

REQUEST FOR PROPOSAL (RFP)

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

Sealed bids (technical and financial bids) are invited from selected agencies for equip, operate and manage 30 bedded extendible to 50 bedded Mother & Child Health Wing in one Referral/Sub divisional hospital in Bihar. The broad details of requirement, terms & conditions may be downloaded from website (<http://www.statehealthsocietybihar.org/>). Competent interested agencies are requested to submit the details to the undersigned on or before 12/06/2014 during office hour only by registered post/ speed post 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 16/06/2014 in front of bidders or their representatives.

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

**THIS REQUEST FOR PROPOSAL (RFP) IS ISSUED TO FOLLOWING
SHORTLISTED AGENCIES ONLY:**

- (I) Prakash Hospital Pvt. Ltd. NOIDA**
- (II) Swastik Hospital, Gautam Kumar, Aurangabad**

Contents

1.	INTRODUCTION	4
2.	SCOPE OF WORK.....	4
3.	RESPONSIBILITY OF VARIOUS STAKEHOLDERS	10
3.1	RESPONSIBIITY OF PRIVATE PARTNER	10
3.2	RESPONSIBILITY OF SHSB	12
4.	GENERAL TERMS & CONDITIONS	12
5.	EVALUATION CRITERIA	14
5.1	EMD.....	14
5.2	TECHNICAL BID	14
5.3	FINANCIAL BID	16
6.	LEGAL	17
7.	SPECIAL TERMS AND CONDITIONS	17
8.	SUBMISSION REQUIREMENTS	19
9.	DEADLINE FOR SUBMISSION OF RFP.....	20
	ANNEXURE I.....	22
	ANNEXURE - II.....	25
	ANNEXURE - III.....	29
	ANNEXURE - IV.....	30
	ANNEXURE - V.....	32
	ANNEXURE - VI.....	33

REQUEST FOR PROPOSAL (RFP)

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

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 Request for Proposal (RFP) from selected agencies for equipping, operating and managing 30 bedded mother & Child Health in various referral hospital in multiple districts of Bihar.

2. SCOPE OF WORK

The Government of Bihar intends to upgrade Referral/ Sub-divisional Hospitals (RH/ SDH) as a MCH Wing through public private partnership. 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.

2.1 Level of service delivery, service package and HR needs for MCH

Particulars	Requirement/ standards
Basic Function	Normal delivery, CEmOC services including comprehensive signal functions, management of complications including HIV and Hepatitis B positive cases, C-section and referral of complications to tertiary level care if required Care of sick newborn including Kangaroo Mother Care
Beds (Minimum)	30 or more
Criterion	More than 50 deliveries per month including CS
Human Resource	Specialists including 1 OBG, 1 Anaesthetist, 1 Paediatrician, 1 surgeon, 5 Medical Officers, 8 grade A Staff nurse, 4 Cleaning staff, 1 Counsellor, 1 pharmacist, 4 Lab technician, 1 Certified ultra sonologist (on call after routine hours), 1 Guard, HR for NBSU(1 Paediatrician and 4 staff nurses) Service of Specialists must be available round the clock.
Maternal Health Services	<ul style="list-style-type: none"> • Identification and referral for danger signs • Pregnancy testing and counselling • Antenatal care • Intranatal care <ul style="list-style-type: none"> Normal deliveries by SBA (Partograph, AMTSL, etc) Pre-referral management for obstetric emergencies (Eclampsia, PPH, shock) • Postnatal care–24–48 hours stay post-delivery • Immediate newborn care – drying, warming, skin to skin contact • Initiation of Breastfeeding • Post-partum contraceptive counselling • Assisted vaginal deliveries • Management of complications other than those including blood transfusion or surgery • Episiotomy and suturing • Stabilization of obstetric emergencies and referral to L3 wherever required • Antenatal steroids for preterm labour • HIV screening • 48 hours stay post delivery • Comprehensive abortion care • Case management of RTI/STI • Antibiotics for preterm or PROM for prevention of sepsis of newborns

	<ul style="list-style-type: none"> • Comprehensive management of all obstetric emergencies, eg, PIH/eclampsia, sepsis, PPH, retained placenta, shock, obstructed labour, severe anemia • CS and other surgical interventions • Blood bank/storage center • Blood grouping and cross-matching • Link ART/ART at DH
Family Planning Services	<ul style="list-style-type: none"> • Counselling and provision of spacing methods including interval IUCD and PPIUCD • Female sterilization including post-partum sterilization, male sterilization (conventional and NSV) • Laparoscopic sterilization • PPIUCD insertion
Newborn Stabilization unit (NBSU)	<p>Care at Birth</p> <ul style="list-style-type: none"> • Prevention of infection • Provision of warmth • Resuscitation • Early initiation of breastfeeding • Weighing the newborn <p>Care of Normal Newborn</p> <ul style="list-style-type: none"> • Breastfeed/feeding support <p>Care of sick Newborn</p> <ul style="list-style-type: none"> • Management of LBW infants ≥ 1800 gms with no other complications • Phototherapy for newborns with hyperbilirubinemia • Management of newborn sepsis • Stabilization and referral of sick newborns and those with very low birth weight(rooming in) • Referral services
Immunization services for Child	<ul style="list-style-type: none"> • At birth dose and other vaccinations as per UIP schedule to be administered by the selected partner where all vaccines will be supplied by the Government and rest of the logistic would be supplied by agency.
Laboratory Test	<ul style="list-style-type: none"> • Hb%, Urine for albumin and sugar, RDK for malaria, Urine for pregnancy test • CBC • Bleeding time, clotting time

