

NOTICE INVITING

EXPRESSION OF INTEREST (EOI)

SETTING UP OF 30 BEDDED EXTENDIBLE TO 50 BEDED MOTHER AND CHILD HEALTH WING IN ONE REFERRAL/ SUB-DIVISIONAL HOSPITALS IN EACH DISTRICTS OF BIHAR UNDER PPP MODE

Expression of Interest (EOI) is invited from reputed agencies for equip, operate and manage 30 bedded extendible to 50 bedded Mother & Child Health Wing in one Referral/Sub divisional hospital in 38 districts of Bihar. The broad details of requirement, terms & conditions may be downloaded from website (<http://www.statehealthsocietybihar.org/>). A pre-bid meeting scheduled at 11:30 A.M. on 11/03/2014 in the Conference Hall of State Health Society, Bihar, Pariwar Kalyan Bhawan, Sheikhpura, Patna-800014. Based up on the pre bid meeting discussion terms and conditions can be modified .Competent interested agencies are requested to submit the details to the undersigned on or before 5.00 P.M. on 21/03/2014 by post (Registered/Speed) to The Executive Director, State Health Society, Bihar (SHSB), Parivar Kalyan Bhawan, Sheikhpura, Patna- 800014, Bihar. All the applications received by due date will be opened at 11:00 A.M. on 26/03/2014 in front of bidders or their representatives. Based on the eligibility criteria as mentioned in Eoi, firms will be short listed. The shortlisted agencies will be issued RFP against which firms will be required to submit technical and financial bid in sealed cover.

For any further clarifications, please contact Mr. Gaurav Kumar, Deputy Director-MCH, SHSB on mobile no: 9431005972 during official working hours only.

Secretary Health cum Executive Director
State Health Society Bihar

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1. INTRODUCTION

In order to provide health care “to the last household and to the last person of the state”, Government of Bihar seeks to provide quality dedicated access to quality care for mother and child in the state. Towards this effort, GoB wants to develop Referral Hospitals for handling mother & child speciality services in Bihar by establishing a **30-Bed Specialty Hospital**. The Hospital aims at providing **state of art quality healthcare services** to mother & child of Bihar.

State Health Society, Bihar (SHSB) invites Expression of Interest (Eoi) from reputed agencies for equipping, operating and managing 30 bedded mother & Child Health in various referral hospital in multiple districts of Bihar who meets the eligibility criteria individually or as a consortium (maximum of two members shall be allowed in a consortium) mentioned in the subsequent section of this Eoi.

2. PURPOSE

Purpose of this EOI is intended to identify experienced firms/ individuals (single or consortium) that have the capacity to equip, operate and manage 30 bed mother & child health in various districts of Bihar. The basic idea is to promote referral hospitals as mother & child health. The Private Partner/ Service Provider shall provide day to day clinical services with proper skilled manpower & consultants as well as equip and maintain the equipment for these services i.e. Outpatient, Inpatient, Operative, Postoperative, Intensive Care and Diagnostic Facilities in the state.

3. SCOPE OF WORK

The Government of Bihar intends to upgrade Referral/ Sub-divisional Hospitals (RH/ SDH) as a MCH Wing through public private partnership. It is planned to take up one RH/ SDH in each district for the purpose. The bidder will equip, operate and manage MCH wing and will provide clinical services and submit details of services to be performed including infrastructure/size of the unit/manpower for efficiently running the centre. The private party is expected to operate the MCH wing for an initial period of 5 (five) years along with

skilled doctors, technicians and support staff for smooth functioning of the MCH wing. The number of facilities to be established will be decided in the later stage.

The selected partner will be reimbursed for each woman on package basis. The package will be separately for normal delivery and for Caesarian Section. In case of any complications or extra intervention beyond the package, the selected partner will be reimbursed as per the rates to be decided during the agreement. The list of all such possible extra tests along with rates will be decided during the agreement.

