

Proceeding of Pre-bid Meeting of Technical Committee held with interested bidders on 10.10.2019 at 2:00 P.M. for selection of service providers for working as Patient Provider Support Agency (PPSA) for providing Tuberculosis (TB) related services under Revised National Tuberculosis Control Program (RNTCP) in 14 districts in the state of Bihar.

With reference to the **Notice Inviting Tender (NIT) Reference No.:- 09/SHSB/PPP(PPSA - RNTCP)/2019-20** published in different newspapers by PR No. 008449 (Ni.Ni) 2019-20 and uploaded on the website “ <http://www.eproc.bihar.gov.in/BELTRON>”, and “<https://www.statehealthsocietybihar.org>” for selection of service providers for working as Patient Provider Support Agency (PPSA) for providing Tuberculosis (TB) related services under Revised National Tuberculosis Control Program (RNTCP) in 14 districts in the state of Bihar, the Pre- Bid meeting was held at **2:00 PM** on **10.10.2019** in the Conference Hall of the State Health Society, Bihar (SHSB), Pariwar Kalyan Bhawan, Sheikhpura, Patna.

1. The following members of the Technical Committee were present in the Pre-bid Meeting: -

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| (i) Dr. Shiv Chandra Bhagat, Director-in-Chief, Health Services, Govt. of Bihar | Chairman |
| (ii) Shri Khalid Arshad, Administrative Officer, State Health Society, Bihar | Member |
| (iii) Shri Ravish Kishore, Deputy Secretary-cum- Senior In charge-PPP, State Health Society, Bihar | Member Secretary |
| (iv) Dr. Kailash Kumar, Regional Director, Ministry of Health, GOI, Patna | Member |
| (v) Shri Yogendra Prasad, Additional Director- Finance, State Health Society, Bihar | Member |
| (vi) Dr. N. K. Ojha, Addl. Director, STDC, Patna (Representative of STO, RNTCP, Patna) | Member |
| (vii) Dr. Manish Shankar, Addl. Professor, Dept. of TB and Chest, IGIMS, Patna | Member |
| (viii) Mr. Neeraj Kumar, Representative of SRU | Member |

2. The officer/employee/representative of the following interested bidders participated in the Pre-bid meeting:

Sl. No	Name of the Organization/ Interested Bidders	Sl. No	Name of the Organization/ Interested Bidders
1	Doctors for You	4	HLFPPT
2	Operation ASHA	5	IQVIA
3	World Health Partners (WHP)	6	IKARD

3. In response to the queries, raised during the Pre-bid meeting and submitted via email, the Technical Committee after due consideration, decides to the following Clarifications/Recommendations in the RFP:

S. No.	Page No.	Clause no. and Heading	Tender Requirements	Bidder's Request	Clarifications/ Recommendations of the Technical Committee
1	8	8.1, EMD	The tender shall be accompanied by Earnest Money Deposit (EMD) for the sum of Rs. 10,00,000/- (Ten lakh Rupees only) per cluster in the shape of Demand Draft from a schedule bank in favour of State Health Society, Bihar payable at Patna. Also, if he bidder/ agency has applied for two clusters, the bidder/agency shall be required to submit EMD as applicable for two cluster(s), then it will be Rs.20,00,000/- (Twenty Lakh rupees only).	Does Bidder need to submit one technical proposal fo both Clusters and 2 separate DDs of amount Rs. 10,00,000 each in favour of State Health Society, Bihar to apply for 2 clusters?	Separate proposals (technical as well as financial) would be required for each cluster. (The above clarification is recommended)
2	19	7.1, Drugs supply chain management	The SHSB/DHS shall be providing free anti-TB drugs for patients in private sector. For this, it can supply drugs to private health provider or private pharmacy/chemist.	Will the SHSB provide only anti TB drugs or TB preventive drugs as well. As the bidder is asked to provide preventive healthcare services to the eligible contacts of Index TB cases, we need to understand who would be bearing the cost of the preventive drugs ?	The SHSB/DHS shall be providing free anti-TB drugs for patients and preventive drug (INH) for eligible contacts in private sector. For this, it can supply drugs to private health provider or private pharmacy/chemist. (The above amendment is recommended)
3	23	2-IV, Eligibility Criteria	The bidder must have experience of implementing programs in private sector engagement and/or patient support services (Treatment support and adherence) in Revised National Tuberculosis Control Program (RNTCP) with government or donor agencies, in any three years in the last five Financial Years (2014-15, 2015-16 , 2016-17, 2017-18 and 2018-19).	Please clarify whether the work order for the HIV program with TB screening would suffice for this eligibility clause ?	NO (The bidder's request is not acceptable)
4	26	5.1, Successful outcome	At least 70% of the patients should have successful outcome out of the notified TB patients. In case of non-achievement, the payment will be made on pro-rata basis	Kindly specify the criteria of successful outcome of the notified TB patients. Is it just the completion of treatment or Tb negative diagnosis for index patients ?	Successful outcome means- Positive patient at diagnosis should convert to negative at the end. Negative patient should continue to be negative. (The above clarification is recommended)

