, only TATA Sumo qualifies. The parameter may be relaxed up to 175mm to accommodate more choice in type of vehicles.	The minimum ground clearance of 102 ambulance revised to <b>180mm</b> .
50	2.5-2.5.14 Page No-31	The comprehensive insurance shall cover atleast 5 persons in case of 102 ambulance and 6 (six) persons in case of 108 ambulances.	The seating capacity as defined in the RC for TATA Winger Ambulance is 4+1. Hence it is not possible to procure insurance for more than the seating capacity.	<b>No change to RFP.</b> Will be as per the provision of statute as amended from time to time.
51	2.14-2.14.6 A3 Page No-43	Eligible Call Attended: 80% or more (More than 80% of the calls as eligible for response is attended by dispatching ambulance)	80% dispatch and trips are correlated. In case the operator achieves 80% dispatch criteria and fails to achieve trips criteria, in that case it is evident that there is no enough calls to make the dispatch. the trip penalty should be made zero if 80% dispatch criteria is achieved and if it is not achieved than proportionate to the same trips penalty needs to be imposed e.g. if operator achieves 75% dispatch and 2.3 trips then dispatch penalty of 5% and trip penalty 0.2 needs to be imposed $((2.3 \times 80) / 75)$ . The same applies to Janani as well.	<b>Only in case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips and KM shall not be applicable.</b>
52	2.5-2.5.16 -C-Boat Ambulance -Team size Page No-33	One Pilot, one Launch Driver , one EMT and Manjhi during operation hour (dawn to dusk)	Boat Ambulance operation time needs to be fixed. Currently it is mentioned as dawn to dusk	It will operate during day time only.

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53	2.5-2.5.16 -D-GR and Health Advice - Doctor Page No-33	Basic Qualification: · MBBS / MD	Ayush doctors should be allowed along with MBBS / MD wherever applicable	No change to RFP.
54	2.3-2.3.15 Page No-26	Out of 25 seats 10 seats shall be used exclusively for outward calls (i.e. to (a) follow-up sample beneficiaries registered under RCH for availing desired services in time,	Kindly reconfirm seat capacity 10 outgoing seat for single shift. 13 incoming seat for 24/7 2 doctors seat for single shift	<b>Yes</b> Refer financial bid page 67
55	2.5-2.5.16-(a3)&(B1) Page No-32	8th Standard (Pass) with valid driving license for LMV (Commercial) and badge license	Commercial endorsement in driving licenses needs to be removed basis SC verdict for 108 as well as Janani. <a href="https://www.tribuneindia.com/news/nation/driver-having-lmv-driving-licence-can-drive-transport-vehicle-sc/442016.html">https://www.tribuneindia.com/news/nation/driver-having-lmv-driving-licence-can-drive-transport-vehicle-sc/442016.html</a>	<b>No change to RFP.</b> Will be as per the provision of statute as amended from time to time.
56	2.5-2.5.5 Page No-29	Schedule of Implementation: The Service Provider shall provide detailed plan for smooth transition of operations and services including schedule of implementation and handing over with time-lines. The incoming service provider has to complete the entire process of transition including handing over, integration, implementation and operationalization within 6 (six) months from the date of signing of the Contract without any disruption in the ongoing services	No penalty should be applicable for first 6 months of Implementation of the project	No change to RFP.
57	2.3.7 Page No-25	The incoming Agency (Service provider) shall takeover existing fleet of Ambulances (ALS and BLS) under “EMAS (108)” on ‘as is where is basis’ and replace	The Vehicles which cross 2.5 lakh KM or older than 5 years whichever is latter, should be exempted from off road due to maintenance. The same vehicle should be excuded from SOR calculation.	No change to RFP.

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
		those ambulances which have run for more than 2,50,000 KMs or older than 5 years, whichever is later.		
<b>Zigitza Health Care Ltd. (Additional)</b>				
1	1.2.1 Page No-7	Should have minimum two year of experience as on the last date of bid submission in successful operation and management of at least a fleet of 200 Ambulances	The eligibility criterion mentioned herewith is too little considering that the size of project is above 1000 Ambulance. It should be atleast 200 Ambulances for three years in two different projects of 108 or Janani Express	No change to RFP.
2	1.2.2 Page No-7	Should have at least average annual turnover (audited) of Rs. 100 crores during last two completed financial years (i.e. (2015-16 & 2016-17) or (2016-17 & 2017-18 [if audited])) or Rs. 50 crores of average annual turnover in the similar line of activities (i.e. Ambulance and Health Helpline Service) during last two completed financial years starting from financial year 2015-16. Bidder needs to submit audited Statement	The turnover criterion should only be for similar line of activities and should be atleast Rs 100 crores for the last three years	No change to RFP.
3	1.4.4.3 Page No-12 & 13	The price (contract price) shall remain firm for initial 18 months of operation for Integrated Patient Transport and Health Helpline Services in all four Services. Thereafter,. The price increment shall be allowed for the first time on 19th month, form the date of taking over of the operation and thereafter on annual basis on 31st month, 43rd month and finally on 55th month. For calculation of changes in annual CPI preceding 12 months from the month of revision shall be taken in to	The price increase should be annual and the first increment should be one year from the date of signing of the contract. Also the incremental should be a fixed percentage of between 6-8% as deemed proper	No change to RFP.

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
		consideration.		
4	2.14-2.14.6 (A4-i) Page No-43	Allowed off-road days of 1.5 days per month do not include force majeure cases including accident and mob violence. However, it covers all other maintenance including routine or preventive.	Off road days Exemption should be 2.5 days / per vehicle / per month instead of 1.5 days / per vehicle / per month. (Both for 108 and 102) The quota may be accumulated till completion of 60 months of the project ,i.e 2.5X60 month=150 days. The permissible off road should be averaged across the fleet as in the fleet some vehicles require more maintenance. The same should apply for 102 Ambulances as well.	1.5 days off road per month would remain unchanged. <b>Off road days will be accumulated over 1 year of service only, without</b> any scope for carry forward & averaging over fleet.
5	2.14-2.14.6 (A4-ii) Page No-43 and 45	For 90% on-road condition only those ambulances, which are off road for more than 1 hour at a stretch, shall be considered and calculation shall be done for each district separately. However in case of small districts where 10% of the vehicles in a district is less than 2 (two) then in lieu of 10% vehicles 2 vehicles shall be taken.	For 90% on-road condition only those ambulances, which are off road for more than 2 hour (instead of 1 hours) . Ex-Tyre Puncture, Headlight Problem, Inverter Charging, washing.  Off Road on account of Accident / Mob violence / Rusting vehicles are excluded for the SOR calculation.  Applicable to 108 and 102 both.	No change to RFP.
6	2.14-2.14.6 (A2) Page No-43 and 45	Average Response Time (Call to Site): 25 minutes  (For response time calculation interfacility transfer cases to be excluded)	Response time should be Considered @35mins instead of 25Mins. (Both for 108 &102). For the calculation of response time, all jobs including IFT cases should be considered. Further jobs where start to on scene is more than 30KM should be excluded from the calculation.  Response time should be calculated from dispatch to on scene.	<b>Average response time revised to 30 min for 108 excluding IFT cases only &amp; 35 min for 102 excluding IFT &amp; Drop back.</b>  <b>No Change to RFP.</b>
7	2.14-2.14.6 (A5) Page No-44	3 cases /day/ambulance and avg. running of 170 km /day/ambulance (Measured over a month with total no. of ambulances)	As per RFP, currently 1100 jobs are done by 108. Considering 512 Ambulances the average comes to 2.14 trips/amby. The denominator should be the total nos of amby which are operational for the entire billing cycle. Maximum 2.5 cases/day/amby for ON Road Ambulances calculated over the fleet should be considered.	No change to RFP.

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			The narration 3cases/day/amby and avg. running of 170 KM/day/amby may kindly be changed from "and" to "or". The payment is based on Kilometer. Also Penalty is also based on Kilometer. However, in Page 47 RFP clause 2.15.1 made 3 trips as bench mark. As per present clause, the Service provider has to do bench mark of 3 trips and minimum of 170 kms. There is a double penalty on this clause. SO either it should be trip penalty or 170 km average across the fleet over the month should be penalised. It can be only on ONE Parameter	
8	2.15-2.15.1-a-sl no-4 Page No-47	District wise vehicle busy calls (for BLS) (Change to be measured half yearly) (Not more than 5%)	This is beyond the control of the operating agency	No change to RFP.
9	2.15-2.15.1-a-sl no-5 Page No-47	District wise vehicle busy calls (for ALS) (Not more than 5%)	This is beyond the control of the operating agency as the objective is to dispatch the nearest ambulance available ;be it ALS/BLS. However Prioritizing of ALS ambulance in case of IFT.	No change to RFP.
10	2.15-2.15.2 (D) Page No-50	From the time of receipt of call at the ERC the ambulance must be dispatched in 90 seconds.	After the integration of call centre, it is not possible to dispatch with in 90sec. Request to increase the dispatch time from 90 sec to 300 sec. Also it is important that the correct dispatch happens rather than faulty dispatch in order to meet dispatch time requirement, Also 90 seconds dispatch time is unheard of in the Indian EMS sevice parameters.	No change to RFP.
11	2.2-4(b) Page No-90	All vehicles should not be older than 1 year at the time of deployment of vehicle from its first registration.	Request you to consider the age of the vehicle as maximum 2 years at the time of operationalization.	No change to RFP.
12	Definitions-20 Page No-5	20. "GPS" means Global Positioning System device for track and trace of all vehicles under the IPTHS. Every GPS device used under IPTHS should be satellite connected with at least one month data back up with biometric	a) There are many types of GPS devices catering to different types of usage. Once such device used for vehicle tracking is "VTS", which is ideally fitted under the dashboard and does not come with biometric reader as it is not accessible directly on the vehicle. Please clarify on the exact use case for this requirement and whether the	a) both the options i.e. stand alone biometric device and one connected to GPS may be explored b) only finger print c) one month of GPS data is to be available on offline storage of

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		attendance, fixed to vehicles, web application with customized reports and additional feature, if any. Wherever word GPS is mentioned, it shall have specifications as defined above.	GPS device also need to be directly accessible on the vehicle. If the reference is to a specific type of device, kindly confirm on the same. GPS with in built Biometric are not available or good quality devise are not available. SO we should have GPS and Biometer devises separately b) Which kind of biometric is needed (Face, Finger print, Hand, Iris) and at what frequency c) Is the GPS data one month backup to be made available on the GPS device or GPS web-portal? d) If the GPS data to be stored in GPS web-portal, how long should be the data available on portal, say a maximum as three months	device not in web portal d) one year of GPS data is to be available on web portal
13	2.2 Services, Target Group and Coverage-2.2.2.2 Services to be Offered Page No-23	1) Grievance registering (24x7 Service): Real-time Grievance Redressal by establishing linkages with the heads of all the health facilities on 24x7 basis.	a) Kindly confirm the nature of linkages with the heads of all the health facilities. B) Is there any automation required	To be decided at the time formulation of SoP.
14	2.5.7 Procurement of Assets Page No-30	Service Provider shall take the responsibility of procurement and setting up of all infrastructure and long term assets with the prior approval of the Procurement Committee on each occasion in the manner stipulated in Clause no 2.9 of this RFP.	Ideally all procurement should be done by NHM and if not possible, at least Procurement of Chasis for 108 service would be procured under DGS& ND / thru GEMS portal should be done directly by NHM.	No change to RFP.
15	2.3 Scope of Work -2.3.13 Page No-29	Additional terminal(s) and/or log in rights shall be provided by the selected Service Provider at the office of Mission Director, NHM, Bhubaneswar for continuous online monitoring by Patient Transport Cell.	Kindly confirm the detailed requirements for continuous online monitoring by Patient transport Cell	Shall form part of the SoP, which shall be subject to revision and modification as per the requirement from time to time.
16	2.4 -2.4.2 Page No-28	The bidder will be required to establish the Health Helpline through the extensive use of proven & indigenous triage	Is there any specific requirement in terms of triage software with algorithms/protocols and appropriate information and communication technologies (ICT)	To be decided at the time formulation of SoP.

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		software with algorithms/protocols and appropriate information and communication technologies (ICT).		
17	Annexure-13-IT Equipment Page No-102/103	IT Equipment	NHM will be bearing the cost of replacement of existing equipment's after end of life, kindly confirm	Provision 2.5.7, 2.9.4 are self explanatory.
18	2.3 Scope of Work- 2.3.2 Page No-27	The Government shall reimburse the CAPEX towards up gradation and expansion of the Call Centre/Control Room. Details of existing hardware/software, vehicle launching details, etc. are given at Annexure-13.	a) Will the cost of replacing / or addition of IT equipments and GPS devices and/ with biometric reimbursed by NHM, kindly confirm b) Call centre / control room expansion , would it cover the support functions like project HR, IT, Ops, Back office, training room etc , Kindly confirm	a) <b>Yes</b>  b) <b>No</b>
19	2.5 Service Provider's Responsibilities- 2.5.3 Operation of Control Room Page No-32	For proper management of the system, the Service Provider shall equip the Control Room with Geographical Information System, Global Positioning System, Automatic Vehicle Location Tracking and other necessary hardware and software for computer integrated telephonic integration	For Automatic Vehicle location tracking within the Call centre/ control room the below licenses are needed 1) Googles Asset tracking 2) Google Places API license NHM will be bearing the cost of Google licenses, Kindly confirm	<b>Cost of licenses shall be borne by the Agency. Refer Clause 2.5.8.</b>
20	2.5-Manpower for various services- 2.15.16 Page No-31	Emergency Medical Technician: Basic Qualification: · B.SC. Nursing/GNM/ B.Pharma/ D. Pharma	The Proposal for alternative eligibility qualification of standard XII with science background and minimum duration of course as recommended by HSSC for 360 hours which includes internship, for emergency medical technical-B under OEMAS project was approved in the 14th meeting of the state steering committee held on 7th Feb'14. Hence this needs to be permitted in this contract also	<ul style="list-style-type: none"> <li>• Alternate qualification of BLS EMT is std XII with Science background along with minimum duration of training of 360 hours including internship as recommended by HSSC (Health care Sector Skill Council). The training is to be undergone under an affiliated institute of HSSC. <b>Recruitment of EMT based on such qualification can only be</b></li> </ul>

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				<p><b>effected when all other avenues for recruiting EMTs with existing eligible criteria have been explored &amp; exhausted.</b></p> <ul style="list-style-type: none"> <li>• ALS training for BLS EMTs is not required.</li> <li>• However for EMT of ALS Ambulances B.SC. Nursing/ GNM/ B.Pharma/ D. Pharma is mandatory.</li> </ul>
21	2.3-2.3.12 Page No-26	All EMT's should have ALS certification	The EMT B candidates will be deputed on the BLS Ambulances. They don't require ALS training. Further the training duration will go up by another 35 days for ALS training.	<ul style="list-style-type: none"> <li>• ALS training for BLS EMTs is not <b>required.</b></li> </ul>
22	2.5.17-N.A Page No-34	The Agency shall also ensure that no staff is allowed to work for more than 12 hours in a day.	Unless the crew is on an existing call during shift change, they would not be permitted to work more than 12 hours a day.	<b>No change to RFP</b>
23	2.5.18 / 2.11.1-N.A Page No-34 & 40	Service Provider shall ensure that monthly salary of the project staff, directly involved in the operation of different services under this project (including call centre, ambulance and other field staff) are paid directly through their bank account without any delay latest by 5th of the following month.	<ul style="list-style-type: none"> <li>• As per RFP clause 2.11.1 monthly payment is based on km run by ambulance. Has no relation with our employee payment.</li> <li>• We request you to consider 100% payment of OPEX for the month within 3 days of submission of invoice . The Penalty due on account of various operational parameter may be deducted in full from the next month OPEX. The same process may be adopted for subsequent month till the 60th month in which the penalty due for the 59th and 60th month may be deducted.</li> <li>• The term reimbursement may be removed as this is not a reimbursement of expenses, rather it is payment made against claim raised by the operator based on the performance and the terms and conditions of this RFP.</li> </ul>	<ul style="list-style-type: none"> <li>• No change to RFP. Timely payment of salary to project staff is the responsibility of Operator.</li> <li>• No change to RFP.</li> <li>• OPEX is to be paid on reimbursement basis since it is expected that it will be due after agency runs the service for a period of 1 month and makes all the incidental expenses and then makes a claim for OPEX which is reimbursed.</li> </ul>

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Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
24	2.22.1-N.A Page No-55	the parties to this Agreement out of or in relation to the construction, meaning, scope, operation or effect of this Agreement or the validity of the breach thereof shall be referred to a sole Arbitrator to be appointed by the Secretary to Government, Department of Health & Family Welfare, Govt. of Odisha.	Either party should have the right to go for an arbitration. The arbitrator has to be mutually appointed and a retired High court judge would be enlisted for such a task	No change to RFP.
25	Annexure-VI-1.2 Page No-85	Sr. No. 24 - Inj. Morphine/Inj . Pethidine Sr. no. 28 Inj. Fentanyl	1. All these three medicines have addiction and abuse potential 2. Procuring and storing these medicines require registration under The Narcotic Drugs and Psychotropic Substances Act, 1985 3. It is not possible to store these medicines in ambulances	<b>As per extant statutory provision.</b>
26	Annexure-VI-5.2 Page No-94	Medical equipment in the Boat Ambulance	Artificial Manual Breathing Unit is not included	<b>Artificial Manual Breathing Unit is added in the list of medical equipments of Boat Ambulances.</b>
27	2.5-2.5.14 Page No-31	Insurance cost (Comprehensive with Zero Depreciation) of all 108 and Boat Ambulances,	As per our understanding Comprehensive with zero depreciation insurance is available for New vehicles and only for 2/3 years. Need to relook on the same..	<b>No change to RFP provision</b> but it is subject to availability of Insurance coverage in the market. Insurance premium of the vehicles is part of Operational Expenditure.
28	Financing of the Project:-2.11.1 Page No-40	Monthly payment of Ambulance Services under EMAS (108) and RTS (102) shall be based on actual kilometres run as supported by GPS tracking reports or based on Odometer reading from EDS, whichever is lesser. Odometer reading from EDS shall be considered only in exceptional circumstances where the variation in distance covered (kilometre run) in a trip between odometer reading and GPS tracking report is more than 10% due to defunct GPS device during the	Should be limited to 5% instead of 2% of the total cases completed in a month across the fleet.	<b>No change to RFP</b>

**Clarification to Queries raised by the prospective bidder in the pre-bid meeting held on 18<sup>th</sup> July 2018.**

Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
		course of the trip and which shall be limited to maximum 2% of the total cases completed in a month across the fleet, to be calculated separately for 102 and 108 ambulance services.		
29	Page No-45 - Operational/ Performance Parameter and Penalty Clauses-B Referral Transport Ambulance (102-Ambulance)	B5. Numbers of trips / ambulance / day (Average 4 (Four) trips per day.)----- Multiple patients in a single trip will be considered as a single trip.	As per RFP, currently 1400 jobs are done by 102. Considering 500 Ambulances the average comes to 2.8 trips/amby. The denominator should be the total nos of amby which are operational for the entire billing cycle. Maximum 3 cases / day / amby calculated over the fleet may be considered including drop back.	<b>Average case per ambulance per day changed to 3 from 4.</b>
30	*Off-road Condition (for the purpose of Penalty calculation):-(f) Page No-47	An ambulance cannot have an operational status in a sequence like Off-road à On-road àOff Road unless a minimum of one case is successfully attended in between two off-road conditions. That means there can't be an On-road condition between two Off-road condition of an ambulance unless a call is attended successfully in between. Such On-road condition shall be treated as Off-road condition for all practical purpose where not even a single call is attended successfully.	If there is no cancelled call during the on road duration in between two off roads, the same should not be considered as off road. Also off road on account of Food Break / Fuel Refilling / Washing Break should not be considered for the same.	No change to RFP.
31	*Off-road Condition (for the purpose of Penalty calculation):-(f) Page No-47	In case the ambulance does not attend the call when the vehicle is showing on-road status then it shall be treated as off-road.	The call ultimately needs to be cancelled and vehicle shouldn't have done a case in last 12 Hrs.	No change to RFP.
32	2.14.6-(b) Page No-46 *Off-road	Off-road" does not include force majeure cases including accident and mob	While attending aggregate repairs, would non-availability of spare parts even at OEM level will also be considered as	Repair and Maintenance of Ambulance ensuring maximum

**Clarification to Queries raised by the prospective bidder in the pre-bid meeting held on 18<sup>th</sup> July 2018.**

Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
	Condition (for the purpose of Penalty calculation)	violence vehicle under repair. However, it covers all other maintenance including routine or preventive	Force Majeure	uptime is the responsibility of Agency. Hence no change to RFP.
33	2.13.5-EMD and PBG Page No-41	The prefer bidder to whom the contract shall be awarded, have to deposit Performance Security equivalent to 7% of the Annual Value of the Contract	Please make it to 5% only. As same we are following currently as well.	No change to RFP.
34	others	Vehicle Road Tax	Road Tax is paid for 15 years. The same should be considered as CAPEX in total	No change to RFP.
35	Annexure-6 - Technical specification-4.g -SI no-4 Page No-90	Vehicle size-(ii) Minimum Ground Clearance : 190 mm	As per the prescribed ground clearance of 190mm, only TATA Sumo qualifies. The parameter may be relaxed up to 175mm to accommodate more choice in type of vehicles.	The minimum ground clearance of 102 ambulance revised to <b>180mm</b> .
36	2.5-2.5.14 Page No-31	The comprehensive insurance shall cover atleast 5 persons in case of 102 ambulance and 6 (six) persons in case of 108 ambulances.	The seating capacity as defined in the RC for TATA Winger Ambulance is 4+1. Hence it is not possible to procure insurance for more than the seating capacity.	<b>No change to RFP.</b> Will be as per the provision of statute as amended from time to time.
37	2.14-2.14.6 A3 Page No-43	Eligible Call Attended: 80% or more (More than 80% of the calls as eligible for response is attended by dispatching ambulance)	80% dispatch and trips are correlated. In case the operator achieves 80% dispatch criteria and fails to achieve trips criteria, in that case it is evident that there is no enough calls to make the dispatch. the trip penalty should be made zero if 80% dispatch criteria is achieved and if it is not achieved than proportionate to the same trips penalty needs to be imposed e.g. if operator achieves 75% dispatch and 2.3 trips then dispatch penalty of 5% shortfall in dispatch, and trip penalty 0.2 needs to be imposed ((2.3 X 80) / 75). The same applies to Janani as well.	<b>Only in case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips and KM shall not be applicable.</b>
38	2.5-2.5.16 -C-Boat Ambulance -Team size Page No-33	One Pilot, one Launch Driver , one EMT and Manjhi during operation hour (dawn to dusk)	Boat Ambulance operation time needs to be fixed. Currently it is mentioned as dawn to dusk	It will operate during day time only.
39	2.5-2.5.16 -D-GR and Health Advice - Doctor Page No-33	Basic Qualification: · MBBS / MD	Ayush doctors should be allowed along with MBBS / MD wherever applicable	No change to RFP.

**Clarification to Queries raised by the prospective bidder in the pre-bid meeting held on 18<sup>th</sup> July 2018.**

Sl. No.	RFP Document (Page No & Clause)	Contents of RFP requiring clarifications	Clarifications requested	Remarks
40	2.3-2.3.15 Page No-26	Out of 25 seats 10 seats shall be used exclusively for outward calls (i.e. to (a) follow-up sample beneficiaries registered under RCH for availing desired services in time,	Kindly re confirm seat capacity 10 out going seat for single shift. 13 incoming seat for 24/7 2 doctors seat for single shift	<b>Yes</b> Refer financial bid page 67
41	2.5-2.5.16-(a3)&(B1) Page No-32	8th Standard (Pass) with valid driving license for LMV (Commercial) and badge license	Commercial endorsement in driving licenses needs to be removed basis SC verdict for 108 as well as Janani. <a href="https://www.tribuneindia.com/news/nation/driver-having-lmv-driving-licence-can-drive-transport-vehicle-sc/442016.html">https://www.tribuneindia.com/news/nation/driver-having-lmv-driving-licence-can-drive-transport-vehicle-sc/442016.html</a>	<b>No change to RFP.</b> Will be as per the provision of statute as amended from time to time.
42	2.5-2.5.5 Page No-29	Schedule of Implementation: The Service Provider shall provide detailed plan for smooth transition of operations and services including schedule of implementation and handing over with time-lines. The incoming service provider has to complete the entire process of transition including handing over, integration, implementation and operationalization within 6 (six) months from the date of signing of the Contract without any disruption in the ongoing services	No penalty should be applicable for first 6 months of Implementation of the project	No change to RFP.
43	2.3.7 Page No-25	The incoming Agency (Service provider) shall takeover existing fleet of Ambulances (ALS and BLS) under "EMAS (108)" on 'as is where is basis' and replace those ambulances which have run for more than 2,50,000 KMs or older than 5 years, whichever is later.	The Vehicles which cross 2.5 lakh KM or older than 5 years which ever is latter, should be exempted from off road due to maintenance. The same vehicle should be excuded from SOR calculation.  The badly rusted vehicles needs to be replaced even though vehicle has not completed 5 years or 250000 KMs whichever is later because of vehicle safety / stability issues..	No change to RFP.

**Clarification to Queries raised by the prospective bidder in the pre-bid meeting held on 18<sup>th</sup> July 2018.**

<b>Sl. No.</b>	<b>RFP Document (Page No &amp; Clause)</b>	<b>Contents of RFP requiring clarifications</b>	<b>Clarifications requested</b>	<b>Remarks</b>
	<b>Piramal Swasthya</b>			
1			Agency request for segregation of 104 grievance health helpline services from Emergency Medical Ambulance (108), 24X7 Referral Transport (102) & Boat Ambulance and release a separate tender for Grievance Redrassal & Health Advice Helpline Servie (104) due to different set of services which demands specific expertise and experience to operate.	No change to RFP.

**Details of Parking Location, KM Run & Date of Launching of 108 Ambulance**

<b>SI No.</b>	<b>District</b>	<b>Parking Location</b>	<b>Kilometres Run</b>	<b>Date of Launching</b>
1	Angul	Jarapada PHC	319600	28-09-2013
2	Angul	Khalari Gp Angul	410973	28-09-2013
3	Angul	Pallahara Panchayat Office	329979	29-09-2013
4	Angul	Angul DHH	372013	29-06-2013
5	Angul	Banarpal Block Office	267784	29-06-2013
6	Angul	Chhendipada Kosala CHC	315268	29-06-2013
7	Angul	Kishore Nagar CHC	263973	29-06-2013
8	Angul	Athmallik Tahasil Office	315111	30-06-2013
9	Angul	BoindaBeat Office	342361	29-06-2013
10	Angul	Bantala CHC	308959	29-06-2013
11	Angul	Talcher Block Office	199058	29-06-2013
12	Angul	Kaniha Block Office	230953	29-06-2013
13	Angul	Khamar PHC	308291	29-06-2013
14	Angul	Jamardihi PHC	28053	30-12-2017
15	Angul	Godibandha CHC	18392	29-12-2017
16	Angul	Jagannathpur PHC	22138	30-12-2017
17	Angul	Bajrakote PHC	19052	31-12-2017
18	Balangir	Tushura Area Hospital	356409	19-02-2014
19	Balangir	Balangir DHH	479053	19-02-2014
20	Balangir	Mahimunda PHC	481814	19-02-2014
21	Balangir	Agalpur CHC	226415	19-02-2014
22	Balangir	Kusang PHC	422399	19-02-2014
23	Balangir	Deogaon CHC	507778	20-02-2014
24	Balangir	Saintala CHC	270281	19-02-2014
25	Balangir	Titlagarh SDH	309722	19-02-2014
26	Balangir	Kholan CHC	266787	19-02-2014
27	Balangir	Tureikela CHC	308773	19-02-2014
28	Balangir	Kanatabanji CHC	303927	20-02-2014
29	Balangir	Bangomunda CHC	314256	19-02-2014
30	Balangir	Muribahal CHC	247621	19-02-2014
31	Balangir	Belpada CHC	277556	19-02-2014
32	Balangir	Khaprakhol CHC	309286	19-02-2014
33	Balangir	Patnagarh SDH	285306	20-02-2014
34	Balangir	Sibtala PHC	363224	20-02-2014
35	Balasore	Soro PS	457195	09-10-2013
36	Balasore	Jaleswarpur PS	342143	09-10-2013
37	Balasore	Balasore Filarial Office	558574	08-10-2013
38	Balasore	Balasore Municipality	444615	09-10-2013
39	Balasore	Balasore DHH	238721	02-07-2013
40	Balasore	Balasore Sadar PS	527221	02-07-2013

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<b>SI No.</b>	<b>District</b>	<b>Parking Location</b>	<b>Kilometres Run</b>	<b>Date of Launching</b>
41	Balasure	Balasure Municipality Office	316768	02-07-2013
42	Balasure	Rupsa PS	368016	02-07-2013
43	Balasure	Remuna PS	262172	02-07-2013
44	Balasure	Khantapada PS	298946	02-07-2013
45	Balasure	Gopalpur Gram Panchayat Office	239616	02-07-2013
46	Balasure	Soro PS	432713	02-07-2013
47	Balasure	Nilagiri PS	262817	02-07-2013
48	Balasure	Berhampur CHC	268256	02-07-2013
49	Balasure	Oupada PS	254032	02-07-2013
50	Balasure	Khaira PS	286824	02-07-2013
51	Balasure	Simulia PS	303909	02-07-2013
52	Balasure	Basta PS	349842	02-07-2013
53	Balasure	Hatigarh CHC	306617	02-07-2013
54	Balasure	Jaleswar PS	364875	02-07-2013
55	Balasure	Baliapal PS	347979	02-07-2013
56	Balasure	Bhograi PS	256187	02-07-2013
57	Balasure	Kamarda PS	305763	02-07-2013
58	Balasure	Bahabalpur PHC (N)	30109	27-12-2017
59	Balasure	Haladipada Outpost	48576	25-12-2017
60	Balasure	Bishnupur PHC	29088	25-12-2017
61	Balasure	Iswarpur CHC	31965	26-12-2017
62	Baragarh	Ambabhona PHC	249845	26-02-2014
63	Baragarh	Attabira CHC	180773	27-02-2014
64	Baragarh	Barapali CHC	346644	27-02-2014
65	Baragarh	Barapali CHC	313703	27-02-2014
66	Baragarh	Bargarh DHH	342758	27-02-2014
67	Baragarh	Bargarh DHH	329799	27-02-2014
68	Baragarh	Bhatli CHC	336211	28-02-2014
69	Baragarh	Padampur SDH	430498	26-02-2014
70	Baragarh	Bheden CHC	219051	26-02-2014
71	Baragarh	Bijepur CHC	310989	26-02-2014
72	Baragarh	Gaisilet PS	259431	26-02-2014
73	Baragarh	Jharbandh PS	265283	26-02-2014
74	Baragarh	Paikmal PS	329050	27-02-2014
75	Baragarh	Padampur SDH	327790	27-03-2014
76	Baragarh	Sohela CHC	296246	26-02-2014
77	Baragarh	Bijepur CHC	43134	25-12-2017
78	Baragarh	Sohela CHC	17687	26-12-2017
79	Baragarh	Mandosil PHC	29303	26-12-2017
80	Baudh	Boudh DHH	408022	17-02-2014

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<b>SI No.</b>	<b>District</b>	<b>Parking Location</b>	<b>Kilometres Run</b>	<b>Date of Launching</b>
81	Baudh	Kantamal CHC	277249	17-02-2014
82	Baudh	Manamunda PHC	395486	17-02-2014
83	Baudh	Puruna Katak CHC	371227	17-02-2014
84	Bhadrak	Bhandaripokhari PS	524880	28-09-2013
85	Bhadrak	Bhadrak Town PS	632341	29-09-2013
86	Bhadrak	Basudevpur PS	305550	01-10-2013
87	Bhadrak	BHADRAK TOWN PS	562127	29-05-2013
88	Bhadrak	BARAPADA CHC	569102	29-05-2013
89	Bhadrak	BASUDEVPUR PS	236195	29-05-2013
90	Bhadrak	BONTH PS	146797	29-05-2013
91	Bhadrak	TIHIDI	258512	29-05-2013
92	Bhadrak	DHAMNAGAR PS	278928	29-05-2013
93	Bhadrak	BHANDARIPOKHARI PS	287140	29-05-2013
94	Bhadrak	CHANDBALI PS	251690	29-05-2013
95	Bhadrak	DHUSURI	276568	29-05-2013
96	Bhadrak	NAYAKANIDIHI PS	266447	29-05-2013
97	Bhadrak	GHANTESWAR PS	264505	29-05-2013
98	Bhadrak	AGARPADA	242447	29-05-2013
99	Bhadrak	Basudevpur PS	31724	27-12-2017
100	Bhadrak	Aradi PS	19019	28-12-2017
101	Bhadrak	Pirahat PS	26014	29-12-2017
102	Cuttack	Narsingpur CHC	270117	09-10-2013
103	Cuttack	Tigiria CHC	294700	09-10-2013
104	Cuttack	Niali CHC	199731	09-10-2013
105	Cuttack	Banki SDH	219853	09-10-2013
106	Cuttack	Mahanga CHC	280615	08-10-2013
107	Cuttack	SCB MEDICAL CUTTACK	151316	02-04-2013
108	Cuttack	CITY HOSPITAL CUTTACK	121022	02-04-2013
109	Cuttack	SHISHU BHAWAN CUTTACK	126230	02-04-2013
110	Cuttack	KHUNTUNI POLICE STATION	255620	06-04-2013
111	Cuttack	CHOUDWAR POLICE STATION	200619	02-04-2013
112	Cuttack	ATHAGARH SDH	323206	06-04-2013
113	Cuttack	TIGIRIA CHC	341975	06-04-2013
114	Cuttack	NARSINGHPUR CHC	284567	06-04-2013
115	Cuttack	JUDUM CHC	246344	07-04-2013
116	Cuttack	BADAMBA CHC	323778	06-04-2013
117	Cuttack	BANKI SDH	287403	06-04-2013
118	Cuttack	BAIDESHWAR PHC N	213918	07-04-2013
119	Cuttack	TANGI CHC	222022	02-04-2013
120	Cuttack	MAHANGA CHC	338156	06-04-2013