	<ul style="list-style-type: none"> • Routine and microscopic examination of stool • Sputum for TB • P/S for MP • HIV screening • Hepatitis B/ Australian Antigen • Blood grouping and RH typing, • wet mount, • PR/VDRL, • serum bilirubin for sick newborns • Liver function test • Glucose tolerance test • Platelet count • Thyroid profile • Gram staining • USG • KFT • Pap smear
--	---

All facilities providing MCH services should have a mother-and-newborn-friendly environment. Dignity and safety (privacy and choice) of clients should be ensured. Staff deputed at such facilities should adhere to clinical protocols/standards of service delivery and ensure infection prevention measures. A mother and baby friendly environment to be ensured. Health staff should be polite, courteous and respectful in behaviour towards their client; equipment has to be accessible and functional and subject to checks during every shift of staff duty; drugs and consumables to be made available 24x7; assured referral linkages have to be established; and daily rounds conducted by facility managers to identify gaps and bottlenecks and address these on priority basis.

2.2 Maternity Wing

A Maternity Wing comprises:

2.2.1 DELIVERY UNIT, which includes:

2.2.1.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. Any woman coming to the Receiving Area has to be quickly assessed for signs of acute emergencies, danger signs or a stage of full dilatation with imminent delivery. Initial/emergency management of such cases will be done in the Examination Room. Then the woman is sent to the appropriate area for further management.

2.2.1.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.

2.2.1.c Pre-delivery 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.

2.2.1.d Delivery (Labour) room both septic and aseptic with NBCC (2nd–3rd stage)

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

2.2.1.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 alongside the Pre-delivery observation area.

2.2.2 Wards: Antenatal, Postnatal and Post-operative

2.3 List of equipment for labour room is attached at Annexure-I

2.4 Requirement for Operation Theatre is attached at Annexure-II

2.5 List of Equipment and accessories in Obstetric ICU is attached at Annexure-III and list drugs as Annexure-IV

2.6 General services required for the Maternity Wing

- (A) Housekeeping, cleaning, dietary and laundry services
- (B) Linen as per standards mentioned in MNH toolkit
- (C) 24 hours Electricity and power backup
- (D) Telecommunication

2.7 RECORDING AND REPORTING SYSTEM

To capture MCH services, each facility must maintain the following records in form of registers, log books, case records, etc.

1. Admission Register
2. Labour room Register
3. Antenatal/postnatal Register
4. MTP Register
5. Interval and PPIUCD Register
6. OT Register
7. FP Register
8. Maternal Death Records and Registers
9. Laboratory Register
10. Referral In/Referral Out Register
11. MCP Card
12. Admission Sheets/Bed Head Tickets
13. Discharge Slip
14. Referral slip
15. Partograph

Soft copy of Standard format for all these registers will be provided by SHSB for printing and to make available at facility by agency.

2.8 Critical steps for ensuring Quality Assurance

1. Making a team within the facility responsible for facilitating quality assurance
2. Periodic assessment of various services and identification of strengths and gaps, based on standards
3. Action plan with time line for addressing the gaps
4. Adhering to and practicing established and standard technical protocols
5. Continuous handholding and supportive supervision
6. Ensuring IMEP practices
7. Prescription audits
8. Regular interaction with clients
9. Putting in place grievance redressal mechanisms
10. Maternal Death Review at both facility and community level to ensure that corrective steps are taken to fill systemic gaps, if any
11. Convening regular meetings of the district and state quality assurance committees.

3 RESPONSIBILITY OF VARIOUS STAKEHOLDERS

3.1 RESPONSIBILITY OF PRIVATE PARTNER

1. All drugs and dressings during indoor treatment should be provided by the Service Provider which will be part of the package. List of drugs is at **Annexure – IV**.
2. Running cost of all facilities including staff salary to be borne by the Service Provider.
3. Responsible for inventory management of drugs and consumables.
4. **Run OPD free of charge for all patients (Pregnant women & Infants)**
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. **Any new recruitment of staff should be immediately reported to the concerned RKS and SHSB with requisite documents to claim their candidature.**
 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. All license/ approval/ permission including PNMT will be the responsibility of the selected partner.
 16. Selected partner will forward names of all beneficiaries/ ASHA to CMO for further processing of reimbursement/ payment as per the government policies.
 17. Posting of round the clock security staff at entrance for security of facility.
 18. Provisions of housekeeping services to maintain the hygiene within the facility.
 19. The agency shall maintain the premises and it shall be the responsibility of the agency to carry out disposal of waste of the centre as per the Biomedical

- Waste (Management and Handling) Rules, 1998 or similar rule applicable in the Bihar state.
20. The agency will ensure cool and RO purified drinking water round the clock for all visitors to the facility.
 21. The agency will keep a silent DG set of appropriate power backup for the entire facility.
 22. The agency has to make MCH wing ISO certified within 2 years.

