

Minutes of Pre-bid Meeting for selection of service providers for working as a Patient Provider Support Agency (PPSA) for providing Tuberculosis (TB) related services under National Tuberculosis Elimination Program (NTEP) in 15 districts in the State of Bihar

1. With reference to the Notice Inviting Tender (NIT) Reference No.: - 03/SHSB/PPP(PPSA - NTEP)/2021-22 for selection of service providers for working as a Patient Provider Support Agency (PPSA) for providing Tuberculosis (TB) related services under National Tuberculosis Elimination Program (NTEP) in 15 districts in the state of Bihar, published in leading newspapers and uploaded on the website "<http://www.eproc.bihar.gov.in/BELTRON>" and "statehealthsocietybihar.org", the Pre-Bid meeting was held on 12/07/2021 at 11.00 AM 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. Kaushal Kumar, Director-in-Chief (Nursing), Health Services, Bihar Chairman
 - (ii) Shri Suman Prasad Sah, Administrative Officer, State Health Society, Bihar Member
 - (iii) Shri Kamal Nayan, Dy. Secretary-cum-Senior In-charge-PPP, State Health Society Bihar, Patna Member
 - (iv) Shri Yogendra Prasad, Additional Director (Finance), State Health Society Bihar Member
 - (v) Dr. B. K. Mishra, STO, National Tuberculosis Elimination Programme (NTEP) , State Health Society, Bihar Member Secretary
 - (vi) Dr. Ravi Shankar Singh, CMO (NFSG), Regional Office for H&FW, GoI, Patna Member
 - (vii) Dr. Manish Shankar , HoD, Deptt of Pulmonary Medicine, IGIMS, Patna Member
 - (viii) Shri Rangan Sengupta, Representative of SRU, Patna Member
3. Representatives of following organizations were present in the meeting
 - (i) Doctors for You, Mumbai
 - (ii) World Health Partners, New Delhi
 - (iii) All Services Global Private Limited, Mumbai
 - (iv) Innovators in Health, Samastipur
 - (v) LEPRASociety, Patna

4. In response to the queries raised during the Pre-bid meeting and submitted via e-mail, the Technical Committee, after due consideration, recommends the following decisions/ clarifications:

Sl.	Pre-Bid Query	Related RFP clause	Comments
1	Request for Provision of advance for starting the program. Advance has been given in Jharkhand and MP PPSA program	The bidder's payments shall be made against the achievements made against the notification targets for the district concerned. Payment Plan indicates payment on a quarterly basis	In view of the provisions of Bihar Financial Rules (BFR) and other considerations, it may not be possible to consider advance payment. (No change recommended)
2	CBNAAT testing – 20% payment is on CBNAAT (DST) and if the cartridge are not supplied by government, the test is not done, and we lose money Rs 500 per TB case. If this is due to non-supply of cartridge from government, then this money should be adjusted in other indicator like HIV/DM achievement.	20% payment is on CBNAAT (DST) as per payment guideline of RFP	Adequate efforts will be made to ensure availability of CBNAAT cartridges for the purpose and UDST can be done using TrueNat machines also. (No change recommended)
3	Request release of 80% of amount of the total bills submitted if the verification and payment is not done within a month of submission of bills	100% payment released on the basis of documents on quarterly basis	All the efforts will be made to make payments within the timeline mentioned and in accordance with the relevant clauses of the tender document. (No change recommended)
4	Clause 3, Pg: 16 The clause mentions mapping of all providers including AYUSH and informal. What will the process of notifying cases received from these providers? Since there is no provision under Nikshay at present.	The agency/bidder shall be conducting a landscape analysis of private health care providers in each of the district(s) of the concerned cluster. The agency will undertake analysis on who, where and how private providers are involved in TB care cascade. This include all types of providers – private clinics, hospitals, AYUSH, informal providers, pharmacies, and laboratories (Govt./NABL accredited).	Ayush and informal providers can act as an informant and/or treatment supporter and claim honorarium as per RNTCP guidelines. However, they shall refer a presumptive TB patient to a MBBS doctor for diagnosis and subsequent notification. PPSA to facilitate this process. (The above clarification is recommended)