4. SCOPE OF SERVICES

1. The concept of the 30 bed mother & child health wing is at **ANNEXURE – I**.
2. All drugs and dressings during indoor treatment should be provided by the Service Provider as per approved rate.
3. Running cost of all facilities including staff salary to be borne by the Service Provider.
4. Responsible for inventory management of drugs and consumables.
5. They must provide emergency care for patients throughout 24 hours.
6. They must provide training to the hospital staff as required by the Hospital Administration without any condition or any other obligation.
7. **The responsibility of managing complications arising during their treatment lies with the Service Provider. They should make arrangements to shift the patient to the nearest hospitals in case the patient cannot be treated at the Centre.**
8. They should make alternative arrangements in the event of breakdown of their services at their own cost.
9. They must update all patient records in the computer systems including both online and hard copy which can be accessed and examined by the SHSB. They must maintain all records both medical and nonmedical as well as medico legal records, as prescribed under the provisions of law.
10. They must submit the required reports and duty roster to the Hospital Administration as will be agreed to in the MOU.
11. They should use the space provided only for the purpose of treatment of patients.
12. They must issue Identity cards and uniforms to their staff, workers and patients. It must also be seen that staff and workers stick to the dress code. The service providers should ensure timely payment to all staff. The service providers will be required to disclose the details of each staff with the SHSB.
13. All out-patients registered must preferably be seen on the same day itself.
14. Service provider will ensure remedial measures with regard to any deficiency in services pointed out by the hospital administration.

15. Posting of round the clock security staff at entrance for security of facility.
16. Provisions of housekeeping services to maintain the hygiene within the facility.

5. GENERAL TERMS & CONDITIONS

1. The tenure will be for a period of 5 (five) years initially extendable by another 3 years on satisfactory performance.
2. Based on proposal adequate built up space will be provided at the hospital. Final layout to be decided based on mutual agreement.
3. Water and electricity connection will be provided to the centre on actual cost basis.
4. Cost of procurement of Equipment (must be new of reputed make) including accessories and running/ maintenance cost to be borne by the Service Provider.
5. **All rates should be displayed at prominent place both in Hindi and English in the facility.**
6. A 24 hour calls centre / helpline for managing and coordination the services to be provided by the selected agency.
7. Selected agency will operate and maintain these centres as per the requirement specifications to be laid down in the MoU document.
8. Any civil work required for the purpose like water, drainage system, and other plumbing work shall have to be undertaken by the agency itself even for adjoining area to help manage the facility in a smooth manner.
9. Agency may bid for establishing centre at single or multiple locations. MoU shall be decided separately for each location.
10. Services to be provided as per standard treatment guidelines prescribed by the Government.
11. An appropriate committee would be appointed by SHSB to monitor the quality and delivery of services.

6. PERIOD OF SERVICE

- i. Initially 5 (five) years, thereafter extendable for every 3 years on negotiated terms and conditions.
- ii. No subletting of part or whole of the process/infrastructure/services shall be allowed.
- iii. Interested Bidders may inspect the proposed hospital buildings before submission of their EOI to decide requirement at their own cost.
- iv. Before submitting an EOI, the bidder will be deemed to have satisfied themselves by actual inspection of the site and locality of the works that all conditions liable to be encountered during the execution of the works are to be taken into account.
- v. The Bidder should have an experience as mentioned in the eligibility criterion.
- vi. The EOI with required document shall be submitted on or before to the Office of the Executive Director, SHSB.
- vii. Firm will be short-listed based on documents furnished in this EOI. The short listed firm will be then required to make a presentation and shall be issued an RFP for submission of bid. The qualified agency shall be required to sign an MOU for the execution of the proposal.

- viii. The State Health Society Bihar reserves all rights to reject any or all the EOI/tender without assigning any reason.

7. ELIGIBILITY CRITERIA

The Bidder can be a Company/ individual/ Registered Society/ Proprietorship firm/ hospital/ nursing home. One of the Parties has to be nominated as Lead Partner and the Joint Venture/Consortium partners shall have to submit a joint declaration mentioning the name of Lead Partner/Firm document with the joint signatories of all the members. **Preference will be given to service providers who have experience of running the mother & child health care facilities.**

7.1 TECHNICAL ELIGIBILITY

- i. The bidder must have experience of running a hospital for the last 3 (three) years.

7.2 FINANCIAL ELIGIBILITY

- i. The bidder must be financially sound and willing to invest an amount of INR 25 lakhs.

Note:

- (a) EOIs are not allowed from bidders/ tenderers/ firms who have been found guilty of malpractice, misconduct, or blacklisted/debarred either by Public Health Department, Govt. of Bihar or by any local authority, Other State Government/ Central Government's organizations.
- (b) In case of consortium, the credentials of the lead partner will be taken into account for the purpose of evaluation.