3.2 RESPONSIBILITY OF SHSB

1. SHSB will provide Land and building on “as-is-where-is-basis for mother & child health wing in district.
2. Timely settlement of claims at the agreed terms in accordance with the provisions of the agreement.
3. Provide held in laying down guidelines and finalize standard operating procedures.
4. To prepare standard registers, log books, case records, etc.
5. To conduct regular monitoring and evaluation of the project activities based on quantifiable indicators and reports received from the service provider.
6. Prescribe various formats for reporting progress of the project to be used by the Service Provider.
7. Coordinate with local administration for smooth functioning of the facility and services.
8. **Payment of Bills: The concerned RKS will pay the bills as per following:**
 - I. **70% of the Bill will be paid on ad-hoc basis within 30 days;**
 - II. **Balance after verification within 60 days**

4 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. Water and electricity connection will be provided to the centre on actual cost basis. Cost to be borne by the agency.
3. Cost of procurement of Equipment (must be new of reputed make) including accessories and running/ maintenance cost to be borne by the Service Provider.
4. A 24 hour calls centre / helpline for managing and coordination the services to be provided by the selected agency.
5. Selected agency will operate and maintain these centres as per the requirement specifications to be laid down in the MoU document.
6. **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.**
7. Agency may bid for establishing centre at single or multiple locations. MoU shall be decided separately for each location.
8. Services to be provided as per standard treatment guidelines prescribed by the Government(MNH Toolkit of GOI)
9. An appropriate committee would be appointed by SHSB to monitor the quality and delivery of services.

PERIOD OF SERVICE

- i. Initially for five years (5) 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 RFP to decide requirement at their own cost.
- iv. Before submitting an RFP, 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.

5 EVALUATION CRITERIA

1. After opening of offer, on the scheduled date, time and venue, the committee shall examine the contents of the RFP 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 RFP received.
3. Any RFP during the evaluation process do not meet the RFP conditions laid down in the RFP document will be declared as not acceptable and such RFP shall not be considered for further evaluation.
4. RFPs which are in full conformity with RFP requirements and conditions shall be declared as Eligible RFP
5. The short listed firm will be required to give a presentation.

5.1 EMD

The Bidder should submit valid refundable Earnest Money Deposit (EMD) in the form of Demand Draft/ Bank Guarantee of INR 5,00,000/- (five lakhs). Bidders who have submitted the requisite EMD will be considered for next stage i.e. technical bid evaluation.

5.2 TECHNICAL BID

The bidder should submit a plan for running the proposed MCH wings. The bidder's technical eligibility will be decided on their proposed methodology which includes manpower planning, expertise, experience and financial backup of the bidders. As informed during the pre-bid meeting, technical specification as mentioned in the **Maternal and Newborn Health Toolkit, November 2013 published by Maternal Health Division, Ministry of Health and Family Welfare, Government of India** will be taken as a minimum benchmark.

Bidders getting minimum marks of 75 out of 100 will be considered for next stage i.e. financial bid evaluation. Marks will be given to bidder's technical bid as per following criteria:

S. N.	Description	Max Marks
A.	Previous Experience of Hospital	60
1	<p>Previous period of experience in managing hospital as on April 30, 2014</p> <p>i. Operating and managing hospital for more than three (3) years = 5 marks for each subsequent years (maximum 30 marks)</p> <ul style="list-style-type: none"> • Four complete years=5 marks • Five complete years=10 marks • Six complete years=15 marks • Seven complete years=20 marks • Eight complete years=25 marks • Nine complete years=30 marks 	30
2	<p>Number of cumulative beds as on April 30, 2014</p> <p>i. Operating hospital with 30-40 cumulative beds = 10</p> <p>ii. Operating hospital with 40-50 cumulative beds = 20</p> <p>iii. Operating hospital with more than 50 cumulative beds = 30</p>	30
B.	Experience and Qualification of Staff	30

2	<p>Qualifications in the relevant field for Doctors (1 OBG, 1 Anaesthetist, 1 Paediatrician, 1 surgeon) qualification of each specialist will be marks as below subject to maximum of 5 marks. Total marks of all specialists(only MS/MD) will be added ($5 * 4 = 20$):</p> <ul style="list-style-type: none"> i. Specialist with three years experience = 2 ii. Specialist with more than 3 and less than 5 years experience = 3 iii. Specialist with more than 5 years experience = 4 iv. Specialist with more than 5 years experience plus any additional degree* = 5 <p>*Additional degree means apart from MS/MD if doctors are possessing additional degree like DNB, FRCH,PHD etc will be given additional advantage.</p> <p>Qualifications in the relevant field for Other Staff (grade A Staff Nurses)</p> <ul style="list-style-type: none"> i. Graduates with more than 5 to 7 years experience = 5 ii. Graduates with more than 8 to 10 years experience = 8 iii. Graduates with more than 10 years experience = 10 <p>Person wise matrix would be prepared to arrive at average overall ratings.</p> <p>The agency has to submit latest CV with all certificates/ work experience proof of all staff to claim the above marks.</p>	20
C.	ISO Certified	10

Note: (i) In case of part year, only the completed years will be counted. For example five (5) years and eight (8) months will be counted as five (5) years.