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SI No.	District	Parking Location	Kilometres Run	Date of Launching
121	Cuttack	NISCHINTKOILI CHC	326453	06-04-2013
122	Cuttack	SALEPUR CHC	267843	02-04-2013
123	Cuttack	NIALI CHC	277543	02-04-2013
124	Cuttack	ADASPUR CHC	148561	02-04-2013
125	Cuttack	PHULNAKHARA TRAFIC P.S	164645	02-04-2013
126	Cuttack	KISHORE NAGAR PHC N	218785	02-04-2013
127	Cuttack	MADHUPATNA P.S	156677	02-04-2013
128	Debagarh	Debagarh DHH	349363	27-02-2014
129	Debagarh	Barkote CHC	279853	27-02-2014
130	Debagarh	Chatabar CHC	274368	27-02-2014
131	Dhenkanal	Kamakhyanager SDH	252267	10-10-2013
132	Dhenkanal	Dhenkanal SDH	372779	09-10-2013
133	Dhenkanal	Hindol SDH	198648	10-10-2013
134	Dhenkanal	Dhenkanal PS	227159	28-06-2013
135	Dhenkanal	Kamakhya Nagar PS	273166	28-06-2013
136	Dhenkanal	Hindol PS	238985	28-06-2013
137	Dhenkanal	Motunga PS	235078	28-06-2013
138	Dhenkanal	Odapada PS	314022	28-06-2013
139	Dhenkanal	Parjanga PS	232647	28-06-2013
140	Dhenkanal	Kankadahada PS	257298	28-06-2013
141	Dhenkanal	Bhuban Tehsil Office	285424	28-06-2013
142	Dhenkanal	Gondia PS	393030	28-06-2013
143	Dhenkanal	Joranda Outpost	25540	29-12-2017
144	Dhenkanal	Bhapur Outpost	34481	30-12-2017
145	Dhenkanal	Sadar PS	43510	29-12-2017
146	Gajapati	Kasinagar PS	229756	15-12-2013
147	Gajapati	Gumma CHC	264638	15-12-2013
148	Gajapati	Paralakhemundi DHH	394404	15-12-2013
149	Gajapati	Rayagada CHC	249357	15-12-2013
150	Gajapati	R.Udayagiri CHC	251646	15-12-2013
151	Gajapati	Mohana CHC	283069	15-12-2013
152	Ganjam	Bhanjanagar SDH	359875	10-10-2013
153	Ganjam	Khalikote CHC	278986	10-10-2013
154	Ganjam	Polosara CHC	257214	10-10-2013
155	Ganjam	Chhatrapur SDH	170565	10-10-2013
156	Ganjam	Aska PPC	255512	09-10-2013
157	Ganjam	Berhampur Mkg	400012	11-10-2013
158	Ganjam	Hinjilicut Block Office	193433	10-10-2013
159	Ganjam	Adapada CHC	244172	26-03-2013
160	Ganjam	Bellagam CHC	186682	28-03-2013

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SI No.	District	Parking Location	Kilometres Run	Date of Launching
161	Ganjam	Hinjilicut Block Office	171213	26-03-2013
162	Ganjam	Purusottampur CHC	227436	26-03-2013
163	Ganjam	Soroda CHC	331972	26-03-2013
164	Ganjam	Digapahandi CHC	272057	26-03-2013
165	Ganjam	Buguda CHC	298952	26-03-2013
166	Ganjam	Dharakote CHC	240420	26-03-2013
167	Ganjam	Belaguntha CHC	317158	26-03-2013
168	Ganjam	Kesh Pur Fire Station	282493	26-03-2013
169	Ganjam	Chikiti CHC	216602	26-03-2013
170	Ganjam	Rangeilunda Block Office(Kanisi)	230051	26-03-2013
171	Ganjam	Jaganath Prashad CHC	254762	26-03-2013
172	Ganjam	Gobara CHC	272302	26-03-2013
173	Ganjam	Kukudakhandi CHC	174590	26-03-2013
174	Ganjam	Ganjam PHC New	171861	26-03-2013
175	Ganjam	Rambha PHC	232613	26-03-2013
176	Ganjam	Khalikote CHC	307924	26-03-2013
177	Ganjam	Kabi Surya Nagar CHC	267317	26-03-2013
178	Ganjam	Patrapur CHC	206830	26-03-2013
179	Ganjam	Polosara CHC	232367	26-03-2013
180	Ganjam	Sheragada CHC	262730	26-03-2013
181	Ganjam	Kodala CHC	307742	26-03-2013
182	Ganjam	Bhanjanagar Fire Station	364364	26-03-2013
183	Ganjam	Chatrapur SDH	180405	26-03-2013
184	Ganjam	Aska PPC	286408	26-03-2013
185	Ganjam	Berhampur Mkg	243408	26-03-2013
186	Ganjam	Berhampur City Hospital	245394	26-03-2013
187	Jagatsinghpur	Kujang PS	404228	11-11-2013
188	Jagatsinghpur	Paradeep PHC	347218	11-11-2013
189	Jagatsinghpur	Erasama CHC	347943	11-11-2013
190	Jagatsinghpur	Balikuda PS	329452	11-11-2013
191	Jagatsinghpur	Naugaon CHC	240220	11-11-2013
192	Jagatsinghpur	Mandasahi CHC	304555	11-11-2013
193	Jagatsinghpur	Jagatsinghpur PS	250645	11-11-2013
194	Jagatsinghpur	Manijanga CHC	420382	11-11-2013
195	Jagatsinghpur	Tirtol Block Office	281636	11-11-2013
196	Jagatsinghpur	Raghunathpur CHC	243379	11-11-2013
197	Jagatsinghpur	Biridi CHC	258082	11-11-2013
198	Jajpur	BALISAH PHC	283417	30-09-2013
199	Jajpur	DANAGADI BLOCK OFFICE	363748	27-09-2013
200	Jajpur	JAJPUR DHH	524580	27-09-2013

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**Details of Parking Location, KM Run & Date of Launching of 108 Ambulance**

SI No.	District	Parking Location	Kilometres Run	Date of Launching
201	Jajpur	DHAMASALA BLOCK OFFICE	276113	27-09-2013
202	Jajpur	DASRATHAPUR BLOCK OFFICE	357979	28-05-2013
203	Jajpur	BINJHARPUR BLOCK OFFICE	328782	28-05-2013
204	Jajpur	PWD INSPECTION BUNGLOW CAMPUS	420923	28-05-2013
205	Jajpur	BARI TEHSIL OFFICE	272238	28-05-2013
206	Jajpur	SP OFFICE, PANIKOILI	304363	28-05-2013
207	Jajpur	JAJPUR TOWN POLICE STATION	535394	28-05-2013
208	Jajpur	KOREI POLICE STATION	294014	28-05-2013
209	Jajpur	DANAGADI BLOCK OFFICE	456264	29-05-2013
210	Jajpur	GOBARDHANPUR PHC	298512	28-05-2013
211	Jajpur	BADACHANA POLICE STATION	344382	28-05-2013
212	Jajpur	RASULPUR BLOCK OFFICE	288106	28-05-2013
213	Jajpur	BALICHANDRAPUR POLICE STATION	345854	28-05-2013
214	Jajpur	SUKINDA POLICE STATION	335391	28-05-2013
215	Jajpur	DHARMASALA POLICE STATION	381738	28-05-2013
216	Jharsuguda	Jharsuguda DHH	306752	25-02-2014
217	Jharsuguda	Jharsuguda DHH	294467	24-02-2014
218	Jharsuguda	Laikra PS	233764	24-02-2014
219	Jharsuguda	Belpahad (Gandhi Chock PS)	189381	25-02-2014
220	Jharsuguda	Lakhanpur CHC	178345	24-02-2014
221	Jharsuguda	Rengali PS	193687	20-03-2014
222	Kalahandi	Bhawanipatna DHH	468186	02-01-2014
223	Kalahandi	Karlapada PS	342286	01-01-2014
224	Kalahandi	Karlamunda CHC	195374	02-01-2014
225	Kalahandi	M.Rampur CHC	293566	02-01-2014
226	Kalahandi	Narla CHC	263071	02-01-2014
227	Kalahandi	Kesinga CHC	260768	02-01-2014
228	Kalahandi	Pastigudi CHC	425861	01-01-2014
229	Kalahandi	Junagada CHC	326309	02-01-2014
230	Kalahandi	Kalampur CHC	267293	09-01-2014
231	Kalahandi	Jaypatna CHC	367848	02-01-2014
232	Kalahandi	Koksara CHC	351020	02-01-2014
233	Kalahandi	Dharmagarh SDH	354671	02-01-2014
234	Kalahandi	Parla CHC	273843	02-01-2014
235	Kalahandi	Golamunda PHC New	285278	05-01-2014
236	Kalahandi	Th.Rampur CHC	195674	03-01-2014
237	Kalahandi	Biswanathapur CHC	190522	03-01-2014
238	Kandhamal	Phulbani DHH	520035	23-02-2014
239	Kandhamal	Baliguda SDH	359312	24-02-2014

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**Details of Parking Location, KM Run & Date of Launching of 108 Ambulance**

<b>SI No.</b>	<b>District</b>	<b>Parking Location</b>	<b>Kilometres Run</b>	<b>Date of Launching</b>
240	Kandhamal	Daringbadi CHC	262461	23-02-2014
241	Kandhamal	Tumudibandh CHC	258278	23-02-2014
242	Kandhamal	Sarangarh CHC	313272	24-02-2014
243	Kandhamal	G. Udaygiri CHC	342845	23-02-2014
244	Kandhamal	Linepara PHC	326842	24-02-2014
245	Kendrapara	KENDRAPARA DHH	510530	12-11-2013
246	Kendrapara	KENDRAPARA DHH	488645	12-11-2013
247	Kendrapara	Chhata /DERABISH CHC	509582	12-11-2013
248	Kendrapara	BALIA PHC NEW	391283	12-11-2013
249	Kendrapara	Patkura PS	221024	11-11-2013
250	Kendrapara	MARSAGHAI PS	395476	12-11-2013
251	Kendrapara	MAHAKALPADA PS	350032	12-11-2013
252	Kendrapara	BABAR PHC NEW	226422	12-11-2013
253	Kendrapara	PATTAMUNDAI Fire Station	239350	12-11-2013
254	Kendrapara	CHNDANNAGAR PHC New	258959	12-11-2013
255	Kendrapara	AUL PS	295843	12-11-2013
256	Kendrapara	RAJKANIKI PS	300673	12-11-2013
257	Kendrapara	RAJNAGAR PS	297320	12-11-2013
258	Kendrapara	DANGAMAL PHC NEW	161083	11-11-2013
259	Keonjhar	Champua SDH	307643	28-09-2013
260	Keonjhar	Anandapur SDH	385453	28-09-2013
261	Keonjhar	Keonjhar DHH	470498	27-09-2013
262	Keonjhar	Keonjhar DHH	542782	28-09-2013
263	Keonjhar	Anandpur PS	407786	18-07-2013
264	Keonjhar	Barbil PS	262593	18-07-2013
265	Keonjhar	Nayakote PS	265758	18-07-2013
266	Keonjhar	Champua PS	326741	18-07-2013
267	Keonjhar	Ghasipura Block Office	363237	26-07-2013
268	Keonjhar	Ghatgaon Block Office	385967	21-07-2013
269	Keonjhar	Harichandanpur PS	256666	18-07-2013
270	Keonjhar	Nandipada Ps/Hatadihi Block	265720	18-07-2013
271	Keonjhar	Jhumpura PS	306570	18-07-2013
272	Keonjhar	Joda PS	273112	18-07-2013
273	Keonjhar	Keonjhar DHH	566603	18-07-2013
274	Keonjhar	Patana PS	288928	18-07-2013
275	Keonjhar	Saharapada Block Office	266317	18-07-2013
276	Keonjhar	Telkoi Block Office	310389	18-07-2013
277	Khurda	Balugaon CHC	406006	27-09-2013
278	Khurda	Khurda DHH	294534	27-09-2013
279	Khurda	Capital Hospital	264709	27-09-2013

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SI No.	District	Parking Location	Kilometres Run	Date of Launching
280	Khurda	Capital Hospital	289055	29-09-2013
281	Khurda	Khurda DHH	355822	06-03-2013
282	Khurda	Jatani PS	263131	06-03-2013
283	Khurda	Bmc Hospital	297487	06-03-2013
284	Khurda	Capital DHH	349011	06-03-2013
285	Khurda	Unit 4 CHC	282818	06-03-2013
286	Khurda	CS pur PS	225192	06-03-2013
287	Khurda	Rasulgarh Zonal OH	228687	06-03-2013
288	Khurda	Nayapalli IRC Village PHC New	253203	06-03-2013
289	Khurda	Banpur CHC	463899	06-03-2013
290	Khurda	Bolagad CHC	326884	06-03-2013
291	Khurda	Begunia PHC	295425	06-03-2013
292	Khurda	Botalama PHC	274578	06-03-2013
293	Khurda	Malipada PHC	327642	06-03-2013
294	Khurda	Badapokharia PHC	474954	06-03-2013
295	Khurda	Sunakhala PHC	415799	06-03-2013
296	Khurda	Mendhasal CHC	229310	06-03-2013
297	Khurda	Tamando PS	250080	06-03-2013
298	Khurda	Balakati CHC	177492	06-03-2013
299	Khurda	Balipatna CHC	227282	06-03-2013
300	Koraput	Lakhimpur CHC	209887	11-10-2013
301	Koraput	Koraput DHH	279010	09-10-2013
302	Koraput	Jeypore SDH	318229	09-10-2013
303	Koraput	Lamtaput CHC	213334	10-03-2013
304	Koraput	Narayanpatna CHC	170748	10-03-2013
305	Koraput	Dasmantpur CHC	239834	10-03-2013
306	Koraput	Nandapur CHC	267565	10-03-2013
307	Koraput	Bandhugaon CHC	156320	09-03-2013
308	Koraput	Boriguma CHC	305206	09-03-2013
309	Koraput	Matalput CHC	225044	10-03-2013
310	Koraput	Kotpad CHC	323360	10-03-2013
311	Koraput	Baipariguda CHC	302552	10-03-2013
312	Koraput	Kundra CHC	301907	10-03-2013
313	Koraput	Pottangi CHC	215116	09-03-2013
314	Malkangiri	Malkanagiri DHH	263619	21-02-2014
315	Malkangiri	Mathil CHC	214583	24-02-2014
316	Malkangiri	Kalimela CHC	255447	22-02-2014
317	Malkangiri	Chitrakunda CHC	165020	21-02-2014
318	Malkangiri	Khairput CHC	215819	26-02-2014
319	Malkangiri	Mv-79 PHC	255959	22-02-2014
320	Mayurbhanj	Rairangpur SDH	399630	09-10-2013

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<b>SI No.</b>	<b>District</b>	<b>Parking Location</b>	<b>Kilometres Run</b>	<b>Date of Launching</b>
321	Mayurbhanj	Udala SDH	351477	09-10-2013
322	Mayurbhanj	Hatbadra PHC New	402391	10-10-2013
323	Mayurbhanj	Baripada DHH	523106	09-10-2013
324	Mayurbhanj	Karanjia PS	349117	09-10-2013
325	Mayurbhanj	Tiring CHC	358013	02-07-2013
326	Mayurbhanj	Gorumahisani CHC	398351	02-07-2013
327	Mayurbhanj	Jamda CHC	359154	02-07-2013
328	Mayurbhanj	Bisoi Block	426805	02-07-2013
329	Mayurbhanj	Jasipur CHC	414394	02-07-2013
330	Mayurbhanj	Sukruli Revenue I.B.	321708	02-07-2013
331	Mayurbhanj	Karanjia SDH	418280	02-07-2013
332	Mayurbhanj	Thakurmunda Block	266220	02-07-2013
333	Mayurbhanj	Kaptipada Block	318169	02-07-2013
334	Mayurbhanj	Udala SDH	363097	02-07-2013
335	Mayurbhanj	Khunta CHC	369085	02-07-2013
336	Mayurbhanj	Badasahi CHC	284761	02-07-2013
337	Mayurbhanj	Betnoti Block	306976	02-07-2013
338	Mayurbhanj	Rasagovindapur CHC	289703	02-07-2013
339	Mayurbhanj	Chitrada PHC	350240	02-07-2013
340	Mayurbhanj	Baripada Municipality Guest Hous	472993	02-07-2013
341	Mayurbhanj	Kuliana CHC	530117	02-07-2013
342	Mayurbhanj	Baisinga PHC	299600	02-07-2013
343	Mayurbhanj	Sirsa CHC	399032	02-07-2013
344	Mayurbhanj	Bangriposi CHC	431902	02-07-2013
345	Nabarangapur	Chandahandi PS	196370	21-02-2014
346	Nabarangapur	Dabugam ps	250160	21-02-2014
347	Nabarangapur	Jharigam PS	256388	21-02-2014
348	Nabarangapur	Kasagumuda PS	261183	21-02-2014
349	Nabarangapur	Nandahandi PS	131688	21-02-2014
350	Nabarangapur	Papadahandi PS	287081	21-02-2014
351	Nabarangapur	Raighar PS	239081	21-02-2014
352	Nabarangapur	Tentulikhunti PS	182856	21-02-2014
353	Nabarangapur	Dhodra PHC	276722	21-02-2014
354	Nabarangapur	Umerkote PS	266110	21-02-2014
355	Nabarangapur	Nabarangpur PS	263346	21-02-2014
356	Nabarangapur	Sanamasigam PHC	225752	22-02-2014
357	Nayagarh	Nayagarh DHH	494381	15-02-2014
358	Nayagarh	Nayagarh DHH	371410	15-02-2014
359	Nayagarh	Gania CHC	225589	15-02-2014
360	Nayagarh	Daspalla CHC	264260	15-02-2014
361	Nayagarh	Madhyakhanda CHC	215160	15-02-2014
362	Nayagarh	Nuagoan Block Office	461708	15-02-2014

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SI No.	District	Parking Location	Kilometres Run	Date of Launching
363	Nayagarh	Odgaon CHC	278848	15-02-2014
364	Nayagarh	Ranapur CHC	313807	15-02-2014
365	Nayagarh	Khandapada Block Office	311909	15-02-2014
366	Nayagarh	Bhapur CHC	247476	15-02-2014
367	Nuapada	RajKhariar CHC	310085	19-02-2014
368	Nuapada	Khariar Road CHC	326020	19-02-2014
369	Nuapada	Komna CHC	298980	19-02-2014
370	Nuapada	Sinapali CHC	342915	19-02-2014
371	Nuapada	Boden CHC	332762	19-02-2014
372	Nuapada	Nuapada DHH	483226	19-02-2014
373	Puri	Puri DHH	523748	27-09-2013
374	Puri	Nimapara Area Hospital CHC	372921	26-09-2013
375	Puri	Pipili Govt Hospital	237382	27-09-2013
376	Puri	Kamaladevi Hospital	503200	05-05-2013
377	Puri	Kamaladevi Hospital	393258	05-05-2013
378	Puri	Sakhigopal CHC	498245	04-05-2013
379	Puri	Delanga PHC	309483	04-05-2013
380	Puri	Kanas CHC	376769	04-05-2013
381	Puri	Rebana Nuagaon CHC	286608	04-05-2013
382	Puri	Krushnaprasad CHC	241796	04-05-2013
383	Puri	Baliput PHC	302785	05-05-2013
384	Puri	Charichak CHC	410475	05-05-2013
385	Puri	Gop CHC	405559	05-05-2013
386	Puri	Astranga CHC	311683	05-05-2013
387	Puri	Kakatpur PHC	305460	05-05-2013
388	Puri	Balanga PHC	305550	05-05-2013
389	Puri	Mangalpur CHC	312530	05-05-2013
390	Puri	Chaitana PHC (New)	31408	28-12-2017
391	Puri	Panasbata PHC (New)	30994	28-12-2017
392	Puri	Rench PHC (New)	29354	26-12-2017
393	Rayagada	Rayagada DHH	337202	10-10-2013
394	Rayagada	Gunupur SDH	314437	11-10-2013
395	Rayagada	Ramanaguda Block Office	257129	02-06-2013
396	Rayagada	Bissamcuttack Block Office	275425	01-06-2013
397	Rayagada	Padmapur Block Office	254093	01-06-2013
398	Rayagada	Jk Pur Idustry Premises	356111	01-06-2013
399	Rayagada	Tikiri Revenue Guest House	287317	01-06-2013
400	Rayagada	Muniguda Block Office	279408	01-06-2013
401	Rayagada	Gudari Block Office	190731	01-06-2013
402	Rayagada	Kalyansingpur Block Office	273212	01-06-2013
403	Sambalpur	Sambalpur DHH	484420	27-09-2013

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SI No.	District	Parking Location	Kilometres Run	Date of Launching
404	Sambalpur	Rairakhol SDH	372999	27-09-2013
405	Sambalpur	Bamra CHC	243797	12-07-2013
406	Sambalpur	Kuchinda SDH	410275	12-07-2013
407	Sambalpur	Jamankira PHC	357200	12-07-2013
408	Sambalpur	Samblapur DHH	501743	12-07-2013
409	Sambalpur	Rengali PHC	317475	12-07-2013
410	Sambalpur	Jujumura Tahsil Office	347864	12-07-2013
411	Sambalpur	Charmal Panchayat Office	361975	12-07-2013
412	Sambalpur	Naktideula CHC	365421	12-07-2013
413	Sonapur	Binka CHC	271103	24-02-2014
414	Sonapur	Birmaharajpur SDH	360498	24-02-2014
415	Sonapur	Dungripali CHC	297933	24-02-2014
416	Sonapur	Dungripali CHC	319867	24-02-2014
417	Sonapur	Sonapur DHH	473617	24-02-2014
418	Sonapur	Tarbha CHC	202979	24-02-2014
419	Sonapur	Ulunda CHC	427914	24-02-2014
420	Sundargarh	Balinga Police Outpost	226613	28-09-2013
421	Sundargarh	Sundargarh DHH	363285	28-09-2013
422	Sundargarh	Liang CHC	221347	27-09-2013
423	Sundargarh	Nuagaon PHC	256836	29-09-2013
424	Sundargarh	Sundargarh DHH	355715	12-07-2013
425	Sundargarh	Hemagiri CHC	262896	12-07-2013
426	Sundargarh	Balisankara Block Office	278674	12-07-2013
427	Sundargarh	Lephirpara Block Panchayat Office	309486	12-07-2013
428	Sundargarh	Bargoan Block Panchayat Office	297629	12-07-2013
429	Sundargarh	Kutra Block Panchayat Office	260808	12-07-2013
430	Sundargarh	Mangaspur CHC	187721	12-07-2013
431	Sundargarh	Tanagrpal Block Panchayat Office	333697	12-07-2013
432	Sundargarh	Koira CHC	145298	12-07-2013
433	Sundargarh	Bonai SDH	366986	12-07-2013
434	Sundargarh	Birkera CHC	229432	12-07-2013
435	Sundargarh	Lathikata Block Panchayat Office	212822	12-07-2013
436	Sundargarh	Bisra Block Panchayat Office	228343	12-07-2013
437	Sundargarh	Rajgangpur Block Panchayat Office	217757	12-07-2013
438	Sundargarh	Rourkela Govt Hospital	288377	12-07-2013
439	Sundargarh	Lahunipada Block Panchayat Office	314274	12-07-2013
440	Sundargarh	Kurumunda Block Panchayat Office	250866	12-07-2013
441	Sundargarh	Gopalpur Grampanchayat Office	23410	29-12-2017
442	Sundargarh	Khutgaon PHC New	43086	26-12-2017
443	Sundargarh	Talsara PHC New	33264	25-12-2017
444	Sundargarh	Raiboga PHC New	25165	27-12-2017

**Details of Parking Location of 102 Ambulance**

Sl. No.	District	Parking Location	Sl. No.	District	Parking Location
1	Angul	Bagdia PHC N	44	Balasore	Hatigarh CHC
2	Angul	Bantala CHC	45	Balasore	Iswarpur CHC
3	Angul	Talamul PHC	46	Balasore	Jaleswar GKB CHC
4	Angul	Bajrakote PHC N	47	Balasore	Jaleswarpur CHC
5	Angul	Khamara CHC	48	Balasore	Khantapada CHC
6	Angul	Atthamallick SDH	49	Balasore	Langaleswar PHC N
7	Angul	Thakurgarh PHC N	50	Balasore	Nilagiri SDH
8	Angul	Kosala CHC	51	Balasore	Oupada PHC N
9	Angul	Angul DHH	52	Balasore	Remuna CHC
10	Angul	Pallahara SDH	53	Balasore	Rupsa CHC
11	Angul	Kaniha CHC	54	Balasore	Shradhapur PHC N
12	Angul	Angul DHH	55	Balasore	Pachimbad PHC
13	Angul	Purunagarh PHC N	56	Balasore	Sunhat UPHC
14	Angul	Rajkishor Nagar CHC	57	Balasore	Paunsukuli PHC N
15	Angul	Kalamchuin PHC	58	Balasore	Parikhi PHC N
16	Angul	Talcher SDH	59	Balasore	Khaira CHC
17	Balangir	Balangir DHH	60	Balasore	Remuna CHC
18	Balangir	Belpara CHC	61	Balasore	Simulia CHC
19	Balangir	Ghasian CHC	62	Balasore	Soro CHC
20	Balangir	Khaprakhol CHC	63	Bargarh	Paikamal PHC
21	Balangir	Patnagarh SDH	64	Bargarh	Dunguri
22	Balangir	Dudka PHC N	65	Bargarh	Bhukta CHC
23	Balangir	Chudapali CHC	66	Bargarh	Kadobahal
24	Balangir	Loisingha CHC	67	Bargarh	Agalpur
25	Balangir	Muribahala CHC	68	Bargarh	Udepali PHC N
26	Balangir	Jamgaon CHC	69	Bargarh	Bheden
27	Balangir	Saintala CHC	70	Bargarh	Laumunda
28	Balangir	Kantabanji CHC	71	Bargarh	Talpali CHC
29	Balangir	Balangir DHH	72	Bargarh	Dava
30	Balangir	Bandhapara PHC N	73	Bargarh	Jamala CHC
31	Balangir	Gudvella CHC	74	Bargarh	Bukuramunda
32	Balangir	Sindhekelala CHC	75	Bargarh	Ghess CHC
33	Balangir	Titlagarh SDH	76	Bargarh	Pharsirigida CHC
34	Balasore	Anantapur CHC	77	Bargarh	Bargarh DHH
35	Balasore	Balasore DHH	78	Bhadrak	Kadabaranga PHC(N)
36	Balasore	Balasore DHH	79	Bhadrak	Sabaranga PHC
37	Balasore	Balasore DHH	80	Bhadrak	Bansada PHC
38	Balasore	Balasore DHH	81	Bhadrak	Eram PHC N
39	Balasore	Baliapal CHC	82	Bhadrak	Bonth PHC
40	Balasore	Balikhanda PHC N	83	Bhadrak	Purunabazar AH
41	Balasore	Basta CHC	84	Bhadrak	Sugo SC
42	Balasore	Berhampur CHC	85	Bhadrak	Tihidi CHC
43	Balasore	Gopalpur CHC	86	Bhadrak	Asurali PHC

**Details of Parking Location of 102 Ambulance**

Sl. No.	District	Parking Location	Sl. No.	District	Parking Location
87	Bhadrak	Dhamnagar CHC	130	Cuttack	Mahidharpada CHC
88	Bhadrak	Tiadi Sahi PHC N	131	Cuttack	Mangarajpur PHC N
89	Bhadrak	Matto PHC	132	Cuttack	Baranga PHC N
90	Bhadrak	Chandabali CHC	133	Cuttack	Korakara PHC N
91	Bhadrak	Aradi PHC	134	Cuttack	<b>Debabhuin PHC N</b>
92	Bhadrak	Bilana PHC	135	Deogarh	Deogarh DHH
93	Bhadrak	Manjuri Road PHC N	136	Deogarh	Chhatabar CHC
94	Bhadrak	CHC Bhandaripokhari	137	Deogarh	Barkote CHC
95	Bhadrak	Basudevapur CHC	138	Dhenkanal	Anlaberani CHC
96	Bhadrak	Agarpada CHC	139	Dhenkanal	Beltikiri CHC
97	Boudh	Boudh DHH	140	Dhenkanal	Bhuban CHC
98	Boudh	Manamunda CHC	141	Dhenkanal	Dhenkanal DHH
99	Boudh	Ghantapada CHC	142	Dhenkanal	Dhirapatana PHC N
100	Boudh	Baunsuni CHC	143	Dhenkanal	Kamakhya Nagar SDH
101	Boudh	Purunakatak CHC	144	Dhenkanal	Kankadahada CHC
102	Cuttack	Adaspur CHC	145	Dhenkanal	Khajuriakata CHC
103	Cuttack	Asureswar PHC N	146	Dhenkanal	Birasal CHC
104	Cuttack	Badamba CHC	147	Dhenkanal	Mathakar Gola CHC
105	Cuttack	Banki SDH	148	Dhenkanal	Odapada CHC
106	Cuttack	Jagannathpur OH	149	Dhenkanal	Parjang CHC
107	Cuttack	Mahanga CHC	150	Dhenkanal	Pingua PHC N
108	Cuttack	Maniabandha CHC	151	Dhenkanal	Sriramchandrapur CHC
109	Cuttack	Niali CHC	152	Dhenkanal	Hindol SDH
110	Cuttack	Nischintakoili CHC	153	Gajapati	Garabandha PHC
111	Cuttack	Raisunguda OH	154	Gajapati	Khandava
112	Cuttack	Salepur CHC	155	Gajapati	B.K. Pada
113	Cuttack	Subarnapur CHC	156	Gajapati	Chandragiri CHC
114	Cuttack	Tigiria CHC	157	Gajapati	Jeerango
115	Cuttack	Gurudijhatia PHC N	158	Gajapati	Ramagiri PHC
116	Cuttack	Kalapathar PHC N	159	Ganjam	Balisira CHC
117	Cuttack	Narsinghpur CHC	160	Ganjam	<b>Kodala CHC</b>
118	Cuttack	Kanpur CHC	161	Ganjam	<b>Sumandal CHC</b>
119	Cuttack	Athagarh SDH	162	Ganjam	<b>Belaguntha CHC</b>
120	Cuttack	<b>Barhampur CHC</b>	163	Ganjam	<b>Gangapur PHC N</b>
121	Cuttack	<b>Baraput PHC N</b>	164	Ganjam	<b>Bhanjanagar SDH</b>
122	Cuttack	<b>City Hospital DHH</b>	165	Ganjam	<b>Buguda CHC</b>
123	Cuttack	Bentkar CHC	166	Ganjam	<b>Karasingi PHC N</b>
124	Cuttack	Kishore Nagar PHC N	167	Ganjam	<b>Municipentho CHC</b>
125	Cuttack	<b>Dampada CHC</b>	168	Ganjam	<b>Narendrapur CHC</b>
126	Cuttack	Sailo-Badabil PHC N	169	Ganjam	Chikiti CHC
127	Cuttack	Kasarda PHC N	170	Ganjam	Bhetanai PHC N
128	Cuttack	Jilinda CHC	171	Ganjam	Dharakote CHC
129	Cuttack	Tangi CHC	172	Ganjam	Bomokei CHC

**Details of Parking Location of 102 Ambulance**

Sl. No.	District	Parking Location	Sl. No.	District	Parking Location
173	Ganjam	Bhismagiri PHC N	216	Jajpur	Baruan PHC N
174	Ganjam	<b>Rambha PHC N</b>	217	Jajpur	Gopalpur OH
175	Ganjam	Ganjam CHC	218	Jajpur	Jajpur DHH
176	Ganjam	<b>Belagam CHC</b>	219	Jajpur	Jajpur DHH
177	Ganjam	<b>Hinjilicut CHC</b>	220	Jajpur	Jajpur Road CHC
178	Ganjam	<b>Jagannath Prasad CHC</b>	221	Jajpur	Madhuban CHC
179	Ganjam	<b>Tarsingi PHC N</b>	222	Jajpur	Markandapur CHC
180	Ganjam	Kabi Surya Nagar CHC	223	Jajpur	Sukinda CHC
181	Ganjam	Barida SC	224	Jajpur	Dharmasala CHC
182	Ganjam	Khallikote CHC	225	Jajpur	Mangalpur CHC
183	Ganjam	Pathara PHC N	226	Jajpur	Binjharpur CHC
184	Ganjam	<b>Kukudakhandi CHC</b>	227	Jajpur	Mangalpur CHC
185	Ganjam	<b>Balipada PHC N</b>	228	Jajpur	Danagadi CHC
186	Ganjam	Patrapur CHC	229	Jajpur	Barchana CHC
187	Ganjam	Khariaguda CHC	230	Jajpur	Barchana CHC
188	Ganjam	<b>Polasara CHC</b>	231	Jajpur	Kabatbandha PHC
189	Ganjam	<b>Chirikipada Sasan PHC N</b>	232	Jajpur	Jajpur DHH
190	Ganjam	<b>Bhatakumarada CHC</b>	233	Jajpur	Korei CHC
191	Ganjam	<b>Badakharida PHC N</b>	234	Jajpur	Gobardhanpur AH
192	Ganjam	City Hospital DHH	235	Jajpur	Balisahi PHC N
193	Ganjam	Adapada CHC	236	Jajpur	Pritipur PHC N
194	Ganjam	Podamari PHC N	237	Jajpur	Duburi PHC N
195	Ganjam	Karadakana PHC N	238	Jharsuguda	Brajarajnaragar CHC
196	Ganjam	Badagada CHC	239	Jharsuguda	Kolabira CHC
197	Ganjam	Goudagotha PHC N	240	Jharsuguda	Mundrajore CHC
198	Ganjam	Pitala PHC N	241	Jharsuguda	Kirmira CHC
199	Ganjam	<b>Gallery CHC</b>	242	Jharsuguda	Lakhanpur
200	Ganjam	Keluapalli CHC	243	Jharsuguda	Jharsuguda DHH
201	Ganjam	Jahada PHC N	244	Kalahandi	Bhawanipatna DHH
202	Ganjam	Girisola CHC	245	Kalahandi	Dharmagarh SDH
203	Jagatsinghpur	Balikuda CHC	246	Kalahandi	Jaipatna CHC
204	Jagatsinghpur	Borikina PHC	247	Kalahandi	Junagarh CHC
205	Jagatsinghpur	Erasama CHC	248	Kalahandi	Kalampur CHC
206	Jagatsinghpur	Manijanga CHC	249	Kalahandi	M. Rampur CHC
207	Jagatsinghpur	Raghunathpur CHC	250	Kalahandi	Kesinga CHC
208	Jagatsinghpur	Mandasahi CHC	251	Kalahandi	Koksara CHC
209	Jagatsinghpur	Jagatsinghpur DHH	252	Kalahandi	Chapuria CHC
210	Jagatsinghpur	Kujang CHC	253	Kalahandi	Narla CHC
211	Jagatsinghpur	Naugaon CHC	254	Kalahandi	Borda CHC
212	Jagatsinghpur	Biridi CHC	255	Kalahandi	Risida PHC
213	Jagatsinghpur	Paradeep CHC	256	Kalahandi	Pastikudi CHC
214	Jagatsinghpur	Jeypore PHC	257	Kalahandi	Parla CHC
215	Jajpur	Bari CHC	258	Kalahandi	Lanjigarh Road CHC

