

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

**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 known 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 Permanent 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 19th month, from 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 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. 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 428¹ 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.

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.

¹ 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 coverage² of respective services shall be as below.

S.No	Proposed Services	Coverage & Size (Proposed)
1	Emergency Medical Ambulance Service. (ALS +BLS)	In all 30 Districts with a minimum of 512 ambulances (ALS&BLS).
2	24x7 Referral Transport System for JSSK beneficiaries.	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	Boat Ambulances in selected locations.	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.

² 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
1. A call to help line.	<ul style="list-style-type: none"> • Dial the toll free number (eg.104 or any other number give by the state) 	<ul style="list-style-type: none"> • Once a call is connected with a client, assess whether the type of call is related to grievance health query.
2. Registration of grievances	<ul style="list-style-type: none"> • Explain the type of grievance, name of the facility/person against which grievance has been raised. • Inform/share details of the place / district where the deficiencies were noted / encountered 	<ul style="list-style-type: none"> • Fill the grievance registration form available on web portal. • Then triage the grievances on basis of emergency; <ul style="list-style-type: none"> a) real time grievances, with focus on those with denial of services b) grievances relating to systemic issues, requiring higher authorities intervention • For the real time grievances, resolve the grievances immediately by contacting the concerned authorities. • 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 • 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 • Registration number and estimated time required to resolve the grievance will be communicated to the complainant • Also convey the web address to the client so that he may check the status of grievance

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

2.3 Scope of Work

2.3.1 Operation of Centralised Call Centre: The Government of Odisha has an existing call centre facility at 7th 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 System³), call management, performance monitoring⁴ 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.

³ 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.

⁴ 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 years⁵, 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 500⁶ (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).

⁵ To be calculated from the date of registration of ambulances

⁶ 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 Infrastructure⁷: 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 Compliance⁸: 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

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

⁸ 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 hour⁹. 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.

⁹Time 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 31st 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
(a) Basic Life Support & Advanced Life Support Ambulance:		
1	Emergency Medical Technician:	Basic Qualification: <ul style="list-style-type: none"> B.SC. Nursing/GNM/ B.Pharma/ D. Pharma Basic Skill & Training: <ul style="list-style-type: none"> Emergency management Skills like Bleeding Control, Defibrillation, Spinal Immobilization, Oxygen Therapy,

		<p>Medicine Administration.</p> <ul style="list-style-type: none"> 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 & life sustaining equipment & 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.
2	Ambulance Care Assistant	<p>Basic Qualification:</p> <ul style="list-style-type: none"> Matriculation or 8th Standard (Pass) <p>Basic Skill & Training</p> <ul style="list-style-type: none"> 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
3	Driver	<p>Basic Qualification:</p> <ul style="list-style-type: none"> 8th Standard (Pass) with valid driving license for LMV (Commercial) and badge license <p>Basic Skill & Training:</p> <ul style="list-style-type: none"> Working knowledge on first aid and patient handling If required a in-house training module may be developed by the Agency in consultation with the Authority
	Team Size in each shift	<i>One EMT, one Ambulance Care Assistant and one driver in each ambulance (ALS & BLS).</i>
(b) 24x7 Referral Transport System (RTS 102)		
1	Driver	<p>Basic Qualification:</p> <ul style="list-style-type: none"> 8th Standard (Pass) with valid driving license for LMV (Commercial) and Badge License <p>Basic Skill & Training:</p> <ul style="list-style-type: none"> 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.

	Team Size in each shift	Only one driver for each vehicle.
(c) Boat Ambulance:		
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 nd 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)
(d) GR & Health Advice Helpline (104)		
1	Doctor	Basic Qualification: <ul style="list-style-type: none"> • MBBS / MD Skill & Experience: <ul style="list-style-type: none"> • The candidates should ideally possess clinical work experience of at least one-year post qualification
2	Paramedics (Health Advisory Officer)	Basic Qualification: Any of the following qualifications: <ul style="list-style-type: none"> • Bachelor of Pharmacy or Diploma in Pharmacy • Bachelor of Physiotherapy • Bachelor of Science (Nursing) • GNM • BAMS/BHMS • Bachelor in Life Sciences Skill & Experience <ul style="list-style-type: none"> • The candidates should ideally possess work experience of at least one year in providing medical care.