5.3 FINANCIAL BID

The bidders will have to quote minimum price for a delivery package which should include all standard tests and procedures. The bidder should quote single price for both normal delivery as well as C-section. This means, irrespective of delivery mode, the selected partner will be reimbursed at same rate. **The package means full ANC check-ups, delivery (Normal & C-section delivery) and post natal care.** The party will have to quote rates for entire package. The bidder should quote same price for the entire state. It will not vary from one centre/district to another centre/ district.

Note:

- (a) RFPs 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.

6. 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, cablings 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. Any physical appearance in court/ police station 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.
10. All disputes arising between the contracting parties will be subject to the jurisdiction of courts of Patna only.

7. SPECIAL TERMS AND CONDITIONS

1. **Commencement of the Centre: The Centre shall have to be commissioned within 3 months of the peaceful handover of the site.**
2. **Penalty Clause:**
 - A. The agency will be bound to establish the Centre 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 after 90 days 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.
- c. Not getting ISO certified within 2 years: 2% will be deducted from performance guarantee bond for each 180 days after the end of two years of the start of operation of the MCH Wing.

B. Non-performance/ poor services:

A project monitoring unit (PMU) will be constituted by the SHSB which will make surprise inspection to evaluate the level of services being rendered by the selected agency. Members of PMU will change on regular basis. In case of non-performance/ poor services or complaint against services of the agency, fines will be imposed on agency as per following:

Sl. No.	Issue/ particulars	Fine Imposed
1	Non adherence of Clinical Protocols as per MNH Tool Kit	Non-payment of 15 days business to be calculated on the basis of previous months total amount
2	Record maintenance: Non-maintenance/ poor record maintenance of registers as mentioned in section 2.5.	Non-payment of 10 days business to be calculated on the basis of previous months total amount
3	Staff: Insufficient staff – below capacity Staff other than as reported*	Non-payment of 15 days business to be calculated on the basis of previous months total amount
4	Cleanliness & maintenance: Dirty linen/ poor quality of food/ poor upkeep of equipments/ non-	Non-payment of 10 days business to be calculated on the basis

	operational services	of previous months total amount
<p>Note:</p> <ul style="list-style-type: none"> ❖ PMU may enquire from any patients/ visitors about the services being rendered by the selected agency. ❖ In the event of repeat occurrence and subsequent fine for any/ all of the above four specified issues for more than three times, steps will be taken to cancel the agreement and blacklisted the agency. The security deposit will be forfeited and agency will be debarred from carrying out any business with the SHSB in the future. ❖ Any change or new recruitment of staff should be reported to RKS and SHSB immediately. 		

3. **Payment Terms & Security deposit:** Bank Guarantee of INR 10,00,000/- only (ten lakhs only) per location has to be deposited with the SHSB by the selected agency at the time of signing of the agreement.
4. In the event that two or more Bidders bidding for the same amount, SHSB may:
 - (a) Invite fresh Proposals from the Bidders; OR
 - (b) Declaring the bidder securing highest technical marks amongst the bidders securing same overall score, as preferred bidder OR
 - (c) Take any such measure as may be deemed fit in its sole discretion or annulment of the bidding process.
5. SHSB may either choose to accept the Financial Proposal of the Preferred Bidder or invite him for negotiations.
6. SHSB will decide the actual number and locations for allocating MCH wing to selected agency.
7. Facility so created shall revert to government after end of contract period free of cost.

8. SUBMISSION REQUIREMENTS

The Agency 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”.

The Applicant shall seal the original and the copy of the Application in separate envelopes, duly marking the envelopes as “ORIGINAL” and “COPY”. Each of the above two envelope should contain technical bid as well as financial bid in separate sealed envelopes. The envelopes shall then be sealed in an outer envelope.

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 RFP.

- I. The bid should be accompanied by the RFP cover letter as per **Annexure V**.
- II. Earnest Money Deposit (EMD) in the form of demand draft or Bank Guarantee of INR 5,00,000/- only (five lakhs only) in favour of State Health Society Bihar payable at Patna
- III. CV of all staffs as per **Annexure VI**
- IV. Technical bid as per RFP.
- V. Financial Bid as per RFP.