Sd/-  
MD, NHM, Odisha

**Details of Parking Location of 102 Ambulance**

Sl. No.	District	Parking Location	Sl. No.	District	Parking Location
259	Kalahandi	Ladugaon PHC N	302	Keonjhar	Harichandanpur CHC
260	Kalahandi	SAISUNIA MWH	303	Keonjhar	Janghira PHC
261	Kandhamal	Gochhapara PHC	304	Keonjhar	Fakirpur CHC
262	Kandhamal	Khajuripada CHC	305	Keonjhar	Sainkul CHC
263	Kandhamal	RaiKia CHC	306	Keonjhar	Salania CHC
264	Kandhamal	PHULBANI DHH	307	Khurda	Balakati CHC
265	Kandhamal	Bamunigaon PHC	308	Khurda	Balugaon CHC
266	Kandhamal	Kotagarh GH	309	Khurda	Balugaon CHC
267	Kandhamal	Phiringia CHC	310	Khurda	Bankoi CHC
268	Kandhamal	Baliguda SDH	311	Khurda	Banpur CHC
269	Kendrapara	Govindpur PHC N	312	Khurda	Bolagad CHC
270	Kendrapara	Dasipur PHC N	313	Khurda	Botalama CHC
271	Kendrapara	Korua PHC N	314	Khurda	Capital Hospital DHH
272	Kendrapara	Tyendakuda PHC N	315	Khurda	CS Pur PHC
273	Kendrapara	Kalapada PHC N	316	Khurda	Khordha DHH
274	Kendrapara	Kurtunga PHC	317	Khurda	Khordha DHH
275	Kendrapara	Gupti PHC N	318	Khurda	Mendhasal CHC
276	Kendrapara	Andara PHC N	319	Khurda	Nirakarpur PHC
277	Kendrapara	Katana PHC N	320	Khurda	Tangi_CHC
278	Kendrapara	Kandiahath PHC N	321	Khurda	Badapokharia PHC
279	Kendrapara	Tikhiri PHC N	322	Khurda	Bhusandpur PHC
280	Kendrapara	JP Sasan PHC	323	Khurda	Begunia PHC
281	Kendrapara	Chandol PHC	324	Khurda	Balipatna CHC
282	Kendrapara	Ramnagar PHC N	325	Khurda	Abhayamukhi PHC
283	Kendrapara	Indupur CHC	326	Khurda	Capital Hospital DHH
284	Keonjhar	Anandapur SDH	327	Khurda	Gambharimunda CHC
285	Keonjhar	Bansapal CHC	328	Khurda	Soran PHC (N)
286	Keonjhar	Barbil CHC	329	Khurda	Kantabada PHC (N)
287	Keonjhar	Basudevpur_CHC	330	Khurda	Jatani CHC
288	Keonjhar	Champua SDH	331	Khurda	Bajapur PHC
289	Keonjhar	Hatadihi A.H	332	Khurda	Niladriprasad PHC
290	Keonjhar	Jhumpura CHC	333	Khurda	BMC Hospital
291	Keonjhar	Keonjhar DHH	334	Khurda	Haladia CHC
292	Keonjhar	Keshadurapal CHC	335	Koraput	Kumuli PHC N
293	Keonjhar	Padmapur CHC	336	Koraput	Borigumma CHC
294	Keonjhar	Pandapada SC	337	Koraput	Laxmipur CHC
295	Keonjhar	Telkoi CHC	338	Koraput	Jeypore SDH
296	Keonjhar	Telkoi CHC	339	Koraput	Koraput DHH
297	Keonjhar	Udaypur CHC	340	Koraput	Baipariguda CHC
298	Keonjhar	Patna CHC	341	Koraput	Lamtaput CHC
299	Keonjhar	Bhanda CHC	342	Koraput	Mathalput CHC
300	Keonjhar	Suakati PHC N	343	Koraput	Potangi CHC
301	Keonjhar	Ghatagaon CHC	344	Koraput	Kundra CHC

**Details of Parking Location of 102 Ambulance**

Sl. No.	District	Parking Location	Sl. No.	District	Parking Location
345	Koraput	Kotpad CHC	388	Mayurbhanj	Bijatola CHC
346	Koraput	Bandhugaon CHC	389	Mayurbhanj	Jashipur CHC
347	Koraput	Ramgiri PHC N	390	Mayurbhanj	Dukura CHC
348	Koraput	Kunduli CHC	391	Mayurbhanj	Raruan CHC
349	Koraput	Kakriguma PHC N	392	Mayurbhanj	Thakuramunda CHC
350	Koraput	Nandapur CHC	393	Nawrangapur	Asanga PHC
351	Koraput	Narayanapatna CHC	394	Nawrangapur	Dabugaon CHC
352	Koraput	Dasmantapur CHC	395	Nawrangapur	Hatabharandi CHC
353	Malkangiri	Malkangiri DHH	396	Nawrangapur	Ichhapur PHC
354	Malkangiri	K. Gumma	397	Nawrangapur	Katagaon PHC
355	Malkangiri	Kalimela CHC	398	Nawrangapur	Maidalpur PHC
356	Malkangiri	Korukunda CHC	399	Nawrangapur	Nandahandi CHC
357	Malkangiri	Malkangiri DHH	400	Nawrangapur	Papadahandi CHC
358	Malkangiri	Pandripani PHC	401	Nawrangapur	Pujariguda PHC
359	Malkangiri	Mathili CHC	402	Nawrangapur	Raighar PHC
360	Malkangiri	Podia CHC	403	Nawrangapur	Tentulikhunti CHC
361	Mayurbhanj	BadamPahad CHC	404	Nawrangapur	Umerkote CHC
362	Mayurbhanj	Badasahi CHC	405	Nawrangapur	Chandahandi CHC
363	Mayurbhanj	Bahalda CHC	406	Nayagarh	Bhapur CHC
364	Mayurbhanj	Bangiriposi CHC	407	Nayagarh	Kantilo PHC
365	Mayurbhanj	Baripada DHH	408	Nayagarh	Lathipada PHC
366	Mayurbhanj	Betonati CHC	409	Nayagarh	Rajsunakhala CHC
367	Mayurbhanj	Krushnachandra Pur	410	Nayagarh	Sarankul CHC
368	Mayurbhanj	Gorumahisani CHC	411	Nayagarh	Chhamundia PHC
369	Mayurbhanj	Jamda CHC	412	Nayagarh	Nayagarh DHH
370	Mayurbhanj	Jashipur CHC	413	Nayagarh	Banigocha PHC
371	Mayurbhanj	Kaptipada CHC	414	Nayagarh	Mahipur CHC
372	Mayurbhanj	Karanjia SDH	415	Nayagarh	Ranpur CHC
373	Mayurbhanj	Khunta CHC	416	Nuapada	Lanji PHC N
374	Mayurbhanj	Kisantandi CHC	417	Nuapada	Karangamal PHC(N)
375	Mayurbhanj	Kostha CHC	418	Nuapada	Dharambandha PHC N
376	Mayurbhanj	Kuliana CHC	419	Nuapada	Tarbod PHC N
377	Mayurbhanj	Manada CHC	420	Nuapada	Bhella CHC
378	Mayurbhanj	Rairangapur SDH	421	Nuapada	Beltukuri PHC N
379	Mayurbhanj	Rangamatia CHC	422	Nuapada	Kendumunda SC
380	Mayurbhanj	Rasagobindapur CHC	423	Puri	Algum CHC
381	Mayurbhanj	Sirsa CHC	424	Puri	Astaranga CHC
382	Mayurbhanj	Sridam Chandra Pur CHC	425	Puri	Bangurigaon CHC
383	Mayurbhanj	Sukruli CHC	426	Puri	Chandanpur CHC
384	Mayurbhanj	Tato CHC	427	Puri	Charichhak CHC
385	Mayurbhanj	Thakuramunda CHC	428	Puri	Indipur PHC N
386	Mayurbhanj	Tiring CHC	429	Puri	Konark PHC
387	Mayurbhanj	Udala SDH	430	Puri	Nimapada CHC

**Details of Parking Location of 102 Ambulance**

Sl. No.	District	Parking Location	Sl. No.	District	Parking Location
431	Puri	Pipili CHC	466	Sambalpur	Padiabahala CHC
432	Puri	Satapada PHC N	467	Sambalpur	Jujumura CHC
433	Puri	Puri DHH	468	Sambalpur	Themra CHC
434	Puri	Brahmagiri PHC	469	Sonepur	Dunguripali
435	Puri	Satasankha CHC	470	Sonepur	Naikenpalli
436	Puri	Puri DHH	471	Sonepur	Ullunda CHC
437	Puri	Mandarabasta PHC N	472	Sonepur	Binka
438	Puri	Puri DHH	473	Sonepur	Birmaharajpur
439	Puri	Puri DHH	474	Sonepur	Tarva
440	Puri	Panidola CHC	475	Sundargarh	Birmitrapur CHC
441	Puri	Kanas CHC	476	Sundargarh	Bonai SDH
442	Puri	Chhaitana PHC N	477	Sundargarh	Kutra CHC
443	Puri	Chilika Nuapada PHC	478	Sundargarh	Hemgir CHC
444	Rayagada	Gunpur SDH	479	Sundargarh	Khuntgaon PHC N
445	Rayagada	Ramanaguda CHC	480	Sundargarh	Rajgangpur CHC
446	Rayagada	Kalyansingpur CHC	481	Sundargarh	S.Bolang CHC
447	Rayagada	Kashipur CHC	482	Sundargarh	Tensa SC
448	Rayagada	Muniguda CHC	483	Sundargarh	Raibaga PHC N
449	Rayagada	Padmapur CHC	484	Sundargarh	Kinjirkela CHC
450	Rayagada	Jamadeipentho CHC	485	Sundargarh	Badagaon CHC
451	Rayagada	Rayagada DHH	486	Sundargarh	Bileimunda OH
452	Rayagada	Chandrapur CHC	487	Sundargarh	K.Bolang PHC N
453	Rayagada	Bissamacuttack CHC	488	Sundargarh	Gurundia CHC
454	Rayagada	Kolanara CHC	489	Sundargarh	Lahunipada CHC
455	Rayagada	Gudari CHC	490	Sundargarh	DHH RGH, Rourkela
456	Sambalpur	Fashimal CHC	491	Sundargarh	Sargipali CHC
457	Sambalpur	Keseibahal PHC N	492	Sundargarh	Hatibari CHC
458	Sambalpur	Kuchinda SDH	493	Sundargarh	Bondomunda PS
459	Sambalpur	Kuntara PHC	494	Sundargarh	Majhapara CHC
460	Sambalpur	JAMANKIRA PHC (N)	495	Sundargarh	Sundargarh DHH
461	Sambalpur	Rairakhhol SDH	496	Sundargarh	Balisankara PHC N
462	Sambalpur	Garposh CHC	497	Sundargarh	Gundiadihi PHC N
463	Sambalpur	Naktideol CHC	498	Sundargarh	Sorda OH
464	Sambalpur	Laida CHC	499	Sundargarh	Subdega CHC
465	Sambalpur	Sambalpur DHH	500	Sundargarh	Tangargaon PHC N

## EXISTING IT EQUIPMENT WITH SERVER CONFIGURATION

Equipment	Make, Model	Description	Specification	Quantity
Server	Dialer DB (Dell Poweredge Rack R720 )	Cent OS Linux	Intel Xeon® Processor E5-2660, 2.20GHz, core-8- dual processor 2X8 GB RAM, 3X600 GB HDD	2
Server	Dialer Application (Dell Poweredge Rack R720 ) Drishti Ameyo Professional Contact Centre Solution	Cent OS Linux	Intel Xeon® Processor E5-2660, 2.20GHz, core-8- dual processor 2X8 GB RAM, 3X600 GB HDD	2
Server	EDS Database (MS SQL 2012 Enterprise)	Windows Server 2012 Standard Edition	Intel Xeon® Processor E5-2660, 2.20GHz, core-8- dual processor 2X8 GB RAM, 3X600 GB HDD	2
Server	EDS Application (Dell Poweredge Rack R720 )	Windows 2012 Standard	Intel Xeon® Processor E5-2660, 2.20GHz, core-8- single processor 4X8 GB RAM, 2X600 GB HDD	2
Server	Automatic Vehicle Location Tracking Server (MS SQL 2012 Enterprise-2 license) (Dell Poweredge Rack R720 )	Windows Server 2012 Standard Edition	Intel Xeon® Processor E5-2660, 2.20GHz, core-8- single processor 2X8 GB RAM, 3X600 GB HDD	2
Server	Domain Controller (Dell Poweredge Rack R720 )	Windows 2012 Standard	Intel Xeon® Processor E5-2660, 2.20GHz, core-8- single processor 2X8 GB RAM, 2X600 GB HDD	1
Server	Additional Domain Controller (Dell Poweredge Rack R720 )	Windows 2012 Standard	Intel Xeon® Processor E5-2660, 2.20GHz, core-8- single processor 2X8 GB RAM, 2X600 GB HDD	1
Server	FTP (Dell Poweredge Rack R720 )	Windows 2012 Standard	Intel Xeon® Processor E5-2660, 2.20GHz, core-8- single processor 2X8 GB RAM, 2X600 GB HDD	1
Server	AntiVirus Server/Client for 150 Users SYMC ENDPOINT PROTECTION 12.1 (Dell Poweredge Rack R720)	Windows 2012 Standard	Intel Xeon® Processor E5-2660, 2.20GHz, core-8- single processor 2X8 GB RAM, 2X600 GB HDD	1
LCD Panel, Keyboard, Touch pad (For Server on Rack)	Kit - Dell 17FP Rack Console (KMMFPM185)			3
KVM Switch	PowerEdge KVM 2161AD - 16 Port Keyboard/Video/Mouse			3
SAN Storage	Dell Power Vault(TM) MD3660f	20 X 1TB SAS, 15 TB usable, 10k rpm		1
SAN SWITCH	Dell Brocade 300 Ports on Demand 8GB FC Switch			2
Desktop	Dell OptiPlex(TM) 9010		Intel Core™ i3-3220, 4GB RAM, 500	80

## EXISTING IT EQUIPMENT WITH SERVER CONFIGURATION

Equipment	Make, Model	Description	Specification	Quantity
	MT Base		GB HDD, 20 inch Monitor	
Additional Monitor	DELL E2011H 20"W HD Monitor with WLED	For dispatchers		20
Laptop	Dell Latitude E5430		Intel Core i5-3210, 14inch Display, 2X2GB RAM, 320GB HDD, Windows 7 Professional, MS Office 2010	15
Netbook	Acer, Aspire One725-C7Ckk		11inch Display, 2GB RAM, 500GB HDD, Windows-7 Professional, MS Office 2010 Business	45
Printer	LESERJET Pro 400 COLOR MFP m475dn (Color Laser Printer)			1
	HP LASERJET M5035 MFP			2
	HP LESERJET Pro 400 MFP m425dn			2
IP PBX	MATRIX make Eternity ME 16S System (16SAC-IN (V1R1) )			1
Digital Phone	EON48P Black (V1R1)			12
Analog Telephone	Panasonic KX-TS880MX	For use in back office		40
IP Phone	Yealink SIP-T32G	For Call Center Agents		150
Headset	Mairidi	For Call Center Agents		300
T1/E1/PRI Media Gateway Router	Patton, Smart Node			3
PRI Modems	RAD, ASMI_52_IND/E1/200(H) (4 pairs)			8
	1 from TATA			1
	1 From Reliance			1
Rack for Server & Network Equipments	Dell PowerEdge(TM) Rack 4220, Full Set			4
Server Load Balancer	Baracuda 640			2
Unified Threat Management (UTM)	Cyberroam 1000ia			2

## EXISTING IT EQUIPMENT WITH SERVER CONFIGURATION

Equipment	Make, Model	Description	Specification	Quantity
Wireless Router	TP-Link N750 Wireless Dual Band Gigabit Router			2
Cat 6 Patch Panel	D-link CAT6			9
Managed Gigabit Ethernet Switches	Dell Power Connect 5524			5
Power Connect Power over Ethernet Switches	Dell Power Connect TM 6224P			8
Managed Layer 3 Gigabit Ethernet Switches	Dell Power Connect TM 6224P			4
Projector	Epson EB-925 H389C			4
Television	KDL46EX650 (46"), KDL-32W650A(32")	KDL46EX650 (46")		3
		KDL-32W650A(32")		1
CCTV	Sony Model No - SSC-N11			8
DVR	RAYSHARP RSGND 9708-960H			1
Biometric with RFID + Time Attendance	SAVIOR 8603			6
Online UPS 60KVA	APC Galaxy 5000		Battery 30 units per UPS, 12volt, 150AH	2

**Make and Model of Equipments in 56 Advance Life Support (ALS) Ambulances launched in 1<sup>st</sup> Phase**

S. No.	Specifications	Qty	Make Model Of Product Offered
1.	Defibrillator / Monitor with facility to monitor ECG, NIBP, SPO2	1	HEARTSTART MRX from Phillips Medical System
2.	Syringe Pump	1	ZION PLUS from Plenum Tech Private Limited
3.	Transport Ventilator	1	Osiris 2 from Air Liquide as option
<b>Make and models of all other equipment are same as that of 364 BLS Ambulances given below</b>			

**Make and Model of Equipments in 364 Basic Life Support (BLS) Ambulances launched in 1<sup>st</sup> & 2<sup>nd</sup> Phase**

Sl. No.	Specifications	Qty	Make Model Of Product Offered
1.	AED	1	AED PLUS from ZOLL Medical
2.	Suction Pump (Electronic)	1	OB 1000 FA From Boscarol
3	Suction Pump-Manual	1	Anand Hand Held from Anand Medicaid
4	Laryngoscope with Blades	1	LSO 14 from Narang Medical
5	Oxygen cylinder "B" Type	1	Portable emergency respiratory Cylinder From ALCAN Exports
6	Artificial Manual Breathing Unit (Adult)	1	AN200G from Narang Medical
7	Artificial Manual Breathing Unit (Pediatric/Neonatal)	1	AN220G and AN 235G from Narang Medical
8	Collapsible Chair cum Trolley Stretcher	1	EVOX 7110 from Meber, Italy
9	Canvas Stretcher Folding	1	MLF- TD 01015 from MY-Life
10	Stretcher Scoop	1	MLF-999-ETD01016 from MY-Life
11	B.P. Instrument Aneroid	1	Model PW 201 from NISCO
12	Stethoscope	1	Model PW 07 (JUNIOR) from NISCO
13	Malleable Splints	1	Model XHE9-12 set of Six from Xiehe
14	Gauze Cutter	1	Gauze cutter Scissor from Surya Surgical
15	Artery Forceps	1	Artery Forceps from Surya Surgical
16	Magil forceps	1	Magil Forceps from Surya
17	Cervical Collar	1	Model XH-9 from Xiehe
18	First Aid Bag	1	Model BH-21 from BHPL
19	Spinal Board	1	YXH-1A6E From Xiehe
20	Double head Immobilizer for scoop stretcher	1	Model XH-8 from Xiehe
21	Oxygen Cylinder "J" Type	2	'J/D' Type cylinder from "RAMA" Cylinder
22	Nebuliser	1	NEB 120 from Narang Medical
23	Portable Hand Held Pulse Oxymeter	1	Model G1-B Plus From ASPEN

**Make and Model of Equipments in Basic Life Support (BLS) Ambulances launched in 3<sup>rd</sup> Phase**

Sl. No.	Specifications	Qty	Make Model Of Product Offered
1.	AED	1	AED PLUS from ZOLL Medical
2.	Suction Pump (Electronic)	1	OB 1000 FA From Boscarol
3	Suction Pump-Manual	1	7B1 S/00049 from Anand
4	Laryngoscope with Blades	1	Conventional from Medisafe
5	Oxygen cylinder "B" Type	1	LX 6 from Luxfer
6	Artificial Manual Breathing Unit (Adult)	1	MSI 1009 and 1012 from Medisafe
7	Artificial Manual Breathing Unit (Pediatric/Neonatal)	1	MSI 1009 and 1012 from Medisafe
8	Collapsible Chair cum Trolley Stretcher	1	EVOX 7112 from Meber
9	Canvas Stretcher Folding	1	YDC1A4H from Red Leaf
10	Stretcher Scoop	1	YDC4A from Red Leaf
11	B.P. Instrument Aneroid	1	Model GB Series-GB101 from Rossmax
12	Stethoscope	1	Model PW - 07 from NISCO
13	Malleable Splints	1 Set	Splint from Red Leaf
14	Gauze Cutter	1	Gauze cutter Scissor from BHPL
15	Artery Forceps	1	Artery Forceps from Surya
16	Magil forceps	1	Magil Forceps from Surya
17	Cervical Collar	1	CC01 from Read Leaf
18	First Aid Bag	1	Model BH-21 from BHPL
19	Spinal Board	1	7A3 From Read Leaf
20	Double head Immobilizer for scoop stretcher	1	HD01 from Read Leaf
21	Oxygen Cylinder "J" Type	2	'D' Type cylinder from "RAMA" Cylinder
22	Nebuliser	1	NB 120 from NISCO Med
23	Portable Hand Held Pulse Oxymeter	1	Model HS10A From Hunan Accurate

Department of Health & Family Welfare,  
Government of Odisha.

## **REQUEST FOR PROPOSAL**

*For Integration, Operation and Management of  
Emergency Medical Ambulance (108), Boat Ambulance,  
24x7 Referral Transport (102) and Health Helpline  
Services (104) in Odisha.*

RFP Reference No: OSH&FWS/01/2018/IPTHHS

Date: 10/07/2018

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## DISCLAIMER

The information contained in this Request for Proposal (RFP) document or subsequently provided to Applicant(s), whether verbally or in documentary form by or on behalf of the Department of Health & Family Welfare (DoHF&W), Govt. of Odisha, or any of their employees or advisors, is provided to Applicant(s) on the terms and conditions set out in this RFP document and any other terms and conditions subject to which such information is provided. This RFP document is not an agreement and is not an offer or invitation by the DoHF&W, GoO or its representatives to any other party and it does not create any legal right in favor of any applicant(s). The purpose of this RFP document is to provide interested parties with information to assist the formulation of their Application and detailed Proposal. This RFP document does not purport to contain all the information each Applicant may require. This RFP document may not be appropriate for all persons, and it is not possible for the DoHF&W, GoO, their employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this RFP document. Certain applicants may have a better knowledge of the proposed Project than others. Each applicant should conduct its own investigations and analysis and should check the accuracy, reliability and completeness of the information in this RFP document and obtain independent advice from appropriate sources. DoHF&W, GoO, its employees and advisors make no representation or warranty and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of the RFP document. DoHF&W, GoO may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this RFP document.

**NOTICE INVITING PROPOSAL**  
**Mission Director, National Health Mission (NHM)**  
**DEPARTMENT OF HEALTH & FAMILY WELFARE, GOVERNMENT OF ODISHA**  
**ANNEX BUILDING, SIHFW, UNIT-8, BHUBANESWAR-751012**  
 Phone: 91-674-2392479/80 E-MAIL: missiondirector@nic.in

RFP No. OSH&amp;FWS/01/2018/IPTHHS

Dated: 10/07/2018

**PROPOSALS ARE INVITED FROM ELIGIBLE PARTIES FOR SELECTION OF THE MOST SUITABLE SERVICE PROVIDER TO INTEGRATE, OPERATE AND MANAGE “EMERGENCY MEDICAL AMBULANCE (108), 24x7 REFERRAL TRANSPORT (102), BOAT AMBULANCE AND HEALTH HELPLINE SERVICES (104) IN THE STATE UNDER DEPARTMENT OF HEALTH & FAMILY WELFARE, GOVERNMENT OF ODISHA.**

1	Period of Availability of RFP Document	From <b>11/07/2018 to 10/08/2018</b> (Downloadable from website: ( <a href="http://www.nrhmorissa.gov.in">www.nrhmorissa.gov.in</a> & <a href="http://health.odisha.gov.in">http://health.odisha.gov.in</a> ) Document is available only on above website, no physical availability of document for selling.
2	Date, Time and Venue of Pre-Proposal Conference	<b>Date: 18/07/2018</b> <b>Time: 11.00 Hrs, Place: NHM Conference Hall</b>
3	Bid Processing Fee	<b>Rs 11,200.00 (Including GST)</b>
4	Earnest Money Deposit (EMD)/Bid-Security	<b>Rs 50,00,000.00 (Rupees Fifty Lakhs Only)</b>
5	Last date for submission of complete Proposal	<b>Date: 10/08/2018</b> <b>Time: 15.00 Hrs.</b> <b>Address: The Mission Director, National Health Mission (NHM), Annex Building of SHIFW, Nayapalli, Unit-8, Bhubaneswar-751012 (Odisha)</b> <i>(Proposals shall be received through Speed Post/ Registered post / Courier)</i>
6	Date, time and place of opening of Proposal & Presentation.	<b>a) Technical Proposal (Part A &amp; Part B) opening on 10/08/2018 at 15.30 Hrs.</b> <b>b) Date of Presentation &amp; Financial Proposal (Part C) opening shall be communicated separately to the eligible bidders.</b> <b>c) The proposals shall be opened at NHM Conference Hall, Mission Directorate, Annex Building of SIH&amp;FW, Nayapalli, Unit-8, Bhubaneswar, Pin-751012 Odisha</b>

**Mission Director**  
**National Health Mission**  
**DoH&FW, Govt. of Odisha**

## DEFINITIONS

1. **"24x7 RTS"** is a 24 x 7 Referral Transportation Service of government under National Ambulance Service and managed through a centralized Call Centre. The vehicles take pregnant women and newborn/infant child to nearest government health facility for deliveries/treatment and also drop them back to their homes. The service can be availed by the beneficiary anywhere in the state free of cost dialing a toll free three digit telephone number "102". Popularly know as "102 Ambulance"
2. **"Agreement"** shall mean the Contract between the Government of Odisha represented by the Principal Secretary, Govt. of Odisha, Health & Family Welfare Department (hereinafter referred to as "State Government" which expression shall include its administrators, successors and assignees) and the winning bidder (herein under referred as "Service Provider") in accordance with the provisions of this RFP.
3. **"Authority"** means the purchasing authority that has the financial power under Delegation of Financial Power Rules to carry out this procurement.
4. **"Bid"** Bid shall mean the Technical Bid and Financial Bid submitted by the Bidder, in response to this RFP, in accordance with the terms and conditions hereof.
5. **"Bidder"** shall mean Bidding Company, Bidding Registered Society or trust, Proprietorship firm, Partnership firm (Registered), LLP or a Bidding Consortium submitting the Bid. Any reference to the Bidder includes Bidding Company / Registered Society, Proprietorship firm, Partnership firm (Registered), LLP, Bidding Consortium/ Consortium, Member of a Bidding Consortium including its successors, executors and permitted assigns and Lead Member of the Bidding Consortium jointly and severally, as the context may require.
6. **"Bidding Company"** shall refer to such single company that has submitted the response in accordance with the provisions of this RFP.
7. **"Bidding Consortium" or "Consortium"** shall refer to a group of entities that has collectively submitted the response in accordance with the provisions of this RFP.
8. **"Chartered Accountant"** shall mean a person practicing in India or a firm whereof all the partners practicing in India as a Chartered Accountant(s) within the meaning of the Chartered Accountants Act, 1949.
9. **"Company"** shall mean a body incorporated in India under the Company's Act 2013 or earlier Act.
10. **"Conflict of Interest"** A Bidder may be considered to be in a Conflict of Interest with one or more Bidders in the same bidding process under this RFP if they have a relationship

- with each other, directly or indirectly through a common company / entity, that puts them in a position to have access to information about or influence the Bid of another Bidder.
11. **“CPI (IW)”** is Consumer Price Index Industrial Workers released by Labour Bureau, Government of India.
  12. **“Department”** means Department of Health & Family Welfare, Government of Odisha; the Procuring Department.
  13. **“Effective Date”** shall mean the date of signing of agreement by both the parties.
  14. **“Emergency Medial Ambulance Service (EMAS)”** is a 24 x 7 Emergency Medical Response System of the government under National Ambulance Scheme (NAS) to ensure timely and appropriate medical attention in case of medical emergency. This service is available free of cost to any one in a situation of medical emergency by dialing a toll free three digit telephone number “108”. Popularly know as “108 Ambulance”
  15. **“IPTHHS”** means Integrated Patient Transport and Health Helpline Services and which is combination of all four services i.e. EMAS (108), Boat Ambulance, 24x7 RTS (102), 104 Health Helpline (including Grievance Redressal). IPTHHS to be operated as a single through one centralized call center situated at Bhubaneswar.
  16. **“ERC”** is Emergency Response Centre and may also be called centralized call-centre, which receives the call from public (who requires ambulance/health advisory services). The ERC shall screen all the calls received and shall decide whether the call is for OEMAS-108 ambulance, Referral Transport (102 Ambulance) or it is for health advisory and accordingly either dispatch the ambulance/vehicle to attend the user call or forward it to health helpline as per developed dispatch protocol.
  17. **“Financially Evaluated Bidder”** shall mean the bidder which has been evaluated for the satisfaction of the financial requirement set forth herein in the RFP.
  18. **“Force Majeure conditions”** means any event or circumstance which is beyond the reasonable direct or indirect control and without the fault or negligence of the bidder and which results in bidder’s inability, notwithstanding its reasonable best efforts, to perform its obligations in whole or in part and may include rebellion, mutiny, civil unrest, riot, strike, fire, explosion, flood, cyclone, lightening, earthquake, act of foreign enemy, war or other forces, ionizing radiation or contamination, Government action, inaction or restrictions, major accidents or an act of God or other similar causes.
  19. **“Government”** means Government of Odisha represented by the Principal Secretary to Government, Department of Health & Family Welfare of Government of Odisha.

20. **“GPS”** means Global Positioning System device for track and trace of all vehicles under the IPTHS. Every GPS device used under IPTHS should be satellite connected with at least one month data back up with biometric attendance, fixed to vehicles, web application with customized reports and additional feature, if any. Wherever word GPS is mentioned, it shall have specifications as defined above.
21. **“Health Helpline Service”** is a call centre based grievance redressal and health advice helpline to identify, classify, register, escalate and track complaints/grievances relating to government health facilities and services in the state for its timely redressal and also to provide timely and appropriate health related information and advice to the public through a toll free three digit telephone number “104”.
22. **“Holding Company”** in relation to one or more other companies, means a company of which such companies are subsidiary companies;
23. **“JSSK”** is Janani Shishu Surksha Karyakram under which Janani Express (JE) vehicles are run and managed in all districts of Odisha. The Janani vehicles take pregnant women and newborn/infant child to nearest government health facility for deliveries/treatment and also drop them back to their homes.
24. **“Lead Member of the Bidding Consortium” or “Lead Member”**: There shall be only one Lead Member in the Bidding Consortium and cannot be changed till 1 year of the commencement of the agreement/ effective date and thereafter with the prior approval of the Tender Inviting Authority.
25. **“Letter of Intent” or “LOI”** shall mean the letter to be issued by the designated authority, to the Successful Bidder(s) for Operation and Maintenance of ambulances under the IPTHS.
26. **“Limited Liability Partnership” or “LLP”** shall mean a firm governed by Limited Liability Partnership Act 2008;
27. **“Member in a Bidding Consortium” or “Member”** shall mean each entity in a Bidding Consortium.
28. **“NAS” represents National Ambulance Service. Both 108-EMAS and 102-JE are coming under NSA.**
29. **“Partnership firm”** shall mean a firm registered with the Income Tax and evidenced by a Partnership Deed.
30. **“Project Company”** shall mean the company incorporated by the bidder in case of a consortium as per the Indian laws.

31. **“Project Facilities”** means any facility created for dedicated operation and management of the project such as ERC shall be one of such Project Facility.
32. **“Proprietorship firm”** shall mean whose owner is an Individual
33. **“Procuring Authority”** means The Secretary to Government, Department of Health and Family Welfare, Odisha. Called the Authority.
34. **“Registered Society”** shall mean a Society registered under the Society Act 1860 or any other state act as well as registered under the section 12A of Income Tax Act, 1961.
35. **“RFP”** shall mean this Request for Proposal along with all formats and RFP Project Documents attached hereto and shall include any modifications, amendments alterations or clarifications thereto.
36. **“Subsidiary Company” or “Subsidiary”** in relation to any other company (that is to say the holding company), means a company in which the holding company –
  - (i) Controls the composition of Board of Directors: or
  - (ii) Exercise or controls more than one-half of the total share capital.
37. **“Selected Bidder(s) or Successful Bidder(s) or Service Provider”** shall mean the Bidder(s) selected by the procuring authority, pursuant to this RFP to set up the project and operate a professionally managed “Integrated Ambulance and health help line services” as per the terms of the RFP Project Documents, and to whom a Letter of Intent has been issued.
38. **“OSHFWS”** means Odisha State Health & Family Welfare Society, represented by Mission Director, National Health Mission, Bhubaneswar.
39. **“Statutory Auditor”** shall mean the auditor appointed under the provisions of the Companies Act, 2013 or under the provisions of any other applicable governing law.
40. **“TIA”** means Tender Inviting Authority who is Mission Director, National Health Mission, Odisha.

# 1. INSTRUCTIONS TO APPLICANTS

## 1.1 Scope of Proposal

- 1.1.1 Detailed description of the objectives, scope of services, deliverables and other requirements relating to integration, operation and maintenance of 108 Emergency Medical Ambulance Service (including Boat Ambulance), 24x7 Referral Transport System (102-Ambulance under JSSK) and Health Helpline Services (including Grievance Redressal) are specified in this RFP along with the manner in which the Proposal is to be prepared and submitted by the bidders. Eligibility criteria, evaluation and selection method and other terms and conditions are also given for the understanding of all interested parties.
- 1.1.2 The selection of the Service Provider shall be on the basis of evaluation of the proposal by the Department through its authorized representatives in the manner as specified in this RFP. Applicants shall be deemed to have understood and agreed that no explanation or justification for any aspect of the selection process will be given and that the Departments' decision is without any right of appeal whatsoever;
- 1.1.3 The Applicant shall submit its Proposal in the form and manner specified in this RFP. The Financial Proposal (Part C) should be submitted in the format specified in **Annexure-3 & 4** for acknowledgement of RFP terms and schedule of price respectively. Upon selection, the Applicant shall be required to enter into an Agreement with the Department in the form specified at **Annexure 5**.

## 1.2 Eligibility Criteria

The applicant can either be a single entity, a joint venture company or consortium of entities formed for this purpose with a valid memorandum of understanding (MoU) duly executed. The applicant(s) can either be a Partnership Firm, Company, Society or a Trust fulfilling following conditions are only eligible to apply.

- 1.2.1 Should have minimum two year of experience as on the last date of bid submission in successful operation and management of at least a fleet of 200 Ambulances, with computer telephony integration and ability to log calls with GIS based GPRS integrated vehicle monitoring system.
- 1.2.2 Should have at least average annual turnover (audited) of Rs. 100 crores during last two completed financial years (i.e. (2015-16 & 2016-17) or (2016-17 & 2017-18 [if audited])) or Rs. 50 crores of average annual turnover in the similar line of activities (i.e. Ambulance and Health Helpline Service) during last two completed financial years starting from financial year 2015-16. Bidder needs to submit audited Statement

of Accounts and Turnover Certificate duly certified by Chartered Accountant. While calculating turnover, only audited statement shall be considered.

- 1.2.3 Bidder should not be insolvent, in receivership, bankrupt or being wound up, not having its affairs administered by a court or a judicial officer, not have its business activities suspended and must not be subject of legal proceedings for any of the foregoing reason;
- 1.2.4 Bidder and their directors, partners and officers should not have, been convicted of any criminal offence related to their professional conduct or the making of false statements or misrepresentations as to their qualifications to enter in to a procurement contract within a period of **three years** preceding the commencement of the procurement process.
- 1.2.5 Bidders should not have been blacklisted or otherwise disqualified pursuant to any debarment proceedings by any Central or State Government, Local Government or Public Sector Undertaking in India and which is for the time being in force.