8 LEGAL

1. SHSB will have the full power and authority and full legal capacity to enter into an agreement for performing defined obligations by the Service Provider.
2. The Service Provider will be given access to other areas of the hospital after showing identity card.
3. Service Provider will be authorized to make changes in civil work, fittings, cabling etc. as per requirement for smooth operation of MCH wing.
4. No modifications of permanent structure will be allowed.
5. Force Majeure clause will be added in the agreement.
6. Any medico-legal issues arising in the course of or out of treatment of patients will be the responsibility of Service Provider.
7. Any difference or disputes will be submitted for arbitration as per MoU to be entered into.

8. Provisions of Consumer Protection Act and RTI Act are applicable to the Service rendered by Service Provider.
9. All the Laws of land including Minimum Wages Act, EPFO Act etc. are applicable to Service Provider.

9 SPECIAL TERMS AND CONDITIONS

1. **Commencement of the Center: The Center shall have to be commissioned within 3 months of the peaceful handover of the site.**
2. Penalty Clause: The agency will be bound to establish the Center within the stipulated period as mentioned above, failing which the following penalty will be levied on the agency (to be deducted from the EMD/Performance Security Deposit).
 - a. For delayed setting up of Wing: A penalty of 0.5% of the security deposit per week will be imposed subject to a maximum of 25% of the security deposit.
 - b. For Non-setting up of Wing:- Security Deposit of the firm shall be forfeited.

10 SUBMISSION REQUIREMENTS

Interested Agencies wishing to undertake the above task on behalf of State Health Society Bihar, may submit their application in a sealed envelope marked "**SETTING UP OF 30 BEDDED EXTENDIBLE TO 50 BEDED MOTHER AND CHILD HEALTH WING IN ONE REFERRAL/ SUB-DIVISIONAL HOSPITALS IN EACH DISTRICTS OF BIHAR UNDER PPP MODE**". Agency is required to clearly indicate the relevant page number against each of the submission requirements mentioned below in your cover letter/application accompanying the EOI.

The offer should be complete in all aspects as mentioned below. The offer shall be prepared in Duplicate. The Original Copy should be marked Original on top right and the duplicate copy shall be marked Copy on top right of the envelope. Offer must be submitted along with following documents.

1. EOI Form as per **ANNEXURE- II**.
2. Details of the bidder in the format given in **ANNEXURE - III**. Copy of the Consortium agreement entered should be attached.
3. The instruments such as power of attorney as per **ANNEXURE – IV** authorizing an officer of the tenderer and nominating a responsible person of the tenderer to transact the business with the Authority.
4. Particulars of its operational experience for the last three years as per the format given in **ANNEXURE - V** supported by copies of purchase orders / satisfactory certificates issued by the clients for major supplies.
5. Copies of ITR for last three assessment years i.e. 2011-12, 2012-13 & 2013-14 certified by the Auditor.
6. The agency must give financial information as per **ANNEXURE - VI**. Copies of Audited Annual report, comprising of Balance Sheet and Profit and Loss Accounts for last three

financial years i.e. 2010-11, 2011-12 & 2012-13.

7. Affidavit on non-judicial stamp paper of Rs.100/- regarding the firm has not been found guilty of malpractice, misconduct, or blacklisted/debarred either by Public Health Department, Govt. of Bihar or by any local authority and other State Government/Central Government's organizations in the past three years as per **ANNEXURE – VII**.
8. A non-refundable fee of INR 10,000/- in the form of bank draft on a scheduled bank in favour of State Health Society, Bihar payable at Patna.

11 EVALUATION OF PROPOSAL

1. After opening of offer, on the scheduled date, time and venue, the committee shall examine the contents of the EOI along with all prescribed mandatory documents.
2. The committee shall also analyze that there is no collusive or fraudulent practice involved in the entire process amongst all the EOI received.
3. Any EOI during the evaluation process do not meet the EOI conditions laid down in the EOI document will be declared as not acceptable and such EOI shall not be considered for further evaluation.
4. EOIs which are in full conformity with EOI requirements and conditions shall be declared as Eligible EOI
5. The proposals of the eligible EOIs will then have to be presented to the committee.
6. The short listed firm will be required to give a presentation.
7. Thereafter RFP shall be issued to the shortlisted bidder who would be required to submit their proposal.