9. DEADLINE FOR SUBMISSION OF RFP

For Submission of RFP tenderer must submit the complete sealed RFP on or before 12/06/2014 during office hour by registered post/ speed post 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



STATE HEALTH SOCIETY BIHAR



reserves the right to modify the terms & conditions partially or wholly or cancel the RFP 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

List of Labour Room equipment:-

A. A fully equipped and operational labour room must have the following:

- A labour table with foam mattress, Macintosh and Kelly's pad
- Shadowless lamp
- Wheel chair
- Cabinet Instrument
- Dressing drum
- Trolley for patients
- Instrument trolley
- Wheel chairs
- I/V Stand
- Suction machine
- Facility for Oxygen administration
- Sterilisation equipment-Autoclave
- 24-hour running water with Infection Prevention equipment and supplies
- Electricity supply with back-up facility (generator with POL)
- Attached toilet facilities
- Emergency drug tray: This must have the following drugs:
 - Inj. Oxytocin
 - Inj. Diazepam
 - Tab. Nifedepine
 - Inj. Magnesium sulphate
 - Inj. Lignocaine hydrochloride
 - Inj. Gentamicin

- Sterilized cotton and gauze
- Adequate number of gloves
- Sterile syringes and needles
- Sterile drip/IV sets
- Inj. Vitamin K
- Delivery kits, including those for normal delivery and assisted deliveries (forceps delivery/ vacuum delivery, surgical kit)

B. An area earmarked for newborn care– the Newborn Corner, with facility for temperature maintenance

- Open care system: radiant warmer
- with trolley, drawers, oxygen bottles
- Resuscitator, hand operated, neonate
- Weighing scale
- Pump suction, foot operated
- Safety IV cannula 24,26G
- Light examination, mobile 220-12V
- Extractor mucus, 20ml, sterile,
- disposable, Dee Lee
- Towels for drying wrapping baby
- Tube, feeding
- Oxygen cylinder
- Sterile gloves

C. Instruments and supplies for a pelvic examination

- Sim's/Cusco's vaginal speculum
- Anterior vaginal wall retractor
- Sterile gloves
- Sterilised cotton swabs and swab
- sticks in a jar with lid
- Kidney tray for keeping used
- instruments
- Bowl for antiseptic solution

- Steel tray with lid to keep sterile/HLD
- instruments for use
- Antiseptic solution: Chlorhexidine 1%
- or Cetrimide 2% (if povidone iodine solution is available, it is preferable to use that)
- Cheatle forceps with a dry bottle to hold it
- Proper light source

D. Instruments/Supplies required for MVA

- Sim's vaginal speculum/Cusco's vaginal speculum (small, medium, large)
- Anterior vaginal wall retractor
- Sponge holding forceps
- Vol sellum (small toothed)/Allis long forceps
- MVA syringe and cannulae of sizes 4-8 (two sets; one for back up in case of technical problems)
- Sterile gloves
- Steel tray with lid to keep sterile instruments for use
- Strainer for tissues
- Sterilized cotton swab
- Sterile kidney trays (for keeping instruments in case of re-use and for sterile saline or sterile water for flushing in case of blocked cannula)
- Kidney tray for emptying contents of syringe
- Bowl for antiseptic solution for soaking cotton swabs
- Basin with antiseptic solution for washing gloved hand
- Tray containing chlorine solution for keeping soiled instruments
- Cheatle forceps with a dry bottle to hold it
- Proper light source/functional torch
- Syringe for local anaesthesia (10 ml) and Sterile Needle (22-24 gauge)
- Local anaesthetic agent (Inj. 1%
- Lignocaine, for giving para cervical block)
- Sterile saline/sterile water for flushing cannula in case of blockage

ANNEXURE - II

List of equipment Required for Operation Theatre

In addition to the equipment available in the labour room, the following additional equipment, emergency drugs and supplies should be available in the OT and blood storage unit

E. Neonatal Stabilisation Unit

- Open care system: radiant warmer
- Resuscitator, hand operated
- Laryngoscope set, neonate
- Weighing scales (baby)
- Suction pump, foot operated
- Thermometer
- Light examination, mobile
- Hub cutter
- Safety IV Cannula 24,26 G
- Mucus extractor
- Feeding tube
- Oxygen cylinder
- Sterile gloves
- Suction tube
- Disinfectant, chlorhexidine

F. Equipment for Operation Theatre

- Diathermy machine
- Dressing drum all sizes
- Lamps shadowless: Ceiling lamp, Portable type
- Steriliser
- Suction Apparatus
- Stand with wheel for single basin
- Table operation, hydraulic: Major, Minor
- Trolley for patients
- Trolley for instruments
- X-ray view box

- Wheel chairs

1. Anesthesia Equipment for OT* Standard quantity

- Boyle's type Anesthesia Machine made of stainless steel body with antistatic wheel and facility to lock.
- Two A type cylinders for oxygen and nitrous oxide with pressure reducing valve.
- Pressure gauge to monitor the pressure of gases in cylinders.
- Rota meter with bob in for accurately calculating the flow of gases.
- Two vaporizers: One for Iso flurane and one Fluotech Mark 4 for Halothane
- Soda-lime canister with circle absorber with closed circuit tubings
- Breathing circuit: Magill and Bains two sets of each
- Proper guarantee with spare part coverage