**Explanation:**

*(i) In case of a consortium applicant following provisions shall be applicable:*

- 1) There should be a formal agreement between the partners accepting several and joint responsibility for implementation of the project, reference of the Lead Partner and percentage of holding of each partner in the consortium should be specifically mentioned.*
- 2) The maximum permissible partners in the consortium are 3 (three) with minimum share of 25% for each partner in the consortium.*
- 3) For the purpose of minimum eligibility criteria with respect to turnover (i.e. 1.2.2), the turnover of the lead partner only shall be taken in to consideration.*
- 4) The lead partner of the consortium shall be an entity registered/ incorporated in India (as on the date of submission of proposal) and shall have highest share in the consortium. (A foreign company (a company not registered in India) can participate as lead partner only through its 100% subsidiary company registered in India.*

*(ii) The eligibility criteria with respect to debarment, blacklisting and legal proceedings in Para 1.2.3 , 1.2.4 and 1.2.5 above shall be applicable for all the members of consortium applicant.*

*(iii) The applicant is required to furnish adequate documentary evidence in support of compliance of eligibility criteria along with the proposal.*

### 1.3 Signing and Submission of Proposal

1.3.1 The proposal shall be submitted in three parts -

- (i) Part A – Key Submissions,
- (ii) Part B – Technical Proposal
- (iii) Part C- Financial Proposal

1.3.2 The Proposal shall be typed or written in indelible ink and shall be signed by the authorized representative of the applicant. In case the applicant is a consortium of two or more firms the proposal shall be signed by the duly authorized signatory of the lead member of the consortium and shall be legally binding on all the members of the Consortium. The proposals shall contain the information required for each of the member of the Consortium.

- (i) Power of Attorney for signing of bid: The bidder should submit a Power of Attorney as per the format at **Annexure-8** authorizing the signatory of the bid to commit on behalf the bidder.
- (ii) Power of Attorney for Lead Members of Consortium: In case the bidder is a Consortium, the members thereof should furnish a Power of Attorney in favor of the Lead Member in the format at **Annexure-9**

1.3.3 Any interlineations, erasures or overwriting shall be valid only if the same is found initialed or signed by the authorized signatory to the bid, prior to opening of the same. **However, no interlineations, erasures or overwriting are allowed in the Financial Proposal.**

1.3.4 The proposal shall be prepared in the manner as detailed in following paras. The bidder shall ensure that the pages are serially numbered with indexing and duly signed by the bidder or the authorized signatory. The proposal should be received through courier, speed post or registered post. Proposals received after the due date and time of submission shall be treated as late bid and be liable for rejection.

### 1.4 Preparation of Proposal

1.4.1 The Key- Submissions (Part A), Technical Proposal (Part B) and Financial Proposal (Part C) must be inserted in separate sealed envelopes, along with applicant's name and address in the left hand corner of the envelope and super scribed in the following manner.

- (i) **Part-A – Key-Submissions for “Integration, Operation and Management of EMAS (108), 24x7 RT Services (102) and Health Helpline (104) in Odisha”.**

(ii) **Part-B-** Technical Proposal for “**Integration, Operation and Management of EMAS (108), 24x7 RT Services (102) and Health Helpline (104) in Odisha**”.

(iii) **Part-C** - Financial Proposal for “**Integration, Operation and Management of EMAS (108), 24x7 RT Services (102) and Health Helpline (104) in Odisha**”.

1.4.2 All three envelopes i.e. envelope for Part-A, Part-B and Part-C must be packed in a separate sealed outer cover and clearly super scribed with the following:

(i) Proposal for “**Integration, Operation and Management of EMAS (108), 24x7 RT Services (102) and Health Helpline (104) in Odisha**”.

(ii) The Applicant’s Name & address shall be mentioned in the left hand corner of the outer envelope.

1.4.3 The inner and outer envelopes shall be addressed to **Mission Director** at the following address:

**National Health Mission (NHM)  
Annex Building, SIHFW, Unit-8, Bhubaneswar-751012, Odisha**

*If the outer envelope is not sealed and marked as mentioned above, then Authority (TIA) will assume no responsibility for the tender’s misplacement or premature opening. Telex, cable or facsimile tenders will be rejected.*

#### **1.4.4 Content of the Proposal**

##### **1.4.4.1 PART A (Key-Submission)**

This part of the proposal i.e. Part A (Key-Submissions) shall contain following documents

- 1) Covering Letter cum Project Undertakings as per **Annexure-7**
- 2) A non-refundable amount of **Rs. 11,200.00** in shape of demand draft or pay order from any scheduled commercial bank drawn in favor of Mission Director, NHM, payable at Bhubaneswar towards bid processing fee.
- 3) Proof of eligibility or declaration with respect to the criteria given under Para 1.2 of this RFP. Format for turnover and experience given in **Annexure-1** and declaration given in **Annexure-10**.
- 4) Self attested photocopies of Parmanent Account Number (PAN), GST Registration Certificate and Income Tax Return and Acknowledgement copy for last 2 years.
- 5) Earnest Money Deposit (EMD) amount of Rs.50,00,000/- (Rs. Fifty Lakh only) in shape of Demand Draft/ Bankers Cheque/Fixed Deposit Receipt/ Bank Guarantee

issued from any scheduled commercial bank operating in India drawn in favor of **Mission Director, NHM, Odisha Payable at Bhubaneswar**. The validity of EMD in form of BG shall be for not less than 180 days from the date of Bid opening (i.e. *BG should remain valid at least upto 05 /02/2019*)

#### 1.4.4.2 PART B (Technical Proposal)

The applicants are requested to submit a detailed technical proposal with respect to the integration, operation and management of Emergency Medical Ambulance Services (popularly known as 108 Ambulance), Boat Ambulances (to be introduced for first time), 24x7 Referral Transport System (popularly known as 102 Ambulance) and Call Centre based Grievance Redressal and Health Advice Helpline (popularly known as 104 Health Helpline). The current project that is integration of all four services together shall be known as **“Integrated Patient Transport and Health Helpline Service”**. There shall be one single telephone number (i.e. 108) for all services except Health Helpline services for which separate telephone number (i.e. 104) shall be used.

- 1) Duly filled up Organisation Profile, Application Form (as per **Annexure 1& 2**)
- 2) Proposed organizational structure and Curriculum Vitae (CV) of key personnel's to be involved in the implementation and operation of the project. Format for CV is given in **Annexure -17**.
- 3) Details of manpower (positions and reporting structure) to be engaged at each level (i.e. field operation, call centre operation and project management) and their role and responsibility
- 4) Approach, Methodology and Manpower Planning for integration, operation and management of all existing services with proposed modification/value addition ***through a single call center establishment***.
- 5) Detailed implementation plans to integrate and operate above services through one centralized call center. Currently, there are two separate centralized call centre at Bhubaneswar; one call centre is exclusively for EMAS (108 Ambulance) and the other one is for both 24x7 Referral Transportation Service (102 Ambulance) and Health Helpline Services (102 and 104 service). Although the same Agency is presently operating both the call centres but they are under two different contracts selected through separate tendering process. The Service Provider selected through this tendering process shall be allowed a maximum time period of six months for completion of the integration, implementation and taking over of operation of entire project in all districts of the State from the date of signing of the Agreement. However, **the ongoing services shall not be**

**discontinued/disrupted** at any point of time for which the Service Provider (incoming) shall propose **plan for** smooth transition. *Department shall coordinate between both the agencies (incoming and outgoing) for successful implementation of the transition plan.*

- 6) Detailed strategy for performance monitoring and evaluation, quality assurance and internal control.
- 7) Power of Attorney authorizing the signatory for signing the proposal on behalf of the Proposer/Bidder as per **Annexure-8**.
- 8) In case of consortium, copy of consortium agreement or MoU clearly indicating the share of each member in the consortium and Power of attorney for signing of application by the lead member as per **Annexure-9**.
- 9) Letter of Exclusivity (in case of application by Consortium) as per **Annexure-11**.
- 10) Letter of Declaration (Anti Collusion Certificate) mentioning that the applicant/consortium will not collude with the other applicants as per **Annexure-12**.
- 11) Affidavit certifying that none of the Entity / Promoter(s)/ Directors/ Partner(s)/ member of the consortium are not Blacklisted as per **Annexure-10**.
- 12) A copy of the RFP document sealed and signed in all pages by the applicant.
- 13) Any other details the bidder like to include in the proposal.

#### **1.4.4.3 PART C (Financial Proposal)**

- 1) The applicant must submit the Financial Proposal using Form specified in **Annexure 3 & 4** with proper signature and seal of the applicant or duly authorized signatory.
- 2) In case of **EMAS (ALS & BLS)**, the Agency (Service Provider) shall be paid on per KM run basis towards operational expenditure.
- 3) In case of 24x7 RTS (102 Ambulance), Service Provider shall be paid on per Kilometer run basis for the actual distance covered during the trip.
- 4) In case of Health Helpline (104) Service the Service Provider shall be paid on seat per shift per month basis. *(Example: if the Service Provider dedicates 15 seats in the centralized call center for Health Helpline Services to attend grievance redressal and health advice function, then the payment shall be for 15 units at the contracted rate.)*
- 5) In case of **Boat Ambulance** the service provider shall be paid on per month rate.
- 6) The price (contract price) shall remain firm for initial 18 months of operation for

all four Services. Thereafter,. The price increment shall be allowed for the first time on 19<sup>th</sup> month, from the date of taking over of the operation and thereafter on annual basis on 31<sup>st</sup> month, 43<sup>rd</sup> month and finally on 55<sup>th</sup> month. For calculation of changes in annual CPI preceding 12 months from the month of revision shall be taken in to consideration. Price escalation shall be applicable on prospective basis only.

- 7) For comparison purpose, 5000 KM running per month shall be taken for EMAS (ALS & BLS) vehicles
- 8) For comparison purpose, 4500 KM per month shall be taken for Referral Transport vehicles.
- 9) In case of any discrepancy between figures and words in the financial proposal, the one described in words shall be adopted.
- 10) The same person signing the RFP shall sign the financial proposal also.
- 11) No interlineation or overwriting is allowed in the financial proposals.

**Note:**

*Billing shall be for the entire KM run by the ambulance exclusively to attend the emergency call starting from point of dispatch to point of incident (pick up point) and up to health facility and back to base location. In case, the control room to attend another call before it reached the base location diverts the vehicle, then point of diversion shall be taken in lieu of base location. The billable KM will not include the distance run for fuel filling, repairing or any other purpose.*

### **1.5 Number of Proposals**

A bidder is eligible to submit only one bid for the project. A bidder bidding as single entity or as a member of a Consortium shall not be entitled to submit another bid either as a single entity or as a member of any Consortium, as the case may be.

### **1.6 Change in Composition of the Consortium**

Acceptance of any change in composition of the consortium bidder during the currency of the contract would be at the sole discretion of the TIA. However, any change in composition of the consortium during the tendering process shall disqualify the bidder.

### **1.7 Validity of Proposals**

The Proposal shall remain valid for **180** days after the date of bid opening. Any Proposal, which is valid for a shorter period, shall be rejected as non-responsive.

## 1.8 Cost of Proposal

The Applicants shall be responsible for all of the costs associated with the preparation of their Proposals and their participation in the Selection Process. TIA will neither be responsible nor in any way liable for such costs, regardless of the conduct or outcome of the selection process.

## 1.9 Acknowledgement by Applicant

1.9.1 It shall be deemed that by submitting the Proposal, the Applicant has: -

- (i) Made a complete and careful examination of the RFP;
- (ii) Received all relevant information requested from Authority;
- (iii) Acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of the Authority or relating to any of the matters stated in the RFP Document;
- (iv) Satisfied itself about all matters, things and information, necessary and required for submitting an informed Proposal and performance of all of its obligations there under;
- (v) Acknowledged that it does not have a Conflict of Interest; and
- (vi) Agreed to make a presentation before the Procurement Committee duly constituted by the Authority;
- (vii) Agreed to be bound by the undertaking provided by it under and in terms hereof.

1.9.2 The Authority shall not be liable for any omission, mistake or error on the part of the Applicant in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake therein or in any information or data given by the TIA.

## 1.10 Language

The Proposal with all accompanying documents (the “Documents”) and all communications in relation to or concerning the Selection Process shall be in English language and strictly in the forms provided in this RFP. No supporting document or printed literature shall be submitted with the Proposal unless specifically asked for and in case any of these Documents is in another language, it must be accompanied by an accurate translation of the relevant passages in English, in which case, for all purposes of interpretation of the Proposal, the translation in English shall prevail.

## 1.11 Proposal Due Date

Proposal filled in all respect must reach at the address, time and date as specified through Speed / Regd. Post/Courier. If the specified date for the submission of

proposal is declared as a holiday at office of the TIA, the Proposals will be received up to the appointed time on the next working day.

### **1.12 Pre-Proposal (Pre-Bid) Conference**

1.12.1 Pre-Proposal Conference of the Applicants shall be convened at NHM Conference Hall, NHM Annex Building, SHIFW, Unit-8, Bhubaneswar- 751012 (Odisha) on the date and time as specified in the Notice Inviting Proposal (NIP), given in the beginning of this RFP.

1.12.2 During the course of Pre-Proposal Conference, the Applicants are free to seek clarifications and make suggestions for consideration of the Authority. The Authority shall endeavor to provide clarifications and such further information as it may, in its sole discretion, shall be considered for facilitating a fair, transparent and competitive selection process. Prospective bidders are required to submit their queries in writing on or before the date of Pre-proposal Conference in the format as per **Annexure-16**.

1.12.3 Any amendment or clarifications to queries or otherwise, arising out of pre-proposal conference, shall be uploaded on [www.nrhmorissa.gov.in](http://www.nrhmorissa.gov.in). No public or separate communication shall be sent to prospective bidders in this regard.

### **1.13 RFP Opening**

1.13.1 TIA or a committee duly constituted by TIA will open all Proposals, in the presence of Applicants or their authorized representatives who choose to attend, at the place, date and time as mentioned In the Notice Inviting Proposal (NIP), given in the beginning of this RFP.

1.13.2 The Applicant's representatives who are present shall sign a register evidencing their attendance. In the event of the specified date being declared a holiday at the office of TIA, the RFPs shall be opened at the appointed time and location on the next working day.

## 2. TERMS OF REFERENCE

### 2.1 Background

- 2.1.1 Among the major attributes, delay in reaching to an appropriate health facility is considered to be one of the prime factors contributing to high IMR, MMR and accidental deaths. This normally happens either due to lack of readily available and affordable patient transport facility with onboard facility for pre-hospital care. Currently, under National Ambulance Service (NAS), both Emergency Medical Ambulance Service (108-EMAS) and 24x7 Referral Transport System (102) are operational in the State.
- 2.1.2 In addition, a Call Centre based Health Helpline service is operational in the state to provide health related information and advice to general public. This service is availed by dialing a toll free number "104". All these services are presently operated in the state through a private partner (Service Provider) selected through a competitive bidding process.
- 2.1.3 The Government of Odisha has decided to integrate the above two ambulance services and operate the same through a single centralized call center and single toll free number i.e. "108" to improve overall operational efficiency and cost effectiveness of these schemes. In addition, the Health Helpline Services (including Grievance Redressal) through toll free number "104", to be housed in the same call centre. On integration all the ambulances (both 108 and 102) shall have identical branding/stickering.
- 2.1.4 The purpose of this RFP is to invite proposal from eligible parties to select most suitable of them to integrate, operate and manage all four services including Health Helpline, EMAS (108), Boat Ambulance and 24x7 Referral Transport System (102).

### 2.1.5 About Ongoing Services

#### 2.1.5.1 Emergency Medical Ambulance Service (108)

Emergency Medical Ambulance Services (EMAS), popularly known as 108-ambulance service, was launched in the year 2013 in Odisha. The project is being managed by an Agency (private partner) under a five-years contract, selected through a competitive bidding process. All capital expenditure (CAPEX) is borne by the Government of Odisha. Capital Expenditure (CAPEX) includes ambulance, its refurbishment & equipment cost, establishment cost of call centre, hardware and software required to run the services. Operational expenditure (OPEX) is reimbursed on monthly basis at the contracted rate

(per ambulance-month basis). Operational expenditure includes staff salary (incl. of PPF, medical, leaves etc.), staff recruitment and training, fuel cost, tyre puncture/replacement cost, vehicle maintenance, telephone, travel, software license fee, insurance, etc.

The project is presently operational with 428<sup>1</sup> Basic Life Support (BLS) Ambulances and 84 Advance Life Support (ALS) Ambulances deployed strategically across the State of Odisha supported with a fully functional centralized call center situated at 7<sup>th</sup> Floor, IDCO Tower, Bhubaneswar which is receiving more than 10,000 calls per day and handling approx. 1100 emergencies on daily basis. GPS (without biometrics) has been installed in all ambulances.

Detailed technical specifications and all other relevant data about the services could be collected from the office of TIA.

All existing hardware and software (right to use only) shall be handed over to the winning bidder on, as is where is basis. Any additional hardware such as IP-PABX, furniture, computers, products having inbuilt software, etc., shall be part of CAPEX (for call centre only), which shall be procured only after due approval from Government.

#### 2.1.5.2 24x7 Referral Transport System (RTS):

This service is being managed through a centralized call centre **owned and operated** by an Agency selected and contracted through a competitive bidding process. Under this contract the Agency is paid on kilometre-run basis at contracted rate. Government has no other cost, whatsoever, other than this payment towards kilometer-run. The Agency (Service Provider) manages both CAPEX and OPEX out of the agreed amount. Government does not have any capital investment. Presently 500 such ambulances are operational in all 30 districts of the State. Presently the call centre is receiving more than 12000 calls per day and handling approximately 1400 cases on daily basis.

Detailed technical specifications and all other relevant data about the services could be collected from the office of TIA.

#### 2.1.5.3 Health Helpline

This centralized call centre based Health Helpline Service has been introduced alongwith “24x7 RTS” and made operational through the same Agency. As per the contract the Agency is being paid on per seat/shift per month basis for a 24-hour per day operation schedule.

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<sup>1</sup> Including 92 new BLS ambulances launched in the month of December 2017.

## 2.2 Services, Target Group and Coverage

### 2.2.1 Integrated Patient Transport System (IPTS)

2.2.1.1 Government of Odisha has decided to integrate both “Emergency Medical Ambulance Service” and “24x7 Referral Transport System”, which are presently operational under the banner of “National Ambulance Service” and provide the services through one toll free number i.e. 108.

2.2.1.2 The coverage<sup>2</sup> of respective services shall be as below.

S.No	Proposed Services	Coverage & Size (Proposed)
1	<b>Emergency Medical Ambulance Service. (ALS +BLS)</b>	In all 30 Districts with a minimum of 512 ambulances (ALS&BLS).
2	<b>24x7 Referral Transport System for JSSK beneficiaries.</b>	In all 30 Districts with a total of 500 or more vehicles. These vehicles shall be deployed strategically and equitably to ensure most optimal use of the services.
3	<b>Boat Ambulances in selected locations.</b>	Six Boat Ambulances to be deployed within 4 (four) riverine districts of Odisha in the locations identified by the Authority.

#### 2.2.1.3 Health Problems to be addressed by IPTS (Ambulance Service)

The Service Provider shall implement and run the EMAS (ALS & BLS), Boat Ambulance and 24x7 RTS (102 Ambulance) in coordination with Department and other agencies such as Police, Road Transport, Fire Service to integrate, operate and manage all four services in the state smoothly and efficiently without any legal and operational complication. The primary objective of all four services is to provide transit healthcare, transportation to avail further health care facilities at the nearest and appropriate identified health facility, particularly in attending to the emergency situations relating to pregnant women, neonates, mother of neonates, infants and children in situations of serious ill health and all other health emergencies in the general population that includes natural calamities and other disasters; and thereby assisting the state to achieve the critical Millennium Development Goals in the health sector; i.e. reduction in Infant Mortality Rate, Maternal Mortality Rate, accidental death and overall reduce the vulnerability of the people to ailments/diseases by providing access to the emergency responses and helping in reduction of out of pocket expenditure of the beneficiary.

<sup>2</sup> It may increase or decrease in future at the sole discretion of the Government.

#### 2.2.1.4 Key Objectives of IPTS (Ambulance Service)

- 1) To establish and operate an integrated centralized state of art call centre (Control Room) with computer telephony integration, computer aided dispatch of ambulances and ability to log calls with GIS based GPRS integrated vehicle monitoring system for Emergency Medical Ambulance Services (108), 24x7 RTS (102) and Boat Ambulance in the State of Odisha.
- 2) This will facilitate an integrated and round the clock (24x7) comprehensive emergency health care management in the State providing transportation and care from the doorstep of the emergency victim to appropriate empaneled health care facilities/hospitals as declared by the Department from time to time.
- 3) It would provide round the clock (24 x 7) transport service to JSSK beneficiaries through Referral Transport System.
- 4) Provide, operate and manage Boat Ambulances in the specified locations to ensure access to health care for all specially for population living in locations without road connectivity surrounded by water bodies.
- 5) To bring operational and cost efficiency by integrating all these four services through centralized call centre and toll free numbers i.e. 108 (for ambulance) and 104(for Helpline).
- 6) To provide transport to quality emergency care within the shortest possible time in an emergency. Ensure delivery of quality emergency care across the chain of services with a proper emergency management system. To ensure that the system is efficient and effective as possible by providing first class management service quality and monitoring systems to run the ambulance service. And the key objectives are to provide:
  - i) Ambulatory services with two levels of pre-hospital care – Advance Life Support (ALS) and Basic Life Support (BLS). Provide comprehensive Emergency Medical Services (EMS) to the people of Odisha with enhanced quality of emergency care during transportation through the introduction of models customized for the State.
  - ii) Patient transport services with minimum pre-hospital care for transportation of pregnant women and sick children to and from government health institutions under Janani Shishu Surksha Karyakram (JSSK).
  - iii) To establish a quality Emergency Medical Services optimized for the State of Odisha.

- iv) To leverage health services to all stakeholders by a comprehensive range of services extending through pre hospital emergency medical services and a point of first contact for **Police and Fire Departments**.
- v) To promote a collaborative environment dedicated to the pursuit of knowledge and best practices in the Ambulance Care Services and building a capacity within Department in a systematic approach.

## 2.2.2 Grievance Redressal and Health Advice Helpline

2.2.2.1 Government intends to set up a Call Centre based Grievance Redressal and Health Advice Helpline for the convenience of general public. This service can be availed by any person in Odisha dialing a toll free three digit number “104” both in Odia and Hindi language by using phone of any service provider and can have health related advice or register his or her grievance or feedback for the service availed in the public health institutions. The call centre will act as information, advice and referral centre for various health and medical conditions. It will not be a treatment Centre. Services to be offered by the call centre are as follow:

### 2.2.2.2 Services to be Offered

#### 1) **Grievance registering (24x7 Service):**

- Receive complaints and feedback regarding deficiencies in service provided in government health Institutions and escalate the same to appropriate authority.
- Registering and tracking of public grievances regarding the deficiencies in health care delivery, welfare schemes and entitlements on 24x7 basis.
- Real-time Grievance Redressal by establishing linkages with the heads of all the health facilities on 24x7 basis.
- Citizen’s view and suggestions with regards to improving the service delivery with respect to quality of care, safety, Courtesy and other aspects will be received and sent to the concerned department for appropriate action.

#### 2) **Health Advice (24x7 Service):**

- 24x7 health information for guiding the people on health related matters like first aid, nutrition, disease prevention and common ailment
- Medical advice including emergency medical advice
- Information on health care service, health care facilities and diagnostic centres with the help of integrated computerized geographical mapping and database.
- Information about blood bank, blood storage centres and availability of blood.
- *Support to field health staff like ANM and ASHAs for management of emergency conditions and treatment protocol over the phone.*

**3) Counselling**

- Counselling regarding general well being as well as people with psychological problems e.g. adolescent health issue, Suicide prevention, Family Welfare, Nutrition HIV/AIDS
- Follow up of sample beneficiaries registered under MCTS for availing desired services in time. Special call will be made to High Risk Pregnant Women on monthly basis & to those defaulters of services as per need.

**4) Health Information**

- Information on health programs and health related welfare schemes related schemes implemented in Odisha. (e.g. JSY, JSSK, RMNCHA+ etc.)
- Health Related information during epidemic and disasters

**2.2.2.3 Other Responsibilities of Call Centre:**

- Maintain directory of in charge of all facilities and other stakeholder for emergency referrals, health care service availability and reporting of grievances.
- Send SMS of web address, registration number (Complaint ID) and estimated time required to resolve the grievance to complainant.
- Forward the complaint to the concerned official through an SMS/email (Call Centre) for redressal within 7 days of the complaint.
- Also send reminder SMS (automated) at least 2 days before the end of stipulated time for the redressal of unresolved grievances.
- Linkages with ASHA grievance redressal system
- Linkage with Patient Transport Service
- Grievance registration system is to have a scope of integration with other state level grievance redressal portal.
- Agency to carry out necessary modification in the complain registration system to effect such integration.

**2.2.2.4 Priority Services to be offered round the Clock (24x7):**

Following are the priority services, which should be available round the clock:

- Redressal of real time emergency grievances
- Emergency medical Advice
- Information on Emergency health care service, health care facilities and diagnostic centre (**designated health facility only**)
- Information about blood banks, blood storage centres and availability of blood
- Emergency counselling services on psychological problems e.g. adolescent health issue, suicide prevention.
- Complain regarding female feticide and infanticide
- Information on emergency ambulance service

- Emergency health related information during epidemic and disasters

### 2.2.2.5 Activity Flow (GR Health Advice Helpline Service)

Type of Activity	Actions by Client	Actions by Health Advice Helpline (104) Staff
<b>1. A call to help line.</b>	<ul style="list-style-type: none"> <li>• Dial the toll free number (eg.104 or any other number give by the state)</li> </ul>	<ul style="list-style-type: none"> <li>• Once a call is connected with a client, assess whether the type of call is related to grievance health query.</li> </ul>
<b>2. Registration of grievances</b>	<ul style="list-style-type: none"> <li>• Explain the type of grievance, name of the facility/person against which grievance has been raised.</li> <li>• Inform/share details of the place / district where the deficiencies were noted / encountered</li> </ul>	<ul style="list-style-type: none"> <li>• Fill the grievance registration form available on web portal.</li> <li>• Then triage the grievances on basis of emergency; <ul style="list-style-type: none"> <li>a) real time grievances, with focus on those with denial of services</li> <li>b) grievances relating to systemic issues, requiring higher authorities intervention</li> </ul> </li> <li>• For the real time grievances, resolve the grievances immediately by contacting the concerned authorities.</li> <li>• For the grievances requiring higher authorities intervention, grievances will be directed to the concerned official through web portal, and resolution status will be put on the web portal</li> <li>• Such grievances which are not clear and if operator who receives can not understand the type of grievance, the call should be forwarded to the supervisor who will note down the details and register the grievance</li> <li>• Registration number and estimated time required to resolve the grievance will be communicated to the complainant</li> <li>• Also convey the web address to the client so that he may check the status of grievance</li> </ul>

		<ul style="list-style-type: none"> <li>Forward the complaint to the concerned official through a SMS/mail (by call centre/automated through web portal) for redressal of unresolved grievances</li> </ul>
<b>3. If the response on the grievance is not communicated within stipulated time</b>	<ul style="list-style-type: none"> <li>May ask the status of his/her grievance from toll free number by quoting registration number</li> <li>If not satisfied, ask them to forward it to next level and enter details in the web portal</li> </ul>	<ul style="list-style-type: none"> <li>Irrespective of the clients call back or not to check status of complaints, all such grievances which are pending should be informed to the complainant and details of next level authority where grievance has been forwarded e.g. district/state responsible for the redressal</li> </ul>
<b>4. Grievances forwarded to the Authority</b>	<ul style="list-style-type: none"> <li>May enquire the status either through toll free number or through online/checking the web portal</li> <li>If not satisfied, write to the State Mission Director, NHM/Secretary Health of the concerned state</li> </ul>	<ul style="list-style-type: none"> <li>Irrespective of the clients call back or not to check status of complaints, all such grievances which are pending should be put as unresolved grievance on web portal and also copy to Mission Director, NHM, Secretary Health and PS to State Minister of Health with information to the client and district</li> </ul>
<b>5. Health query</b>	<ul style="list-style-type: none"> <li>Explain the health related issue for which information/facilitation is sought</li> </ul>	<ul style="list-style-type: none"> <li>Note the caller's details, address and contact number</li> <li>Issue the registration number</li> <li>Ask in detail about the health query and triage into             <ol style="list-style-type: none"> <li>medical /health query</li> <li>health services/facility information</li> <li>counselling</li> <li>support to field level workers</li> <li>and others</li> </ol> </li> <li>Address the query and if required further support connect the call to medical officer or counselor as per the assessment</li> </ul>

## 2.3 Scope of Work

**2.3.1 Operation of Centralised Call Centre:** The Government of Odisha has an existing call centre facility at 7<sup>th</sup> Floor, IDCO Tower, and Bhubaneswar for operation of 108-EMAS (ALS & BLS) in all 30 districts in the State. The existing call centre infrastructure is capable of handling of operation for 108-EMAS but may require extension for integration of three more services i.e. 24x7 RTS, Boat Ambulance and Grievance Redressal & Health Advice Helpline Service (104). . Accordingly, at the existing facility, for integration of operations, the Government shall provide only infrastructure and equipment, which are exclusively required for integration of all these services. So, the Applicant is required to submit a detailed plan for proper integration of call center operation to address both jurisdictional and technical issues.

*The interested Applicant may visit to the existing call center to have a first hand assessment of existing facility with prior information to tender inviting authority only during the working hours (10 a.m. to 5 p.m.) and on working days.*

**2.3.2** All necessary IT, communication software and hardware are there to operate and manage existing 108-EMAS ambulances fleet. The bidder needs to Install additional IT and communication infrastructure, if any, required for integration the integrated call centre including vehicle tracking (GPS System<sup>3</sup>), call management, performance monitoring<sup>4</sup> and reporting. Computer telephony integration with the ability to log calls with GIS and GPRS integrated ambulance-monitoring system should also be installed if not fitted already. The Service Provider is required to set up and run the call center with adequate capacity in commensuration with workload. The Service Provider is required to setup and run a centralized **Call Centre with optimal seating capacity required** for smooth functioning of 108-EMAS, 24x7 RTS (102), Boat Ambulances and Health Helpline operation. The Government shall reimburse the CAPEX towards up gradation and expansion of the Call Centre/Control Room. Details of existing hardware/software, vehicle launching details, etc. are given at **Annexure-13**.

**2.3.3** Recruit and train qualified manpower required for operation and maintenance of all services including call centre operation, fleet management, onboard patient care, transportation and other operations or activities as per recognized norm duly approved by the Government. The Agency (incoming) shall ensure that the past performance, conduct and track record of personnel recruited for this project are clean and satisfactory.

<sup>3</sup> GPS Device Specs: Satellite connected with at least one-month data back up with biometric attendance, fixed to vehicles, web application with customized reports and additional feature, if any.

<sup>4</sup> Performance monitoring shall include real time recording, analysis and reporting of time, distance and response under each event/incidence/response.

- 2.3.4 Mapping and defining of strategic positioning of the ambulances with route maps, motorable points, nearest catch points in case of non-motorable locations. The Service Provider shall source these documents/ information on their own and Department shall not pay anything out of these.
- 2.3.5 In addition to above specific activities the Service Provider shall develop and implement appropriate control mechanism to ensure;
- (i) Optimal use of the infrastructure including vehicles
  - (ii) Proper selection and training of human resources
  - (iii) Transparent, efficient and cost effective procurement
  - (iv) Continuous performance monitoring and evaluation
- 2.3.6 The Service Provider will arrange for setting up of workshop, parking shed, rest room or any other infrastructure as per the requirement at their cost. In case of Boat Ambulance the service provider shall also manage 60 (sixty) numbers of FRP floated Jetty(s) for 4 (four) riverine districts of Odisha with walkway, at designated locations. Wherever possible, the Authority shall provide the parking space at the premises of Government health facilities. In case of non- availability of parking space in any government building(s), service provider has to make its own arrangements. Service provider shall have its own security arrangement of all vehicles and onboard equipment/tools.
- 2.3.7 The incoming Agency (Service provider) shall takeover existing fleet of Ambulances (ALS and BLS) under “EMAS (108)” on ‘as is where is basis’ and replace those ambulances which have run for more than 2,50,000 KMs or older than 5 years<sup>5</sup>, whichever is later. The replacement cost of the vehicles, its refurbishment and equipment of capital nature, if any, shall be reimbursed by the Authority, upon transfer of the asset in the name of Government of Odisha and deployment of the same. The government within three months shall reimburse all eligible capital expenditure incurred by the service provider from the date of submission of invoice along with all necessary supporting documents, which is to be raised after commissioning of assets.
- 2.3.8 Deploy 500<sup>6</sup> (minimum) number of ambulances under **24x7 RTS** (i.e. 102 Ambulance) with manpower and basic amenities and operationalize it fully across the state within 6(six) months from the date of signing the Agreement. These ambulances shall operate on 24 x 7 basis. Vehicles shall be either procured or hired by the Service Provider. **Detailed specifications of the vehicles are given in Annexure -6.**
- 2.3.9 Ensure compliance of the quality parameters for 24x7 RTS (102 Ambulance).

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<sup>5</sup> To be calculated from the date of registration of ambulances

<sup>6</sup> Agency may deploy higher number of vehicle, if required, with the consent of the Authority.

- 2.3.10 Ensure proactive use of RCH data, for example Expected Date of Delivery, to improve effectiveness of the services.
- 2.3.11 Ensure the call takers or executives in the centralized call centre are trained to take calls in all three languages e.g. Odia, Hindi and English.
- 2.3.12 Enhance the capacity of staff deputed for the operation of EMAS-108 and 24x7 RTS (102 Ambulance) through quality training programs without any extra cost to Government. All Emergency Medical Technician (EMT) should have ALS certification from a recognized institute(s). Service Provider should also conduct regular refresher trainings of the project staff.
- 2.3.13 Establish and operate **GPS based Automatic Vehicle Location Tracking System** for all ambulances under EMAS, 24x7 RTS and Boat Ambulance. This will include **biometric attendance and online real-time data transfer**. Additional terminal(s) and/or log in rights shall be provided by the selected Service Provider at the office of Mission Director, NHM, Bhubaneswar for continuous online monitoring by Patient Transport Cell. In addition to biometric attendance, there should be provision for transfer of other data as and when required subject to the availability of network in the locality. The bidder may come out with technical solution to ensure maximum connectivity.
- 2.3.14 Make available MBBS and/or Specialists doctors at the centralized call center for ambulance services for online consultation by emergency medical technician or doctor on board, whenever required. Nos. of doctors shall be adequate enough to handle the operational load.
- 2.3.15 Establish and operate call centre based “Grievance Redressal & Health Advice Helpline” housed in the same centralized central call centre. The Agency has to setup a 25-seater call center facility exclusively for health helpline service with all facilities capable of 24x7 operation. The bidder will be required to establish & operate the GR & Health Advice Helpline through the extensive use of proven and indigenous medical triage software with algorithms/protocols and appropriate information and communication technologies (ICT). The service provider shall also ensure that incoming and out going PRI lines for Helpline services (104) are segregated so as to allow maximum incoming calls without keeping the line occupied with outgoing calls only. Out of 25 seats 10 seats shall be used exclusively for outward calls (i.e. to (a) follow-up sample beneficiaries registered under RCH for availing desired services in time, (b) special call will be made to highrisk pregnant women on monthly basis and to those defaulters of services as per need) and which shall be operational for a single shift in a day. For outward calls per seat target shall be minimum of 20 calls/shift. The remaining 15 seats shall be used to respond inward calls for Grievance and Helpline Services, which shall be operational on 24x7 basis. The number of seats

to be operational in each shift for Grievance and Helpline Services shall be decided as the actual caseload.