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5	28	11.1, Performance Security	The selected agency/bidder shall be required to deposit performance security for a sum Rs. 25,00,000 (Twenty five lakh rupees) per cluster in the form of Bank Guarantee issued by a scheduled bank in favour of SHSB valid upto 180 days beyond completion of all contractual obligations, to the SHSB for each cluster.			As per annexure 6, Page no. 38, Different clusters have different number of target population, which indicates that the budget of each cluster could be different. In this regard, we would like to request you to kindly modify the performance security amount according to the cluster's budget. For example, if PS amount can be in some percentage of the total value of the project per cluster.	The successful bidder shall have to furnish a performance security of 5% per cluster of annual cost of the project in the shape of a Bank Guarantee issued by a scheduled bank in favour of SHSB. (The above amendment is recommended)		
6	33	Annexure 2,5,9 Stamp Paper	On Non – judicial stamp paper of Rs.1000/- duly attested by notary public/ executive magistrate			We would like to request you to kindly consider the stamp paper of less amount such as Rs. 100/-, 200/-, 500/.	(Bidder's request is not acceptable.)		
7	26	5.1 Successful Outcome Payment amount (% of the quoted value) 50%	Payment amount (% of the quoted value)	Milestone Indicators	Performance Indicator	Successful Outcome has been given 50% weighted. This seem to be on higher side in terms of project implementation prospective suggested to reduce this to 30% and increase the weightage "Number of TB patients notified" to 30%. Hence notification and completion will have similar weighted.	Payment amount (% of the quoted value)	Milestone Indicators	Performance Indicator
			10%	Number of TB patients notified	At least 80% of TB notifications; In case of non-achievement, the payment will be made on pro-rata basis.		20%	Number of TB patients notified	At least 80% of TB notifications; In case of non-achievement, the payment will be made on pro-rata basis.
			50%	Successful Outcome	At least 70% of the patients should have successful outcome out of the notified TB patients. In case of non-achievement,		40%	Successful Outcome	At least 70% of the patients should have successful outcome out of the notified TB patients. In case of non-achievement, the

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					the payment will be made on pro-rata basis			payment will be made on pro-rata basis
						(The above amendment is recommended)		
8	38	Annexure 6: Patient Provider Support Agency (PPSA) Programme Performance	Patna-Target Notification (Private) 25,110.		Target for Patna is very high (25,110) it should be less or equal to 18,000. Trends of private case notification shows that, we have achieved highest number of TB notification in 2017, i.e. 19,685 with facilitation of free Private anti TB drug and free CXR to notified patients, afterward number of notification is decreased and in 2018 it was 15,892 when the free X-ray and private drugs were stopped. As per India TB report 2018 'Current Incidence of TB' in India is 211 per lakh population, thus it equals $211 \times 68.1 = 14,369$ TB case notification in a year in Patna District.	As per the previous experience, drug sale data and increase in coverage area (Urban & rural), the target is justifiable.		
						(Hence, bidder's request is not acceptable)		
9	26	SECTION-VI-TERMS AND CONDITIONS 5.1	At least 70% of patients should have undergone the DST out of the notified TB patients. In case of non-achievement, the payment will be made on pro-rata basis.		Target for DST should be 50% of notification, since in most of District there are only two Lab available for DST. The capacity of a labs in two rounds will be $8 \times 25 \times 12 = 2,400$ thus there will be 4,800 DST test in a year also this includes Public, Private and Presumptive cases.			
						(Bidder's request is not acceptable)		

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10	26	On HIV and DM Testing'	At least 70% of patients should have undergone the DS, both HIV & DM testing, out of the notified TB patients. In case of non-achievement, the payment will be made on pro-rata basis.	70% HIV and DM testing of all TB private patients is too high it should be reduced to 50% as the patient has to bear the cost of 400 of these testing in private sector. If given free in private labs then this can be achieved.	(Bidder's request is not acceptable)
11	26	5.5 Periodic verification	Periodic verification by site visit/telephone at least quarterly with interaction/interview of patients.	What will be frequency of these verification- Monthly / Quarterly / Yearly?	Monthly verification by site visit/telephone with interaction/interview of patients. (The above amendment is recommended)