

Minutes of Pre-bid Meeting of the Tender published for selection of agency for providing Emergency Medical Transport Service (EMTS) through Procurement, Operation and Maintenance of ambulances and a centralised 108 Call Centre.

1. With reference to the **Notice Inviting Tender (NIT) Reference No.: - 12/SHSB/PPP/Emergency Medical Transport System (EMTS)/2019-20** for selection of agency for providing Emergency Medical Transport Service (EMTS) through Procurement, Operation and Maintenance of ambulances and a centralised 108 Call Centre, published in leading newspapers PR.010718 (Ni.Ni.) 2019-20 and uploaded on the website "<http://www.eproc.bihar.gov.in/BELTRON>" and "statehealthsocietybihar.org", the Pre-Bid meeting was held on **23/11/2019** at **14.00 Hrs** in the Conference Hall of the 'State Health Society, Bihar (SHSB), Pariwar Kalyan Bhawan, Sheikhpura, Patna'.
2. The following members of the Technical Committee were present in the Pre-bid Meeting:

(i) Dr. Tapeswar Prasad, Director-in-Chief, Health Services, Bihar	Chairman
(ii) Shri Khalid Arshad, Administrative Officer, State Health Society, Bihar	Member
(iii) Dr. Rajesh Verma, HOD, Anaesthesia, PMCH, Patna	Member
(iv) Shri. V.N. Choudhary, Deputy Director, Ministry of Health & Family Welfare, Regional Office, Patna (Representative of Dr. Kailash Kumar, Regional Director, MOHFW, Govt. Of India)	Member
(v) Shri. Yogendra Prasad, Additional Director (Finance), State Health Society Bihar	Member
(vi) Shri Ravish Kishore, Deputy Secretary-cum- I/c. Referral Transport, State Health Society, Bihar	Member Secretary
(vii) Shri Rangan Kumar Sengupta, Representative of SRU, Patna	Member
3. The officer/employee/representative of the following interested bidders participated in the Pre-bid meeting:

1) M/s Pashupatinath Distributors Private Ltd., Patna (Bihar)	2) M/s Ziqitza Health Care Limited, Mumbai
3) M/s Sammaan Foundation, Patna (Bihar)	4) M/s Pert Telecom Solutions Pvt. Ltd., Gurugram (Haryana)
5) M/s Life Set Ventures Pvt. Ltd., Ranchi (Jharkhand)	6) M/s Jai Ambey Emergency Services, Raipur (Chhattisgarh)
4. The following queries were raised during the Pre-bid meeting/ submitted via email on shsb.ambulance@bihar.gov.in :-

Sl. No	NIT Reference	As published in NIT	Query/Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
1	Page 3, Clause 2, Section I: Notice Inviting tenders	<i>"This service will be free of cost for accidental cases, and at flat INR 300/- (patients paid) per trip for BLS Ambulances, and INR 500/- (patients paid) per trip for ALS ambulances within the same municipal corporation area. In addition, agency will be paid a fixed monthly management fee (fixed cost) selected through this tender."</i>	Can bidder assume that every patient availing ambulance service must pay a flat rate of INR 300/- per trip for BLS Ambulances, and INR 500/- per trip for ALS ambulances other than accidental case patients. Suggestion by the bidder: Request for no charge to be taken from patients as 108 has been free across the country	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
2	Page 3, Clause 2, Section I: Notice Inviting tenders	<i>"The selected agency shall be responsible for providing Emergency Medical Transport Service (EMTS) for patients in the major cities across Bihar (Patna, Muzaffarpur, Gaya, Purnia, Darbhanga, Begusarai, Bhagalpur, Nalanda and Chhapra (Saran), through ~50 Ambulance vehicles (35 BLSA and 15 ALSA) procured, operated and managed by the selected agency, through a centralised call centre to be established at Patna"</i>	Request the authority to kindly provide the space for the call centre in Patna	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
3	Page 10, Clause 2, Section III: Eligibility Criteria	<i>"The Bidder should be an established entity under Companies Act, 1956/2013, OR Societies Registration Act 1860, OR Indian Trusts Act 1882"</i>	Societies registered under any relevant act in India may kindly be added.	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
4	Page 10, Clause 2, Section III: Eligibility Criteria	<i>"The bidder must have average annual turnover of at least Rs. 10.00 Crores per annum during the financial years for FY 2015-16, FY 2016-17 and FY 2017-18, as evidenced by the audited accounts of the bidder."</i>	The average annual turnover of Rs. 10 Cr for each FYs 2016-17, 2017-18 and 2018-19 may be asked. We request that bidder must have average annual turnover of at least RS. 4 Crores in place of 10 Crores. This will not only increase competition but also bidding will be on best price.	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
5	Page 10, Clause 2, Section III: Eligibility Criteria	<i>"The bidder must have experience of Procurement, Operation and Management of self-owned ambulances for at least 30 BLS"</i>	This may kindly be rephrased to "Bidder must have 3 years of experience in Operation and	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.

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		<p><i>Ambulances or 15 ALS ambulances (or a combination of BLSA and ALSA, where every ALSA will be considered equivalent to 2 BLSA) supported by a Call Centre of at least 20 seats for atleast 24 months during Apr 01, 2016 to Sep 30, 2019.”</i></p> <p><i>(The decision of the SHSB as to whether the assignment is similar or not and whether the bidders possess adequate experience or not, shall be final and binding on the bidders)</i></p>	<p>Management of 300 numbers ambulance under 108 Service supported by a call centre of at least 30 seats”. This will attract only serious bidders.</p> <p>And</p> <p>This provision of having experience of self-owned ambulances is irrelevant as the experience of Procurement, Operation and Management of ambulances has no correlation with ownership. So requesting to remove/delete the term “self-owned” and rather look for experience of operating ambulances.</p> <p>And</p> <p>The criteria must be applicable for the projects done for and on behalf of any state government. The bidder shall have minimum experience of setting up of control room (of minimum value INR 50 lakh) with Computer Technology Integration (CTI) having ability to log calls with Geographic information dispatch including data recovery centre during last 5 years of at least one project.</p>	
6	Page 20, Point ii, Clause 3.29, Section V: Scope of Work (SoW)	<p><i>“The deputed EMTs must be qualified paramedics, having following qualification:</i></p> <p><i>a. EMT (Advanced) certification course (full-time) of minimum 1-year duration, from any National Skill Development Corporation in HSSC accredited institution/ Bihar Skill</i></p>	<p>1. Getting HSSC Certified EMTs will be tough and also HSSC Certification takes more time (6 months for Basic and 1 year for Advanced). Considering the fact that the launch of</p>	<p><i>“The deputed EMTs must be qualified paramedics, having following qualification:</i></p> <p><i>a. EMT (Advanced) certification course (full-time) of minimum 1-year</i></p>