- 2.3.16 Make available MBBS doctors in the call centre exclusively for “GR & Health Advice Helpline Service” for online medical advice and guidance.
- 2.3.17 Enhance the capacity of the personnel involved in service provisioning in terms of knowledge and skills through induction and periodic refresher trainings.
- 2.3.18 Technical specifications and equipment of ALS, BLS, Boat Ambulance and Referral Transport (102 Ambulance) is given in **Annexure-6**. The operational requirements given in the Annexure is over and above the services described in the RFP document elsewhere. The bidder may propose better methodology and approach to achieve the outcomes.
- 2.3.19 Prepare detailed Standard Operating Procedures (SoPs)/ protocol and submitted to the Authority for approval. The Authority/Government reserves the right to prescribe additional/new operational requirements at anytime during the currency of the contract.

## **2.4 Expected Output**

### **2.4.1 Patient Transport /Ambulance Service**

- (a) 24x7 pre-hospital emergency transportation care (Ambulance) services in all 30 districts of the state within agreed response time;
- (b) Uninterrupted functioning of the call centre/ control room and overall Emergency Response Service ensuring that no call is left unattended;
- (c) Operationalize/ Manage / Maintain existing as well as new Ambulances, which may be included later in the fleet.
- (d) Training and Deployment of adequate qualified personnel as per requirement of the project in Head Office, field staff, Call center employees, Emergency Management Technicians, Drivers and other required staff for running the Project efficiently.
- (e) Operate and manage further scaling up of the project.
- (f) Develop curriculum and training modules as required for State health staff to improve emergency response at health facilities at the request of the Government. (Government to bear expenses on such training and workshop)
- (g) Submit various reports and information within the stipulated time frame to the State and district Level management/monitoring Committees formed exclusively, for the overall supervision of the project, and other State and District level authorities.

## 2.4.2 Grievance Redressal and Health Advice Helpline (GRHAH):

- (a) Increased access to health information for all strata of society through a dedicated **25-seat** call centre (to be housed centrally together with IPTS/Ambulance Service) for providing desired services as mentioned above. Seats can be increased/ decreased at any point of time by the Contracting Authority. The bidder will be required to establish the Health Helpline through the extensive use of proven & indigenous triage software with algorithms/protocols and appropriate information and communication technologies (ICT).
- (b) State would be better equipped to handle any health crisis by effectively managing the information dissemination process and directing people to the right place in the least amount of time.
- (c) State would be able to optimize the resources in the Healthcare system – funds, personnel, facilities, etc.
- (d) Deploy trained and qualified manpower for GR & Health Advice Helpline capable of handling the calls smoothly.
- (e) Ensure availability of timely and appropriate health facility for the citizen and redressal of Grievances.

## 2.5 Service Provider's Responsibilities

**2.5.1 Infrastructure<sup>7</sup>:** The Service Provider is required to maintain the building and other infrastructure throughout the life of the agreement to prevent the structural and functional deterioration that can impede the service delivery as years pass by. The Service Provider shall also ensure that the ownership of Government of Odisha in assets created out of Government fund is protected.

**2.5.2 Statutory Compliance<sup>8</sup>:** the Service Provider is responsible for the compliance of the statutory requirement under any law in respect of any asset and operation. The Service Provider shall be held responsible in case of any penalty, loss or other legal consequences arising out of non-compliance and will have to make good at its own cost.

**2.5.3 Operation of Control Room:** The Service Provider shall operate the Call Centre for Ambulance and Health Helpline services in the Control Room for round the clock on 24X7 modes through dedicated toll free three digit numbers (i.e. 108,102 and 104) to respond to emergency, grievance redressal, health advice calls in a shortest possible time and monitor the movement and positioning the ambulances on a continuous

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<sup>7</sup> Infrastructure includes building, machineries, equipment, ambulances and all other assets procured/handed over, installed and put to use.

<sup>8</sup> Statutory compliances are compliances in respect to any asset or activity and non-compliances of which amounts to breach of law and are subject to legal consequences including penalty. Which may include; payment of tax, obtain pollution clearance, registration, road permit, EPF, ESI and fitness certificate, accidental claims etc.

basis. For proper management of the system, the Service Provider shall equip the Control Room with Geographical Information System, Global Positioning System, Automatic Vehicle Location Tracking and other necessary hardware and software for computer integrated telephonic integration. Doctors (MBBS) will be positioned at the control room physically round the clock to provide online medical advice to the Emergency Medical Technician in the ambulance. The service provider shall maintain appropriate number of doctors in the call centre to ensure that no call from the EMT and health workers seeking medical advice is unattended. List of call disposition describing the outcome of calls received at or made from the call centre is to be finalised and incorporated in the dialer with the concurrence of Authority before start of operation.

- 2.5.4 Emergency Response:** On receiving call of such nature, wherein ambulance is required, the control room shall communicate with the nearest ambulance and take the patient to the nearest designated Government /Empaneled Health Facility depending on the severity of the patient's condition within the shortest possible time. The concerned health facility is also to be informed in advance to keep them prepared for immediate emergency care within that critical/golden hour<sup>9</sup>. The Service Provider shall be responsible to maintain the average response time of 25 minutes across the state (monthly average of all vehicles (ALS & BLS)) as a key performance parameter. Service provider's preferred destination shall be government health facilities. Service provider shall obtain concurrence of the Authority for finalisation of the scripts before being used for handling service request by call centre executives or call takers.
- 2.5.5 Schedule of Implementation:** The Service Provider shall provide detailed plan for smooth transition of operations and services including schedule of implementation and handing over with time-lines. The incoming service provider has to complete the entire process of transition including handing over, integration, implementation and operationalization within 6 (six) months from the date of signing of the Contract without any disruption in the ongoing services
- 2.5.6 Monitoring and Evaluation:** Develop and implement a foolproof monitoring and evaluation system to ensure efficiency in capacity utilization. Key indicators need to be put in place for looking at equity of access, quality of care, volume of utilization and wasteful consumption. An online monitoring system having access to data to be provided at the office of Mission Director, NHM, Bhubaneswar by the Agency. The Agency shall also provide all necessary information in the manner, form and frequency as required by the Authority from time to time.

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<sup>9</sup>Time in between the disease/accidents and that disease/injury becoming fatal

- 2.5.7 Procurement of Assets:** Service Provider shall take the responsibility of procurement and setting up of all infrastructure and long term assets with the prior approval of the Procurement Committee on each occasion in the manner stipulated in **Clause no 2.9** of this RFP.
- 2.5.8 Invest in Software:** The Service Provider (Agency) is expected to provide all necessary software at no extra cost other than price as quoted in the Financial Bid to manage and operate the Services. Service provider shall ensure rights of license to use of all software (owned by third party/Service Provider) by Government of Odisha till 7 months beyond the contract termination or end of the contract period whichever comes earlier at no extra cost to the Government of Odisha. Any proprietary software, which is part and parcel of a product (without which that product is not usable), shall be property of Government of Odisha. All data generated during the contract period shall be property of Government of Odisha.
- 2.5.9 Standard Operating Procedures and Protocols:** The Service Provider shall be responsible to abide by the Standard Operating Procedures (SOPs) and protocols to ensure a uniform practice to run the project (i.e. Integrated Patient Transport and Health Helpline Services) including operation of Ambulances, Control Room, and 104 Health Helpline Services. The SOPs for different services and operations shall be developed by the Agency in conformity with the existing SOPs with appropriate modification, wherever necessary to accommodate the changes in scope of services and other terms and conditions of engagement. The revised SOPs so prepared by the Agency shall be submitted for the approval of the government before its being implementation
- 2.5.10** Shall not accept for his own benefit any commission, discount or similar payments in connection with the activities pursuant to discharge of his obligations under the agreement, and shall use its best efforts to ensure that his personnel and agents, either of them similarly shall not receive any such additional remuneration or undue benefits.
- 2.5.11** Recruit, train and position qualified and suitable personnel for implementation of the project i.e. IPTHHS at various levels. The staff so engaged/recruited/appointed by the Service Provider shall be exclusively on the pay rolls of the bidder and shall under no circumstances this staff will ever have any claim, whatsoever for appointment with the Government. The Service Provider shall be solely responsible for the performance and conduct of the staff notwithstanding the source of hiring such staff. The Service Provider shall be fully responsible for adhering to provisions of various laws applicable on them including Labour laws. In case the Service Provider fails to comply with the provisions of applicable laws and thereby any financial or other liability arises on the Government by Court orders or otherwise, the Service Provider shall be fully responsible to compensate/indemnify to the Government for such

liabilities. For realization of such damages, Government may even resort to the provisions of any Act, which is in force or other laws as applicable on the occurrence of such situations.

**2.5.12** Strict adherence to the stipulated timeline and Service Level Agreements (SLAs) for various activities and for shortfalls, pay penalties as mentioned in the document.

**2.5.13** First year branding (stickering) of newly introduced vehicles under EMAS (108 Ambulance) own by Government shall be part of CAPEX. Branding of each vehicle shall be done afresh in 31<sup>st</sup> month of induction and such cost shall be part of the OPEX and borne by the Agency. The Agency (Service Provider) at its own cost shall do branding of 102 Ambulances as per the specification prescribed by the Authority

**2.5.14** Insurance cost (Comprehensive with Zero Depreciation) of all 108 and Boat Ambulances, for both initial and subsequent years shall be part of OPEX and borne by the Agency. The comprehensive insurance shall cover atleast 5 persons in case of 102 ambulance and 6 (six) persons in case of 108 ambulances.

**2.5.15** Insurance of all capital assets that belongs to government has to be done by the Agency out of operational cost. Agency shall ensure timely renewal of the insurance coverage of the assets including ambulances and submit the covering note every year. Discontinuance of insurance shall be treated as default.

**2.5.16 Manpower for various services:** The Service Provider, at each district, shall provide at least one field coordinator to respond, attend and explain the progress to District Collector/ CDMO for co-ordination/resolution of complaints, if any. However, in case of districts having 20 or more ambulances the Agency shall provide atleast two field coordinators to manage the operation and coordination with district authority. Other than above, Service Provider shall place adequate staff at the centralised call centre. While recruiting existing field staff the incoming Service Provider shall ensure that their performance and conduct in the earlier project is satisfactory. All HR related data could be collected from the office of the TIA. Service Provider must keep following categories of manpower having required qualifications as given below:

S.No	Position	Qualification and Experience
<b>(a) Basic Life Support &amp; Advanced Life Support Ambulance:</b>		
1	Emergency Medical Technician:	<p><b>Basic Qualification:</b></p> <ul style="list-style-type: none"> <li>B.SC. Nursing/GNM/ B.Pharma/ D. Pharma</li> </ul> <p><b>Basic Skill &amp; Training:</b></p> <ul style="list-style-type: none"> <li>Emergency management Skills like Bleeding Control, Defibrillation, Spinal Immobilization, Oxygen Therapy,</li> </ul>

		<p>Medicine Administration.</p> <ul style="list-style-type: none"> <li>The EMT should undergo training of at least one month or till proficiency in a tertiary care institution or at any recognized institutes to handle the life-saving &amp; life sustaining equipment &amp; administer use splints. EMTs should be trained and certified in Advance Life Support (ALS)/ Advance Cardiac Life Support (ACLS)/ Integrated Trauma Life Support (ITLS) from a recognized national/international institution.</li> </ul>
2	Ambulance Care Assistant	<p><b>Basic Qualification:</b></p> <ul style="list-style-type: none"> <li>Matriculation or 8<sup>th</sup> Standard (Pass)</li> </ul> <p><b>Basic Skill &amp; Training</b></p> <ul style="list-style-type: none"> <li>First aid and life saving palliative skill</li> <li>Trained in first aid and life saving palliative skill. The training module content and duration has to be agreed by the Authority</li> </ul>
3	Driver	<p><b>Basic Qualification:</b></p> <ul style="list-style-type: none"> <li>8<sup>th</sup> Standard (Pass) with valid driving license for LMV (Commercial) and badge license</li> </ul> <p><b>Basic Skill &amp; Training:</b></p> <ul style="list-style-type: none"> <li>Working knowledge on first aid and patient handling</li> <li>If required a in-house training module may be developed by the Agency in consultation with the Authority</li> </ul>
	Team Size in each shift	<b><i>One EMT, one Ambulance Care Assistant and one driver in each ambulance (ALS &amp; BLS).</i></b>
<b>(b) 24x7 Referral Transport System ( RTS 102 )</b>		
1	Driver	<p><b>Basic Qualification:</b></p> <ul style="list-style-type: none"> <li>8<sup>th</sup> Standard (Pass) with valid driving license for LMV (Commercial) and Badge License</li> </ul> <p><b>Basic Skill &amp; Training:</b></p> <ul style="list-style-type: none"> <li>The Agency (Service Provider) need to provide vehicle along with driver only on 24x7 basis, no medical technician is required in case of RFT-102 Ambulance. Driver should be trained in giving first aid and administering oxygen supply to the patient, if required. Preferably, an attendant (Family Relative) and ASHA shall accompany the patient.</li> </ul>

	Team Size in each shift	<b>Only one driver for each vehicle.</b>
<b>(c) Boat Ambulance:</b>		
1	Pilot/Sarang	5 years experience as Launch driver and having certificate of competency as Saranga issued by Directorate of inland water transport, Cuttack or Directorate of Ports and Inland Water Transport, Bhubaneswar, Odisha.
2	Launch Driver	5 years continuous service as Seacunnies/Tindols and having certificate of competency as 2 <sup>nd</sup> Class Driver issued by Directorate of Inland water transport, Cuttack or Directorate of Ports and Inland Water Transport, Bhubaneswar, Odisha
2	EMT	Same as Emergency Medical Ambulance Service (108 Ambulance)
3	Manjhi/Seacunnies	5 years experience as Khalasi.
	Team Size	One Pilot, one Launch Driver , one EMT and Manjhi during operation hour (dawn to dusk)
<b>(d) GR &amp; Health Advice Helpline (104)</b>		
1	Doctor	<p><b>Basic Qualification:</b></p> <ul style="list-style-type: none"> <li>• MBBS / MD</li> </ul> <p><b>Skill &amp; Experience:</b></p> <ul style="list-style-type: none"> <li>• The candidates should ideally possess clinical work experience of at least one-year post qualification</li> </ul>
2	Paramedics (Health Advisory Officer)	<p><b>Basic Qualification:</b></p> <p>Any of the following qualifications:</p> <ul style="list-style-type: none"> <li>• Bachelor of Pharmacy or Diploma in Pharmacy</li> <li>• Bachelor of Physiotherapy</li> <li>• Bachelor of Science (Nursing)</li> <li>• GNM</li> <li>• BAMS/BHMS</li> <li>• Bachelor in Life Sciences</li> </ul> <p><b>Skill &amp; Experience</b></p> <ul style="list-style-type: none"> <li>• The candidates should ideally possess work experience of at least one year in providing medical care.</li> </ul>

3	Counsellor	<p><b>Basic Qualification:</b></p> <ul style="list-style-type: none"> <li>• B.Sc. /M.Sc. (Psychology)</li> <li>• MSW/ BA or MA in Sociology</li> </ul> <p><b>Skill &amp; Experience:</b></p> <ul style="list-style-type: none"> <li>• The counsellors need to possess at least 1 year of post qualification work experience preferably in health sector.</li> </ul>
	Staff Composition	The Health Helpline will be staffed with Doctors, Paramedics and counsellors. <b>The ratio of doctors to non-doctors (paramedics &amp; Counsellors) would ideally be 1:6.</b> These doctors shall be available at the cell centre exclusively for 104 Health Helpline Services.
<b>(e) Minimum Educational Qualification of Key Personnel</b>		
<b>S.No.</b>	<b>Domain</b>	<b>Educational Qualification</b>
1	Fleet Management	Degree Engineer/MBA/PGDM
2	Human Resource Development	MBA (HR) /PGDM (HR)/ Masters Degree (HR)/LLB
3	Information Technology System Management	Degree Engineer (IT/Computer Science)/MCA
4	Call Center Management	Graduation

2.5.17 Agency (Service Provider) shall ensure that the working hours of ambulance and call centre staff are within the permissible limit as prescribed under relevant laws in India. The Agency shall also ensure that no staff is allowed to work for more than 12 hours in a day. Service provider shall also carry out medical fitness test on yearly basis of all ambulance staff from the designated government health facility to ensure they have the required level of medical fitness to carry out their job responsibility efficiently and effectively.

2.5.18 Service Provider shall ensure that monthly salary of the project staff, directly involved in the operation of different services under this project (including call centre,

ambulance and other field staff) are paid directly through their bank account without any delay latest by 5<sup>th</sup> of the following month. The service provider is required to submit along with the monthly invoice proof of payment of salary for the previous month as a mandatory requirement in the manner and format as sought by the Authority.

2.5.19 Where the Service Provider uses hired vehicle from a third party(s) for the purpose of Referral Transport Service (i.e. 102 Ambulance), then it shall ensure that payment to such party(s) is made regularly within the agreed timeline on monthly basis and shall also enclose a Declaration to that effect as a testimony of timely payment of such dues along with the monthly invoice raised by it to the Government. Non-release or delay in release of dues to such vender(s)/party(s) being one of the reason of interruption in services, shall be considered as a precondition for release of payment against monthly invoice by the Authority.

**2.5.20 Transition Plan:** It's the responsibility of the incoming service provider to develop, finalise and implement the transition plan for a smooth transition of the operation between out going and incoming service providers to ensure availability of all the services without any interruption and disruption.

2.5.21 Service provider has to provide reasons for all off-road intervals in excess of one hour on daily basis.

## 2.6 State Government Responsibilities:

**2.6.1 Overall Monitoring and Supervision:** Government shall constitute different committees both a state and district level with appropriate delegation to ensure smooth implementation, monitoring, supervision and management of the project i.e. "Integrate Patient Transport and Health Helpline services". The government shall also define the role and responsibilities of different committees along with the frequency of their meeting

**2.6.2 Up-gradation and Accreditation of Facility:** Government shall take the responsibility of necessary up-gradation and accreditation of health facility in the area covered under this project to optimize the benefit of emergency response service.

**2.6.3 Delegation of Power:** Authorise or empower the Service Provider to carry out necessary task under purview of this assignment and to act as a Nodal Service Provider in the state for emergency response and helpline services.

**2.6.4 Toll free number:** To provide three-digit toll free number (108 & 104) for operation of IPTHHS to be used as single call number for the State to reach the call centre. The operational cost quoted by the Service Provider shall be inclusive of all recurring expenditures including the telephonic charges, if any.

- 2.6.5 Allocation of Fund:** Allocate the fund toward various tasks or activities under the project as per the mutually agreed terms and conditions.
- 2.6.6 Provision for Space and Infrastructure:** Provide necessary space and infrastructure as per agreed terms and condition.
- 2.6.7 Liaison with other Department and Agencies:** Liaison with other Departments or authorities critical to the functioning of IPTHHS like; Police, Fire, Transport, Labour, etc.
- 2.6.8 Payment to Service Provider:** Ensure timely release of payment against all valid claims towards CAPEX and OPEX submitted by the Agency in the prescribed manner as per the terms and conditions of the contract.
- 2.6.9** Establish and empower a dedicated Cell for monitoring of this Project on day to day basis, which shall work under the overall supervision and control of the Mission Director, NHM, Odisha This Cell will act as an interface between the department and other stakeholders/parties and perform the following functions:
- i) Ensuring seamless coordination between the Government and the Service Provider in effective and efficient implementation of the project as per the agreement.
  - ii) Proactive role in strategic and operational planning of activities that would enhance the value of the services, both existing and potential, and effective monitoring of the outputs and outcomes of the project activities.
  - iii) Protecting the interests of the Government in consultation with the Service Provider duly ensuring that all major policy and operational decisions relating to the human resources, procurement, financial management, management information system, etc. (limited to Odisha operations) of the Service Provider are shared with MD, NHM, Odisha.
  - iv) Ensuring timely release of funds to the Service Provider and their utilisation in accordance with the agreement and follow-up action thereof.
  - v) Ensuring proper upkeep and maintenance of assets that are purchased with the Government funds that are under the control of the Service Provider for delivery of services.
  - vi) Anticipate and alert the Government of any problems that might have a direct impact on the quality of services.
  - vii) Supervise the fleet management, data management, HR management etc. periodically and keep the Government informed.
  - viii) Any other task assigned by the Government from time to time based on the circumstances

- ix) Ensuring all the Government expenditures under the project are within and as per the provisions of the Agreement.
- x) Ensuring implementation of all provisions of the Agreement before recommending the release of monthly payment.
- xi) Monitoring the implementation of all clauses in the Agreement.
- xii) Ensuring optimum utilization of ambulance services by rational deployment of ambulances and organization of segments;
- xiii) Submission of specified periodical reports to department on Physical and operational performance.
- xiv) Co-ordination with department and other authorities at district/institution or state level for smooth functioning and appropriate grievance redressal.

## **2.7 Period of Engagement (Duration of the Contract)**

- 2.7.1 The Service Provider selected for the purpose shall enter in to a contract with the Government to carry out the project with agreed terms and conditions.
- 2.7.2 The Service Provider will be engaged initially for a period of 5 years from the date of signing of the Contract, which may further be extended by a maximum period of 1 year by the Government, subject to satisfactory performance and on the same terms and conditions of the contract. However, detailed provision for modification or termination from the contract and related liabilities and penalties are stated in subsequent paras.

## **2.8 Schedule of Implementation**

- 2.8.1 **EMAS (108 Ambulance)** is operational since May 2013 and managed by an Agency selected through a competitive bidding process. The winning bidder has to start and operationalize the services across all districts within 6 months from the date of signing of the Contract without any interruptions to the current operations. Government shall facilitate handover of all the assets including IT and hardware infrastructure to the winning bidder as per the transition plan finalised in consultation with the department.
- 2.8.2 24x7 Referral Transport System (102-Ambulance) is being operated through a Centralized Call Centre managed and run by an Agency selected through a competitive bidding process. This service is presently available across the state and can be availed dialing a toll free three digit number "102" from anywhere in the state. The incoming Service Provider is required to takeover and operationalizes the service across all districts within six months from signing of the Contract. *The Agency has to either procure or hire the vehicle from the third party for RTS of desired specification. Government shall not incur any cost towards the cost of the Vehicle*

*under RTS. However, all the services shall be controlled and operated from the centralized call centre owned and funded by Government of Odisha To avoid disruption to the present operation, Service Provider shall develop a transition plan and finalise the same in consultation with the department. The implementation should be completed within six months of signing the Contract.*

- 2.8.3 Department is in the process of acquisition of six Boat Ambulances, which shall be made operational in six locations. Boat Ambulances shall also be handed over to the incoming Agency for its operation and management.
- 2.8.4 **Health Helpline Services** is presently operational through a centralized call centre owned and managed by the same Service Provider running 24x7 Referral Transport System (i.e. 102 Ambulance) under the same contract. The incoming Service Provider shall establish the Helpline Call Centre as part of the Centralised Call Centre and make it operational within 6 (six) months from signing of the contract.
- 2.8.5 The new Agency (Winning Bidder) shall expand the capacity of the existing facility of the Government at IDCO Tower, Bhubaneswar and develop an integrated enhanced Centralized Call Centre and Control Room facility to accommodate both 24x7 RTS (102 Ambulance) and Health Helpline Service (104) in addition to existing EMAS (108 Ambulance Service).

## 2.9 Procurement

- 2.9.1 Procurement all the assets under the project shall be undertaken by the Agency in the manner specified below.
- 2.9.2 For the purpose of the procurement a Purchase Committee shall be formed by the Agency and the State Steering Committee (PTS) shall nominate four Government officials with approval of the Govt. of Odisha to represent in the Purchase Committee. It would be the responsibility of the committee to ensure that all the procurements are done on a transparent, competitive and fair manner through open tender.
- 2.9.3 Prior-approval of the State Procurement Committee (PTS) formed by the Government of Odisha to be obtained in each occasion with respect to the procurement terms and conditions including evaluation criteria, eligibility criterion, mode of procurement, performance security, specifications, designed other special conditions included in the bid document.
- 2.9.4 Approved specifications of the Ambulances, healthcare equipment are given in **Annexure-6**. The specification of IT equipment and other items of capital in nature required for up gradation and expansion of the existing Control Room/Call Centre facility shall be finalised as per the requirement.

**2.9.5** All Non-consumable procurements shall become assets of the project, which will have to be handed over to the Government on termination/completion of the project. Proper records of such assets will be maintained in the project accounts.

## **2.10 Means of Finance**

**2.10.1 Capital Expenditure:** Government shall finance for all capital expenditure relating procurement, designing, refurbishing, and installation of assets including civil infrastructure, IT infrastructure (hardware), ambulances<sup>10</sup> (ALS & BLS), machineries, equipment, accessories, office furniture & fittings. However, the Service Provider shall invest from its own fund for the procurement/development of software required to be installed to run the IPTHHS including Call Centre, Computer Aided Dispatch system, Vehicle Tracking System and Monitoring System, etc. Existing IT software and hardware shall be handed over to the winning bidder along with the entire setup.

**2.10.2 Operational Expenditure:** Government shall bear the operational cost for running the ambulance service on actual kilometer run/ fixed cost<sup>11</sup> basis as the case may be. The rate per Km or per month per ambulance shall be as per the rate quoted by the winning party in financial bid. The payment shall become due once the Ambulance is ready to operate in all respect and put to use. Government shall not pay more than the contracted rates entered with the winning bidder in this regard.

**2.10.3** In case of **24x7 RTS (102 Ambulance)** the cost of vehicle and equipment as per the specification shall be borne by the Service Provider and Government shall not incur any capital expenditure. The Service Provider is free to either procure these assets or have them on rent/ lease. **All vehicles, at the time of deployment under 24x7 RTS should not be older than one (1) year from the date of first registration with RTO. The vehicles should be registered as commercial vehicle and as ambulance.**

**2.10.4** In case of GR & Health Advice Helpline Services, Government shall pay per seat/shift/month basis (separate rate for doctors and non-doctors) at the end of the month on satisfactory completion of services. The call centre for helpline service shall be operational 24x7 (all three shifts) Number of staff in each shift shall vary as per caseload.

**2.10.5** The Service Provider shall submit the GPS reports (as customized by the Authority from time to time) along with monthly claim to validate the same. Service Provider shall go to the destination by following shortest possible route and shall avoid detouring the vehicle to gain kilometers. If found, payment of additional Kilometers

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<sup>10</sup> Vehicles and equipment cost under Referral Medical Transport Service (RTS) (i.e. Janani Express) shall be borne by the Agency.

<sup>11</sup> In case of Boat Ambulance only

run during the trip(s) could be deducted. In case, detouring is done due to reasons beyond the control of the Service Provider, the same shall be reasoned out in the monthly claim. The agency shall submit the job details captured at the call centre properly mapped to trips registered in the GPS.

**2.10.6** Any penalties imposed against non-compliance shall be recovered from the bills/performance security raised by the Service Provider. If penalties or any other payment recovered from Performance Security, then the Service Provider is required to replenish the Performance Security to make it to its original amount within 15 days from such deductions.

## **2.11 Financing of the Project:**

2.11.1 Financing of the project shall be on fixed rate reimbursement basis in accordance with the provision of the agreement. Claims or reimbursements for operational expenditure shall be payable on monthly basis on submission of statement of claim and invoice along with supporting documents by the Service Provider. Monthly payment of Ambulance Services under EMAS (108) and RTS (102) shall be based on actual kilometers run as supported by GPS tracking reports or based on Odometer reading from EDS, whichever is lesser. Odometer reading from EDS shall be considered only in exceptional circumstances where the variation in distance covered (kilometer run) in a trip between odometer reading and GPS tracking report is more than 10% due to defunct GPS device during the course of the trip and which shall be limited to maximum 2% of the total cases completed in a month across the fleet, to be calculated separately for 102 and 108 ambulance services.

2.11.2 Payment towards Boat Ambulances Services shall be on fixed monthly contracted rate. Payment towards 104-Health Helpline Service shall be on per seat/shift basis. Penalty, if any, shall be imposed on non-compliance of performance parameters.

2.11.3 The payment against all **capital expenditure** incurred by Service Provider (Where it is to be borne by the Government) shall be released upon the procurement and satisfactory commissioning of assets and upon declaration of such capital assets as the properties of the State Government.

2.11.4 **Advance financing towards procurement of capital asset:** The Service Provider, shall be provided advance, if required, only towards procurement of capital asset (i.e.CAPEX) under the project against 100% Bank Guarantee separately (other than performance security). Advance financing towards CAPEX shall be limited to of Rs 15.00 crores at any given point time. This advance shall be adjusted against claim for CAPEX. While requesting for advance financing, service provider shall produce sufficient evidence justifying the CAPEX requirement.

## 2.12 Investment and Ownership:

All movable and immovable assets created in the project will be the property of State Government. The assets will have to be handed over to the Government at the end of the contract period or at the time of termination of the contract whichever is earlier.

## 2.13 Earnest Money Deposit (EMD) & Performance Security

2.13.1 The bidder shall deposit Earnest Money Deposit (EMD) amounting to Rs.50 lakhs in the form of Demand Draft/ Bankers Cheque/ FDR/ Bank Guarantee in favor of "Mission Director, NHM, Odisha " payable at Bhubaneswar from a scheduled commercial bank having branch at Bhubaneswar, along with the proposal. Bank Guarantee format for EMD is given in **Annexure-14**

2.13.2 In the absence of the EMD, technical proposal of the bidder shall be rejected summarily.

2.13.3 The EMD shall be kept valid through the proposal validity period i.e. 180 days from the date of bid opening. Bidders shall be asked for an extension, if so required by the TIA.

2.13.4 The EMD shall be returned to unsuccessful bidders within a period of thirty (30) days from the date of announcement of the successful bidder.

2.13.5 The EMD shall be forfeited if the bidder withdraws its proposal during the interval between the proposal due date and expiration of the proposal validity period.

2.13.5 The preferred bidder to whom the contract shall be awarded have to deposit Performance Security equivalent to 7% of the annual value of the contract in the form of Bank Guarantee issued from a scheduled commercial bank having branch at Bhubaneswar and should be drawn in favor of "Mission Director, NHM, Odisha payable at Bhubaneswar". Annual value of the contract for the purpose of performance security calculation shall be the annual operational cost calculated as per the rate quoted in the financial bid without considering the capital expenditure that shall be incurred under the project. Amount of Earnest money deposit can be adjusted into the security deposit. Security deposit is for due performance of the agreement. Format of Bank Guarantee for Performance Security is given in **Annexure-15**. The Contracting Authority/Government in the following circumstances can forfeit the Performance Security:

- (i) When any terms or conditions of the agreement are infringed;
- (ii) When the service provider fails in providing the services satisfactorily;

*Notice will be issued to the bidder/service provider with reasonable time (up to a maximum 20 days time) before the earnest money / security deposit is forfeited.*

## **2.14 Operational/ Performance Parameter and Penalty Clauses**

2.14.1 The Service Provider shall complete all preoperational activities including setting up of integrated call centre, manpower recruitment and training, procurement of project assets and taking over of operation from the outgoing service provider and start providing both ambulance and health helpline services in the manner specified under Clause 2.8 (Schedule of Implementation) unless otherwise an extended period is allowed by the Steering Committee in writing.

2.14.2 The Service Provider shall ensure that an average performance level of average 3 Emergency Cases (trips)/Day/Ambulance and average running of 170.00 km/Day/Ambulance to attend emergency cases (excluding maintenance and others) is achieved under EMAS-108 immediately after handing over of the project. In case this level of service is not achieved it would be considered as non-performance and accordingly penalty will be levied. Other service level agreements are mentioned in the Scope of Work. This performance level is kept to ensure that the assets of the government are being utilized reasonably and to maintain operational efficiency. A trip results in pick-up and drop of a patient from the site to a hospital (i.e. Base Location/Point of Diversion → Patient/Site of Incidence → Hospital → Base Location /Point of Diversion). Multiple patients in a single trip will be considered a single trip/case. So one trip is equivalent to one case. Penalty shall be imposed @Rs. 200/- per month per 1.00 KM shortfall/day/ambulance (measured over a month with total no. of ambulances). **Example:** *If service provider does 160 km/day/ambulance (measured over a month for 100 Ambulances) then penalty shall be Rs. 2,00,000/- (i.e. 10x200x100=2,00,000)*

2.14.3 In case of other defaults in services necessary action under terms of the agreement will be initiated in addition to imposition of penalty considering seriousness of the default. The fault shall be determined with reference to the outputs as mentioned at **Para 2.4** above and the State Level Steering Committee set-up for overall supervision and monitoring of the project (i.e. IPTHHS) will determine penalty.

2.14.4 The amount of penalty shall be recovered from the claims submitted by the service provider. In the absence of any claim, it can be recovered from security deposit also.

**2.14.5** The Ambulances under EMAS-108 shall have minimum usable life of 5 years. No ambulances shall be due for replacement before 5 years from date of induction or have run more than 2,50,000 KMs whichever is later. Details of existing fleet with launching date created from the funds of Government of Odisha given in **Annexure-13**.

2.14.6 No additional payment shall be made to the service provider beyond the contracted rate. Service provider shall be liable to penalty for non-performance or adherence to performance/quality parameter in the manner described below.

S. No.	Performance Parameter	Description and Incidence of Default	Penalty
A	<b>“EMAS-108”: Emergency Medical Ambulance Service</b>		
A1	Taking over and operationalization of Services (complete fleet) across all districts within 6 months of signing of the Contract.	For each day of delay in deployment beyond 6 months' time.	Rs 1000.00 per day/vehicle for delay in deployment.
A2	Average Response Time (Call to Site): 25 minutes (For response time calculation interfacility transfer cases to be excluded)	For each minute of delay in average response time:  <b><i>(To be calculated as monthly average over the entire fleet of vehicle-ALS &amp; BLS)</i></b>	0.5% of the total monthly billing amount per each minutes of such delay.
A3	Eligible Call Attended: 80% or more  (More than 80% of the calls as eligible for response is attended by dispatching ambulance)	Penalty shall be levied if attendance level falls below 80% in a month.	Rs 45,000/- per each percentage of shortfalls from 80% level.
A4	<p>i) The off-road days for preventive and breakdown maintenance would be accumulated @1.5 days per vehicle per completed month. No ambulance (ALS/BLS) shall be allowed to be off road* for more than the balance of accumulated off-road days.</p> <p>ii) At any given point of time more than 90%<sup>12</sup> of the vehicles (ALS/BLS) shall be on road (<i>ready to attend the emergency call with all major equipment functional</i>)</p>	<p>i) Allowed off-road days of 1.5 days per month do not include force majeure cases including accident and mob violence. However, it covers all other maintenance including routine or preventive.</p> <p>ii) For 90% on-road condition only those ambulances, which are off road for more than 1 hour at a stretch, shall be considered and calculation shall be done for each district separately. However in case of small districts where 10% of the vehicles in a district is less than 2 (two) then in lieu of 10% vehicles 2 vehicles shall be taken.</p>	<p><b><i>(i) Rs 1,000.00 per day/vehicle in excess of allowed days</i></b></p> <p><b><i>(ii) Rs 100.00 per ambulance hour in excess of 10% limit (district-wise).</i></b></p> <p><i>Above penalties with respect to off roading are concurrent in nature. (i.e. both of these penalties shall be levied simultaneously in case of</i></p>

<sup>12</sup> Vehicles damaged due to accident and mob violence shall only be excluded.