3	Counsellor	Basic Qualification: <ul style="list-style-type: none"> • B.Sc. /M.Sc. (Psychology) • MSW/ BA or MA in Sociology Skill & Experience: <ul style="list-style-type: none"> • The counsellors need to possess at least 1 year of post qualification work experience preferably in health sector.
	Staff Composition	The Health Helpline will be staffed with Doctors, Paramedics and counsellors. The ratio of doctors to non-doctors (paramedics & Counsellors) would ideally be 1:6. These doctors shall be available at the cell centre exclusively for 104 Health Helpline Services.
(e) Minimum Educational Qualification of Key Personnel		
S.No.	Domain	Educational Qualification
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 5th 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), ambulances¹⁰ (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 cost¹¹ 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 then 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

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

¹¹ 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. $10 \times 200 \times 100 = 2,00,000$)
- 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	"EMAS-108": Emergency Medical Ambulance Service		
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: <i>(To be calculated as monthly average over the entire fleet of vehicle-ALS & BLS)</i>	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%¹² 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><i>(i) Rs 1,000.00 per day/vehicle in excess of allowed days</i></p> <p><i>(ii) Rs 100.00 per ambulance hour in excess of 10% limit (district-wise).</i></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>

¹² 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"> 1. Poor General cleanliness /Ambulance body Hygienic storage of Medical/ non-medical consumables/staff uniform and availability; 2. Non-availability of Medical/ non- medical consumables as per the enclosed list at Annexure-6. 3. Non-functioning of major equipment; 4. Improper maintenance/non-updating of log book, stock register, PCR record, vehicle maintenance record as prescribed by Authority; 5. Non-functioning of Air-conditioning of Ambulance. 	Penalty of Rs 1000/- per ambulance 1st time for every shortfall/ default and subsequently Rs. 2500/- per Ambulance (Individually for every shortfall/ default)
B	Referral Transport Ambulance (102-Ambulance)		
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) Rs 1,000.00 per day/vehicle in excess of allowed days

	<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%¹³ 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>	Penalty shall be levied if attendance level falls below 80% in a month.	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>Example: If service provider does 3.8 trips/day/ambulance for 100 vehicles then penalty</p>

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

	1 Trip= 1 Case		<i>shall be = 100x1000 x 2 = Rs. 2,00,000/-</i>
C	Boat Ambulance		
C1	To be decided after six months of operation		
C2			
C3			
D	Centralised Call Centre Based Grievance Redressal & Health Advice Helpline (104):		
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
E	Call Centre Service Level Efficiency		
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):

S. No.	Performance Indicator	Bench mark
1	Geographic coverage of the district with JE services	100%
2	Average number of pregnant women/ children ¹⁴ 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).

¹⁴ 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 ¹⁵ 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 4th 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

¹⁵ 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 patents, 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	EXPERIENCE OF THE BIDDER		
	i) Years of experience in operation and management of Ambulance Service (ALS & BLS or JE ¹⁶). (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		

¹⁶ JE – Janani Express or Referral Transport Vehicle under JSSK

[illegible]

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

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:	
<p>Annual Turnover* in last two years (Rs. in Lakh)</p> <p>Financial Year 2015-16:</p> <p>Financial Year 2016-17:</p> <p>Financial Year 2017-18:</p> <p>Average Annual Turnover for above two Financial Years (i.e. (2015-16 & 2016-17) or (2016-17 & 2017-18 [if audited])):</p> <p>*Audited Statement of Accounts & Tax Audit Report to be enclosed for calculation of Turnover.</p>	
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.
<p>Working Capital:</p> <p>Working Capital =(Current Assets –Current Liabilities)</p>	
Award & Accreditations, if any:	
Any Award or Felicitation 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	Name of the Project	"Integrated Patient Transport & Health Helpline Service in Odisha"
2	Name and address of the Organization responding to RFP.	
	<ul style="list-style-type: none"> Telephone No. with STD Code Fax Number E-mail address, if any Name and Designation of Contact Person 	
3	Proposal Addressed to	Mission Director National Health Mission DoH&FW, Government of Odisha Annex Building, SIH&FW Unit-8, Bhubaneswar-751012
4	Reference of Notice inviting for RFP	No.....Date.....
5	Authority for signing and submitting the document (Power of Attorney, Resolution of the organization etc.)	
6	Documents enclosed in support of the Request-	
	1)	
	2)	
	3)	
	4)	
	Total pages.....	
		Name and signature of the authorized signatory Seal of the Organization Date:.....