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		<p><i>Development Mission accredited institution.</i></p> <p><i>b. Diploma/ bachelor's degree in any of these fields: Physiotherapy, Occupational Therapy, Orthotics and Prosthetic, Operation Theatre Assistant, Ophthalmic Assistant, Medical Laboratory Technician, Sanitary Inspector, X-ray technician, Dresser, ECG Technician from a Government recognised institution. Further, these paramedics shall be trained in EMT (Basic) as per the National Occupational Standards notified by the National Skill Development Corporation in HSSC accredited institutions. NO PARAMEDIC SHALL BE DEPLOYED WITHOUT SUCCESSFUL COMPLETION OF EMT (BASIC) TRAINING."</i></p>	<p>services to be done in 120 days, we request for the below mentioned qualification and experience. The same is followed in many states in India and working perfect.</p> <p>a. The qualification of EMT working in ALS ambulance may kindly be kept as Science graduate with EMT (Advanced) certification from any government recognised institutions.</p> <p>b. The qualification of EMT working in BLS ambulance may kindly be kept as Science graduate with EMT (basic) certification from any government recognised institutions.</p> <p>2. Consider candidates who have undergone NSDC certification for Advanced & Basic category even if the duration is less than a year.</p>	<p><i>duration, from any National Skill Development Corporation in HSSC accredited institution/ Bihar Skill Development Mission accredited institution.</i></p> <p>Or,</p> <p><i>b. Diploma/ bachelor's degree in any of these fields: Physiotherapy, Occupational Therapy, Orthotics and Prosthetic, Operation Theatre Assistant, Ophthalmic Assistant, Medical Laboratory Technician, Sanitary Inspector, X-ray technician, Dresser, ECG Technician from a Government recognised institution. Further, these paramedics shall be trained in EMT (Basic) as per the National Occupational Standards notified by the National Skill Development Corporation in HSSC accredited institutions. NO PARAMEDIC SHALL BE DEPLOYED WITHOUT SUCCESSFUL COMPLETION OF EMT (BASIC) TRAINING."</i></p>

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				<i>(The amendment as above is recommended)</i>
7	Page 24, Clause 7.3, Section VI: Terms and Conditions	<i>“Cost escalation is not allowed for the first two years of the contract period. Applicable date will be the date of commissioning of the project. Any revision in prices shall be allowed only on non-accumulated basis. Price escalation at 5% per annum will be allowed only on the management cost, starting third year.”</i>	<ol style="list-style-type: none"> 1. The cost escalation of 10% may kindly be allowed from the completion of first year itself considering the fact that price of fuel will certainly increase and hence the other allied cost heads like R&M will also see a increase. Apart from that, the salary of manpower involved in the project to be also incremented year on year basis for smooth running of operation. 2. Escalation should be provided at the end of one year from the date of agreement at inflationary measures. 	<p><i>“Cost escalation would be allowed after successful completion of first years of the contract period. Applicable date will be calculated from the date of commissioning of the project. Price escalation at 5% per annum will be allowed only on the management cost, starting second year on satisfactory performance of the services.”</i></p> <p><i>(The amendment as above is recommended)</i></p>
8	Page 15, Clause 2, Section V: Scope of Work (SoW)	<i>“In Bihar, Emergency and referral transport Services are being provided through single centralized call centres 102, operated and managed by a private agency under Public-Private Partnership (PPP) mode since April 2017. Approximately 880 basic life support ambulances (BLSA), 58 Advanced Life Support Ambulance (ALSA) and 49 Mortuary vans (MVs) are operated under this PPP.”</i>	<p>Is the bidder required to take over and operate the existing/current ambulances as per this clause?</p> <p>And</p> <p>As per the RFP, the new service provider has to procure & operate new 50 ambulances. How will the calls originating from the common service area (overlapping with 102 service area) be handled?</p> <p>There must be clear protocol on how the calls will be shared between 108 service provider and the</p>	<ol style="list-style-type: none"> 1. The bidder is not required to take over and operate the existing 102 ambulance services. This tender is only for 9 (Nine) major cities across Bihar mentioned in the RFP. 2. 102 Service is different than 108 Service as there will be two different set-ups and in 108 Service the ambulance service is within the municipal corporation area of the concerned district headquarter. Under this

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			102-service provider.	<p>RFP, selected bidder/agency will have to provide Emergency Medical Transport Service through Procurement, Operation and maintenance of ambulances and establishment of a centralised call centre (108 toll-free number).</p> <p>Please refer page no 24, Clause 7.2</p> <p><i>(The clarification as above is recommended)</i></p>
9	Page no 24, Clause 7.2	<p><i>“Agency will be paid a management cost by the SHSB to cover the fixed costs, such as setting up of control room, call centre, call centre executives salary, IT network etc. Additionally, the agency may charge directly from the patient Rs. 300/- (inclusive of all taxes) per trip for BLS Ambulances and Rs. 500/- per trip for ALS Ambulances, for travel within the municipal corporation area of the concerned district headquarter. No additional cost will be chargeable from the patient.”</i></p>	NIL	<p><i>“Agency will be paid a management cost by the SHSB to cover the fixed costs, such as setting up of control room, call centre, call centre executives salary, IT network etc. Additionally, the agency may charge directly from the patient Rs. 300/- (inclusive of all taxes) per trip for BLS Ambulances and Rs. 500/- (inclusive of all taxes) per trip for ALS Ambulances, for travel within the municipal corporation area of the concerned district headquarter. No additional cost will be chargeable from</i></p>