Sl.	Pre-Bid Query	Related RFP clause	Comments
5	<p>Clause 4., Pg. 17 Counseling and adherence support for TB patients</p> <ol style="list-style-type: none"> 1. What are the different approaches that are recommended by State TB Cell for defining outcomes of patients under private care? This needs to be clear. What have been the current practices by existing PPSA partners? 2. What will successful treatment outcome include (complete, cured)? 3. What will be the significance of updating follow up tests done for the patient? This is also critical as Clause 5.1 (page 25) also shows this to have 40% weightage for payment amount and there are penalties for under achievement (Clause 6.3, page 26) 4. Will STS have any role in assigning outcomes? What will be the outcome of patient who moves to public facility for the later part of treatment? What will be the outcome of patient who moves to an AYUSH provider ? Both situations are considering patient completes the proper treatment. 	<p>Treatment outcomes have to be reported for every patient notified.</p>	<ol style="list-style-type: none"> 1. Approaches adequately defined in RFP. 2. Successful treatment outcome implies - “Cured” and “Treatment Completed”. 3. Follow up test to be done as per RNTCP guideline for deciding the treatment outcomes of all patients including cured and treatment completed. 4. For patients moving over to public facility, pro-rata payment admissible for KPI’s completed by PPSA before the patient moved over to public facility. Ayush Private provider shall be treated as a treatment supporter and payment as admissible to her/him shall be paid separately as per RNTCP mandated guideline. <p>(The above clarification is recommended)</p>

Sl.	Pre-Bid Query	Related RFP clause	Comments
6	<p>Clause 4.9, Pg 17 : What are the provisions if drugs are not available at the DTC level and not provided to us timely?</p>	<p>Clause 4.9, Pg 17 : Coordinate with NTEP / Provider and patient to ensure availability of drugs with patient</p>	<p>Drugs shall be made available at DTC level. However, agency/bidder would be required to coordinating with NTEP for forecasting and regular supply of FREE Anti-TB drugs to private health establishments and chemists/pharmacy.</p> <p>(The above clarification is recommended)</p>
7	<p>Clause 6.2, Pg.18:</p> <ol style="list-style-type: none"> 1. Most of the districts do not conduct extra pulmonary tests like FNAC. What are the recommendations for places/districts where such tests are not done at the DTC level? 2. Payments are strictly linked to notified patients but project advises evaluation and diagnosis of presumptive patients (contacts and for clinics). What is the recommendation to budget these expenditures? 3. Will the presumptive contacts be enrolled under the private sector in presumptive open section in Nikshay? If yes, will the provider be same as the patient's provider. 	<p>Clause 6.2, Pg.18: Complete evaluation of presumptive TB with microscopy, X-Ray, and molecular tests as per the diagnostic algorithm of NTEP. Ensure appropriate sample is collected of children and for extra pulmonary presumptive TB and examined.</p>	<p>The policy is to provide free of cost testing to all TB patients including those notified from private health care providers. It may not be possible to do microbiological confirmation of all presumptive extra-pulmonary TB cases. However all such cases, even if diagnosed clinically by a qualified health care provider will be provided free of drugs and other benefits as per NTEP Guidelines.</p> <p>The presumptive contacts of TB patients from private sector may be enrolled on Nikshay as presumptive open. The choice of provider would lie solely with the patient/ contact, and may be entered on Nikshay accordingly</p> <p>(The above clarification is recommended)</p>
8	<p>Clause 9, Page 19: DST is highly dependent on the public CBNAAT lab at the DTC. There would be external factors which might reduce the chances, particularly in Covid times where LTs are engaged in other works in the district.</p> <ol style="list-style-type: none"> 1. What would be the provisions if we collect and transport sputum samples and testing is not being done at DTC? Or lesser number of testing is being done due to existing load in public sector? This is also critical as Clause 	<p>Clause 9, Page 19 :The agency/bidder shall be required to ensure drug susceptibility testing (DST) for all TB patients (at least all pulmonary TB patients) and linkage of TB patients diagnosed with Rifampicin Resistance to Drug Resistant (DR) – TB Centre, notified in the district.</p>	<ol style="list-style-type: none"> 1. Adequate efforts will be made to ensure availability of CBNAAT cartridges for the purpose and UDST can be done using TrueNat machines also. No change recommended. 2. KPI under clause 5.1 , pg. 24 calls for DST of at-least 70% of notified patients and is therefore self-explanatory.