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><u>“Emergency Medical Ambulance Service: 108 Ambulance”¹⁷</u> Rate¹⁸ per KM covered for ALS (84) & BLS (428)¹⁹: i) Emergency Medical Ambulance (EMA)</p> <p><i>The rate is inclusive of all expenses/costs towards:</i></p> <ol style="list-style-type: none"> Operation and maintenance of the EMA services including (a) staff salary and allowances, recruitment & training, staff insurance, uniform & 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 & water, housekeeping, AMC of hardware/software, software (application software), license fee, equipment, etc., postage & courier, printing and stationary and all other miscellaneous expenses , taxes, duties, fees etc., Cost of medicine or other health care consumables reasonably procured for use in the Ambulances for treatment and stabilization. <p>Note: The number of ambulances and its mix (ALS and BLS) are subject to change as per actual requirement.</p>	<p>Rs.....</p> <p>(Rupees.....only)</p>
B	<p>Total Estimated Monthly Cost (EMAS)= (512x 5000*x EMA Rate)</p> <p>(*Average monthly running of 5000 KM per vehicle/ month is presumed)</p>	<p>Rs.....</p> <p>(Rupees.....only)</p>
C	<p><u>Referral Transport Ambulances (102 Ambulance) (min 500 Vehicles)</u></p> <p>Rate per Km Run (RKR)</p> <p>Rate is inclusive of both Capital (excluding Call Centre) and Operational Expenditure:</p> <ol style="list-style-type: none"> 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>Rs.....</p> <p>(Rupees.....only)</p>

¹⁷ EMAS-108, all ambulances are Government owned.

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

¹⁹ 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..

	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. 2) The number of 102 Ambulance Vehicles is subject to change in future based on actual requirement.	
D	Total Monthly Cost (RTS/102 Ambulance) =(4500xRKRX500) (Calculation based on an estimated monthly running of 4,500 Km /Vehicle)	Rs..... (Rupees.....only)
E	<u>Boat Ambulances (6 in number)</u> Monthly Rate per Boat Ambulance (MRBA): The Service Provider shall be paid on per month per Boat (unit) basis only toward operational expenditure, which shall include: 1. Operation and maintenance of the boat ambulance including (a) salary & 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 & traveling, asset insurance, security and maintenance of Jetty(s), etc., (b) Call Centre / Control room operation and management expenses. 2. Cost of medicine or other health care consumables reasonably procured for use in the Ambulances for treatment and stabilization. 3. The number of Boats is subject to change in future based on actual requirement.	Rs..... (Rupees..... only)
F	Total Monthly Cost (BA) = (6xMRBA)	Rs..... (Rupees.....only)
G	<u>GR & Health Helpline Service (25 Seat Capacity)</u> 1. Monthly Charges per Seat /Shift for Doctor (MCSD) (MBBS Doctors only) 2. Monthly Charges per Seat/ Shift for Non-Doctor (MCSN) (Includes Counselors & Paramedics)	Rs..... (Rupees..... only) Rs..... (Rupees..... only)
H	Total Monthly Cost = (10xMCSN) x1 +(13xMCSN) x3 + (2xMCSD) x1 (Calculation based on 2 doctors and 23 non-doctors)	Rs..... (Rupees..... only)
I	Total Bid Value for Evaluation Purpose (B+D+F+H)	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 formhaving 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-

The Government of Odisha	The Service Provider
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 from 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

Date:

Witness No.1.