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				<p><i>the patient.”</i></p> <p>(The amendment as above is recommended)</p>
10	Page 15, Clause 3.2, Section V: Scope of Work (SoW)	<p><i>“The Agency shall start the operations of all 50 ambulances within 120 days from the date of signing of the contract.”</i></p>	Request to provide 150 days for the new vehicles to put into operation.	<p><i>“The Agency shall start the operations of all 50 ambulances within 150 days from the date of signing of the contract.”</i></p> <p>(The amendment as above is recommended)</p>
11	Page 21, Point xvii, Clause 3.29, Section V: Scope of Work (SoW)	<p><i>“The Agency shall procure ~50 air-conditioned ambulances (BLSA and ALSA – such as Tata Winger, ISUZU, Force Traveller and Eicher etc.) in new condition, which should not be more than 3 months old on the date of award of contract, and equip the same with required medical and rescue equipment listed in Appendix C & D, respectively. Further, agency will ensure painting and labelling of stickers of all these ambulances operational under this project, as per National Ambulance Service guidelines/ GoB guidelines (shared by the SHSB) and running of fleet on their own cost and investment.”</i></p>	<p>Suggest giving option to the bidder for procure or hire or lease 50 ambulances.</p> <p>And</p> <p>Vehicle specification is not mentioned for both BLS and ALS ambulances.</p> <p>AND</p> <p>Request SHSB to provide ambulance.</p> <p>AND</p> <p>By Dec 2019, all the vehicle manufacturing companies will stop production of BS-IV and roll out BS-VI compliant vehicles only. Hence, the vehicle specifications can be only BS-VI. To this</p>	<p><i>“The Agency shall procure ~50 air-conditioned BS VI compliant ambulances (BLSA and ALSA – such as Tata Winger, ISUZU, Force Traveller and Eicher etc.) in new condition, which should not be more than 3 months old on the date of award of contract, and equip the same with required medical and rescue equipment listed in Appendix C & D, respectively. Further, agency will ensure painting and labelling of stickers of all these ambulances operational under this project, as per National Ambulance Service guidelines/ GoB guidelines (shared by the SHSB) and running of fleet on their own</i></p>

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			extent the RFP must mention the specs of vehicles as BS-VI.	<p><i>cost and investment."</i></p> <p><i>(The amendment as above is recommended)</i></p>
12	Page 15, Clause 3.1, Section V: Scope of Work (SoW)	<p><i>"The Agency will be required to procure and operate ~50 air-conditioned new ambulances, including 35 BLSA and 15 ALSA (not more than 3 months old from the date of roll-out of services) for the fleet, which shall be medium sized ambulances (for ex. Tata Winger, ISUZU, Force Traveller and Eicher etc). In addition to these, as per requirement of SHSB/DHS, the Agency may be asked to make available more ambulances (in addition to the 50 mentioned above), which they should do at the same rate, as contracted in the agreement, throughout the duration of contract period."</i></p>	NIL	<p><i>"The Agency will be required to procure and operate ~50 air-conditioned BS VI compliant new ambulances, including 35 BLSA and 15 ALSA (not more than 3 months old from the date of roll-out of services) for the fleet, which shall be medium sized ambulances (for ex. Tata Winger, ISUZU, Force Traveller and Eicher etc). In addition to these, as per requirement of SHSB/DHS, the Agency may be asked to make available more ambulances (in addition to the 50 mentioned above), which they should do at the same rate, as contracted in the agreement, throughout the duration of contract period."</i></p> <p><i>(The amendment as above is recommended)</i></p>
13	Page 35, Appendix C.1: Instruments/Equipment to be provided by Agency/service	"Point 4. Oxygen cylinder "B" type"	Suggest to give location of the cylinder to be kept inside the ambulance.	Agency can decide where to keep oxygen cylinder inside the ambulance as per the vehicle layout.

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	provider in BLSA			<i>(The Clarification as above is recommended)</i>
14	Page 38, Appendix E: Key Performance Indicators & Penalty Clause	<i>"Point 4. Patient (User) Care Record (PCR) compliance ratio - Threshold \geq 99%"</i>	Kindly relax the threshold to \geq 95%	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
15	NA	<i>General</i>	Suggest giving the operating km per day per ambulance and the No. of trips per day per ambulance	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
16	NA	<i>Moratorium period</i>	Moratorium period of 60 days from the launch of operation should be given to the selected service provider to smoothen the operation, beyond which penalty may be levied.	Page 26, Section-VI, Para no.8, Point no. 8.8 (Added New) "The Service Provider/agency will be given a moratorium period of 60 days from the date of commissioning the project to smoothen the operation; beyond which penalty shall be imposed based on Performance Indicators mentioned in tender document." <i>(The amendment as above is recommended)</i>
17	Page 16, Clause 3.7, Section V: Scope of Work (SoW)	<i>"The agency will be responsible for undertaking IEC activities for generating public awareness regarding availability of self-paying ambulances under '108 CC'; thereby, being directly responsible for demand generation to meet the agreement of serving minimum 120 patients per ambulance per month."</i>	We have experience of running 102, 108 and 1099 ambulances for government. Keeping in view the number of patients asking for 108 ambulance service, the target set by the department is quite unrealistic. It should have been 65-70 patients per month.	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
18	Page 17, Clause 3.17, Section V:	<i>"The Agency shall develop two mobile application, one for general public allowing them</i>	We suggest to include requirement of Location	Refer point xi, clause 3.28, page no. 18