Sl.	Pre-Bid Query	Related RFP clause	Comments
	<p>5.1 (page 25) also shows this to have 20% weightage for payment amount and there are penalties for under achievements (Clause 6.3, page 26)</p> <p>2. This section explicitly mentions “at-least pulmonary TB patients”. Will the proportion of extra pulmonary be taken into consideration while assessing DST targets?</p>		<p>(The above clarification is recommended)</p>
9	<p>Clause 14.5, Pg. 20: This is a field based and manpower intensive assignment. In the interest of the manpower, we suggest to include a clause on ‘mobilization fund’ by the Department where once an award of contract has been granted, a 10% mobilization fund (of the yearly contract value) is released to the selected agency. This can be a one-time payment.</p>	<p>Clause 14.5, Pg. 20: The Agency will ensure timely salary payment and opening of ESI and EPF account for each of the employees and timely deposit of applicable ESI and EPF (Employer’s contribution and employees contribution) and failure to that if any, shall be at the risk and responsibility of the agency.</p>	<p>There is no such provision at this stage.</p> <p>(The above clarification is recommended)</p>
10	<p>Which ‘facility’ (<i>diagnosing, residential, enrolment or current</i>) would be used to calculate the notifications under private care? There have been instances where the notification count has reduced in specific conditions, eg. Patient somehow went to his/her residential Govt facility and STS issues FDC from there. The STS changes the patient identified under private care to a patient under public care. We seek a clarity in case such situation arises as the notification number is affected by this.</p> <p>This is also critical as Clause 5.1 (page 25) also shows this to have 20% weightage for payment amount and there are penalties for under achievement (Clause 6.3, page 26)</p>	<p>Clause 5.1, Pg.24: The bidder’s payments shall be made against the achievements made against the notification targets for the district concerned</p>	<p>Current facility would be used to calculate the notifications. For patients moving over to public facility, pro-rata payment admissible for KPI’s completed by PPSA before the patient moved over to public facility. Responsibility of PPSA ceases once the patient is under treatment in public facility.</p> <p>(The above clarification is recommended)</p>

Sl.	Pre-Bid Query	Related RFP clause	Comments
11	<p>Annexure 6; Pg.37 The targets for 2021 are for the best possible and normal times. Over the past two years, we have seen that case finding has been affected because of the lockdowns. Will Covid or Covid like situation be considered for determining the annual targets? We need clarity on this as if the private providers close their clinics, there would be minimal or no scope for notification and subsequent services during the period.</p>	<p>Annexure 6; Pg.37 District wise TB notification</p>	<p>Force majeure condition shall prevail in such cases and same shall be detailed in contract agreement document with the shortlisted bidder. Existing contracts with PPSA partners have a detailed force majeure conditions to address such eventuality.</p> <p>(The above clarification is recommended)</p>
12	<p>Annexure 7: Instructions for financial bid Which facility under Nikshay be taken under consideration? (Enrolment/Residence/Notification/Diagnosis). If a patient from other district starts and complete treatment from a provider under the cluster applied for will that be considered? What date will be used to consider a case to determine if it's under project duration (diagnosis date, notification date or date of enrolment)?</p>	<p>Annexure 7: Instructions for financial bid The agency/bidder shall indicate the amount per TB patient notified who successfully completes treatment, in the cluster (applied for).</p>	<ol style="list-style-type: none"> 1. Current facility would be used to calculate the notifications. 2. Yes it will be considered subject to conformance to all laid down procedures in the RFP, submission of documentary proof etc. However, if notified in a separate cluster, payment for notification shall not be payable. 3. Notification date will be used for notification <p>(The above clarification is recommended)</p>
13	Request for exemption of EMD	<p>Clause 6 , EMD , Pg. 7 EMD of Rs 10,00,000 per cluster to be submitted</p>	<p>This is as per existing financial rules of Bihar Government.</p> <p>(No change recommended)</p>
14	<p>Clause 3 Pg. 13 Kindly allow/ accept experience of supervisory staff from Government general hospitals not confined to RNTCP program.</p>	<p>Clause 3 Pg. 13 Mid-level (more than 3 years' experience) supervisory staff having significant experience of working in RNTCP programs</p>	<p>This is not an eligibility criterion but a technical parameter for evaluation of technical competence of a bidder through QCBS process.</p> <p>(No change recommended)</p>
15	<p>Annexure 9, Page 40 Relax the clause in the Affidavit for experienced manpower from RNTCP/ NTEP program</p>	<p>Annexure 9, Page 40 Affidavit for Experienced manpower</p>	<p>(No change recommended)</p>