	<i>including the GPS device).</i>	Off-road beyond balance accumulated day per ambulance and in any given point of time where more than 10% ambulances are off-road.	<i>default)</i>
A5	3 cases /day/ambulance and avg. running of 170 km /day/ ambulance (Measured over a month with total no. of ambulances)	Penalty shall be imposed if any of these performance indicators is not fulfilled. If both the performance parameters are not complied than both penalties will be applied simultaneously.	Penalty shall be imposed @Rs. 200/- per month/ambulance per each 1.00 km shortfall in average daily running of ambulance). And @ Rs 1,100/- per each 0.1 cases shortfall from expected level of 3 cases/day against avg. trip done per day.
A6	Any shortfall/ default found on inspection by Authorised representatives or officials of the Authority.	<ol style="list-style-type: none"> <li>1. Poor General cleanliness /Ambulance body Hygienic storage of Medical/ non-medical consumables/staff uniform and availability;</li> <li>2. Non-availability of Medical/ non- medical consumables as per the enclosed list at Annexure-6.</li> <li>3. Non-functioning of major equipment;</li> <li>4. Improper maintenance/non-updating of log book, stock register, PCR record, vehicle maintenance record as prescribed by Authority;</li> <li>5. Non-functioning of Air-conditioning of Ambulance.</li> </ol>	Penalty of Rs 1000/- per ambulance 1st time for every shortfall/ default and subsequently Rs. 2500/- per Ambulance (Individually for every shortfall/ default)
<b>B Referral Transport Ambulance (102-Ambulance)</b>			
B1	Complete rolling out of all vehicles (102 Ambulances) within 6 months of signing the contract	Each day of delay per vehicle	Rs. 500 per day/non deployed vehicle
B2	i) The off-road days for preventive and breakdown maintenance would be accumulated @1.5 days per vehicle per completed	(i) Allowed off-road days of 1.5 days per month do not include accident and mob violence cases for which additional up to 30 days in each year of	i) <b>Rs 1,000.00 per day/vehicle in excess of allowed days</b>

	<p>month. No ambulance (102) shall be allowed to be off road* for more than the balance of accumulated off-road days</p> <p>ii) At any given point of time more than 90%<sup>13</sup> of the vehicles (102 Ambulance) shall be on road.</p>	<p>operation is allowed for repair and restoration. However, it covers all other maintenance including routine or preventive.</p> <p>(ii) For 90% on-road condition only those ambulances, which are off road for more than 1 hour at a stretch, shall be considered and calculation shall be done for each district separately. However in case of small districts where 10% of the vehicles in a district is less than 2 (two) then in lieu of 10% vehicles 2 vehicles shall be taken.</p>	<p>ii) Rs 80.00 per ambulance hour in excess of 10% limit (district-wise calculation to be done).</p>
B3	<p>Average Response Time (Call to Site): 25 minutes (For response time calculation drop-back cases to be excluded)</p>	<p>Per each minute of such delay in avg. response time (call to Site).</p> <p><i>Average response time to be calculated on monthly basis.</i></p>	0.5% of the monthly charges.
B4	<p>Eligible Call Attended: 80% or more</p> <p>(More than 80% of the calls as eligible for response is attended by dispatching ambulance)</p>	<p>Penalty shall be levied if attendance level falls below 80% in a month.</p>	Rs 25,000/- per each percentage of shortfalls from 80% level.
B5	<p>Numbers of trips/ambulance /day (Average 4 (Four) trips per day.)</p> <p>A trip could be either (a) Pick-up from Home to Hospital or (b) Drop back from Hospital to Home) i.e. Base Location/Point of Diversion → Home → Hospital → Base Location/Point of Diversion or reverse i.e. base Location/Point of Diversion → Hospital → Home → Base Location/Point of Diversion</p>	<p>Multiple patients in a single trip will be considered as a single trip.</p> <p>No penalty shall be imposed if average trip per ambulance per day is less than 4(four)</p> <p>Average daily trips per ambulance per day to be calculated for each month of operation over entire fleet of vehicles (102 Ambulances) deployed in that month.</p>	<p>Penalty shall be imposed in case of any shortfall in average trip/ambulance/ day in each month of operation @ Rs. 1,000/- for each shortfall of 0.1 trips per ambulance. (Short fall in trips per ambulance/day = Minimum Expected Average Trip per Ambulance/Day (i.e. 4 trips) – Actual Average Trips per Ambulance/Day)</p> <p><b>Example: If service provider does 3.8 trips/day/ambulance for 100 vehicles then penalty</b></p>

<sup>13</sup> Shall exclude vehicles under repair in accident or mob violence cases (maximum up to 30 days in each year of operation).

	<b>1 Trip= 1 Case</b>		<i>shall be = 100x1000 x 2 = Rs. 2,00,000/-</i>
<b>C</b>	<b>Boat Ambulance</b>		
C1	To be decided after six months of operation		
C2			
C3			
<b>D</b>	<b>Centralised Call Centre Based Grievance Redressal &amp; Health Advice Helpline (104):</b>		
D1	Call Centre Down Time beyond permissible limit of 0.5%, calculated over a month. <i>(Mechanical or Operational). This is non-cumulative.</i>	Average down time each month beyond allowed limit of 0.5%.	Rs.5000/- per each hour of downtime.
D2	Average calls attended by each call takers in helpline Separate seats to be allocated for incoming and outgoing calls		To be defined after 6 months of operation
D3	Availability of call takers during working hour	Absent for more than an hour during the working hours.	150% of the proportionate charges
<b>E</b>	<b>Call Centre Service Level Efficiency</b>		
E1	Service level target of 85% of the calls is to be attended within threshold limit of 10 seconds (Short abandoned calls within 5 seconds are to be excluded)	Penalty shall be imposed if the rate goes below 85%.	Penalty shall be @ 30,000 per each 1% of Shortfall.

**\*Off-road Condition (for the purpose of Penalty calculation):**

- a) Any ambulance shall be counted as 'Off-road' condition in any one of the following instances:
- (i) GPS is not working for more than 12 hours at stretch;
  - (ii) Key equipment not functional/available for more than 12 hours at a stretch;
  - (iii) Ambulance/vehicle is not working (vehicle breakdown) for more than 12 hrs. at a stretch;
- b) In case of EMAS (108) vehicles (which are government owned) "Off-road" does not include force majeure cases including accident and mob violence vehicle under repair. However, it covers all other maintenance including routine or preventive.
- c) No ambulances are allowed to operate without insurance coverage and valid fitness certificate and shall be treated as off-road in such situation. However, in case of renewal of fitness certificate where application for renewal is made within stipulated timeline (i.e. 30 days before date of expiry of validity) but fresh certificate has not been issued by the authority then it will not be treated as off-road.

- d) In case of Referral Transport (or 102 Ambulance) maximum 30 days in each year of operation shall be allowed for each vehicle for repair in case of damage due to mob violence or accident in addition to 18 days for routine and preventive maintenance.
- e) For Referral Transport Vehicles (or 102 Ambulance), "Off-road" days in excess of 30 days (which is allowed for repair in case of mob violence and accident) shall be treated as off road. Service Provider is required to replace accidental vehicles within 30 days.
- f) An ambulance cannot have an operational status in a sequence like Off-road → On-road → Off Road unless a minimum of one case is successfully attended in between two off-road conditions. That means there can't be an On-road condition between two Off-road condition of an ambulance unless a call is attended successfully in between. Such On-road condition shall be treated as Off-road condition for all practical purpose where not even a single call is attended successfully.
- g) In case the ambulance does not attend the call when the vehicle is showing on-road status then it shall be treated as off-road.

## 2.15 Performance Standards and Standard Operating Procedures

### 2.15.1 Performance Standards for ALS, BLS and RTS (102)

- (a) The ambulance under EMAS (108) and Referral Transport System (102) has to reach the site of requirement within the response time as specified under Para 2.15.2 of receiving such call at the Emergency Response Center in 80% of the cases. It is clarified that non-response to hoax calls, repeat calls, crank calls or calls that did not provide an address for the Patient will not be taken into account while determining adherence to Response Time standards by the Operator. Response Time standards shall apply to all emergency ambulance requests requiring a response as determined by the Emergency Response Center (ERC) using call screening and dispatch protocols (approved by the Authority) and only such calls shall be used for the purposes of determining response time compliance calculations.

#### Service Quality Parameters for BLS & ALS Ambulances:

S. No.	Performance Indicator	Bench mark
1	Geographic coverage of the district with BLS & ALS services	100%
2	Average number of emergencies** to be attended by one ambulance per day	3 trips (minimum)
3	Average time taken to reach the scene from the time the call is received (call to Scene). Atleast in 80% of the cases it should reach within 25 minutes. (Change to be measured monthly)	25 minutes
4	District wise vehicle busy calls (for BLS) (Change to be measured half yearly)	Not more than 5%
5	District wise vehicle busy calls (for ALS)	Not more than 1%

	(Change to be measured half yearly)	
6	Addressing ineffective (Hoax) calls – Reduce by 15% of the total ineffective calls (Changes to be measured annually)	Reduce by 15%
7	Introduce quality management indicators for skills and equipment	100%
8	Average percentage of on-road vehicles per day should not be less than	90%
9	Average distance travelled per vehicle per day should not be less than (only for BLS)	170 km

*\*\*For the purpose of above benchmarks the word "emergency" is defined as:*

*Emergency is defined as an occurrence of any sudden event that threatens life, and demands immediate attention. Emergencies could vary vastly in scope, magnitude and management. Effective emergency response significantly reduces deaths, disabilities, suffering from length of hospital stay, losses from fire incidents. Emergency Response is medical services and medical care that reduce the levels of risk on life and health.*

#### **Service Quality Parameters for Referral Transport System (102 Ambulance):**

<b>S. No.</b>	<b>Performance Indicator</b>	<b>Bench mark</b>
1	Geographic coverage of the district with JE services	100%
2	Average number of pregnant women/ children <sup>14</sup> to be transported from home to hospital or Hospital to home by one ambulance per day (pick-up or drop)	4.0 trips
3	Average time taken to reach the scene from the time the call is received at the call centre (call to scene) (Change to be measured monthly)	25 minutes
4	District wise vehicle busy calls (Change to be measured half yearly)	None
5	Introduce quality management indicators for skills and equipment	100%
6	Average percentage of on-road vehicles per day should not be less than	90%

- (b) Any delay in adhering to the Response Time, dispatch time and other performance standards shall be recorded and reported by the Operator to PTC, NHM, Bhubaneswar.
- (c) Response Time calculations shall be calculated from the time a call is received as defined in (i) below till the time Operator's ambulance arrives on scene as defined in (ii) below or is cancelled by the Emergency Response Centre (ERC).

<sup>14</sup> All pregnant women for institutional delivery & children below 5 years for treatment at government facilities. Drop back of woman after delivery with her newborn baby shall be considered one drop.

- (i) Time of Call Received- shall be defined as the time at which the ERC has received a call through telephone or any other source (fire service, police etc.).
- (ii) Time of Arrival on Scene – shall mean the time at which an ambulance crew (the driver) notifies the ERC that the ambulance has reached the nearest public access point to the Patient.
- (iii) In case of multiple response i.e. more than one vehicle arriving at the scene, the response time shall be recorded for the first vehicle arriving on scene.
- (iv) Response time standards may be suspended in case of a multi casualty incident or disaster in Odisha in case Authority calls on the vehicles to aid.

**(d) Service Quality Parameters for Boat Ambulances (6 nos.)**

**To be defined after 6 months of operation**

**(e) Service Quality Parameters of 104 Health Helpline Services:**

The table below lists the minimum expected service levels for the health contact center. They must be achieved within four months of the launch of the contact center.

Indicators	Expected (20 pts.)	Manageable (10 pts.)	Breach (0 pts.)
AHT <sup>15</sup> of 15 sec. for nonproductive calls	90% of calls	75-85% of calls	<75% of calls
AHT of 240 secs. for health advice calls	85% of calls	75-85% of calls	<75% of calls
AHT of 3-5 min. for Medical Officer calls	85% of calls	75-85% of calls	<75% of calls
AHT of 10-15 min. for counseling calls	80% of calls	70-80% of calls	<70% of calls
Daily reports sent to designated officials within 24 hours	<24 hours	24-36 hours	>36 hours
Call quality based on Sampling by designated committee	100%	98%	<98%
Calls (lasting beyond 30 seconds) not closed properly by call taker	100%	98%	<98%

***Minimum score of 100 points is expected from 4<sup>th</sup> month onwards.***

**2.15.2 Performance Standards for the Emergency Response Centre**

- (a) Executives receiving the calls on the toll free line must take the call within 10

<sup>15</sup> Average Handling Time

- seconds of the first ring.
- (b) Call Centre down time should be within the permissible limit of 0.5% in any month.
  - (c) The Service provider shall ensure more than 80% of the calls screened (after attending and analyzing the calls at the Call Centre) as eligible for response is attended (provided Ambulance Service).
  - (d) From the time of receipt of call at the ERC the ambulance must be dispatched in 90 seconds.

### 2.15.3 Standard Operating Procedures

- (a) The Standard Operating Procedure (SoP) shall be developed in conformity with the provisions under the RFP by the Service Provider and which shall be finalized in consultation with the Executive Committee before taking over the operation. The Service Provider uniformly for a smooth operation shall abide SoP. The areas to be covered under the SOP are given below:
  - (i) Purpose and Scope
  - (ii) Dispatch Centre protocols
  - (iii) Operation Systems, Structures and Protocols for Ambulance including response protocols, ring checks, call codes, vehicle maintenance, vehicle breakdown management, vehicle accident management, vehicle distribution, communication protocols.
  - (iv) Operational protocols for special circumstances (natural calamities, mass casualty events (both manmade and natural), unattended death, transportation of minors, transportation of obstetric cases, pediatric patients, neonate, crime scene operations, fire & accidents relating to hazardous material). Department will assist in the development of the operational protocols for such special circumstances.
  - (v) Reporting structures and formats - overall documentation
  - (vi) Health and safety protocols for personnel
  - (vii) Job description, roles and responsibilities of each level of personnel in entire operations.
  - (viii) Training, refresher course and orientation protocols for all levels of personnel (including staff replacement protocols)
  - (ix) Overall administrative policies
  - (x) Penalty and Payments if any to be revised.

- (xi) Inter-facility transfer protocols
  - (xii) On-line medical direction / guidance protocols
  - (xiii) Transportation refusal policies and protocols
  - (xiv) Do Not Resuscitate Policy
- (b) The Standard Operating Procedure may be reviewed and revised at periodic intervals. However, the Authority reserves the right to amend the Standard Operating Procedure (SOP), within the overall framework of the RFP, unilaterally and the Operator shall be bound to implement such change from the date of its communication by the Authority to the Operator.
- (c) Amended versions of the Standard Operating Procedure (SOP) shall be implemented after submission to the Authority for necessary approval.

#### **2.15.4 Standard Ambulance Operating Protocol.**

- (a) The Standard Ambulance Operating Protocol (SAOP) that will provide the guidelines and framework in accordance with which each Ambulance will have to be operated.
- (b) The Service Provider is required to develop the Standard Operating Protocol of all four services in consultation with the Authority within 3 months from the date of contract agreement and conduct the services accordingly.
- (c) The tentative developed principles for the Standard Ambulance Operating Protocol are given below:
- (i) Accident or other Medico Legal Cases: In all cases the operator will take the Patient to the nearest Government designated Health Facility.
  - (ii) Obstetric Emergency: In the event of an obstetric emergency wherein the patient concerned arrived makes a request to be taken to a hospital/healthcare facility, where she is registered / referred, the Operator shall take such Patient to such hospital /healthcare facility. Provided that the Operator shall ensure coverage, by another Ambulance of the Ambulance Operation Area of the relevant Ambulance that responds to an Obstetric Emergency in the event the Patient concerned is being taken to a hospital/healthcare facility outside the Ambulance Operation Area of that ambulance.
  - (iii) The Operator can collect/pick up patients only within the area of the Odisha
- (d) The Standard Ambulance Operating Protocol may be reviewed and revised at

periodic intervals as the project is implemented.

- (e) Authority shall have the right to, from time to time, notify a specific change(s) to the Standard Ambulance Operating Protocol and the Operator shall be bound to implement such change from the date of its communication by Authority to the Operator.

## **2.16 Monitoring and Evaluation**

2.16.1 There shall be following committees with defined role and responsibility to ensure smooth implementation, operation and monitoring of the project;

- a) State Steering Committee
- b) State Procurement Committee
- c) State Management Committee
- d) District Level Monitoring Committee

2.16.2 Service Provider shall provide access to online data to facilitate online monitoring on a continuous basis. Service Provider shall also give login rights to the designated officials of NHM and Department for online monitoring and evaluation. Service Provider shall also provide hardware and software, if required, at the office of MD, NHM for online monitoring of the services.

2.16.3 The services and records of the service shall be subject to inspection by designated officer(s) of Department/NHM.

2.16.4 Government reserves the right to evaluate the performance of the Service Provider as well as the project annually by a third party.

## **2.17 Termination /Suspension of Agreement**

2.17.1 The Government may, by a notice in writing suspend the agreement, for a period as decided by the Government (but for a maximum period of 6 months), if the service provider fails to perform any of his obligations including carrying out the services, provided that such notice of suspension:

- (i) Shall specify the nature of failure, and
- (ii) Shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.

2.17.2 In case of suspension, Government could depute its officer(s)/through third party agency at the Call Center/Office of Service Provider at Bhubaneswar to oversee and manage the operations of the project. All operations of the project shall then be handled by the personnel/officials, so deputed, to address the issue(s). During the suspension period, Service Provider shall have no right to intervene in the operation

and management of the project. Once issues are addressed/resolved, it shall be handed back to the Service Provider. In case of taking over of the operations, Government shall not be liable for any loss incurred by Service Provider during and after the suspension period.

2.17.3 During the suspension period, Government reserves the right to terminate the agreement by giving 30 days notice period.

2.17.4 The Government after giving 30 days clear notice in writing, expressing the intension of termination by stating the ground/grounds on the happening of any of the events (i) to (iv), may terminate the agreement after giving reasonable opportunity of being heard to the service provider.

(i) If the service provider does not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the Government may subsequently approve in writing.

(ii) If the service provider becomes insolvent or bankrupt.

(iii) If, as a result of force majeure, service provider is unable to perform a material portion of the services for a period of more than 60 days: or

(iv) If, in the judgment of the Government, the service provider is engaged in corrupt or fraudulent practices in implementation of the project.

2.17.5 In the event of premature termination of the contract by the Government on the instances other than non-fulfillment/ non-performance of the contractual obligation by the Service Provider, the balance remaining un-paid amount on account of capital expenditure as on the day of termination shall be released within six months from the date of such termination.

2.17.6 Government reserves the right to partially terminate (one or more services) the contract.

2.17.7 In case of premature termination or suo-moto abandonment of the contract/project by the service provider, the service provider shall be penalized for the default. While applying this penalty, in addition to the forfeiture of the performance security, the Government may appropriate towards the penalty, the balance remaining unpaid on account of capital expenditure as on the day of suo-moto abandonment by the service provider to recover the damage sustained due to abandonment.

2.17.8 In case of termination, Service Provider will continue operations on existing terms and conditions till a maximum period of six months from the date of termination or date of handing over of complete operations including assets to a new Agency. All assistance should be provided by the existing service provider in handing over of all

assets, licenses, etc., to new vendor without any extra cost to the Government as per directions of TIA.

## **2.18 Modifications**

Modifications in terms of reference including scope of the services can only be made by written consent of both parties. However, basic conditions of the agreement shall not be modified.

## **2.19 Saving Clauses**

In the absence of any specific provision in the agreement on any issue the guidelines issued/to be issued by the Mission Director, NHM, Government of Odisha shall be applicable.

## **2.20 Force Majeure**

2.20.1 This being a emergency response service, the Agency shall not be allowed to suspend or discontinue the service during occurrences of Force Majeure events. A suspension of or failure to provide service on the occurrence of a Force Majeure event will be an Event of Default unless the Force Majeure event is of such nature that it completely prevents the operation of ambulances for any reason in any area.

2.20.2 The failure of Service Provider to fulfill any of its obligations under the agreement shall not be considered to be a default in so far as such inability arises from an event of Force Majeure, provided that the party affected by such an event:

- a) Has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the agreement, and
- b) Has informed the other party as soon as possible about the occurrence of such an event.

2.20.3 If Performance Standards are not complied because of any major breakdown to ambulance vehicles or any of the Project Facilities or non- availability of project staff, or inability to provide services in accordance with the Performance Standards as a direct consequence of such Force Majeure Events then no penalty shall be applicable for the relevant default in Performance Standards.

2.20.4 Government agrees to reimburse the cost of repair or replacement of any ambulance or equipment, owned by State Government, which is damaged as a direct consequence of a Force Majeure event, to the extent that such cost was not covered by the relevant insurance policies that were obtained by the Service Provider.

2.20.5 On the occurrence of any Force Majeure Events or implementation of any disaster management operations or law and order emergencies, Government may give

instructions to the Service Provider including requiring deployment of certain number of Ambulances in specific locations, in such circumstances, the Service Provider shall comply with such instructions and will be excused from adherence to relevant performance standards.

## **2.21 Settlement of Dispute**

If any dispute with regard to the interpretation, difference or objection whatsoever arises in connection with or arises out of the agreement, or the meaning of any part thereof, or on the rights, duties or liabilities of any party, the same shall be referred to the State Level Steering Committee) for decision. If the Service Provider is not satisfied with the decision of State Level Steering Committee, they may proceed for arbitration.

## **2.22 Arbitration**

- 2.22.1 Any unresolved dispute or difference whatsoever arising between the parties to this Agreement out of or in relation to the construction, meaning, scope, operation or effect of this Agreement or the validity of the breach thereof shall be referred to a sole Arbitrator to be appointed by the Secretary to Government, Department of Health & Family Welfare, Govt. of Odisha. The provisions of the Arbitration and Conciliation Act, 1996 will be applicable and the award made thereunder shall be final and binding upon the parties hereto, subject to legal remedies available under the law. Such differences shall be deemed to be a submission to arbitration under the Indian Arbitration and Conciliation Act, 1996, or of any modifications, Rules or reenactments thereof.
- 2.22.2 The arbitration shall be conducted in Bhubaneswar, Odisha, India. The arbitration shall be conducted in English and all written documents used during the arbitration shall be in English. The Award shall be speaking Award.
- 2.22.3 The parties agree that any decision for Award of any Arbitral Tribunal pursuant to this clause shall be a domestic award and final, conclusive and binding upon the parties and any person affected by it. The parties also agree that any court of competent jurisdiction may enforce any arbitration award rendered pursuant to this clause.
- 2.22.4 During any period of arbitration, there shall be no suspension of this Agreement.
- 2.22.4 The parties specifically agree that any arbitration shall be pursuant to clause above and the clause is governed by Indian Law.

### **2.23 Right to Accept and Reject any Proposal**

Government reserves the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

### **2.24 Award of Contract and Agreement**

On evaluation of technical and financial parts of RFP and decision thereon, the selected bidder shall have to execute an agreement with the State Government within 21 days from the date of acceptance of the bid is communicated. This Request for Proposal along with documents and information provided by the bidder shall be deemed to be integral part of the agreement. Before execution of the agreement, the bidder shall have to furnish the performance security (security deposit).

### **2.25 Commencement of Service**

2.25.1 The Service Provider shall commence the service only after the issue of the Letter of Commencement by the Department allowing the Service Provider to commence activities envisaged under the RFP. Letter of Commencement shall be issued subject to following conformations:

- (a) Control Room and all infrastructures are and complete in all respect as per the terms and conditions mentions in this RFP.
- (b) Ambulances and control room are equipped and furnished in all respect.
- (c) All statutory requirements essential and necessary under different statute to run the service have been complied.

2.25.2 The Service Provider shall commence the service as per schedule of implementation mentioned in RFP from the date of signing of the Agreement. If the Agency fails to commence the service as specified herein, the Government may, unless it consents to the extension of time thereof, forfeit the Performance Security and appropriate the same.

### **2.26 Jurisdiction of Court**

Legal proceedings, if any, shall be subject to courts under Bhubaneswar jurisdiction only.

### 3. CRITERIA FOR EVALUATION

#### 3.1 Evaluation of Technical Proposals

- 3.1.1 In the first stage, Part A (Key-Submission) shall be opened and the eligibility shall be assessed as per the set criteria given in **Clause 1.2**.
- 3.1.2 Technical Proposal (Part B) of those applicants shall be considered for technical evaluation that qualifies the eligibility criteria as mentioned in Clause 3.1 (1) above. Technical Proposal will be evaluated on the basis of Applicant's experience, presentation and financial capability. Only those Applicants whose score on evaluation of technical proposal is more than or equal to seventy (70) out of the total technical score of one hundred (100) shall be considered for Financial Bid Opening.
- 3.1.3 The key personnel, as given by the Service Provider in the technical proposal should not change during the tenure of the contract, without prior approval of the Government of Odisha.
- 3.1.4 Technical Proposal of all the Applicants will be evaluated based on appropriate marking system. The categories for marking and their respective weightage are as under:

SI No	CRITERIA	MAXIMUM MARKS	MARKS OBTAINED
1	<b>EXPERIENCE OF THE BIDDER</b>		
	i) Years of experience in operation and management of Ambulance Service (ALS & BLS or JE <sup>16</sup> ).  (Experience: (a) between 2 to 3 years (>= 2 years & <= 3 years): 5 points; (b) between 3 to 5 years: 7 points; (c) more than 5 years: 9 points; (d) more than 7 years: 10 points)	10	
	ii) Experience in operation and management of Emergency Medical Ambulances (BLS, ALS or JE) for Government  ((a) From 200 up to 500 ambulances – 05 points; (b) From 501 up to 700 ambulances – 07 points; (c) More than 700 ambulances -10 points)	10	
	iii) Experience in Computer Telephony Integration with the ability to log calls and track vehicles using Geographical Information System with GPRS integrated Ambulance Monitoring System.	5	
iv) Experience of handling Call Centre based health			

<sup>16</sup> JE – Janani Express or Referral Transport Vehicle under JSSK

	helpline services in terms of capacity in number of seats ( $\geq$ 15 seats – 5 points; $\geq$ 30 seats – 7 points; $\geq$ 50 seats – 10 points)	10	
2	<p><b>EXPERIENCE OF KEY PERSONNEL</b></p> <p>i) Personnel having experience in fleet management of &gt; 300 emergency ambulance (ALS/BLS) (More than 1 year- 2 marks, more than 2 years- 3 marks, more than 3 years- 5 marks)</p> <p>ii) Personnel having experience in IT infrastructure, services and its management related to emergency call centre, Computer Telephony Integration, call logs, triage software, online monitoring etc. (More than 1 year- 2 marks, more than 2 years- 3 marks, more than 3 years- 5 marks)</p> <p>iii) Personnel having experience in recruitment and training of staff pertaining to doctors, EMT, lab technicians, drivers, nurses etc. (More than 1 year- 2 marks, more than 2 years- 3 marks, more than 3 years- 5 marks)</p> <p>iv) Personnel having Experience in management and operation of Call Center based Grievance Management and Health Helpline Service (More than 1 year- 2 marks, more than 2 years- 3 marks, more than 3 years- 5 marks)</p>	5 5 5 5	
3	<p><b>APPROACH AND METHODOLOGY</b></p> <p>i) Project Implementation Plan including transition plan, methodology, approach and innovations.</p> <p>ii) Indicators, methods and procedure proposed for performance evaluation and monitoring</p> <p>iii) Manpower Planning, Training and Recruitment</p>	5 5 5	
4	<p><b>FINANCIAL STRENGTH</b></p> <p>i) Net Worth of the Applicant* (Net Worth= Total Asset- Liabilities) (More than Rs 10 Crores= 4 marks, more than Rs 20 Crores= 7 marks and more than Rs 30 Crores=10 marks)</p> <p>ii) Working Capital (WC)* (Working Capital= Current Asset- Current Liabilities) (More than Rs 5 Crores= 4 marks, more than Rs 10 Crores= 7 marks and more than Rs 10 Crores=10 marks)</p>	10 10	

	<i>*Two years average shall be taken from audited balance sheet for calculation purpose</i>		
4	<b>TECHNICAL PRESENTATION (BEFORE THE EVALUATION COMMITTEE)</b>	10	
	<b>TOTAL</b>	<b>100</b>	

3.1.5 All Applicants shall be required to make presentations up to 30 minutes, before opening of Financial Proposals, to demonstrate their credentials before the Evaluation Committee and to submit hard copies during the presentation. The presentation shall broadly cover the following aspects:

- (i) Brief Company profile, local presence, associates, major clients & projects etc.
- (ii) Experience and capabilities of conducting similar assignments
- (iii) Understanding of assignment along with methodology indicating broad road map
- (iv) Risks and proposed risks mitigating measures
- (v) Proposed Key Personnel along with Team Leader and Manpower commitment.

*The time and venue for the presentation shall be intimated to the Applicants.*

3.1.6 In case of consortium applicant, technical scoring under “**Experience**” and “**Financial Strength**” shall be done separately for each member and final score shall be calculated as weighted average of their individual scores based on their share in the consortium.

### 3.2 Evaluation of Financial Proposal:

3.2.1 Financial bid of only those bidders whose technical score (as per the technical evaluation) is 70 (seventy) or above shall be considered for financial bid opening. The Financial proposals of the technically qualified bidders will be opened and the L1 bidder will be the preferred bidder.

3.2.2 TIA reserves the right to ask for detailed cost-sheet for any of these activities (i.e. EMAS-108 Ambulance, RTS-102 Ambulance, Boat Ambulance and Health Helpline), if necessary, for price rationalisation from the L1 Bidder.

### 3.3 Short-listing and Selection

3.3.1 Bidders shall be ranked as per their financial quote (offer price). The bidder having lowest financial quote (offer price) shall be the most preferred bidder

3.3.2 The preferred bidder (L1 Bidder) shall be invited for signing the contract. However, the Second Ranked Bidder shall be kept in reserve and may be invited (at the discretion of the authority) to take-up the contract in mutually agreed terms in case the first

ranked bidder withdraws, blacklisted or otherwise become ineligible for entering into a valid contract with the Government.

- 3.3.3 TIA reserves the right to ask for detailed cost-sheet for any of these activities (i.e. EMAS-108 Ambulance, RTS-102 Ambulance, Boat Ambulance and Health Helpline), if necessary, for price rationalisation from the preferred Bidder.
- 3.3.4 TIA reserves the right to cancel the whole tender process in case TIA feels that the price quoted by the preferred bidder is not reasonable and may invite fresh proposals.
- 3.3.5 TIA reserves the right to cancel the whole tender process without assigning any reason thereof.

## ANNEXURES

**ANNEXURE 1: ORGANISATION PROFILE**

Name of the Service Provider:	
Address of Registered Office:	
Contact Person:	
Year of Establishment:	
Annual Turnover* in last two years (Rs. in Lakh) Financial Year 2015-16:  Financial Year 2016-17:  Financial Year 2017-18:  Average Annual Turnover for above two Financial Years (i.e. (2015-16 & 2016-17) or (2016-17 & 2017-18 [if audited])):  *Audited Statement of Accounts & Tax Audit Report to be enclosed for calculation of Turnover.	
Net worth of Service Provider (Positive/Negative):	
Details of current commitments and contracts successfully executed for any Government Agency.	To be furnished in the format given below along with the copy of Letter of Award/ Work Order/ Letter of Satisfaction.
Working Capital:  Working Capital =(Current Assets –Current Liabilities)	
Award & Accreditations, if any:	
Any Award or Felicitations received by your Service Provider:	
Any Other Relevant Details:	

The information should be provided in the format given below for each reference assignment for which the applicant, was legally contracted by the client stated below.

Assignment Name:	
Location:	
Name of the Client:	
Address:	
Start date (Month/Year) to Completion Date (Month/ Year):	
Value of the Contract/ Work Order (in INR):	
Name of Associated Firms (s) if any:	
Brief Description of Project:	
Details of the assignment/works executed by the Applicant:	

**ANNEXURE 2: APPLICATION FORMAT**

**APPLICATION FORMAT**

S.N	Particulars	Details
1	<b>Name of the Project</b>	<b>“Integrated Patient Transport &amp; Health Helpline Service in Odisha”</b>
2	<b>Name and address of the Organization responding to RFP.</b>	
	<ul style="list-style-type: none"> <li>• Telephone No. with STD Code</li> <li>• Fax Number</li> <li>• E-mail address, if any</li> <li>• Name and Designation of Contact Person</li> </ul>	
3	<b>Proposal Addressed to</b>	<b>Mission Director</b> <b>National Health Mission</b> <b>DoH&amp;FW, Government of Odisha</b> <b>Annex Building, SIH&amp;FW</b> <b>Unit-8, Bhubaneswar-751012</b>
4	<b>Reference of Notice inviting for RFP</b>	<b>No.....Date.....</b>
5	<b>Authority for signing and submitting the document</b> <i>(Power of Attorney, Resolution of the organization etc.)</i>	
6	<b>Documents enclosed in support of the Request-</b>	
	1) .....	
	2) .....	
	3) .....	
	4) .....	
	<b>Total pages.....</b>	
		<b>Name and signature of the authorized signatory</b>
		<b>Seal of the Organization</b>
		<b>Date:.....</b>

**ANNEXURE 3: ACKNOWLEDGEMENT AND FINANCIAL PROPOSAL****[FINANCIAL PROPOSAL]**

To

The Mission Director  
National Health Mission  
Annex Building, SIH&FW  
Unit-8, Bhubaneswar-751012

Sub: - Request for Proposal for “*Integration, Operation and Management of Emergency Medical Ambulance (108), Boat Ambulance, 24x7 Referral Transport (102) and Health Helpline Services (104) in Odisha*”

Sir,

1. Having carefully examined all the parts of the RFP documents and having obtained all the requisite information affecting this proposal and being aware of all conditions and difficulties likely to affect the execution of the agreement, I/We hereby propose to implement the project as described in the RFP document in conformity with the conditions of agreement, technical aspects and the sums indicated in this financial proposal.
2. I/We declare that we have read and understood and that we accept all clauses, conditions, and descriptions of the RFP document without any change, reservations and conditions.
3. If our proposal is accepted, we undertake to deposit performance Security equivalent to 7% of the annual value of the contract, before execution of the formal agreement
4. I/We agree to abide by this proposal/bid for a period of 180 days from the date of its opening and also undertake not to withdraw and to make any modifications unless asked for by you and that the proposal may be accepted at any time before the expiry of the validity period.
5. Unless and until the formal agreement is signed, this offer together with your written acceptance thereof shall constitute a binding contract between me/us and the Government of Odisha.
6. We submit the Schedule of Rate as appended herewith.