12 DEADLINE FOR SUBMISSION OF EOI

For Submission of EOI tenderer must submit the complete sealed EOI on or before 5:00 PM by 21/03/2014 by post (Registered/Speed) at the below mentioned address.

The Executive Director
State Health Society, Bihar (SHSB)
Parivar Kalyan Bhawan, Sheikhpura, Patna-800014, Bihar

Offers not submitted within time will not be accepted under any circumstance.
The decision of the State Health Society Bihar shall be final, and no enquiries, or application for review, shall be entertained. The State Health Society Bihar reserves the right to modify the terms & conditions partially or wholly or cancel the EOI without assigning any reason.

For any further clarification, please contact – Mr. Gaurav Kumar, Deputy Director-MCH, SHSB on phone 9431005972 during official working hours.

Secretary Health cum Executive Director
State Health Society Bihar

ANNEXURE – I

MCH Wing Concept (30 Bed)

Maternal and Child Health Wing in Referral Hospital (L3 Facility)

1. Delivery unit, which includes:

a) Receiving Area: This is the place where all pregnant women including those in emergency situation are received. The pregnant woman's BP, weight, etc. are noted. Records and registers are filled and a case sheet is prepared after her examination in the Examination Room. Relevant registers and records must be kept in the receiving area.

b) Examination Room

This is a place where adequate privacy with curtains between examination tables schedule be maintained. It is a well-lit room with examination tables and enough space for movement of the pregnant woman/patient and also the examining doctor.

c) Pre-delivery observation room (1st stage area)

After initial examination, the pregnant woman with good uterine contractions but cervical dilation still less than 4 cm that is not in active phase of labour will be sent to Pre-delivery room area for close observation. The woman should change into a clean gown.

d) Delivery (Labour) room

A pregnant woman will go to the Delivery/Labour room if she is in active phase of labour, i.e. cervical dilatation = or > than 4 cm.

Essential services in Labour room:

- Conducting normal delivery
- AMTSL
- Plotting partograph
- ENBC including newborn
- Identifying and managing resuscitation complications

e) Post-delivery observation room (4th stage area)

Mother and baby must be observed for 2 hours after delivery before shifting to the ward. This area can be planned along side the Pre-delivery observation area.

2) Antenatal and postnatal ward

The woman after delivery with the baby is shifted to PNC ward after 2 hours. There should be separate ANC and PNC wards. There should be adequate number of beds in PNC ward to ensure 48 hrs of stay after delivery. Each ward should have provision for hand washing, drinking water and toilets. Adequate cooling for extreme hot conditions and room warmers for cold weather should be made available.

3) Nursing Station

Being the nerve centre of the ward unit, it should be so located that the nurses on duty can keep watch over as many patients as possible and are able to access the farthest bed as quickly as possible. The nursing station should be 20x20 ft.

4) Treatment Room

A treatment room is required for each ward for physical examination, dressing and other procedures which cannot be carried out conveniently at the bed side of the patient. The room should be equipped with an examination table, a dressing trolley, adequate light (a spot light) and cabinets. Hand washing facilities should preferably be provided inside the treatment room.

5) Emergency Laboratory

Every delivery point particularly level II+III should have facilities for essential laboratory tests along with necessary, equipments, reagents and HR needed to conduct the basic tests.:

6) Eclampsia room

7) Blood storage units

Every high volume L3 'delivery point' conducting CS should have BSU in the Maternity Wing to avoid delay in getting blood.

8) Operation theatre

Up to 15% of deliveries or other cases of complications of pregnancy, e.g. incomplete, inevitable, missed abortion, ectopic pregnancy, etc. may need some sort of a surgical intervention; CEmOC facility must have functional OT Services.

9) New Born Stabilisation Unit (NBSU)

Neonatal Stabilization Unit is a facility within the maternity ward where sick and low birth weight newborns can be cared for short periods. All MCH Wings need to have a Neonatal Stabilization Unit, in addition to the newborn corner.

10) Routine Immunisation (RI) Centre

Every MCH wing should have one dedicated RI centre for new born and children as per GoI norms.