1

Pulse Oximeter 1

Laryngeal Mask Airway -Size 3.0 & 4.0: multiple usage (autoclavable) and disposable size 3.0 & 4.0 for doing infective cases 2 of each size

Pro-seal Laryngeal Mask Airway (autoclavable) Size 3 & 4 2 each

Ambu Bag (Self-inflating bellows-silicon) with Ruben valve, Face mask (anatomical) & oxygen reservoir bag Adult

2

Suction Machine: Electrical operated, heavy duty with 2 bottles of 5 liters capacity each 1

Suction Machine: Foot operated 1

Needle, Spinal, (disposable), Size 22G, 24G and 25G. (Pencil tipped with introducer) 1 each/day

Safety I/V Cannulae –16G, 18G, 20G, 22G & 24 for neonates 1 each/day

I/V Set plain and blood transfusion set 1 each/day

Anatomical Face Mask- Sizes: 2, 3, 4 1 each

Guedal's Airway – Sizes: 2, 3, 4 1 each

Suction Catheter- Sizes FG. 6,8,10,12,14,16,18 1 each/day

Urinary Catheter 1/day

Stylet for Endotracheal Intubation 1

Laryngoscopes Macintosh curved blade for Adult , Medium, extra-large& straight blade for neonates with spare

bulbs and batteries

2 Endotracheal Tubes, internal diameter of 2.5, 3.0, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5 mm

Magill Forceps Adult and pediatric 1 each

2. OT Surgical Instruments for CEmONC Services Standard quantity for one patient

A. Cesarean Set (a minimum of at least 2 sets would be needed) 2 Sets

- Instrument Tray with cover – Stainless Steel 31 x 19.5 x 6.5cm 1
- Towel Clips (Backhaus) 13cm 6
- Sponge Holding Forceps (Forester; Straight; serrated) 25cm 4
- Artery Forceps Straight – CRILE (Small) 14cm 6
- Halstead Mosquito Forceps 12.5cms (3 straight, 3 curved) 6
- Tissue Forceps 21cm non-toothed 4
- Needle Holder (Mayo – Hegar) Straight 2
- Surgical Knife Handle (One each of no. 3 and No. 4. No. 3 for blade sizes 10,11,12 & 15 and No. 4 for blade sizes 20, 21, 22, 23
- Packet Triangular Point Suture Needles 7.3 cms; size 6 1
- Packet Round Bodied Needles No. 12; size 6 1
- Catgut No. 1-0 (plain) 1 foil
- Polyglycolic suture (eg Vicryl) 1-0 2 foils
- Polydioxone (PDS) 1-0 1 foil
- Nylon 1-0 1
- Retractors- Doyens (big and small) 1 each
- Operating Scissors, Curved, blunt Pointed, Mayo, 17cm 1
- Operating Scissors, Straight, Blunt Pointed, Mayo, 17cm 1
- Scissors Straight MAYO Blunt/blunt pointed 23cm 1
- Suction Nozzle (small, medium, long) 3
- Suction Tube (Yankauer) 23cm long, 23 French Gauze (8mm dia)removable tip and tubing connector 1
- Dressing forceps (Tissue) 18cm – one each of toothed (1x2 teeth) and non - toothed 2 sets
- Dressing forceps (Tissue) 25cm – one each of toothed (1x2 teeth) 1 set
- ALLIS forceps 20cm, 4x5 teeth, multiple ratchets used to grip arteries and digestive tissues 4
- BABCOCK forceps 20cm, multiple ratchets used to grip arteries and digestive tissues 2
- Uterine Haemostatic forceps (Green Armitage) 21cm 4

B. Hysterectomy Set 1 set

- All of the above **PLUS:**
- Hysterectomy Forceps curved – (one each of HEANEY 23cm; MOYNIHAN 23cm;
- WERTHEIM 24cm straight toothed and WERTHEIM 25cm non – toothed
- Right angle retractor 1
- Devers retractor 2
- **Infection Prevention for OT**
- **Infection Prevention Equipment & Supplies for OT**
- Autoclave (horizontal) with electricity or heat source
- Autoclave drum

- Autoclave tape
- Boiler with heat source or electricity

5. Equipment and Supplies for Blood Storage Unit

Equipment

Blood bag refrigerators having a storage capacity of 50 units of blood.

Deep freezers for freezing ice packs (available with Immunisation Programme).

Insulated carrier boxes with ice packs (used for cold chain).

Microscope and centrifuge (available at all laboratories in FRUs).