Yours faithfully

Signature of the authorized signatory

**Encl: Schedule of Rate**

## ANNEXURE 4: SCHEDULE OF RATES

## Schedule of Rates

For  
Integration, Operation and Management of “Integrated Patient Transport and Health Helpline Service Project” in Odisha

S.N	Particulars	Price (In Rupees) (Inclusive of all taxes)
A	<p><b><u>“Emergency Medical Ambulance Service: 108 Ambulance<sup>17</sup>”</u></b>  <b>Rate<sup>18</sup> per KM covered for ALS (84) &amp; BLS (428)<sup>19</sup>:</b>            i) <b>Emergency Medical Ambulance (EMA)</b></p> <p><i>The rate is inclusive of all expenses/costs towards:</i></p> <ol style="list-style-type: none"> <li>Operation and maintenance of the EMA services including (a) staff salary and allowances, recruitment &amp; training, staff insurance, uniform &amp; others HR cost. (b) Fuel, comprehensive and routine maintenance charge of ambulances, ambulance insurance (post/pre-deployment), road tax, ambulance mobile phones (c) Call Centre operation and maintenance expenses including manpower cost, conveyance and traveling, asset insurance, communication, PRI line, internet, etc., rent of buildings (other than call centre /control room), electricity &amp; water, housekeeping, AMC of hardware/software, software (application software), license fee, equipment, etc., postage &amp; courier, printing and stationary and all other miscellaneous expenses , taxes, duties, fees etc.,</li> <li>Cost of medicine or other health care consumables reasonably procured for use in the Ambulances for treatment and stabilization.</li> </ol> <p><b>Note:</b> The number of ambulances and its mix (ALS and BLS) are subject to change as per actual requirement.</p>	<p>Rs.....</p> <p><b>(Rupees.....only)</b></p>
B	<p><b>Total Estimated Monthly Cost (EMAS)= (512x 5000*x EMA Rate)</b></p> <p>(*Average monthly running of 5000 KM per vehicle/ month is presumed)</p>	<p>Rs.....</p> <p><b>(Rupees.....only)</b></p>
C	<p><b><u>Referral Transport Ambulances (102 Ambulance) (min 500 Vehicles)</u></b></p> <p><b>Rate per Km Run (RKR)</b></p> <p><b>Rate is inclusive of both Capital (excluding Call Centre) and Operational Expenditure:</b></p> <p>1) Service Provider shall be paid on per Km basis for operation and maintenance of Ambulances. The Service Provider shall bear all capital (vehicles fittings including GPS device) and operational expenditure whatsoever with respect to operation</p>	<p>Rs.....</p> <p><b>(Rupees.....only)</b></p>

<sup>17</sup> EMAS-108, all ambulances are Government owned.

<sup>18</sup> Uniform rate for both Emergency Medical Ambulances i.e. ALS and BLS is proposed

<sup>19</sup> Includes 92 BLS (New Tata Winger) which have been procured and put in to use (deployed) by the current Service Provider on xx/12/2018..

	<p>and maintenance of Referral Transport Ambulances (102) except other than the Call Centre infrastructure, which shall be used centrally for all services. The Service Provider shall not be paid any other amount other than the charges on per Km basis.</p> <p>2) The number of 102 Ambulance Vehicles is subject to change in future based on actual requirement.</p>	
<b>D</b>	<b>Total Monthly Cost (RTS/102 Ambulance) =(4500xRKRX500)</b> (Calculation based on an estimated monthly running of 4,500 Km /Vehicle)	Rs..... (Rupees.....only)
<b>E</b>	<p><b><u>Boat Ambulances (6 in number)</u></b></p> <p><b>Monthly Rate per Boat Ambulance (MRBA):</b></p> <p>The Service Provider shall be paid on per month per Boat (unit) basis only toward operational expenditure, which shall include:</p> <ol style="list-style-type: none"> <li>1. Operation and maintenance of the boat ambulance including (a) salary &amp; allowances, training and recruitment, uniform and other HR cost, (b) fuel, comprehensive maintenance charge of boat (post warranty period), Ambulance insurance, Ambulance mobile phones, conveyance &amp; traveling, asset insurance, security and maintenance of Jetty(s), etc., (b) Call Centre / Control room operation and management expenses.</li> <li>2. Cost of medicine or other health care consumables reasonably procured for use in the Ambulances for treatment and stabilization.</li> <li>3. The number of Boats is subject to change in future based on actual requirement.</li> </ol>	Rs.....  (Rupees..... only)
<b>F</b>	<b>Total Monthly Cost (BA) = (6xMRBA)</b>	Rs..... (Rupees.....only)
<b>G</b>	<p><b><u>GR &amp; Health Helpline Service (25 Seat Capacity)</u></b></p> <ol style="list-style-type: none"> <li>1. Monthly Charges per Seat /Shift for Doctor (MCSD) (MBBS Doctors only)</li> <li>2. Monthly Charges per Seat/ Shift for Non-Doctor (MCSN) (Includes Counselors &amp; Paramedics)</li> </ol>	Rs..... (Rupees..... only) Rs..... (Rupees..... only)
<b>H</b>	<b>Total Monthly Cost = (10xMCSN) x1 +(13xMCSN) x3 + (2xMCSD) x1</b> (Calculation based on 2 doctors and 23 non-doctors)	Rs..... (Rupees..... only)
<b>I</b>	<b>Total Bid Value for Evaluation Purpose (B+D+F+H)</b>	Rs..... (Rupees..... only)

Signature of Authorized Signatory

Seal with Designation

Place:

Date:

**ANNEXURE 5: AGREEMENT****AGREEMENT**

This agreement made this \_\_\_\_ day of \_\_\_\_ 20\_\_ between **the Government of the State of Odisha represented by the Principal Secretary, Department of Public Health & Family Welfare, Government of Odisha** (hereinafter called "the Government" which expression shall, where the context so admits, be deemed to include his/her successors in office and assignee) of the one part AND **M/s. \_\_\_\_\_, a public limited company/partnership/ Society/ Trust and having its registered at \_\_\_\_\_** (hereinafter called "the Service Provider" which expression shall, where the context so admits, be deemed to include its heirs, successors, executors and administrators) of the other part.

Whereas the service provider has agreed with the Government to implement "Integrated Patient Transport and Health Helpline Service " (IPTHHS) (hereinafter called "the Project") in the State of Odisha in the manner set forth in the terms of the Request for Proposal (RFP) and Standard Operating Procedure (SOP) issued or to be issued and as amended from time to time for the said service;

And whereas the Service Provider has deposited a sum of Rs ...../- (Rupees .....), in the form of Bank Guarantee, issued form .....having branch at Bhubaneswar, before signing of this agreement as performance security deposit.

1. Now these present witnesses and the parties hereto hereby agree as follows: -
  - (a) The service provider shall be paid on monthly basis at the rate and in the manner mentioned below towards operation and maintenance cost of different services under this project: -
    - i) Basic Life Support Ambulances (BLS): (Per KM run)
    - ii) Advance Life Support Ambulance (ALS): (Per KM run)
    - iii) Boat Ambulance: (Per month per Ambulance)
    - iv) Referral Transport (102 Ambulance): (Rate per KM basis)
    - v) Health Helpline: (Per Seat /Shift/per Month)
  - (b) In consideration of the payment to be made by the Government, as above, the service provider shall duly implement the project in the manner as agreed on the Request for Proposal (RFP) and Standard Operating Procedure (SOP) developed thereof and shall form part of this agreement.

- (c) Following documents/correspondence undertaken between the parties shall also form part of this agreement-

<b>The Government of Odisha</b>	<b>The Service Provider</b>
1. RFP including the corrigendum, if any 2. Standard Operating Procedure and Protocols for the services under the project. 3. Letter of Award 4. Work Order	1. Bid Document 2. Letter of Acceptance

## 2. Period of Engagement

The Service Provider will be engaged initially for a period of 5 years from the date of signing of the Contract, which may further be extended by a maximum period of 1 year by the Government, subject to satisfactory performance and on the same terms and conditions of the contract. However, detailed provision for modification or termination from the contract and related liabilities and penalties are stated in subsequent paras

## 3. Consideration

- (a) The payment shall be made by the Government only if the service provider shall duly implement the project in the manner aforesaid, observe and keep the said terms and conditions.
- (b) The mode of payment shall be as specified below:
- (i) Financing of the project shall be on fixed rate reimbursement basis in accordance with the provision of the agreement. Claims or reimbursements for operational expenditure shall be payable on monthly basis on submission of statement of claim and invoice along with supporting documents by the Service Provider. Monthly payment of Ambulance Services under EMAS (108) and RTS (102) shall be based on actual kilometers run as supported by GPS tracking reports or based on Odometer reading from EDS, whichever is lesser. Odometer reading from EDS shall be considered only in exceptional circumstances where the variation in distance covered (kilometer run) in a trip between odometer reading and GPS tracking report is more than 10% due to defunct in GPS device during the course of the trip and which shall be limited to maximum 2% of the total cases completed in a month across the fleet, to be calculated separately for 102 and 108 ambulance services.
- (ii) Payment towards Boat Ambulances Services shall be on fixed monthly contracted rate. Payment towards 104-Health Helpline Service shall be on per seat/shift basis. Penalty, if any, shall be imposed on non-compliance of performance parameters.

(iii) The payment against all **capital expenditure** incurred by Service Provider (Where it is to be borne by the Government) shall be released upon the procurement and satisfactory commissioning of assets and upon declaration of such capital assets as the properties of the State Government.

(iv) **Advance financing towards procurement of capital asset:** The Service Provider, shall be provided advance, if required, only towards procurement of capital asset (i.e.CAPEX) under the project against 100% Bank Guarantee separately (other than performance security). Advance financing towards CAPEX shall be limited to of Rs 15.00 crores at any given point time. This advance shall be adjusted against claim for CAPEX. While requesting for advance financing, service provider shall produce sufficient evidence justifying the CAPEX requirement.

#### 4. Operational Parameter and Penalty Clauses

**As per the RFP**

#### 5. Quantification of Penalty

In addition to the recourses available under RFP for termination or suspension of agreement and forfeiture of performance security, wherever applicable, the service provider shall be liable for penalty for non-performance or non-compliance of the terms and conditions as set out in the RFP document, which includes and not limited to-

- (i) **Implementation timeline**
- (ii) **Average Response Time**
- (iii) **Average dispatch time**
- (iv) **Minimum number of trips per day**
- (v) **Premature suo-moto abandonment by the service provider**

#### 6. Arbitration

- (a) Any unresolved dispute or difference whatsoever arising between the parties to this Agreement out of or in relation to the construction, meaning, scope, operation or effect of this Agreement or the validity of the breach thereof shall be referred to a sole Arbitrator to be appointed by the Secretary to Government, Department of Health and Family Welfare, Government of Odisha. The provisions of the Arbitration and Conciliation Act, 1996 will be applicable and the award made thereunder shall be final and binding upon the parties hereto, subject to legal remedies available under the law. Such differences shall be deemed to be a submission to arbitration under the Indian Arbitration and Conciliation Act, 1996, or of any modifications, Rules or reenactments thereof.
- (b) The arbitration shall be conducted in Bhubaneswar, Odisha, India. The arbitration shall be conducted in English and all written documents used during the arbitration shall be in English. The Award shall be speaking Award.

- (c) The parties agree that any decision for Award of any Arbitral Tribunal pursuant to this clause shall be a domestic award and final, conclusive and binding upon the parties and any person affected by it. The parties also agree that any court of competent jurisdiction may enforce any arbitration award rendered pursuant to this clause.
- (d) During any period of arbitration, there shall be no suspension of this Agreement.
- (e) The parties specifically agree that any arbitration shall be pursuant to clause above and Indian Law governs the clause.

## **7. Force Majeure**

- (a) This being an emergency response service, the Agency shall not be allowed to suspend or discontinue the service during occurrences of Force Majeure events. A suspension of or failure to provide service on the occurrence of a Force Majeure event will be an Event of Default unless the Force Majeure event is of such nature that it completely prevents the operation of ambulances for any reason in any area.
- (b) The failure of Service Provider to fulfill any of its obligations under the agreement shall not be considered to be a default in so far as such inability arises from an event of Force Majeure, provided that the party affected by such an event:
  - (i) Has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the agreement, and
  - (ii) Has informed the other party as soon as possible about the occurrence of such an event.
- (c) If Performance Standards are not complied because of any major breakdown to ambulance vehicles or any of the Project Facilities or non-availability of project staff, or inability to provide services in accordance with the Performance Standards as a direct consequence of such Force Majeure Events then no penalty shall be applicable for the relevant default in Performance Standards.
- (d) Government agrees to reimburse the cost of repair or replacement of any ambulance or equipment, owned by State Government, which is damaged as a direct consequence of a Force Majeure event, to the extent that such cost was not covered by the relevant insurance policies that were obtained by the Service Provider.
- (e) On the occurrence of any Force Majeure Events or implementation of any disaster management operations or law and order emergencies, Government may give instructions to the Service Provider including requiring deployment of certain number of Ambulances in specific locations, in such circumstances, the Service Provider shall comply with such instructions and will be excused from adherence to relevant performance standards.

## 8. Monitoring and Evaluation

- (a) There shall be following committees with defined role and responsibility to ensure smooth implementation, operation and monitoring of the project;
- i) State Steering Committee
  - ii) State Procurement Committee
  - iii) State Management Committee
  - iv) District Level Monitoring Committee
- (b) Service Provider shall provide access to online data to facilitate online monitoring on a continuous basis. Service Provider shall also give login rights to the designated officials of NHM and Department for online monitoring and evaluation. Service Provider shall also provide hardware and software, if required, at the office of MD, NHM for online monitoring of the services.
- (c) The services and records of the service shall be subject to inspection by designated officer(s) of Department/NHM.
- (d) Government reserves the right to evaluate the performance of the Service Provider as well as the project annually by a third party.

## 9. Schedule of Implementation of the Project

- (a) **EMAS (108 Ambulance)** is operational since May 2013 and managed by an Agency selected through a competitive bidding process. The winning bidder has to start and operationalize the services across all districts within 6 months from the date of signing of the Contract without any interruptions to the current operations. Government shall facilitate handover of all the assets including IT and hardware infrastructure to the winning bidder as per the transition plan finalised in consultation with the department.
- (b) 24x7 Referral Transport System (102-Ambulance) is being operated through a Centralized Call Centre managed and run by an Agency selected through a competitive bidding process. This service is presently available across the state and can be availed dialing a toll free three digit number "102" from anywhere in the state. The incoming Service Provider is required to takeover operationalize the service across all districts within six months from signing of the Contract. *The Agency has to either procure or hire the vehicle from the third party for RTS of desired specification. Government shall not incur any cost towards the cost of the Vehicle under RTS. However, all the services shall be controlled and operated from the centralized call centre owned and funded by Government of Odisha* To avoid disruption to the present operation, Service Provider shall develop a transition plan

and finalise the same in consultation with the department. The implementation should be completed within six months of signing the Contract.

- (c) Department is in the process of acquisition of six Boat Ambulances. Which shall be made operational in six locations. Boat Ambulances shall also be handed over to the incoming Agency for its operation and management.
- (d) **Health Helpline Services** is presently operational through a centralized call centre owned and managed by the same Service Provider running 24x7 Referral Transport System (i.e. 102 Ambulance) under the same contract. The incoming Service Provider shall establish the Helpline Call Centre as part of the Centralised Call Centre and make it operational within 6 (six) months form signing of the contract.
- (e) The new Agency (Winning Bidder) shall expand the capacity of the existing facility of the Government at IDCO Tower, Bhubaneswar and develop an integrated enhanced Centralized Call Centre and Control Room facility to accommodate both 24x7 RTS (102 Ambulance) and Health Helpline Service (104) in addition to existing EMAS (108 Ambulance Service).

#### **10. Termination or Suspension of Agreement**

- (a) The Government may, by a notice in writing suspend the agreement, for a period as decided by the Government (but for a maximum period of 6 months), if the service provider fails to perform any of his obligations including carrying out the services, provided that such notice of suspension:
  - (i) Shall specify the nature of failure, and
  - (ii) Shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.
- (b) In case of suspension, Government could depute its officer(s) at the Call Center/Office of Service Provider at Bhubaneswar to oversee and manage the operations of the project. All operations of the project shall then be handled by the personnel/officials, so deputed, to address the issue(s). During the suspension period, Service Provider shall have no right to intervene in the operation and management of the project. Once issues are addressed/ resolved, it shall be handed back to the Service Provider. In case of taking over of the operations, Government shall not be liable for any loss incurred by Service Provider during and after the suspension period.
- (c) During the suspension period, Government reserves the right to terminate the agreement by giving 30 days notice period.

- (d) The Government after giving 30 days clear notice in writing, expressing the intension of termination by stating the ground/grounds on the happening of any of the events (i) to (iv), may terminate the agreement after giving reasonable opportunity of being heard to the service provider.
- (i) If the service provider does not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the Government may subsequently approve in writing.
  - (ii) If the service provider becomes insolvent or bankrupt.
  - (iii) If, as a result of force majeure, service provider is unable to perform a material portion of the services for a period of more than 60 days: or
  - (iv) If, in the judgment of the Government, the service provider is engaged in corrupt or fraudulent practices in implementation of the project.
- (e) In the event of premature termination of the contract by the Government on the instances other than non-fulfillment/ non-performance of the contractual obligation by the Service Provider, the balance remaining un-paid amount on account of capital expenditure as on the day of termination shall be released within six months from the date of such termination.
- (f) Government reserves the right to partially terminate (one or more services) the contract.
- (g) In case of premature termination or suo-moto abandonment of the contract/project by the service provider, the service provider shall be penalized for the default. While applying this penalty, in addition to the forfeiture of the performance security, the Government may appropriate towards the penalty, the balance remaining unpaid on account of capital expenditure as on the day of suo-moto abandonment by the service provider to recover the damage sustained due to abandonment.
- (h) In case of termination, Service Provider will continue operations on existing terms and conditions till a maximum period of six months from the date of termination or date of handing over of complete operations including assets to a new Agency whichever is earlier. All assistance should be provided by the existing service provider in handing over of all assets, licenses, and right to use the software etc. to new vendor without any extra cost to the Government as per directions of TIA.

#### **11. Forfeiture of Security Deposit**

The security deposit is for due performance of the agreement. The Government in the following circumstances can forfeit it: -

- (i) When any terms or conditions of the agreement are violated/ infringed.

- (ii) When the service provider fails in providing the services satisfactorily.

## **12. Modifications**

Modifications in terms of reference including scope of the services can only be made by written consent of both the parties. However, basic conditions (such as contracted rates and those conditions which materially affect the contract), of the agreement shall not be modified.

## **13. Saving Clauses**

In the absence of any specific provision in the agreement on any issue the guidelines issued/to be issued by the Mission Director, NHM, Government of Odisha shall be applicable.

## **14. Settlement of Dispute**

If any dispute with regard to the interpretation, difference or objection whatsoever arises in connection with or arises out of the agreement, or the meaning of any part thereof, or on the rights, duties or liabilities of any party, the same shall be referred to the State Level Steering Committee) for decision. If the Service Provider is not satisfied with the decision of State Level Steering Committee, they may proceed for arbitration.

## **15. Commencement of Service**

- (a) The Service Provider shall commence the service only after the issue of the Letter of Commencement by the Department allowing the Service Provider to commence activities envisaged under the RFP. Letter of Commencement shall be issued subject to following conformations:
  - (i) Control Room and all infrastructures are and complete in all respect as per the terms and conditions mentions in this RFP.
  - (ii) Ambulances and control room are equipped and furnished in all respect.
  - (iii) All statutory requirements essential and necessary under different statute to run the service have been complied.
- (b) The Service Provider shall commence the service as per schedule of implementation mentioned in RFP from the date of signing of the Agreement. If the Agency fails to commence the service as specified herein, the Government may, unless it consents to the extension of time thereof, forfeit the Performance Security and appropriate the same.

**15. Jurisdiction of Court**

Legal proceedings, if any, shall be subject to Bhubaneswar jurisdiction only.

**16. Applicability of the provision of RFP and SOP**

In absence of any specific provisions in this agreement on any issue, which is otherwise covered under the RFP and the SOP then, the provisions there under shall be applicable.

In witness whereof the parties hereto have set their hands on the.....day of. ....2018.

**For and on behalf of the Governor of Odisha**

Signature of the Service Provider

Signature & Designation,

**Date:**

**Date:**

**Witness No.1.**

**1. Witness**

Name:  
Address:

Name:  
Address:

**Witness No.2.**

**2. Witness**

Name:  
Address:

Name:  
Address:

**ANNEXURE 6: TECHNICAL SPECIFICATIONS (AMBULANCE)****1.1 Equipment for ALS Ambulance**

SL. No	Name of the Equipment	Specifications
1.	Defibrillator / Monitor with facility to monitor ECG, NIBP, SPO2	<ol style="list-style-type: none"> <li>1. Unit should be lightweight compact and portable (not exceeding 6 kg.)</li> <li>2. Unit should have faculty for Automatic External Defibrillation and manual defibrillation</li> <li>3. Should be able to deliver shock from 2-200 joules through biphasic technology.</li> <li>4. Should have facility for printing ECG and critical events.</li> <li>5. Should have facility for Pulse oximeter &amp; Non Invasive Blood Pressure (Adult &amp; pediatric) <ol style="list-style-type: none"> <li>a. Should have facility for charging from both 12V DC &amp; 220V AC.</li> <li>b. Should be supplied with <ol style="list-style-type: none"> <li>i. Reusable pulse oximeter probe (two)</li> <li>ii. ECG cable -12 lead (two)</li> <li>iii. ECG cable - 3 lead (two)</li> </ol> </li> <li>c. Rates for consumables should be offered in price bid</li> <li>d. Optional item to be quoted invasive blood pressure-monitoring module complete with reusable transducer.</li> </ol> </li> </ol>
2.	Syringe pump	<ol style="list-style-type: none"> <li>1. Must be user-friendly with simple menu driven operation.</li> <li>2. Must have flow rate programmable from 0.1 to 1200 ml/hr.</li> <li>3. Should accept standard disposable syringe (10-60ml)</li> <li>4. Automatic detection of syringe size and proper fixing. Must provide alarm for wrong loading of syringe.</li> <li>5. Selectable occlusion pressure trigger level from 100mm hg to 1100mm hg to allow use over a range of applications.</li> <li>6. Should have comprehensive _____package including occlusion pressure, pre alarm and alarm, end of infusion alarm, low battery pre alarm and alarm, maintenance reminder alarm, near empty alarm, syringe disengaged alarm, etc. (with high sensitivity).</li> <li>7. Battery backup o 6-8 hours or more when fully charged with provision to display residual battery life in hours and minutes.</li> <li>8. History / memory for at least last few patients with alarm clock records.</li> <li>9. Comprehensive safety check, with dear alarm messages.</li> </ol>

		10. AC mains (100 - 240V) and battery (lead acid) powered RS 232 serial link for remote monitoring and control of infusion.
3.	Transport Ventilator	<p>Should be light-weight (less than 4 Kg.), robust (drop and water resist) and user friendly and suitable for adults, children and infant up to 5 Kg.</p> <ol style="list-style-type: none"> <li>i. Modes of ventilation: CMV</li> <li>ii. Assist Control</li> <li>iii. Optional PEEP facility</li> </ol> <ol style="list-style-type: none"> <li>1. Separate control for inspiratory and expiratory times and flow rate.</li> <li>2. Adjustable pressure limit to safety cope with all patients.</li> <li>3. High inflation pressure alarm.</li> <li>4. Power source: Compressed air / oxygen (dependence on battery or AC power is not desirable)</li> <li>5. Control Settings: <ol style="list-style-type: none"> <li>a. Inspiratory time: 0.5 - 2 Sec</li> <li>b. Expiratory time 0.6 -6 Sec.</li> <li>c. Flow Control (range 6 -60L / min.)</li> <li>d. With above controls, one should be able to deliver respiratory ratio of up to 1: 3</li> </ol> </li> <li>6. F102: 100% oxygen and air mix, approx. 45%</li> <li>7. Equipment should be complete with carry bag, patient circuit, pressure regulator for the oxygen cylinder and relief valve.</li> <li>8. Should have airway pressure monitor</li> <li>9. Should have a disconnect alarm. (Visual and audible)</li> </ol>
4.	Suction Pump (electronic)	<ol style="list-style-type: none"> <li>1. Equipment shall be with 12V DC Maximum negative pressure from -200 -700mbar in steps of 100 or less with suitable setting marks.</li> <li>2. Sufficient capacity 500ml secretion bottles with efficient over-flow protected with adjustable negative pressure (Min. 5 Nos. Polycarbonate &amp; autoclavable)</li> <li>3. Ambulance Wall countable.</li> <li>4. Power Pack rechargeable Nico Battery 12 V with battery chargers connecting cable for connection to 230v AC+ 10%, 50 Hz and with provision for recharging from the vehicle with vehicle circuit connecting cable.</li> <li>5. Battery charged life shall be of min. 90 minutes</li> <li>6. Suction capacity 10-16 liter per minutes</li> </ol>
5.	Suction Pump	Manual
6.	Laryngoscope with blades	<ol style="list-style-type: none"> <li>1. Standard equipment in metal with 3 standard size curved blades and one extra large blade (Adult &amp; Child).</li> <li>2. Handle should have comfortable grip.</li> </ol>

		3. Good quality light source (Fiber optic / conventional)
7.	Oxygen cylinder "B" Type	<ol style="list-style-type: none"> <li>1. Colour coded lightweight Aluminum alloy oxygen cylinder for providing oxygen therapy of total capacity of 1500 Ltr.</li> <li>2. Mounted with pressure reducer and flow-meter provision of capacity upto 15 Liters per minutes and outlet for secretion aspiration.</li> <li>3. Reliable and complete test certificate.</li> <li>4. Should be provided with an adapter to refill the cylinder from a bulk cylinder.</li> <li>5. Should be membrane pressure reducer with manometer complete with flow meter 0-15 liters /min. and humidifier</li> </ol>
8.	Artificial Manual Breathing Unit (Adult)	<p>The equipment shall be with:</p> <ol style="list-style-type: none"> <li>1. Easy Grip manual resuscitator with transparent face - mask.</li> <li>2. Adult models (1500 to 2000ml bag capacity)</li> <li>3. Standard 15-22 mm Swivel connector allows connections to all common masks Endotracheal Tubes.</li> <li>4. Provision to give supplemented oxygen-by-oxygen reservoir providing 100% oxygen.</li> <li>5. Non-rebreathing valve enabling the patient to inspire oxygen from the reservoir bag.</li> </ol>
9.	Artificial Manual Breathing Unit (Child & neonatal)	<p>The equipment shall be with:</p> <ol style="list-style-type: none"> <li>1. Easy Grip manual resuscitator with transport facemask.</li> <li>2. Child models (500 o 250ml bag capacity)</li> <li>3. Standard 15-22 mm Swivel connector allows connections to all common masks Endotracheal Tubes.</li> <li>4. Provision to give supplemented oxygen-by-oxygen reservoir providing 100% oxygen.</li> <li>5. Non-rebreathing valve enabling the patient to inspire oxygen from the reservoir bag.</li> </ol>
10	Collapsible Chair cum Trolley Stretcher	<ol style="list-style-type: none"> <li>1. Automatic loading stretcher with capability to convert into wheel chair.</li> <li>2. Built with anodized aluminum lightweight / stainless steel.</li> <li>3. Adjustable backrest 0 dg -90 dg, which allows fixing the backrest safety in any position.</li> <li>4. Side protections completely overturn able.</li> <li>5. Safety lever for the legs positioned near the unlocking device allowing thus the release operation for the loading, keeping the hands on the stretcher.</li> <li>6. Vertical legs protected by nylon wedges.</li> </ol> <p>Automatic centering device mounted on rotating wheels. This system automatically blocks the back wheels in the central position during the loading of the stretcher on the ambulance without having turn the wheels manually.</p> <p>Length: 190-200 cm</p>

		<p>Width: 55-60cm Height: 80-85cm Weight 35-40 kg. Loading Capacity: 160-180 kg.</p> <p>Stand for automatic loading stretcher with locking facility for quick fixing system with handle to mount the stand in very position on the stretcher</p>
11	Canvas Stretcher Folding	<ol style="list-style-type: none"> <li>Should be lightweight and made up of tubular aluminum alloy.</li> <li>Should be easy o carry.</li> <li>Should be rugged.</li> <li>Should be compact &amp; foldable in 2</li> <li>Should have automatic locking, which does not fold in automatically.</li> <li>Should have provision to put IV pole on the stretcher.</li> <li>Should come with IV Stand as Standard.</li> </ol> <p>Extended Dimensions Length: 200-210 cm Width: 50-60cm Height: 15-20cm Weight: 5 kg. to 6 kg Approx.</p>
12.	Stretcher Scoop	<ol style="list-style-type: none"> <li>The equipment shall be lightweight aluminum stretcher, which folds in two half and separates for application and removal, locking adjustable length with latches-with nylon-straps.</li> <li>Narrow food end frame or handling in confined areas. Length: 160 to 200 Cm Width: 42 cm (Minimum) Weight: &lt; 10 kg. Load capacity -120 kg (Min.)</li> </ol>
13.	B.P. Instrument Aneroid	<p>Scale 0-300mmhg. Air release at closed lap max 4mmHg/Minute. Manual setting of deflation possible upto 2/3mmHg/s. From 260mmHg. To 15mm Hg max deflation time 10 seconds. Gauge's background in white colour. Graduated scale for ever/ 2mmhg, with bigger notches ungraduated every 10 units and bigger graduated every 20 units. Floating zero (the pointer hasn't stop point but swings freely), nylon rip-off straps cuff matching colours with pouch, latex bulb with completely chromium - plated valve. Air taps wholly chromium plated with regulation of vent-hole air by screw valve. Nylon off pouch with zip</p>
14	Stethoscope	<p>Stethoscope with standard adult size, chromium plated metal binaural, V rubber tube in one piece. Rotating piper fitting for both functions.</p>

15	Pneumatic Splints set of 6 adult sizes with carrying case. 1. Hand & Wrist 2. Half arm 3. Full arm 4. Foot and ankle 5. Half leg 6. Full leg	1. X-ray through the splints 2. Inflation tubes extension with dosing damp makes dosing easy and quick after inflation. 3. Fixing of splint is by zipper or belt 4. Distal end left open to expose toes 5. Should be washable and reusable.
16	Gauze Cutter	Emergency scissors with thermoplastic handle and steel blade to cut clothes Length should be 18 cm.
17	Artery Forceps	Standard equipment in stainless steel 14 cm
18.	Magilis forceps	Standard equipment in stainless steel
19.	Cervical Collar	1. Should be adjustable to 4 different sizes. 2. Should be pre-molded chin support, locking dials and rear ventilation panel, enlarged trachea opening. 3. Should be high-density polyethylene and foam padding with one-piece design enables efficient storage where space is limited. 4. Should be X-ray lucent and easy to clean and disinfect.
20	First Aid Bag	Bag with partitions for vials transport. Indispensable implement to protect and identify any kind of vials. Made with nylon, it should be provided with 2 compartments, of which one divided in 3 partitions and one divided in 2. Inside elastic band to fix the vials and transparent accommodation for identification labels. Dimensions: 30x18 x 15 cm or Pre-packed kits as convenient as long as it contains the specified first aid items
21	Spinal Board	1. Should be in plastic material at high strength and waterproof. 2. It should be 4 rules for the quick and total fixing of the head Immobilizer and two cavities when the board lays on the floor, when the base is blocked in the traditional way, that allow to avoid damages to rip-off straps during the usage or accommodation in the ambulance. 3. It should be 20 handles for the transport, supplied with 3 belts with rapid unhooking buckle 4. Should have maximum radio transparency to make exams without compromise patient condition.
22	Double head Immobilizer for scoop stretcher	1. Head Immobilizer should be mounted and separated on the scoop stretcher. 2. Should be standard side rigid blocks instead of the adjustable ones. 3. Should be with padded belts for the fixing. 4. It should be covered by a liquid proof and bacterial proof material.

23.	Oxygen Cylinder "J" Type	<ol style="list-style-type: none"> <li>1. It should be a standard 'J' type molybdenum steel cylinder to fill medical oxygen. .</li> <li>2. The capacity should be of 5000 to 6000 Litres (5 to 6 M3) at a pressure of 1800 - 2000lbs/inch,</li> <li>3. A pressure regulator capable of reducing the pressure to appropriate level to run either a ventilator or provide oxygen therapy _____ a flow meter should be provided</li> </ol>
24.	Portable hand held glucometer	The glucometer with test strips and standard accessories.
25	Nebulizer	To be used for the patients suffering from respiratory disorders, chronic obstructive pulmonary disease (CORD), cystic fibrosis or other lung disorders, with severe attack of asthma need to be administered with bronchodilators.

### 1.2 List of Medicines for ALS Ambulance

S.No	Medicine
1.	Inj. Adrenaline
2.	Inj. Atropine
3.	Inj. Calcium Carbonate
4.	Inj. Dopamine
5	Inj. Dobutamine
6	Inj. Noradrenaline
7	Inj. Nitroglycerine
8	Inj. Sodium Bicarbonate
9	Inj. Hydrocortisone
10	Inhaler Beclomethasone (250 micro/dose)
11	Inhaler Salbutamol (200 micrograms)
12	Inj. Frusernide
13	Inj. Diazepam/Midazolam
14	Inj. Deriphyllin
15	Inj. Phenytoin sodium
16	Inj. Avil
17	Inj. Metochlorpropamide
18	Inj. Ondansetrone
19	Inj. KCL
20	Inj. Lignocaine 2%
21	In): Amiadorone (50 mo/ml)
22	In). Magnesium sulphate 25% 2mL
23	Inj. Mannitol 20 %
24	Inj. Morphine/Inj. Petrtidine
25	Inj. Noradrenaline bititrate 4mg, 2 ml. Ampule
26	Activated charcoal
27	In). Naloxone HC1
28	Inj. Fentanyl
29	Bacteriostatic water for Injection

30	Inj. Sodium Valporate
31	Inj. Diclofenac (Aqueous)
32	Inj. Paracetamol

The overall medicines list may be reviewed and updated by the including on recommendations of the Emergency Medical Council.

### 1.3 List of Consumables for ALS Ambulance

Sl.No	Consumables
1	Cotton
2	Bandage (a) 15cm (b) 10cm (c) 6cm
3	Savlon
4	Betadine
5	Micropore
6	Pain Spray
7	Mistdress Spray
8	Vinodine Spray
9	Coolex Spray
10	Face Mask (Disposable)
11	Surgical Gloves
12	LML disposable
13	Wide bore needles
14	Disposable L.P. Needles
15	Syringes ABG (2 & 5 ml)
16	Three way stop cock
17	Extension / lines
18	Disposable suction cateters
19	ECG electrodes
20	Light Stylets of different sizes
21	Guedel's airway 00-5,00,0,1,2,3,4,5
22	Nasal airways (all sizes) & catheters
23	Binasal Cannula, Combitube, COPA
24	Tracheostomy tube cuff & Plain (all sizes)
25	Mini Tracheostomy kit
26	Ventimask, facemask with nebulizer
27	Pressure Infusion Bags
28	Rightangled Snivel Connector
29	G.V. Paint
30	IV. Fluids
31	Micro drip-set & Drip sets
32	Nasogastric Tubes
33	Bum Pack : Standard package, clean burn sheets (or towels for children)
34	Triangular bandages ( Minimum 2 safety pins each)
35	Dressings : Sterile multi-trauma dressings (various large and small sizes); ABDs, 10"x12" or larger; 4"x4" gauze sponges; Cotton Rolls

36	Gauze rolls Sterile (various sizes)
37	Elastic bandages Non-sterile {various sizes)
38	Occlusive dressing Sterile. 3'x8" or larger
39	Adhesive tape (Micron) : Various sizes (including 2" or 3") Adhesive tape (hypoallergenic): various sizes (including 2' or 3")
40	Cold packs
41	Waste bin for sharp needles, etc.
42	Disposable bags for vomiting, etc.
43	Teeth guard
44	Sample collection kits
45	Delivery kit
46	Bed Pans
47	First Aid Kits
48	Splints
49	Oxygen Gases
50	Patient cables, sensors, defib pads etc.