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	Scope of Work (SoW)	<i>to book and track ambulances (refer Gujarat 108 ambulance application for reference), another mobile application available for ambulance staff, for multiple services (biometric attendance, patient location, daily ambulance monitoring etc.) defined in this tender document. Both these mobile applications will be available through Playstore (free of cost), or as a pre-installed software in ambulance's mobile tablets/smartphone."</i>	based Service in the tender which is capable of identifying location of the victim even when he makes a call or sends a message to 108. Such systems are being used by UP-NMH, UP100, MP100, CG112 and many other emergency services to provide the fastest services in the golden hour period.	<p><i>"The call centre executive needs to identify location of patients, locate nearest available Ambulance through GPS and issue 'Ambulance Dispatch Instructions (ADI)' (through voice call / message/ console) to concerned driver/EMT/Assistant to reach the patient's location using mobile or wireless communication device."</i></p> <p>(The Clarification as above is recommended)</p>
19	Page 16, Clause 3.15.1, Section V: Scope of Work (SoW)	<i>"For ALSA: Driver, Emergency Medical Technician (EMT) and Assistant per Ambulance for all the ALS ambulances round the clock 24x7"</i>	Request to remove the requirement of assistant in ALSA and make it same as BLSA. The assistant occupies space within the ambulance and hence the patient does not have enough space to be attended in the ambulance. So, the suggestion for driver and EMT for ALSA.	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
20	Page 17, Clause 3.17, Section V: Scope of Work (SoW)	<i>"The Agency shall develop two mobile application, one for general public allowing them to book and track ambulances (refer Gujarat 108 ambulance application for reference), another mobile application available for ambulance staff, for multiple services (biometric attendance, patient location, daily ambulance monitoring etc.) defined in this tender document. Both these mobile applications will be available through Playstore (free of cost), or as a pre-installed</i>	Request to remove this clause as agency operating ambulance through call centre doesn't has core competency in mobile application. If required SHSB to provide the mobile application through a different technology partner. Also, mobile application has not been successful in other states due to road condition and network issues.	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.

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		<i>software in ambulance's mobile tablets/smartphone."</i>		
21	Page 17, Clause 3.18, Section V: Scope of Work (SoW)	<i>"Agency shall install ambulances with touchscreen mobile tablets (7" or above)/smartphone (6" or above), with pre-installed mobile applications (developed or licensed by the Agency) similar to that of online cab booking service providers, such as Ola/Uber etc., where the driver/EMT will mark the beginning and end of a trip on the mobile application, and mark the patient ID lined to concerned trip. Further, the driver/EMT will record the patient data on the mobile application during the trip, or maximum within 15 minutes of drop-back of patients; thereby allowing organised data recording. The print-out of this collated data will be usable for official purpose."</i>	Mobile application may restrict data capturing in the no network zone as the services will be provided in the rural areas as well. Suggest keeping the data capturing enable in offline mode and connect/update the same to the server as soon as app resume the mobile data network.	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
22	Page 17, Clause 3.20, Section V: Scope of Work (SoW)	<i>"Agency will also install a fingerprint scanner with the mobile tablet, or install a tablet with in-built fingerprint scanner, and install (develop/license) a software capable of capturing fingerprints for bio-metric attendance. All drivers/EMTs/Attendants will record attendance on the tablet before commencement of their shift, which will be directly linked to the centralised online portal. In line with standard industry practice, agency will record bio-metrics of the driver/EMT/Attendant at the time of on-boarding of a new employee, based on which the daily bio-metric attendance will be recorded and compared."</i>	It is recommended to have biometric machine in the Ambulances rather fingerprint scanner with the mobile tablet.	<i>"Agency will also install a fingerprint scanner with the mobile tablet, or install a tablet with in-built fingerprint scanner, and install (develop/license) a software capable of capturing fingerprints for bio-metric attendance in ambulance and it should be available 24X7. All drivers/EMTs/Attendants will record attendance on the tablet before commencement of their shift, which will be directly linked to the centralised online portal. In</i>

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				<p><i>line with standard industry practice, agency will record bio-metrics of the driver/EMT/ Attendant at the time of on-boarding of a new employee, based on which the daily bio-metric attendance will be recorded and compared."</i></p> <p>(The amendment as above is recommended)</p>
23	Page 18, Point xiv, Clause 3.28, Section V: Scope of Work (SoW)	<i>"Ensure adequate number of call queues so that calls do not remain unattended or dropped without entering into the software at the level of telephone exchange or show lines busy. Agency will ensure call back to every missed call within 120 seconds of receipt of missed call."</i>	Suggest removing clause of call back for every missed call as there would be many unwanted calls.	<p><i>"Ensure adequate number of call queues so that calls do not remain unattended or dropped without entering into the software at the level of telephone exchange or show lines busy."</i></p> <p>(The amendment as above is recommended)</p>
24	Page 18, Point xiv, Clause 3.26, Section V: Scope of Work (SoW)	<i>"The online portal shall be designed and audited in coordination with the SHSB in order to ensure legitimacy and authenticity of the data stored on the portal, and to make the process fool-proof."</i>	Kindly provide the audit standards against which portal will be audited.	<p><i>"The online portal shall be designed by the agency and shall be in line with the security audit to ensure legitimacy and authenticity of the data stored on the portal, and to make the process fool-proof. The security audit certificate shall be shared with SHSB."</i></p> <p>(The amendment as above is recommended)</p>