Consumables

Pasteur pipette, glass tubes , glass slides , test tube racks , rubber teats , gloves
disposable rubber gloves

Reagents

All the reagents - Anti-A, Anti-B, Anti-AB, Anti-D (Blend of IgM, IgG), Antihuman Globulin (Polyclonal IgG & Complement)

Disinfectants

Bleach & Hypochlorite Solution

ANNEXURE - III

List of Equipment and accessories in Obstetric ICU

- i. ICU cot with tilting and Trendelenburg facility
- ii. Multi Para monitor – ECG, SPO₂, NIBP (Non-invasive BP and temperature) at the head end
- iii. Provision of 3 central pipelines for supply of Oxygen, central suction and compressor for driving the ventilator/outlets for each bed
- iv. Space between the two tables should be at least 4 feet
- v. Space between the head end of the ICU cot and the wall should be minimum 3 feet
- vi. From the foot end of the cot, 5-6 feet distance should be there from the opposite row
- vii. Saline stand ceiling type or ordinary saline stand from the floor/bed
- viii. Syringe infusion pump mounted on IV stand/bed
- ix. For each patient shelf for drugs and files (X-ray)
- x. At the end of ICU, emergency crash cot – all emergency drugs, defibrillator, venous catheter of various sizes, 3 way stop cock with venous extension 50, 100 cms, triple human central venous catheter of 7.5 French size, Laryngoscope, cuffed endotracheal tube 6,6.5 and 7 with stellate and bougie, Laryngeal mask airway (size 3 and 4), Oral pharyngeal airway (size 3 and 4), Naso-pharyngeal airway
- xi. CPAP mask ventilator with well cushioned face mask with harness –1
- xii. Transport ventilator –1
- xiii. ICU ventilator – 1

ANNEXURE - IV

List of Drugs:

A. Emergency Drugs (including neonates) for OT Standard quantity for one patient

Nefi dipine (tablet and capsules both) (5, 10mg) 5 tabs and capsules each

Inj. Labetalol 5 ampoules

Inj. Calcium Gluconate 10ml X 2 ampoules

Inj. Magnesium sulphate 0.5 gm X 10 ampoules

Inj. Oxytocin 10 Ampoules

Inj. Dextrose (25%) 2 ampoules

Inj. Dextrose (10%) (2ml/kg)-neonates 2 ampoules

Inj. Adrenaline 1:10,000 sol (for neonates (0.01-0.03mg/kg) 2 ampoules

Inj. Naloxone 0.4mg/ml (for neonates (0.1-0.2 mg/kg) 1 ampoule

Inj. Adrenaline 2 ampoules

Inj. Aminophyline 2 ampoules

Inj. Atropine sulphate 4 ampoules

Inj. Chlorpheniramine 2 ampoules

Inj. Diazepam 5mg/ml 2 ampoules

Inj. Chlorpheniramine 2 ampoules

Inj. Mephentermine 1 vial

Inj. Ephedrine 2 ampoules

Inj. Oxytocin 10 units/ml 1ml/ampo 2 ampoules

Inj. Ergometrine maleate 2 ampoules

Misoprostol 200 ug 3 tablets

Inj. Furosemide 1 ampoules

Inj. Hydrocortisone 100mg/ml 100ml 2 vial

Inj. Dexamethasone 2 ampoules

Inj. Pentazocine 2 ampoule

Inj. Diclofenac 4 ampoule

Halothane 20-50ml

Isofl urane 20-50ml

Inj. Lignocaine hydrochloride, 2ml ampoule, 5% heavy 1 ampoule

Inj. Lignocaine hydrochloride, 2ml ampoule, 2% , 30ml vial 1 vial

Inj. Bupivacaine hydrochloride 0.5% 20ml vial 1 vial

Inj. Bupivacaine hydrochloride 0.5% heavy for spinal 4ml ampoule 1 ampoules

Inj. Suxamethonium hydrochloride 1 vial for 5 patients

Inj. Atracurium 2 ampoules

Inj. Vecuronium bromide 4mg/amp 2 ampoules

Inj. Neostigmine Methyl sulphate 0.5mg/ml 1ml/amp 5 ampoules

- Inj. Thiopentone sodium 1 vial for 3 patients
- Inj. Propofol 2 ampoules
- Inj. Ketamine 50mg/ml 1 vial
- Inj. Dopamine 2 ampoules
- Inj. Normal saline 10 ml x 2 ampoules
- Inj. Promethazine hydrochloride 25mg/ml, 2ml/ampoule 1 ampoule
- Inj. Ampicillin sodium 250mg/ml 5ml/vial 2 vials
- Inj. Gentamycin sulphate 40mg/ml, 2ml/vial/amp 2 ampoules
- Inj. Cloxacillin sodium 250mg/vial 8 vials
- Inj. Metronidazole 5mg/ml 100ml/bottle 4 bottles
- Salbutamol Inhaler 1
- Inj. Insulin 40 units/ml, 10ml vial 1 vial

ANNEXURE - V

RFP Cover Letter (on Stamp paper of min. INR 100 value)

To,
The Executive Director
Bihar Health Society
Patna
Bihar

Dear Sir,

Having examined the RFP document for “**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**”, 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 RFP document.

The information, documents, data of financial status and credibility, details of operational experience etc. Furnished along with the RFP are true and authentic to the best of my/ our 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 RFP at any stage besides liabilities towards prosecution under appropriate law.