Name:
Address:

Witness No.2.

Name:
Address:

Signature & Designation,

Date:

1. Witness

Name:
Address:

2. Witness

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"> Unit should be lightweight compact and portable (not exceeding 6 kg.) Unit should have faculty for Automatic External Defibrillation and manual defibrillation Should be able to deliver shock from 2-200 joules through biphasic technology. Should have facility for printing ECG and critical events. Should have facility for Pulse oximeter & Non Invasive Blood Pressure (Adult & pediatric) <ol style="list-style-type: none"> Should have facility for charging from both 12V DC & 220V AC. Should be supplied with <ol style="list-style-type: none"> Reusable pulse oximeter probe (two) ECG cable -12 lead (two) ECG cable - 3 lead (two) Rates for consumables should be offered in price bid Optional item to be quoted invasive blood pressure-monitoring module complete with reusable transducer.
2.	Syringe pump	<ol style="list-style-type: none"> Must be user-friendly with simple menu driven operation. Must have flow rate programmable from 0.1 to 1200 ml/hr. Should accept standard disposable syringe (10-60ml) Automatic detection of syringe size and proper fixing. Must provide alarm for wrong loading of syringe. Selectable occlusion pressure trigger level from 100mm hg to 1100mm hg to allow use over a range of applications. 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). Battery backup o 6-8 hours or more when fully charged with provision to display residual battery life in hours and minutes. History / memory for at least last few patients with alarm clock records. Comprehensive safety check, with dear alarm messages.

		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"> Modes of ventilation: CMV Assist Control Optional PEEP facility <ol style="list-style-type: none"> Separate control for inspiratory and expiratory times and flow rate. Adjustable pressure limit to safety cope with all patients. High inflation pressure alarm. Power source: Compressed air / oxygen (dependence on battery or AC power is not desirable) Control Settings: <ol style="list-style-type: none"> Inspiratory time: 0.5 - 2 Sec Expiratory time 0.6 -6 Sec. Flow Control (range 6 -60L / min.) With above controls, one should be able to deliver respiratory ratio of up to 1: 3 F102: 100% oxygen and air mix, approx. 45% Equipment should be complete with carry bag, patient circuit, pressure regulator for the oxygen cylinder and relief valve. Should have airway pressure monitor Should have a disconnect alarm. (Visual and audible)
4.	Suction Pump (electronic)	<ol style="list-style-type: none"> Equipment shall be with 12V DC Maximum negative pressure from -200 -700mbar in steps of 100 or less with suitable setting marks. Sufficient capacity 500ml secretion bottles with efficient over-flow protected with adjustable negative pressure (Min. 5 Nos. Polycarbonate & autoclavable) Ambulance Wall countable. 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. Battery charged life shall be of min. 90 minutes Suction capacity 10-16 liter per minutes
5.	Suction Pump	Manual
6.	Laryngoscope with blades	<ol style="list-style-type: none"> Standard equipment in metal with 3 standard size curved blades and one extra large blade (Adult & Child). Handle should have comfortable grip.