11) General services required for the Maternity Wing

(A) Housekeeping, cleaning, dietary and laundry services

(B) Electricity and power backup

(C) Telecommunication

(D) Security

ANNEXURE - II
EOI Form Affidavit
(on stamp paper of min. INR 100 value)

To
The Executive Director
Bihar Health Society
Patna
Bihar

Dear Sir

- 1) Having examined the EOI document for **“SETTING UP OF 30 BEDDED MOTHER & CHILD HEALTH WING IN VARIOUS DISTRICTS IN BIHAR ON PPP MODE”**, the receipt of which is hereby acknowledged, we, the undersigned, offer to provide our equipment and services under the above-named Contract in full conformity with the said EOI document.
- 2) We submit our interest for the following locations:.....
- 3) The information, documents, data of financial status and credibility, details of operational experience etc. furnished along with the EOI are true and authentic to the best of my knowledge and belief. I / we, am / are well aware of the fact that furnishing of any false information / fabricated document would lead to rejection of my EOI at any stage besides liabilities towards prosecution under appropriate law.
- 4) I have appraised myself fully about the job to be done during the period of agreement and also acknowledge to bear consequences of non-performance or deficiencies in the services on my part.

Signed: _____

Date: _____

In the capacity of _____

Duly authorized to sign this bid for and on behalf of _____

Signature & stamp of tenderer

Note:

- **This form must be signed & stamped in original to be submitted to this office along with EMD**

ANNEXURE III

DETAILS OF THE BIDDER

DATE OF OPENING:

NAME OF THE BIDDER...

(To be attached with Technical bid documents.)

1	Name Of Tendering Hospital/Institution	
2	Name Of Owner /	
3	Full Particulars Of Office	
	A) Address	
	B) Contact Telephone Nos.	
	C) Fax No.	
	D) E-Mail	
4	Registration Details:	
	(A) PAN / GIR NO.	
	(B) Service Tax Registration No.	
	C) ESI	
5	Details Of Non Refundable fee	
	A) Amount (INR.)	
	B) D.D. / P.O. No. and date	
	C) Drawn On Bank	
6	Name Telephone and Mobile No. of the dealing representative:	
7	Any other information.	

N.B Submit similar details of consortium partners also in case it is a consortium

Signature of authorized signatory

Name:

Place:

Seal

ANNEXURE - IV

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 M/s
(name and address of the registered office) do hereby constitute, appoint and authorize Mr / Ms..... (name and residential address and PAN), duly approved by the Board of Directors in their meeting held on (Copy of board resolution enclosed), who is presently employed with us and holding the position of as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for "Catlab for various districts in Bihar" including signing and submission of all documents and providing information / responses to the State Health Society, Bihar, representing us in all matters before State Health Society, Bihar 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 2014

For _____

(Name, Designation and Address)

Accepted _____

(Signature)

(Name, Title and Address of the Attorney)

Date : _____

ANNEXURE V

PROFORMA FOR PAST EXPERIENCE STATEMENT

CLINICAL SERVICE PROVIDER

a. Hospital Details

Name of Hospital	Location	Operational Since	No. of Operational Beds	Ownership Type (Own managed /Managed by other)	Running Status (Unit Running/ Unit Closed w.e.f.....)	Documentary Proof Submitted (Yes/No)
Total year of experience as health care service provider						

Note:

- a. Only the applicable category should be chosen and details filled in for that particular category.
- b. Bidders need to attach the requisite documents as evidence to claim the experience as mentioned above
- c. The details to be approved/ certified by the Auditors
- d. The registration certificate of the entity and operational certificate for all hospitals/ centers to be attached
- e. Undertaking regarding the no. of operational beds hospital wise on company letterhead signed by authorized signatory and certified by auditor
- f. Website details, brochure etc. to be attached wherever it supports the claims

ANNEXURE VI
Format for Financial Information

Name of the Bidder	Turnover (Rs. Crore)		
	2010-11	2011-12	2012-13
	Net Worth (Rs. Crore)		
	2010-11	2011-12	2012-13

ANNEXURE VII
Format for Affidavit

Format for Affidavit certifying that Entity/Promoter(s) / Director(s)/Members of Entity are not Blacklisted (On a Stamp Paper of relevant value)

Affidavit

I, M/s..... (Sole Applicant / Lead Member / Member/Affiliate), (the names and addresses of the registered office) hereby certify and confirm that we or any of our promoter(s) /director(s) are not barred by State Health Society, Bihar/ or any other entity of GoB or blacklisted by any OTHER state government or central government / department / organization in India from participating in Project/s, either individually or as member of a Consortium as on the _____(Date of Signing of Application).

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 and the amounts paid till date shall stand forfeited without further intimation.

Dated this Day of, 2014.

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.