## 2.1 Equipment for BLS Ambulance

Sl. No	Name of Medical Equipment	Specifications
1.	AED to deliver Bi Phasic technology to deliver 200 joules shock with AC/DC charging provision.	Unit should have facility for Automatic External Defibrillation with standard accessories. Should be able to deliver shock upto 200 joules through biphasic technology. Audio alarm It should have facility for transmission of above patient specific data/output of the device from ambulance to a receiving station The unit should have facility for recharging from a 12 volt DC or 220 volt AC line
2	Suction Pump (Electrical)	Equipment shall be with 12V DC Maximum negative pressure from -200 to 700 mbar in steps of 100 less with suitable setting marks. Sufficient capacity 500ml secretion bottles with efficient over-low protected with adjustable negative pressure (Min. 5 Nos. Polycarbonate & autoclavable). Ambulance Wall countable. Power Pack rechargeable Nico Battery 12V with battery chargers connecting cable for connection to 230 V AC+ 10%, 50 Hz and with provision or recharging from -the vehicle with vehicle circuit connecting cable. Battery charged life shall be of min. 90 minutes. Suction capacity 10-16 ltr per minutes.
3.	Suction Pump	Manual

4.	Laryngoscope with blades	<ol style="list-style-type: none"> <li>1. Standard equipment in metal with 3 standard size curved blades and one extra large blade (Adult &amp; Child).</li> <li>2. Handle should have comfortable grip.</li> <li>3. Good quality light source (Fiber optic / conventional)</li> </ol>
5.	Oxygen cylinders "B" Type	<p>Colour coded light weight Aluminum alloy oxygen cylinder for providing oxygen therapy of total capacity of 165 Ltr. Mounted with pressure reducer and flow-meter provision of capacity upto 15 Ltr per minutes and outlet for secretion aspiration.</p> <p>Refillable and complete test certificate.</p> <p>Should be provided with an adapter to refill cylinder from a bulk cylinder.</p> <p>Should be membrane pressure reducer with manometer complete with flow meter 0-15 liters /min. and humidifier.</p>
6	Artificial Manual Breathing Unit (Adult)	<p>The equipment shall be with:</p> <ul style="list-style-type: none"> <li>▪ Easy Grip manual resuscitator with transparent facemask.</li> <li>▪ Adult models (1500 to 2000ml bag capacity)</li> <li>▪ Standard 15-22 mm Swivel connector allows</li> <li>▪ Connections to all common masks, Endotracheal Tubes.</li> <li>▪ Provision to give supplemented oxygen by oxygenreservoir providing 100% oxygen.</li> <li>▪ Non-rebreathing valve enabling the patient to inspire oxygen from the reservoir bag.</li> </ul>
7	Artificial Manual Breathing Unit (Child & neonatal)	<p>The equipment shall be with:</p> <p>Easy Grip manual resuscitator with transport facemask.</p> <p>Child models (500 o 250ml bag capacity)</p> <p>Standard 15-22 mm Swivel connector allows connections to all common masks Endotracheal Tubes.</p> <p>Provision to give supplemented oxygen-by-oxygen reservoir providing 100% oxygen.</p> <p>Non-rebreathing valve enabling the patient to inspire oxygen from the reservoir bag.</p>
8	Collapsible Chair cum Trolley Stretcher	<p>Automatic loading stretcher with capability to convert into wheel chair.</p> <p>Built with anodized aluminum lightweight / stainless steel.</p> <p>Adjustable backrest 0 dg -90 dg, which allows fixing the backrest safety in any position.</p> <p>Side protections completely overturn able.</p> <p>Safety lever for the legs positioned near the unlocking device allowing thus the release operation for the loading, keeping the hands on the stretcher.</p> <p>Vertical legs protected by nylon wedges.</p>

		<p>Automatic centering device mounted on rotating wheels. This system automatically blocks the back wheels in the central position during the loading of the stretcher on the ambulance without having turn the wheels manually.</p> <p>Length: 190-200 cm Width: 55-60cm Height: 80-85cm Weight 35-40 kg. Loading Capacity: 160-180 kg.</p> <p>Stand for automatic loading stretcher with locking facility for quick fixing system with handle to mount the stand in very position on the stretcher</p>
9	Canvas Stretcher Folding	<p>Should be lightweight and made up of tubular aluminum alloy. Should be easy o carry. Should be rugged. Should be compact &amp; foldable in 2 Should have automatic locking, which does not fold in automatically. Should have provision to put IV pole on the stretcher. Should come with IV Stand as Standard.</p> <p>Extended Dimensions</p> <p>Length: 200-210 cm Width: 50-60cm Height: 15-20cm Weight: 5 kg. to 6 kg Approx.</p>
10	Stretcher Scoop	<p>The equipment shall be lightweight aluminum stretcher, which folds in two half and separates for application and removal, locking adjustable length with latches with nylon-straps. Narrow food end frame or handling in confined areas.</p> <p>Length: 160 to 200 Cms Width: 42 cm (Minimum) Weight: &lt; 10 kg. Load capacity -120 kg (Min.)</p>
11	B.P. Instrument Aneroid	<p>Scale 0-300mmhg. Air release at closed lap max 4mmHg/Minute. Manual setting of deflation possible upto 2/3mmHg/s. From 260mmHg. To 15mm Hg max deflation time 10 seconds. Gauge's background in white colour. Graduated scale for ever/ 2mmhg, with bigger notches ungraduated every 10 units and bigger graduated every 20 units. Floating zero (the 0 printer hasn't stop point but swings freely), nylon rip-off straps cuff matching</p>

		colours with pouch, latex bulb with completely chromium-plated valve. Air taps wholly chromium plated with regulation of vent-hole air by screw valve. Nylon off pouch with zip. Single packaging on printed carton box.
12	Stethoscope	Stethoscope with standard adult size, chromium plated metal binaural, V rubber tube in one piece. Rotating piper fitting for both functions.
13	Pneumatic Splints set of 6 adult sizes with carrying case. 1.Hand & Wrist 2.Half arm 3.Full arm 4.Foot and ankle 5.Half leg 6.Full leg	1.X-ray through the splints 2.Inflatory tubes extension with dosing damp makes dosing easy and quick after inflation. 3.Fixing of splint is by zipper or belt 4.Distal end left open to expose toes 5.Should be washable and reusable.
14	Gauze Cutter	Emergency scissors with thermoplastic handle and steel blade to cut clothes. Length should be 18 cm.
15	Artery Forceps	Standard equipment in stainless steel 14 cm
16	Magill's forceps	Standard equipment in stainless steel
17	Cervical Collar	Should be adjustable to 4'ifferent sizes. Should be pre-molded chin support, locking dips and rear ventilation panel, enlarged trachea opening. Should be high-density polyethylene and foam padding with one-piece design enables efficient storage where space is limited. Should be X-ray lucent and easy to dean and disinfect.
18	First Aid Bag	Bag with partitions for vials transport. Indispensable implement to protect and identify any kind of vials. Made with nylon, it should be provided with 2 compartments, of which one divided m 3 partitions and one divided in 2. Inside elastic band to fix the vials and transparent accommodation for identification labels. Dimensions: .30x18 x 15 cm or Pre-packed kits as convenient as long as it contains the specified first aid items
19	Spinal Board	Should be in plastic material at high strength and waterproof. It should be 4 rules for the quick and total fixing of the head Immobilizer and two cavities when the board lays on the floor, when the base is blocked in the traditional way, that allow o avoid damages to rip-off straps during the usage or accommodation in the ambulance. It should be 20 handles far the transport, supplied with 3 belts with rapid unhooking buckle Should have maximum radio transparency to make exams

		without compromise patient condition.
20	Double head immobilizer for scoop stretcher	Head Immobilizer should be mounted and separated on the scoop stretcher. Should be standard side rigid blocks instead of the adjustable ones. Should be with padded belts for the fixing. It should be covered by a liquid proof and bacterial proof material.
21	Oxygen Cylinder "J" Type	It should be a standard 'J' type molybdenum steel cylinder to fill medical oxygen. . The capacity should be of 5000 to 6000 Liters (5 to 6 M3) at a pressure of 1800 - 2000lbs/inch, A pressure regulator capable of reducing the pressure to appropriate level to run either a ventilator or provide oxygen therapy with a flow meter should be provided
22	Nebulizer	To be used for the patients suffering from respiratory disorders, chronic obstructive pulmonary disease (CORD), cystic fibrosis or other lung disorders, with severe attack of asthma need to be administered with bronchodilators.
23	Hand held battery operated Pulse Oxymeter.	Pulse Oxymeter is essential to read the current amount of oxygen present in the patient blood by placing the sensor over the fingertip. The reading will indicate whether there is urgent need to provide high doses of oxygen or need for intubation.

## 2.2 List of Consumables for BLS Ambulance

S.No	Item
1	Cotton
2	Bandage (a) 15cm (b) 10cm (c) 6cm
3	Savlon
4	Betadine
5	Leucoplast
6	Pain Spray
7	Mistdress Spray
8	Vinodine Spray
9	Coolex Spray
10	Face Mask (Disposable)
11	Surgical Gloves
12	LMA disposable
13	Wide bore needles
14	Disposable L.P. Needles
15	Syringes ABG (2& 5 ml)
16	Three way stop cork
17	Extension 1/V lines
18	Disposable suction

19	ECG electrodes
20	Lighted Styles of different sizes
21	Guedel's airway 00-5,00,0,1,2,3,4,5
22	Nasal airways (all sizes) & catheters
23	Binasal Cannula, Combitube, COPA
24	Tracheostomy tube cuff & Plain (all sizes)
25	Mini Tracheostomy kit
26	Ventimask, facemask with nebulzer
27	Pressure Infusion Bags
28	Right-angled Snivel Connector
29	G.V. Paint
30	I.V. Fluids
31	Micro drip-set & Drip-set
32	Nasogastric Tubes
33	Burn Pack: Standard package, clean burn sheets (or towels for children)
34	Triangular bandages ( Minimum safety pins each)
35	Dressings Sterile multi-trauma dressings (various large and small sizes); ABC's, 10"x12" or larger; 4"x4" gauze sponges; Cotton Rolls
36	Gauze rolls Sterile (various sizes)
37	Elastic bandages Non-sterile (various sizes)
38	Occlusive dressing Sterile, 3"x8" or larger
39	Adhesive tape: Various sizes (including 2" or 3") Adhesive tape ( hypoallergenic) : Various sizes (including 2" or 3")
40	Cold packs
41	Waste bin for sharp needles, etc.
42	Disposable bags for vomiting, etc.
43	Teeth guard
44	Sample collection kits
45	Delivery kit
46	Bed Pans
47	First Aid Kits
48	Splints
49	Oxygen Gases
50	Patient cables, sensors, defib pads etc.

### 3. Minimum Ambulance Rescue Equipment for ambulances (ALS & BLS)

Ambulance (BLS) will carry the following additional items:

- (a) Hammer, one four pound with 15-inch handle.
- (b) One axe
- (c) Wrecking Bar, minimum 24-inch (bar and 1 w preceding items can either be separate or combined as a forcible entry tool).
- (d) Crowbar, minimum 48 inches, with pinch point.

**4. Vehicle type and other requirement for Referral Transport (102 Ambulance) Vehicles:**

- a) A four-wheeler **patient carrier (Non Air Conditioned) registered as ambulance in white colour.**
- b) **All vehicles should not be older than 1 year at the time of deployment of vehicle from its first registration.**
- c) Considering the topography and road conditions in the state in general and in rural in specific the Service provider is required to provide suitable vehicles having following specifications.
- d) Capable of accommodating stretcher (one) and oxygen cylinder (one) of required specification as given below.
- e) The vehicle must have ladder for safe climbing, water and light facility and curtains in the windows of the vehicle to maintain privacy.
- f) All ambulances shall be fitted with satellite connected fixed type GPS
- g) **Basic Technical Specifications:**

S.No.	Item	Particulars
1	<b>Stretcher:</b>	(i) (ISI/CE/FDA Mark) Minimum of 6 ft. (180 Cm) length with auto loading ambulance stretcher having stainless steel top and load bearing capacity of at least 120 kg.
2	<b>Oxygen cylinder</b>	(ii) ISI/CE/FDE Mark, 10 Ltr, colour coded lightweight aluminum alloyed along with medical grade oxygen delivery system.
3	<b>Logo &amp; Branding</b>	(i) Vehicles shall have logo and other prints as prescribed by MD, NHM, Odisha. There won't be any other logo/design printed on the vehicles other than as prescribed by the Authority.  (ii) The service provider as part of the operational cost shall do logo and stickering in 2.5 years interval.
4	<b>Vehicle</b>	(i) Emission standard: BS-IV compliant (As per government stipulation)  (ii) Minimum Ground Clearance : 190 mm  (iii) Gears: Five (5) forward and one (1) reverse type  (iv) Wheel Radios: 15 inch (minimum)  (v) Fully built compact body for driver, patient and attendants' seats  (vi) The driver's cabin should be separate, so as to cater for

		the privacy of the patient. (vii) Vehicle should have loading facility from the rear side.
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## 5. Technical Specification and other details of Boat Ambulances

### 5.1 Particulars of the Boat:

Length (Overall)	: 11.00 Mtrs.
Breadth (Overall)	: 3.30 Mtrs.
Depth	: 1.60 Mtrs.
Draught	: 0.70 Mtr.
Engine	: 1(One) no. 60 HP Inboard water cooled marine diesel engine coupled to 2:1 reverse reduction hydraulic gear box
Steering	: Hand hydraulic system
Capacity	: Passengers (including one Patient) – 6 Persons
Crew	: 3 Persons
Personal belongings	: 270 kgs. (@30kgs. per person)
Speed	: 8(eight) knots
Material of Construction	: FRP (Fiber glass Reinforced Plastic)

### 5.2 Medical equipment in the Boat Ambulance<sup>20</sup>.

Sl.No.	Equipment Name	Quantity	Description
1.	Scoop Stretcher	1	Length : 160 to 200 cms Width: 42 cm(Minimum) Weight : < 10 k.g.
2	BP Instrument Aneroid	1	Standard equipment
3.	Stethoscope	1	Standard equipment
4.	Pneumatic Splints set of 6 Adult sizes with carrying case	1 set	
	Hand & Wrist		
	Half Arm		
	Full Arm		
	Foot & Ankle		
	Half leg		
	Full leg		
5.	Gauze Cutter	1	Standard equipment
6.	Artery Forceps	1	Standard equipment of 14 cm
7.	First Aid Bag	1	Dimensions: .30X18X15 cm
8.	Spinal Board	1	Standard equipment
9.	Oxygen Cylinder "D" Type	1	Standard equipment

<sup>20</sup> Government has initiated the process of procurement of these boat ambulances

10.	Roll-In Patient Stretcher Cum Trolley	1	Standard equipment
11.	Universal Head Immobilizer	1	Standard equipment
12.	Spine Board	1	Standard equipment
13.	Evacuation Chair	1	Standard equipment
14.	Suction Aspirator	1	Standard equipment
15.	Intubation Kit	1	Standard equipment
16.	Emergency Kit	1	Standard equipment
17.	Syringe Infusion Pump	1	Standard equipment
18.	AED to deliver Bi Phasic technology to deliver 200 joules shock with AC/DC charging provision.	1	Standard equipment

### 5.3 FRP Floating Jetty with Walkway

#### Diemntion:

- (i) Float – 4MTR X 3 MTR
- (ii) Walkway – 5MTR X 1.2 MTR

**Float :** The Jetty will be made using six numbers of FRP floats joined together to give a final dimension of 3 Mtrs X 4 Mtrs approx.

**Walkway :** The approach walkway to the floating jetty will be 1.2 mtr. Width and 5 mtrs length, having a tough non-skid surface of marine plywood sandwiched FRP.

**ANNEXURE 7: FORMAT FOR COVERING LETTER**

**Format for Covering Letter**

*[On the Letterhead of the Applicant (in case of Single Applicant) or Lead Member (in case of a Consortium)]*

Date:.....

**To  
The Mission Director  
National Health Mission  
Depratment of Health & Family Welfare  
Government of Odisha**

**Re: Integrated Patient Transport and Health Helpline Services in Odisha**

Madam / Sir,

Being duly authorized to represent and act on behalf of..... (Hereinafter referred to as “the Applicant”), and having reviewed and fully understood all of the requirements and information provided, the undersigned hereby apply for the qualification for **Integrated Patient Transport and Health Helpline Services in Odisha**. We are enclosing our Application with EMD amount of Rs. \_\_\_\_\_ in the form of Bank Guarantee and two copies of Proposal (Part A, Part B and Part C) with the details as per the requirements of the RFP. We confirm that our proposal is valid for a period of minimum 180 days from \_\_\_\_\_ (*date of Bid opening*).

Yours faithfully,

\_\_\_\_\_

(Signature of Authorised Signatory)  
(NAME, TITLE AND ADDRESS)

**ANNEXURE- 8: POWER OF ATTORNEY**

**Format for Power of Attorney for Signing of Application**

*(On a Stamp Paper of relevant value)*

**Power of Attorney**

Know all men by these presents, we.....(name and address of the registered office) do hereby constitute, appoint and authorize Mr. / Ms.....(name and residential address) who is presently employed with us and holding the position of .....as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for **Integrated patient Transport and Health Helpline Services in Odisha** including signing and submission of all documents and providing information / responses to the Department of Health & Family Welfare, Government of Odisha , representing us in all matters before department, and generally dealing with Department of Health & Family Welfare, Government of Odisha in all matters in connection with our bid for the said Project. We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us. Dated this the \_\_\_\_\_ day of \_\_\_\_\_200\_

For \_\_\_\_\_

(Name, Designation and Address)  
 \_\_\_\_\_ Accepted  
 \_\_\_\_\_(Signature)  
 (Name, Title and Address of the Attorney)  
 Date : \_\_\_\_\_

**Note:**

- i. *To be executed by the Lead Member in case of a Consortium.*
- ii. *The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, as laid down by the applicable law and the charter documents of the executants(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.*
- iii. *In case an authorized Director of the Applicant signs the Application, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney.*
- iv. *In case the Application is executed outside India, the Applicant has to get necessary authorization from the Consulate of India. The Applicant shall be required to pay the necessary registration fees at the office of Inspector General of Stamps.*

**ANNEXURE- 9: POWER OF ATTORNEY FOR LEAD MEMBER****Format for Power of Attorney for Lead Member of Consortium***(On a Stamp Paper of relevant value)***Power of Attorney**

Whereas the Mission Director, NHM, DoH&FW, Government of Odisha has invited applications from interested parties for integration operation and management of Patient Transportation (Ambulance) and Health Help Line services in Odisha and

Whereas, the members of the Consortium are interested in bidding for the Project and implementing the Project in accordance with the terms and conditions of the Request for Proposal (RFP) Document and other connected documents in respect of the Project, and

Whereas, it is necessary under the RFP Document for the members of the Consortium to designate the Lead Member with all necessary power and authority to do for and on behalf of the Consortium, all acts, deeds and things as may be necessary in connection with the Consortium's bid for the Project who, acting jointly, would have all necessary power and authority to do all acts, deeds and things on behalf of the Consortium, as may be necessary in connection with the Consortium's bid for the Project.

NOW THIS POWER OF ATTORNEY WITNESSETH THAT:

We, M/s. \_\_\_\_\_ (Lead Member), M/s  
\_\_\_\_\_ (Member)

(The respective names and addresses of the registered office) do hereby designate M/s. \_\_\_\_\_ being one of the members of the Consortium, as the Lead Member of the Consortium, to do on behalf of the Consortium, all or any of the acts, deeds or things necessary or incidental to the Consortium's bid for the Project, including submission of application/proposal, participating in conferences, responding to queries, submission of information/ documents and generally to represent the Consortium in all its dealings with the Department, any other Government Organization or any person, in connection with the Project until culmination of the process of bidding and thereafter till the Agreement is entered into with Government of Odisha,

We hereby agree to ratify all acts, deeds and things lawfully done by Lead Member, our said attorney pursuant to this Power of Attorney and that all acts deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us/Consortium.

Dated this the \_\_\_\_\_ day of 20\_\_  
(Executants)

*Note: The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, as laid down by the applicable law and the charter documents of the executants(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.*

**ANNEXURE- 10: FORMAT FOR AFFIDAVIT**

**Format for Affidavit (On a Stamp Paper of relevant value)**

**Affidavit**

I, M/s. .... (Sole Applicant / Lead Member / Member), (the names and addresses of the registered office) hereby certify and confirm that:

- (i) We or any of our promoter(s) / director(s) / partner(s) are not blacklisted or otherwise disqualified pursuant to any debarment proceedings by any Central or State Government, Local Government or Public Sector Undertaking in India from participating in any bidding process, either individually or as member of a Consortium as on the \_\_\_\_\_ (Date of Signing of Application).
- (ii) We are not insolvent, in receivership, bankrupt, being wound up, having our affairs administered by a court or a judicial officer, having our business activities suspended or subject of legal proceedings for any of the foregoing reason;
- (iii) We or any of our promoter(s), director(s), partner(s) and officers are not convicted of any criminal offence related to their professional conduct or the making of false statements or misrepresentations as to their qualifications to enter in to a procurement contract within a period of **three years** preceding the commencement of the procurement process.
- (iv) There is no conflict of interest in submitting this Proposal

We further confirm that we are aware that, our Application for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the agreement period.

Dated this .....Day of ....., 20....

Name of the Applicant  
.....  
Signature of the Authorized Person  
.....  
Name of the Authorized Person

Note:  
*To be executed separately by all the Members in case of Consortium.*

**ANNEXURE- 11: LETTER OF EXECLUSIVITY**

**Letter of Exclusivity**

I, we, \_\_\_\_\_, hereby declare that we are/ will not associate with any other firm/entity/consortium for submitting an application for the project under consideration.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 20....

For \_\_\_\_\_

(Name, Designation and Address of the Chief Executive Officer of the applicant (Lead organization in case of consortium)

Accepted  
\_\_\_\_\_(Signature)  
(Name, Title and Address of the Applicant/s)  
Date : \_\_\_\_\_

**Note:**

*To be executed separately by all the Members in case of Consortium.*

**ANNEXURE- 12: ANTI COLLUSION CERTIFICATE****Anti-Collusion Certificate**

We hereby certify and confirm that in the preparation and submission of our Proposal for Integrated Patient Transport and Health Helpline Services in India against the RFP issued by MD, NHM, DoH&FW, Government of Odisha. We have not acted in concert or in collusion with any other Bidder or other person(s) and also not done any act, deed or thing, which is or could be regarded as anti-competitive. We further confirm that we have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with the instant proposal.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

For \_\_\_\_\_

(Name)  
Authorized Signatory

**ANNEXURE-13: EXISTING IT EQUIPMENT AND VEHICLE DETAILS UNDER EMAS****(I) IT Equipment**

Equipment	Make, Model	Description	Quantity
Server	Dialer DB (Dell Poweredge Rack R720 )	Cent OS Linux	2
Server	Dialer Application (Dell Poweredge Rack R720 )	Cent OS Linux	2
Server	EDS Database (MS SQL 2012 Enterprise) Same	Windows 2012 Standard	2
Server	EDS Application (Dell Poweredge Rack R720 )	Windows 2012 Standard	2
Server	Automatic Vehicle Location Tracking Server (MS SQL 2012 Enterprise) (Dell Poweredge Rack R720 )	Windows 2012 Standard	2
Server	Domain Controller (Dell Poweredge Rack R720 )	Windows 2012 Standard	1
Server	Additional Domain Controller (Dell Poweredge Rack R720 )	Windows 2012 Standard	1
Server	FTP (Dell Poweredge Rack R720 )	Windows 2012 Standard	1
Server	Antivirus AntiVirus Server/Client for 150 Users (Dell Poweredge Rack R720)	Windows 2012 Standard	1
LCD Panel, Keyboard, Touch pad (For Server on Rack)	Kit - Dell 17FP Rack Console (KMMFPM185)		3
KVM Switch	PowerEdge KVM 2161AD - 16 Port Keyboard/Video/Mouse		3
SAN Storage	Dell Power Vault(TM) MD3660f	20 X 1TB, 15 TB usable, 10k rpm	1
SAN SWITCH	Dell Brocade 300 Ports on Demand 8GB FC Switch		2
Desktop	Dell OptiPlex(TM) 9010 MT Base		80
Additional Monitor	DELL E2011H 20"W HD Monitor with WLED	For dispatchers	20
Laptop	Dell Latitude E5430		15
Netbook	Acer, Aspire One725-C7Ckk		45
Printer	LESERJET Pro 400 COLOR MFP m475dn (Color Laser Printer)		1
	HP LASERJET M5035 MFP		2
	HP LESERJET Pro 400 MFP m425dn		2
IP PBX	MATRIX make Eternity ME 16S System (16SAC-IN (V1R1) )		1
Digital Phone	EON48P Black (V1R1)		12
Analog Telephone	Panasonic KX-TS880MX		40
IP Phone	Yealink SIP-T32G	For Call Center	150

		Agents	
Headset	Mairidi	For Call Center Agents	300
PRI Modems	RAD, ASMI_52_IND/E1/200(H) (4 pairs)		8
	1 from TATA		1
	1 From Reliance		1
Rack for Server & Network Equipments	Dell PowerEdge(TM) Rack 4220, Full Set		4
Server Load Balancer	Baracuda 640		2
Unified Threat Management (UTM)	Cyberroam 1000ia		2
Wireless Router	TP-Link N750 Wireless Dual Band Gigabit Router		2
Cat 6 Patch Panel	D-link CAT6		9
Managed Gigabit Ethernet Switches	Dell Power Connect 5524		5
Power Connect Power over Ethernet Switches	Dell Power Connect TM 6224P		8
Managed Layer 3 Gigabit Ethernet Switches	Dell Power Connect TM 6224P		4
Projector	Epson EB-925 H389C		4
Television	KDL46EX650 (46"), KDL-32W650A(32")	KDL46EX650 (46")	3
		KDL-32W650A(32")	1
CCTV	Sony Model No - SSC-N11		8
DVR	RAYSHARP RSGND 9708-960H		1
Biometric with RFID + Time Attendance	SAVIOR 8603		6
Online UPS 60KVA	APC Galaxy 5000		2

## (II) Vehicle Launching Details

District	Phase	Date of Launching	Number of Ambulances	Additional launching of 92 Ambulances on 23/12/2018
Angul	1	28/06/13	13	4
Balasore	1	01/07/13	23	4
Bhadrak	1	28/05/13	15	3
Cuttack	1	01/04/13	26	
Dhenkanal	1	27/06/13	12	3
Ganjam	1	25/03/13	35	

Jajpur	1	27/05/13	18	
Keonjhar	1	17/07/13	18	
Khordha	1	05/03/13	23	
Koraput	1	09/03/13	14	
Mayurbhanj	1	01/07/13	25	
Puri	1	03/05/13	17	3
Rayagada	1	31/05/13	10	
Sambalpur	1	09/07/13	10	
Sundarharg	1	09/07/13	21	4
Bargarh	2	25/02/14	15	3
Bolangir	2	28/02/14	17	
Boudh	2	16/02/14	4	
Deogarh	2	25/02/14	3	
Gajapati	2	14/12/13	6	
Jagatsinghpur	2	10/11/13	11	
Jharsuguda	2	23/02/14	6	
Kalahandi	2	31/12/13	16	
Kandhamal	2	22/02/14	7	
Kendrapada	2	10/11/13	14	
Malkangiri	2	19/02/14	6	
Nabarangapur	2	19/02/14	12	
Nayagarh	2	14/02/14	10	
Nuapada	2	18/02/14	6	
Sonepur	2	22/02/14	7	
<b>Total</b>			<b>420</b>	<b>24</b>

**ANNEXURE-14: FORMAT OF BANK GUARANTEE FOR EMD****EMD (Bank Guarantee Format)**

*[The Bank shall fill in this Bank Guarantee Form in accordance with the instructions indicated.]*

To  
The Bid Inviting Authority

Whereas *(insert the name of the bidder)* (hereinafter called the “Bidder”) has submitted its proposal dated *(insert date)* for *Integration, Operation and Management of Emergency Medical Ambulance (108), Boat Ambulance, 24x7 Referral Transport (102) and Health Helpline Services (104) in Odisha* (hereinafter called the “Proposal”) against the RFP *(Insert RFP reference number)* issued by Mission Director, NHM, DoH&FW, Government of Odisha (hereinafter called “Authority”).

Know all persons by these presents that we *(insert name of the bank)* of *(insert address of the bank)* (Hereinafter called the “Bank”) having our registered office at *(insert regd. office address of bank)* are bound unto *<insert the name and address of the procuring authority>* (hereinafter called the “Authority”) in the sum of *(insert guarantee amount)* for which payment will and truly to be made to the said Authority, the Bank binds itself, its successors and assigns by these presents. Sealed with the Common Seal of the said Bank this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

The conditions of this obligation are:

- (1) If the Bidder withdraws or amends, impairs or derogates from the tender in any respect within the period of validity of this Bid.
- (2) If the Bidder having been notified of the acceptance of his Bid by the Authority during the period of its validity: -
  - a) Fails or refuses to furnish the performance security for the due performance of the contract. or
  - b) Fails or refuses to accept/execute the contract. or
  - c) If it comes to notice that the information/documents furnished in its tender is incorrect, false, misleading or forged

We undertake to pay the Authority the above amount upon receipt of its first written demand, without the Authority having to substantiate its demand, provided that in its demand the Authority will note that the amount claimed by it is due to it owing to the occurrence of one or both the two conditions, specifying the occurred condition(s).

This guarantee will remain in force for a period of forty-five days after the period of tender validity and any demand in respect thereof should reach the Bank not later than the above date.

Our..... branch at.....\* (Name & Address of the .....\* branch) is liable to pay the guaranteed amount depending on the filing of claim and any part thereof under this Bank Guarantee only and only if you serve upon us at our .....\* branch a written claim or demand and received by us at our .....\* branch on or before Dt.....otherwise bank shall be discharged of all liabilities under this guarantee thereafter.

\* the Branch of the bank should be at Bhubaneswar.

***Signature of the Authorised Officer of the Bank)***

***Name and Designation of the Officer***

***Seal, name & Address of the Bank and the Branch***

**ANNEXURE-15: BANK GUARANTEE FORMAT FOR PERFORMANCE SECURITY**

**Issuing Bank:** *[insert: Bank’s Name, and Address of Issuing Branch or Office]*

**Beneficiary:** *[insert: Name and Address of Authority]*

**Date:** \_\_\_\_\_

**PERFORMANCE GUARANTEE No.:** \_\_\_\_\_

We have been informed that *[insert: name of the Awardee]* (hereinafter called "the Agency") has entered into Contract No. *[insert: reference number of the contract]* dated \_\_\_\_\_ with you, *for Integration, Operation and Management of Emergency Medical Ambulance (108), Boat Ambulance, 24x7 Referral Transport (102) and Health Helpline Services (104) in Odisha* (hereinafter called "the Contract"). Furthermore, we understand that, according to the conditions of the Contract, a performance guarantee is required.

At the request of the Agency, we *[insert: name of Bank]* hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of *[insert: amount in figures]* (Rs\_\_\_\_) *[insert: amount in words]*<sup>21</sup> upon receipt by us of your first demand in writing accompanied by a written statement stating that the Agency is in breach of its obligation(s) under the Contract, without your needing to prove or to show grounds for your demand or the sum specified therein.

We hereby waive the necessity of your demanding the said debt from the Agency before presenting us with the demand.

This guarantee shall be valid until the ..... day of ....., 20.....

We further agree that no change or addition to or other modification of the terms of the contract to be performed thereunder or of any of the contract documents which may be made between you and the Agency shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition or modification.

Our..... branch at .....<sup>22</sup> (Name & Address of the ..... branch) is liable to pay the guaranteed amount depending on the filing of claim and any part thereof under this Bank Guarantee only and only if you serve upon us at our .....branch a written claim or demand and received by us at our

<sup>21</sup> The Guarantor shall insert the amount as specified in the RFP.  
<sup>22</sup> the Branch of the bank should be at Bhubaneswar, Odisha.

.....branch on or before Dt.....otherwise bank shall be discharged of all liabilities under this guarantee thereafter.

\_\_\_\_\_  
*[signature (s)]*

***Signature of the Authorised Officer of the Bank)***

***Name and Designation of the Officer***

***Seal, name & Address of the Bank and the Branch***

**ANNEXURE-16: FORMAT FOR PRE-BID QUERIES**

The bidder will have to ensure that their queries in soft copy for the pre-bid meeting should reach the TIA through email at [missiondirector@nic.in](mailto:missiondirector@nic.in) & [oemascell@gmail.com](mailto:oemascell@gmail.com) on or before the date of Pre-bid meeting in the prescribed format as mentioned below.

S.No	RFP Document (Clause and Page number)	Content of RFP requiring clarification(s)	Clarification Requested

Any other form of submission will not be entertained

**Signature.....**  
**(Authorized Signatory with Date and Seal)** 

**Name, Designation and Address**

**ANNEXURE-17: CV FORTMAT FOR KEY PERSONNEL**

Format of Curriculum Vitae (CV) for Proposed Key Personnel

1. Proposed Position/Role:-
2. Name of Staff:-
3. Qualification: -
4. Date of Joining with thre current Agency: -
5. Total Years of Experience:-
6. Detailed Tasks Assigned:-

Key Qualifications:

[Give an outline of staff members experience and training most pertinent to tasks on assignment. Describe level of responsibility (Managerial, Supervisory etc.) held during relevant previous assignments and give dates and locations.]

Education:

[Summarize college/university and other specialized education of staff member, giving names of schools, dates attended, and degrees obtained.]

Employment Record:

[Starting with present position, list in reverse order every employment held. List all positions held by staff member, giving dates, names of employing organizations, titles of positions held, and locations of assignments, size of the fleet managed (in case of fleet manager). Also give types of activities performed and Client references, where appropriate.]

Certification:

I, the undersigned, certify that to the best of my knowledge and belief this CV correctly describes my qualifications and past experiences. I will undertake this assignment for the full project duration in terms of roles and responsibilities assigned in the technical proposal or any agreed extension of activities thereof. I understand that any mis-statement herein leads to disqualification of CV.

Date:

Signature of Key Professional with Date

Authorized Signatory with Date and Seal:  
Name, Designation and Address:

NB: CV write-up restricted to 4 pages only with quality information relevant to the key professional requirements.