		3. Good quality light source (Fiber optic / conventional)
7.	Oxygen cylinder "B" Type	<ol style="list-style-type: none"> 1. Colour coded lightweight Aluminum alloy oxygen cylinder for providing oxygen therapy of total capacity of 1500 Ltr. 2. Mounted with pressure reducer and flow-meter provision of capacity upto 15 Liters per minutes and outlet for secretion aspiration. 3. Reliable and complete test certificate. 4. Should be provided with an adapter to refill the cylinder from a bulk cylinder. 5. Should be membrane pressure reducer with manometer complete with flow meter 0-15 liters /min. and humidifier
8.	Artificial Manual Breathing Unit (Adult)	<p>The equipment shall be with:</p> <ol style="list-style-type: none"> 1. Easy Grip manual resuscitator with transparent face - mask. 2. Adult models (1500 to 2000ml bag capacity) 3. Standard 15-22 mm Swivel connector allows connections to all common masks Endotracheal Tubes. 4. Provision to give supplemented oxygen-by-oxygen reservoir providing 100% oxygen. 5. Non-rebreathing valve enabling the patient to inspire oxygen from the reservoir bag.
9.	Artificial Manual Breathing Unit (Child & neonatal)	<p>The equipment shall be with:</p> <ol style="list-style-type: none"> 1. Easy Grip manual resuscitator with transport facemask. 2. Child models (500 o 250ml bag capacity) 3. Standard 15-22 mm Swivel connector allows connections to all common masks Endotracheal Tubes. 4. Provision to give supplemented oxygen-by-oxygen reservoir providing 100% oxygen. 5. Non-rebreathing valve enabling the patient to inspire oxygen from the reservoir bag.
10	Collapsible Chair cum Trolley Stretcher	<ol style="list-style-type: none"> 1. Automatic loading stretcher with capability to convert into wheel chair. 2. Built with anodized aluminum lightweight / stainless steel. 3. Adjustable backrest 0 dg -90 dg, which allows fixing the backrest safety in any position. 4. Side protections completely overturn able. 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. 6. Vertical legs protected by nylon wedges. <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"> 1. Should be lightweight and made up of tubular aluminum alloy. 2. Should be easy to carry. 3. Should be rugged. 4. Should be compact & foldable in 2 5. Should have automatic locking, which does not fold in automatically. 6. Should have provision to put IV pole on the stretcher. 7. Should come with IV Stand as Standard. <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"> 1. 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. 2. Narrow foot end frame or handling in confined areas. Length: 160 to 200 Cm Width: 42 cm (Minimum) Weight: < 10 kg. Load capacity -120 kg (Min.)
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 every 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 piece 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. 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.
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 dips 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 o avoid damages to rip-off straps during the usage or accommodation in the ambulance. 3. It should be 20 handles far 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"> 1. It should be a standard 'J' type molybdenum steel cylinder to fill medical oxygen. . 2. The capacity should be of 5000 to 6000 Litres (5 to 6 M3) at a pressure of 1800 - 2000ibs/inch, 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
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. Noradenaline
7	Inj. Nitroglycerine
8	Inj. Sodium Bicarbonate
9	Inj. Hydrocortisone
10	Inhaler Beclomethasone (250 micro/dose)
11	Inhaler Salbutamol (200 micrograms)
12	Inj. Fruseride
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. Petritidine
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"> 1. Standard equipment in metal with 3 standard size curved blades and one extra large blade (Adult & Child). 2. Handle should have comfortable grip. 3. Good quality light source (Fiber optic / conventional)
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"> ▪ Easy Grip manual resuscitator with transparent facemask. ▪ Adult models (1500 to 2000ml bag capacity) ▪ Standard 15-22 mm Swivel connector allows ▪ Connections to all common masks, Endotracheal Tubes. ▪ Provision to give supplemented oxygen by oxygenreservoir providing 100% oxygen. ▪ Non-rebreathing valve enabling the patient to inspire oxygen from the reservoir bag.
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.</p> <p>Should be easy o carry.</p> <p>Should be rugged.</p> <p>Should be compact & foldable in 2</p> <p>Should have automatic locking, which does not fold in automatically.</p> <p>Should have provision to put IV pole on the stretcher.</p> <p>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.</p> <p>Narrow food end frame or handling in confined areas.</p> <p>Length: 160 to 200 Cms Width: 42 cm (Minimum) Weight: < 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	Stretcher:	(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	Oxygen cylinder	(ii) ISI/CE/FDE Mark, 10 Ltr, colour coded lightweight aluminum alloyed along with medical grade oxygen delivery system.
3	Logo & Branding	(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	Vehicle	(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.

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 Ambulance²⁰.

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

²⁰ 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
Department 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 ofas 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 thisDay 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	
Total			420	24

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]*²¹ 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 at²² (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 ourbranch a written claim or demand and received by us at our

²¹ The Guarantor shall insert the amount as specified in the RFP.

²² 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 & 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.