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25	Page 19, Point xxii, Clause 3.28, Section V: Scope of Work (SoW)	<i>"The call centre executive should be well versed with Hindi/ English and other local languages."</i>	Any specific local language to be considered while hiring manpower	<i>"The call centre executive should be well versed with Hindi and English."</i> (The amendment as above is recommended)
26	Page 22, Clause 4, Section V: Scope of Work (SoW)	<i>"The bids are to be submitted considering the no. of seats as above; however, the Agency will be responsible for increasing the no. of seats during the course of implementation of contract as per requirement of case load and to ensure zero call rejections."</i>	Since vehicles may increase multifold in this tender, we expect increase of number of seats which should be reimbursed by SHSB based on actual capacity increase.	It is bidder's responsibility to increase the number of seats in call centre for management of fleet of ambulance with the increase of vehicle as their business will also increase. Therefore, bidder's request is not acceptable. (The clarification as above is recommended)
27	Page 28, Clause 19, Section VI: Terms and Conditions	<i>Force Majeure</i>	Kindly include accidents in force majeure clause too.	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
28	Page 38, Appendix E: Key Performance Indicators & Penalty Clause	<i>"Point 1: Unattended call ratio"</i>	<ol style="list-style-type: none"> Kindly relax the threshold to $\leq 2\%$. Also suggest excluding the abandon calls with less than 8 rings as it takes such time for a call to come from PRI to Dialler (software) and/or caller disconnect may affect the performance even if it is not agency's fault. 	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
29	Page 38, Appendix E: Key Performance Indicators & Penalty Clause	<i>"Point 2: Proportion of trips that meet the prescribed average dispatch time (start of call to dispatch of the ambulance from the base station) criteria"</i>	<ol style="list-style-type: none"> Suggesting to calculate dispatch time from start of call to vehicle assigned and increase prescribed standard to 240 seconds. Suggesting to keep this target as an average to be calculated on monthly basis for the 	Prescribed Standard for Point no. 2 in Page no. 38 may be read as 240 seconds. (The amendment as above is recommended)

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			command centre.	
30	Page 38, Appendix E: Key Performance Indicators & Penalty Clause	<i>"Proportion of trips that meet the prescribed average response time (base to scene) criteria."</i>	Request to keep average monthly response time as 30 minutes rather calculating individually.	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
31	Page 38, Appendix E: Key Performance Indicators & Penalty Clause	<i>"Point 5. User Grievance Ratio"</i>	Please relax criteria to $\leq 5\%$	Prescribed Standard for Point no. 5 in Page no. 38 may be read as $\leq 2\%$ <i>(The amendment as above is recommended)</i>
32	Page 39, Appendix E: Key Performance Indicators & Penalty Clause	<i>"Point 7. Share of ambulances off-road at any point in time, over and above the permissible maintenance schedule"</i>	Please relax criteria to $\leq 10\%$	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.
33	Page 39, Appendix E: Key Performance Indicators & Penalty Clause	<i>"Point 8. Share of ambulances with GPS unit not functioning for more than 2 hours in a month"</i>	It seems to be type error in mentioning number of hours in a month.	<i>"Point 8. Share of ambulances with GPS unit not functioning for more than 2 days in a month"</i> <i>(The amendment as above is recommended)</i>
34	Page 10, Clause 1, Section III: Eligibility Criteria	<i>"This invitation is open to all organizations registered under Companies Act 1956/2013 or Societies Registration Act 1860, Indian Trusts Act 1882, who fulfil the eligibility & qualification criteria specified hereunder. (The bidder cannot be an individual or a group of individuals & consortium is not allowed)"</i>	Request to kindly allow consortium for this opportunity to bring the right experience for the high impact project of this nature. It would be in interest of the project to allow consortium. The idea is to build the best team possible to serve the people of Bihar. By not allowing we might be compromising on the quality. Request you to kindly consider this request. All Consortium partners may be	THE BIDDER'S REQUEST IS NOT ACCEPTABLE.

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			mandated only from health sector.	
35	NIL	NIL	Can the Biomedical waste generated in the ambulance be handed over to nearest Government Health Care institute for safe disposal?	<p>Page no.17, Section-V, Para no. 3, Point no. 3.16A (Added new)</p> <p>“The Service Provider/agency will be responsible for handing over the Biomedical waste generated in ambulance to the nearest Government Health Care Institute for safe disposal.</p> <p>(The amendment as above is recommended)</p>
36	NIL	NIL	Request to provide additional fuel cost and maintenance cost reimbursement for vehicle running over and above average kilometers.	THE BIDDER’S REQUEST IS NOT ACCEPTABLE.
37	Page no. 3, Para no.1	The State Health Society, Bihar (SHSB), Patna intends to select agency via e-tendering for providing Emergency Medical Transport Service (EMTS) through Procurement, Operation and Maintenance of Ambulances and Establishment of a centralised call centre (108 toll-free number) under Public Private Partnership (PPP) mode, in 7 major cities across Bihar (Patna, Muzaffarpur, Gaya, Purnia, Darbhanga, Begusarai, Bhagalpur, Nalanda and Chhapra (Saran)), for a period of 5 years from the date of agreement. The State Health Society, Bihar (SHSB) invites bids from eligible business entities, in providing the services as mentioned in this tender document. <i>(Note: For the purpose of this tender, the terms,</i>	NIL	The State Health Society, Bihar (SHSB), Patna intends to select agency via e-tendering for providing Emergency Medical Transport Service (EMTS) through Procurement, Operation and Maintenance of Ambulances and Establishment of a centralised call centre (108 toll-free number) under Public Private Partnership (PPP) mode, in 9 major cities across Bihar (Patna, Muzaffarpur, Gaya, Purnia, Darbhanga, Begusarai, Bhagalpur,

Sl. No	NIT Reference	As published in NIT	Query/Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
		<i>agency/ bidder/service provider/ tenderer/ applicant shall all denote the same, if not stated otherwise.)</i>		Nalanda and Chhapra (Saran), for a period of 5 years from the date of agreement. The State Health Society, Bihar (SHSB) invites bids from eligible business entities, in providing the services as mentioned in this tender document. <i>(Note: For the purpose of this tender, the terms, agency/ bidder/service provider/ tenderer/ applicant shall all denote the same, if not stated otherwise.)</i>
38	Page no. 46, Annexure-E	Affidavit <i>"I, M/s _____ <the names and addresses of the registered office>_____ hereby certify and confirm that we or any of our promoter(s)/ director(s) are not blacklisted/barred/convicted by any court of law for any criminal or civil offences/declared ineligible by State Health Society Bihar/DHS or any other entity of GoB or any entity of state government or Govt. of India, or any local self-government body or public undertaking in India for participating in future bids for unsatisfactory performance, corrupt, fraudulent or any other unethical business practices or for any other reasons, as on date of submission (upload) of online bidding document."</i>	NIL	Affidavit <i>"I, M/s _____ <the names and addresses of the registered office>_____ hereby certify and confirm that we or any of our promoter(s)/ director(s) are not blacklisted/barred/convicted by any court of law for any criminal offences declared ineligible by State Health Society Bihar/DHS or any other entity of GoB or any entity of state government or Govt. of India, or any local self-government body or public undertaking in India for</i>