I/ We have appraised myself/ our self fully about the job to be done during the period of agreement and also acknowledge bearing consequences of non-performance or deficiencies in the services on my/ our part.

Signed: _____

Date: _____

In the capacity of _____

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

Signature & stamp of tenderer

Note:

ANNEXURE - VI

Format for Curriculum Vitae for proposed manpower (To be submitted for each personnel)

Sl. No.	Category	Details
1	Proposed Position	
2	Name	
3	Current Designation	
4	Area of Expertise	
5	Highest Education Qualification	
6	Professional degree, diploma, etc.	
7	Work Experience (in years)	
8	Summary of professional experience	
9	Any other information	
10	Contact details (e-mail id, mobile number, address)	
Attach relevant supporting document wherever applicable		

Annexure- VII

Definitions and Benchmarks

- 1. Maternal death** is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes
- 2. Lifetime risk of maternal death** is the probability of dying due to maternal cause during a woman's reproductive lifespan.
- 3. Maternal mortality rate** is the number of maternal deaths occurring in a given period per 100,000 women of reproductive age during the same time period.
- 4. Maternal mortality ratio** is the ratio of the number of maternal deaths per 100,000 live births.
- 5. Case fatality rate** is the ratio of the number of deaths caused by a specified disease to the number of diagnosed cases of that disease.
- 6. Crude birth rate** is number of resident live births for a specific geographic area during a specific period divide by mid-year population for that area and multiplied by 1000.
- 7. Skilled birth attendant a (SBA):** is a person who can handle common obstetric and neonatal emergencies and is able to timely detect and recognize when a situation reaches a point beyond his/her capability, and refers the woman/newborn to an appropriate facility without delay.
- 8. Live birth:** A live birth is complete expulsion or extraction from its mother of a product of conception, irrespective of duration of pregnancy, which after separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movements of voluntary muscles. This is irrespective of whether the umbilical cord has been cut or the placenta is attached. [Include all live births >500 grams birth weight or 22 weeks of gestation or a or a crown heel length of 25 cm]

9. Still birth: Death of a foetus having birth weight >500 g (or gestation 22 weeks or crown heel length 25 cm) or more.

10. Delivery Points: These are those health facilities which fulfil the Government of India criteria of minimum benchmark of performance, in terms of numbers of deliveries conducted, from Sub-centre to District Hospital. (except in NE states, hilly areas of states* and UT's of Daman and Diu, Dadar and Nagar Haveli, Andaman and Nicobar island, and Lakshadweep).

11. Birth weight

Birth weight is the first weight of a live or dead product of conception, taken after complete expulsion or extraction from its mother. This weight should be measured within 24 hours of birth, preferably within its first hour of life itself before significant postnatal weight loss has occurred.

Low birth weight (LBW) - Low birth weight baby 2500 gm.

Very Low birth weight (VLBW) - Birth weight of less than 1500 gm.

Extremely Low birth weight (ELBW) - Birth weight of less than 1000 gm.

12. Gestational Age: The duration of gestation is measured from the first day of the last normal menstrual period. Gestational age is expressed in completed days or completed weeks.

Preterm - Gestational age of less than 37 completed weeks (i.e. less than 259 days)

Term - Gestational age of 37 to less than 42 completed weeks (i.e. 259 to 293 days)

Post Term - Gestational age of 42 completed weeks or more (i.e. 294 days or more).

13. Neonatal Period: This refers to the period of less than 28 days after birth.

Early neonatal period refers to the period before 7 days of age.

Late neonatal period refers to the period from completion of 7 days upto 28 days of life.

14. Perinatal mortality rate refers to the number of perinatal deaths per 1,000 total births (from 28 weeks of gestation to the 4 week after delivery). It is usually reported on an annual basis.

15. Neonatal mortality rate is the number of deaths during the first 28 completed days of life per 1,000 live births in a given year or period. Neonatal deaths may be subdivided into early neonatal deaths, occurring during the first seven days of life,

and late neonatal deaths, occurring after the seventh day but before the 28 completed days of life.

16. Infant mortality rate is the number of deaths of infants under one year old per 1,000 live births.

17. In-born: A baby born in your centre

18. Out-born: A baby not born in your centre

19. Contraceptive prevalence rate is the proportion of women of reproductive age (15-49 years) who are using (or whose partner is using) a contraceptive method at a given point in time.

20. Unmet need of contraception: includes the proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant who want more children after two years or later or do not want any more children and are currently not using any family planning method.

21. Total fertility rate: The average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given fertility rate at each age.

22. Eligible couple: An eligible couple refers to a currently married couple wherein the wife is in the reproductive age, that is between the ages of 15-49 years.

23. Interval Sterilization: Female sterilization any time 6 weeks or more after childbirth if it is reasonably certain she is not pregnant.

24. Postpartum sterilization: Female sterilization immediately or within 7 days after child birth.

25. PPIUCD – Postpartum IUCD may be inserted:

Post placental – Within 10 minutes of the delivery of placenta Within 48 hrs. of birth of baby
Intracaesarean – during caesarean section, after the delivery of placenta.