Sl.	Pre-Bid Query	Related RFP clause	Comments
16	<p>Clause 4, Pg.13 Experience of working in Bihar may be relaxed /amended to include experience of working in PAN India..</p>	<p>Clause 4, Pg.13 Experience of working in districts in the state of Bihar in any three years of the last five Financial Years (2016-17 ,2017-18, 2018-19, 2019-20 and 2020-21).</p>	<p>This is not an eligibility criterion but a technical parameter for evaluation of Bihar specific experience of a bidder through QCBS process. (No change recommended)</p>
17	<p>Annexure 7, Pg.38 – Format for Financial bid 1. Who will bear the cost for Diagnostic and Drug linkage. Detailed scope to be explained for the same. 2. Who will bear cost of HIV and DST linkage. 3. How to workout cost/ expenditure for “facilitating Provider incentive” . What would be the formula and methodology for working out the incentive amount. 4. How to work out cost towards patient support services and what will be the supporting documents required to be submitted for claiming payment on monthly basis. 5. How Agency decides Treatment Period because no one can ensure about completion of treatment cycle -since recovery differs from patient to patient and their own treatment protocol. 6. How to calculate and load cost factor for below nature services as per bid our quoted rate should be inclusive of : a) cost factor for supply chain of Drugs/FDC b) Consumables- Detailed nature of consumables clarity required with minimum and maximum qty. of consumables and its frequency of refill for each cluster wise c) What will be parameter for empanelling private healthcare provider & related with cost impact for same. d) Chemists and lab reports- How agency will</p>	<p>Annexure 7, Pg.38 – Format for Financial bid</p>	<ol style="list-style-type: none"> 1. PPSA. Scope clearly defined in RFP 2. PPSA has to bear the costs incurred for linkage to closest labs for the purpose. Tests will be done free of cost to all patients including those notified from private sector. 3. Facilitation for Provider incentive involves support in encoding in Nikshay portal the name of the provider and follow-up with RNTCP / NTEP authorities for disbursement of payment. Cost to be ascertained accordingly by the bidder. Incentive amount is RNTCP/ NTEP mandated, and the bidder has no role to play in it. 4. Payment is on quarterly basis as indicated in RFP. Reporting formats and documents required are as per RNTCP/NTEP guidelines and shall be shared with shortlisted bidder. Cost for patient support services to be calculated by bidder based on KPI's and other deliverables mentioned in the RFP. 5. Duration of treatment will be as per RNTCP/NTEP updated guidelines. <p>6a) Cost factor supply chain of Drugs to be ascertained by the bidder based on the scope mentioned in RFP. 6b) No consumable is required for the scope defined in the scope of work. For sample collection requisite consumable shall be provided like it's provided to other TB patients notified by government health</p>

Sl.	Pre-Bid Query	Related RFP clause	Comments
	<p>claim monthly expenses incurred for same, i.e. sample collection and transport cost.</p> <p>e) How to claim on monthly basis towards IT equipment set up at each stage of treatment</p> <p>f) How to claim on monthly basis towards transport, insurance, manpower cost, printing report etc.</p> <p>7. How many times during treatment period various medical tests will be required to be conducted , like C-DST, DR-TB, HIV, RR, MDR-TB and how to claim this amount on monthly basis.</p> <p>8. Please clarify expense for X-ray, various tests in local labs and consultations treatment charges to the hospital and how to claim these expenses on monthly basis .</p> <p>9. Testing charges for Microscopic and Molecular diagnostic test will be borne by Bihar Government or Agency, If borne by Agency , how to claim on monthly basis because we cannot charge this testing from TB patients.</p>		<p>facilities.</p> <p>6c) The private healthcare provider should be minimum MBBS graduate.</p> <p>6d-6f) Reporting formats and documents required for claiming payments on quarterly basis shall be shared with shortlisted bidder.</p> <p>7. Medical tests required shall be as per RNTCP/NTEP guidelines, and as per type of TB cases and for regimen decided by qualified health care provider, and all requisite tests shall be conducted by public facility free of cost. PPSA scope is for facilitating the tests for presumptive or notified TB patients as required. If the patient prefers a private Lab, cost will not be borne by NTEP.</p> <p>8. X-ray , various test shall be conducted by public facility free of cost and PPSA scope is for facilitating the tests for presumptive or notified TB patients as required. If the patient prefers a private Lab thecost will not be borne by NTEP.</p> <p>9. All diagnostic tests shall be conducted by public facility free of cost and PPSA scope is for facilitating the tests for presumptive or notified TB patients as required. If the patient prefers a private Lab, the cost will not be borne by NTEP.</p> <p>(The above clarification is recommended)</p>
18	Earnest Money Deposit (EMP) per cluster for the sum of INR10,00,000/- is very high for NGOs like	Clause 6 , EMD , Pg. 7	This is as per existing financial rules of Bihar Government.

Sl.	Pre-Bid Query	Related RFP clause	Comments
	we. Although, turnover in the last three financial years is Rs. 4 Crore. But the funds belong to different projects and technically cannot be used for the other projects. Therefore we request your good self to please consider this money up to two lakhs .	EMD of Rs 10,00,000 per cluster to be submitted	(No change recommended)
19	Since we cannot use funds of other projects technically, We also request your good self to provide us at least 20% advance. If not possible at one time, then it should be 10% at the time of the signing of the agreement. And, 10% within 45 days during the recruitment of the manpower and establishment of the project offices.	Clause 5.1,Pg. 24 The bidder's payments shall be made against the achievements made against the notification targets for the district concerned. The Agency/bidder shall be paid by the SHSB or the authorities decided by SHSB, against the invoices <i>(as prescribed under GST Act 2017)</i> raised by the agency, on quarterly basis.	In view of the provisions of Bihar Financial Rules (BFR) and other considerations, it may not be possible to consider advance payment. (No change recommended)