Sl. No	NIT Reference	As published in NIT	Query/Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
				<p><i>participating in future bids for unsatisfactory performance, corrupt, fraudulent or any other unethical business practices or for any other reasons, as on date of submission (upload) of online bidding document."</i></p> <p>(The amendment as above is recommended)</p>
39	Page no. 31-36,	APPENDIX B.1, APPENDIX B.2, APPENDIX C.1, APPENDIX C.2	NIL	<p>Updated APPENDIX B.1, APPENDIX B.2, APPENDIX C.1, APPENDIX C.2 is enclosed. Bidders are requested to refer updated appendices.</p> <p>(The amendment as above is recommended)</p>
40	Page no. 10, Section-III	<p>Eligibility criteria for Bidders</p> <p><i>"(i) The bidder must not be Blacklisted/ banned/ convicted by any court of law for any criminal or civil offences/ declared ineligible by any entity of any State Government or Govt. of India or any local Self-Government body or public sector undertaking in India for participation in future bids for unsatisfactory performance, corrupt, fraudulent or any other unethical business practices or for any other reason, as on the date of submission of the bid documents."</i></p>	NIL	<p>Eligibility criteria for Bidders</p> <p><i>"(i) The bidder must not be Blacklisted/ banned/ convicted by any court of law for any criminal offences declared ineligible by any entity of any State Government or Govt. of India or any local Self-Government body or public sector undertaking in India for participation in future bids for unsatisfactory performance, corrupt, fraudulent or any other unethical business practices or</i></p>

Sl. No	NIT Reference	As published in NIT	Query/Request of interested agencies	Clarifications/ Amendments Recommended by Technical Committee
				<p><i>for any other reason, as on the date of submission of the bid documents."</i></p> <p><i>(The amendment as above is recommended)</i></p>

List & quantity of medicines/ consumables to be kept regularly in ambulances for emergency use – BLSA

I	Medical Supplies and Consumables	Unit	Quantity
1	Adhesive Tape (1" 3" & 5")	Rolls	2 rolls of each size
2	Face Mask (Disposable of all sizes)	Number	1 of each size
3	Sterile Surgical Gloves (6½", 7", 7½")	Pair	5 pairs of each size
4	Laryngeal Mask Airway (LMA) Disposable (1,2,3 & 4)	Number	1 of each size
5	Disposable Suction Cannula (6,8,10,12,14,16)	Number	5 from every size
6	Binasal Canula	Set	1
7	Guedel Airway (0,1,2,3,4,5)	Number	1 from every size
8	Teeth Guard	Number	2
9	Nasogastric Tubes (8, 14, 16 F)	Number	2 of each size
10	Gauze rolls Sterile (various sizes) (a) 15cm (b) 10cm (c) 6cm	Number	2 of each size
11	Crepe Bandage	Number	2 of each size
12	Sterile Occlusive Dressing (3'X8')	Kg	1
13	Puncture Proof Container/Jar for Sharps	Number	1
14	Waste bin small size (Yellow, Blue, Red)	Number	1 of each colour
15	Micro drip-set	Number	2
16	IV set	Number	5
17	PMO Line	Number	10
18	Triway	Number	10
19	Plastic or Metallic Urinary Catheter	Number	1
20	Plastic Urine Container	Number	1
21	Disposable Syringes (2 ml, 5 ml, 10 ml, 50 ml)	Numbers	10 from every size
22	Disposable Syringes (50 ml)	Numbers	2
23	Absorbant Cotton	Kg	1
24	Hand Sanitizer (500 ml)	Bottle	2
25	Providone Iodine Solution (5%) (1 litre)	Bottle	1
26	Cetrimide (2%) (1 litre)	Bottle	1
27	Wide bore needles	Number	2
28	Diclofenac Analgesic Spray (200 ml)	Bottle	1
29	Disposable bags for vomiting, etc.	Number	10
30	IV. Fluids (NS, RL, 5D)	Litre	5 litres from each type
31	Inj 25% Dextrose	Ampule	2
32	Inj 50% Dextrose	Ampule	2
33	Inj Isolyte P	Bottle	2
II	Emergency Medical Drugs	Unit	Quantity
1	Inj. Adrenaline (1:1000)	Ampule	5
2	Inj. Noradrenaline (2 mg/ 1 ml)	Ampule	5
3	Inj. Atropine (1mg/10ml)	Ampule	10
4	Inj. Dopamine (200mg/5ml)	Ampule	5

5	Inj. Nitroglycerine (50 mg/10 ml)	Vial	5
6	Inj. Sodium Bicarbonate (7.5%)	Ampule	5
7	Inj. Hydrocortisone Sodium Succinate (100 mg/5 ml)	Vial	10
8	Inj Dexamethasone (4 mg/ml)	Vial	5
9	Beclomethasone (0.4 mg/ml) for Nebulization	Respules	5
10	Salbutamol (5 mg/2.5 ml) for Nebulization	Ampule	5
11	Inj. Furosemide (20 mg/2 ml)	Ampule	5
12	Inj. Diazepam (10 mg/ 2 ml)	Ampule	5
13	Inj. Theophylline (25 mg)	Ampule	10
14	Inj. Phenytoin Sodium (250 mg/ 5 ml)	Ampule	5
15	Inj Pheniramine Maleate (4.55 mg/2 ml)	Ampule	5
16	Inj Ondansetron (4 mg/ 2 ml)	Ampule	10
17	Inj. Lignocaine 2%	Vial	2
18	Inj. Magnesium Sulphate-50% (2.5 gm/ 5 ml)	Ampule	6
19	Inj. Calcium Gluconate (10%)	Ampule	5
20	Inj. Mannitol 20% (20 mg/100 ml)	Bottle	5
21	Inj Oxytocin (5 IU/ml)	Ampule	6
22	Inj Pantoprazole (40 mg/ 10 ml)	Vial	5
23	Inj. Diclofenac Aqua (75 mg/ 1 ml)	Ampule	10
24	Inj Paracetamol (150 mg/ ml)	Ampule	10
25	Sterile Water for Injection (10 ml)	Ampule	10
26	Inj Amoxicillin & Potassium Clavulanate (1.2 g)	Vials	5
27	Inj Dextran (5%) Plasma Expander (500 ml)	Bottle	5
28	Inj Drotaverine (40 mg/ 2 ml)	Ampule	5
29	Inj Labetalol (20 mg/ml)	Ampule	5
30	Xylocaine Jelly (5%)	Tubes	2
31	Inj Tranexamic Acid (500mg)	Ampule	2

List & quantity of medicines/ consumables to be kept regularly in ambulances for emergency use – ALSA

I	Medical Supplies and Consumables	Unit	Quantity
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3	Sterile Surgical Gloves (6½", 7", 7½")	Pair	5 pairs of each size
4	Laryngeal Mask Airway (LMA) Disposable (1,2,3 & 4)	Number	1 of each size
5	Disposable Suction Cannula (6,8,10,12,14,16)	Number	5 from every size
6	Binasal Canula	Set	1
7	Guedel Airway (0,1,2,3,4,5)	Number	1 from every size
8	Teeth Guard	Number	2
9	Nasogastric Tubes (8, 14, 16 F)	Number	2 of each size
10	Gauze rolls Sterile (various sizes) (a) 15cm (b) 10cm (c) 6cm	Number	2 of each size
11	Crepe Bandage	Number	2 of each size
12	Sterile Occlusive Dressing (3'X8')	Kg	1
13	Puncture Proof Container/Jar for Sharps	Number	1
14	Waste bin small size(Yellow, Blue, Red)	Number	1 of each color
15	Micro drip-set	Number	2
16	IV set	Number	5
17	PMO Line	Number	10
18	Triway	Number	10
19	Plastic or Metallic Urinary Catheter	Number	1
20	Plastic Urine Container	Number	1
21	Disposable Syringes (2 ml, 5 ml, 10 ml, 50 ml)	Numbers	10 from every size
22	Disposable Syringes (50 ml)	Numbers	2
23	Absorbant Cotton	Kg	1
24	Hand Sanitizer (500 ml)	Bottle	2
25	Providone Iodine Solution (5%) (1 litre)	Bottle	1
26	Cetrimide (2%) (1 litre)	Bottle	1
27	Wide bore needles	Number	2
28	Diclofenac Analgesic Spray (200 ml)	Bottle	1
29	Disposable bags for vomiting, etc.	Number	10
30	IV. Fluids (NS, RL, 5D)	Litre	5 litres from each type
31	Inj 25% Dextrose	Ampule	2
32	Inj 50% Dextrose	Ampule	2
33	Inj Isolyte P	Bottle	2
II	Emergency Medical Drugs	Unit	Quantity
1	Inj. Adrenaline (1:1000)	Ampule	5
2	Inj. Noradrenaline (2 mg/ 1 ml)	Ampule	5
3	Inj. Atropine (1mg/10ml)	Ampule	10
4	Inj. Dopamine (200mg/5ml)	Ampule	5

5	Inj. Nitroglycerine (50 mg/10 ml)	Vial	5
6	Inj. Sodium Bicarbonate (7.5%)	Ampule	5
7	Inj. Hydrocortisone Sodium Succinate (100 mg/5 ml)	Vial	10
8	Inj Dexamethasone (4 mg/ml)	Vial	5
9	Beclomethasone (0.4 mg/ml) for Nebulization	Respules	5
10	Salbutamol (5 mg/2.5 ml) for Nebulization	Ampule	5
11	Inj. Furosemide (20 mg/2 ml)	Ampule	5
12	Inj. Diazepam (10 mg/ 2 ml)	Ampule	5
13	Inj. Theophylline (25 mg)	Ampule	10
14	Inj. Phenytoin Sodium (250 mg/ 5 ml)	Ampule	5
15	Inj Pheniramine Maleate (4.55 mg/2 ml)	Ampule	5
16	Inj Ondansetron (4 mg/ 2 ml)	Ampule	10
17	Inj. Lignocaine 2%	Vial	2
18	Inj. Magnesium Sulphate-50% (2.5 gm/ 5 ml)	Ampule	6
19	Inj. Calcium Gluconate (10%)	Ampule	5
20	Inj. Mannitol 20% (20 mg/100 ml)	Bottle	5
21	Inj Oxytocin (5 IU/ml)	Ampule	6
22	Inj Pantoprazole (40 mg/ 10 ml)	Vial	5
23	Inj. Diclofenac Aqua (75 mg/ 1 ml)	Ampule	10
24	Inj Paracetamol (150 mg/ ml)	Ampule	10
25	Sterile Water for Injection (10 ml)	Ampule	10
26	Inj Amoxicillin & Potassium Clavulanate (1.2 g)	Vials	5
27	Inj Dextran (5%) Plasma Expander (500 ml)	Bottle	5
28	Inj Drotaverine (40 mg/ 2 ml)	Ampule	5
29	Inj Labetalol (20 mg/ml)	Ampule	5
30	Xylocaine Jelly (5%)	Tubes	2
31	Inj Tranexamic Acid (500mg)	Ampule	2
32	Inj Snake Venom Antiserum (Polyvalent)	Vial	5
33	Xylocaine Jelly (5%)	Tubes	2
34	Tablet Isosorbide Mononitrate (20 mg)	Tablets	10
35	Inj Succinyl Choline (50 mg/ml)	Vial	1
36	Inj Vecuronium Bromide (4 mg/ml)	Ampule	2
37	Inj Fentanyl (50 mcg/ml)	Ampule	2
38	Inj Lignocaine Cardiac (50 mg/2ml)	Vial	2

Instruments/ equipment to be provided by Agencies/ service provider in BLSA

I	Medical Equipments & Instruments	Unit	Quantity
1	Suction Pump (Manual)/Foot operated	Set	1
2	Intubation Kit		
2.1	Macintosh Laryngoscope with 4 curved blades (1,2,3,4)	Set	1
2.2	Miller Laryngoscope with 4 straight blades (00,0,1,11)	Set	1
2.3	Magill Laryngeal Forceps (Infant, Child & Adult size)	Set	1
3	Oxygen Cylinder B Type with trolley, key, humidifier and flow meter	Set	2
4	Artificial Manual Breathing Unit-1500 ml (Adult)	Number	1
5	Artificial Manual Breathing Unit-750 ml (Child)	Number	1
6	Artificial Manual Breathing Unit-250 ml (Neonatal)	Number	1
7	Trolley stretcher with back tilt facility and collapsible wheels for uploading into the trolley	Set	1
8	Canvas Stretcher Foldable Type	Number	1
9	Stretcher scoop	Number	1
10	B.P. Instrument (Manual Dial Type)	Number	1
11	Stethoscope	Number	1
12	Nebulizer (Electric) with Ventimask, Facemask	Set	1
13	Multipara Monitor	Unit	1
14	Thermometer (Digital)	Unit	1
15	Syringe Infusion Pump	Unit	1
16	Artery Forceps	Number	5
17	Endotracheal Tubes with multiple sizes (2.5, 4, 5, 6 & 7)	Set	1
18	Cervical Collar	Number	1
19	First Aid Bag (Small scissor (7 cm)-1 piece; Tweezer - 1 piece; Antiseptic Lotion (2% Cetrimide)-50 ml; ORS sachet (4.2 gm)-4 sachets; Safety Pin-1 pc; Sterile gauze (10 cm) 1 pc, Sterile Cotton- 50 gm)	Set	1
20	Spinal Board	Number	1
21	Double Head Immobilizer for Scoop Stretcher	Number	1
22	Emergency Canvas Stretcher Foldable	Number	1
23	Portable handheld Glucometer with strips	Set	1
24	Thermometer (Digital)	Number	1
25	Needle Holder	Number	1
26	Mersilk (Reverse Cutting)	Number	5
27	Gauze Cutter	Number	2
28	Sterile Drum for sterilized instruments/consumables	Number	1
29	Wheelchair (foldable)	Number	1
30	Kidney Tray	Number	1
31	Torch	Number	1
32	Scissor-15cm (for cutting gauze and bandages)	Number	1

Instruments/ equipment to be provided by Agencies/ service provider in ALSA

I	Medical Equipments & Instruments	Unit	Quantity
1	Suction Pump (Manual)/Foot operated	Set	1
2	Intubation Kit		
2.1	Macintosh Laryngoscope with 4 curved blades (1,2,3,4)	Set	1
2.2	Miller Laryngoscope with 4 straight blades (00,0,1,11)	Set	1
2.3	Magill Laryngeal Forceps (Infant, Child & Adult size)	Set	1
3	Oxygen Cylinder B Type with trolley, key, humidifier and flow meter	Set	2
4	Artificial Manual Breathing Unit-1500 ml (Adult)	Number	1
5	Artificial Manual Breathing Unit-750 ml (Child)	Number	1
6	Artificial Manual Breathing Unit-250 ml (Neonatal)	Number	1
7	Trolley stretcher with back tilt facility and collapsible wheels for uploading into the trolley	Set	1
8	Emergency Canvas Stretcher Foldable	Number	1
9	Folding Scoop Stretcher	Number	1
10	B.P. Instrument (Manual Dial Type)	Number	1
11	Stethoscope	Number	1
12	Nebulizer (Electric) with Ventimask, Facemask	Set	1
13	Multipara Monitor	Unit	1
14	Thermometer (Digital)	Unit	1
15	Syringe/Volumetric Infusion Pump	Unit	1
16	Artery Forceps	Number	5
17	Endotracheal Tubes with multiple sizes (2.5, 4, 5, 6 & 7)	Set	1
18	Cervical Collar	Number	1
19	First Aid Bag (Small scissor (7 cm)-1 piece; Tweezer - 1 piece; Antiseptic Lotion (2% Cetrimide)-50 ml; ORS sachet (4.2 gm)-4 sachets; Safety Pin-1 pc; Sterile gauze (10 cm) 1 pc, Sterile Cotton- 50 gm)	Set	1
20	Spinal Board	Number	1
21	Double Head Immobilizer for Scoop Stretcher	Number	1
22	Emergency Canvas Stretcher Foldable	Number	1
23	Portable handheld Glucometer with strips	Set	1
24	Thermometer (Digital)	Number	1
25	Needle Holder	Number	1
26	Mersilk (Reverse Cutting)	Number	5
27	Gauze Cutter	Number	2
28	Sterile Drum for sterilized instruments/consumables	Number	1
29	Wheel Chair (foldable)	Number	1
30	Kidney Tray	Number	1
31	Torch	Number	1
32	Scissor-15cm (for cutting gauze and bandages)	Number	1
33	12 Lead ECG Machine	Set	1
34	Emergency Pole Stretcher (Two Folding)	Number	1

35	Emergency ventilator	Number	1
36	Fracture Splint Kit	Set	1
37	Vacuum Splint Kit	Set	1
38	Bi-Phasic Defibrillator with AED	Set	1
39	Rubber sheet	Number	1
40	Emergency Kit	Set	1
41	Patient Restraint System	Set	1