



OFFICE OF THE MISSION DIRECTOR  
NATIONAL HEALTH MISSION, ASSAM  
SAIKIA COMMERCIAL COMPLEX, CHRISTAN BASTI, G.S ROAD, GUWAHATI-781005  
PH.NO : 0361-2363062 ; TELE FAX : 0361-2363058

Website: <https://nhm.assam.gov.in>

e-mail: [misnrhm.assam@gmail.com](mailto:misnrhm.assam@gmail.com)

No: NHM/ NCD/NDP-PT-I /2016-17/1133/18094

Dated:29/09/2018

### **CORRIGENDUM NO.1**

### **e-TENDER FOR ESTABLISHING DIALYSIS UNIT ON PPP MODE AT DISTRICT HOSPITALS , MEDICAL COLLEGES & HOSPITALS OF ASSAM**

This has reference to the e-tender No: **NHM/ NCD/NDP-PT-I /2016-17/1133/191-P Dated: 27/08/2018** for establishing and operating Dialysis facilities at different Health Institutions of the State. The following clarifications and amendments may be taken note of prior to submission of Bids.

1. **Point No (i) ,(iii) at page 3 under Public Private Partnership for Hemodialysis services is amended to read as follows:**

It is desirable to roll out dialysis services ***under PMNDP in the State***, with the ***District Hospitals and Medical Colleges*** in a PPP mode. Direct provisioning by the state governments would be time consuming and likely to be costly and risky.

NHM/ Government of Assam will provide space (**@200 sq. ft. per machine**) in the ***Health Institutions***, Dialysis machine (provided by Fair Fax on CSR Mode), Drugs available in ***Govt. Notified*** EDL, Power, ***Lab Tests from Free Laboratory Services*** , water supply and pay for the cost of dialysis per patient dialyzed.

2. **Sub-clause A under Clause 5 “ Eligibility Criteria “ is amended to read as follows:**

A. The Bidder shall either be a reputed firm/agency/ unit of health care service providers having experience of performing similar activity i.e. establishing and operating dialysis facilities at different locations of the country in the last three years 2015-16, 2016-17 and 2017-18. The agency should have the capacity of running minimum 40 sessions per month per dialysis machine. In the last three years, the agency should have performed at least 80,000 dialysis per year. Performance Statement certified through Auditor/Legal entity/Authorized Supervising Entity must be submitted as per **Annexure III** of the tender document.

3. **Clause 23: “PENALTY” is clarified to read as follows:**

The Dialysis service provider will provide 24x7 facilities. In case the service providers fails /refuses to provide dialysis services to patients a penalty of Rs 1000 per case will be levied and the amount shall be recovered from the performance security. If shut down extends beyond 30 days due to technical and/or administrative reasons on the part of service provider, the contract may be

cancelled. Dialysis Service Provider shall make alternative arrangements for provision of dialysis in case the machine is out of order/ broken down for period greater than 24 hours. **However this clause shall be ignored in case of Force Majeure conditions like Earthquake, Massive Power Failure, Flood, War and any other Natural Disasters.**

4. **Sub-clause c , e, f, h, k, t under Clause 28 is clarified to read as follows:**

- c. **New Installation & continuation:** The Dialysis service provider should commence the infrastructure/construction work within 15 days of signing of the Contract agreement. After installation of the HD machine the Service Provider should operationalize minimum 6 Dialysis centers within first 30 days, another 6 dialysis center within next 30 days and the remaining centers should be operationalized in another 30 days i.e. all the Dialysis centers should be made operational within 90 days.
- e) List of tests & their associated **frequencies** may be furnished as per **Annexure XX**
- f) The list of Health Institution for Dialysis service operationalization is attached as **Annexure IX.**
- h) All expenses on account of man power, electricity & water after the entry point and other maintenance of premises and the machine, security or any other expenses incurred in the day to day running of the machine shall be borne by the provider. The Service Provider shall ensure that the Personnel at the Hospital/Nursing Home/Dialysis centre, are trained regularly from time to time to offer quality Dialysis services to the patients.
- k) The Dialysis service provider will provide 24x7 facilities. In case the service providers fails /refuses to provide dialysis services to patients a penalty of Rs 1000 per case will be levied (taking into account the dialysis being performed per machine per day) and the amount shall be recovered from the performance security. If shut down extends beyond 30 days due to technical and/or administrative reasons on the part of service provider, the contract may be cancelled. Dialysis Service Provider shall make alternative arrangements for provision of dialysis in case the machine is out of order/ broken down for period greater than 24 hours. The rates at which the Authority has engaged the service provider shall not change in any case. **However this clause shall be ignored in case of Force Majeure conditions like Earthquake, Massive Power Failure, Flood, War and any other Natural Disasters.**
- t) Availability of Space, Electricity & water (**till the point of entry**) shall be provided by the authority.

5. Annexure IX is amended to read as follows:

**Annexure IX (A)**

FINANCIAL BID with sample BOQ

Name of the Tenderer.....

- 1. The Quote is for per session cost for all the supporting infrastructure (such as RO plant etc.), HR (**qualified Nephrologists/ trained medical officers in dialysis ( preferably MD Medicine or MD Pediatrics, Resident Medical Officer (MBBS) Nurses,**

**technicians), supportive infrastructure, essential dialysis Fluid & consumables, equipment, furniture etc., operational and maintenance cost for the project. AV Fistula making procedure will be performed at the Tertiary Level Institute i.e. the Medical College. The quote excludes the cost of dialysis machines since they would be provided for by the Government however takes into account all such costs as may be incurred in their shipment, logistics, installation and other associated activities. NHM/ Government of Assam will provide the Drugs available in Govt. notified EDL. Those drugs which are outside the notified EDL shall be arranged by the service provider. The Dialysis Machines will be with Four Years Comprehensive Warranty and the fifth year will be provided by the dialysis service provider.**

2. The bidder is expected to deliver the services for a minimum period of five years
3. The bidder has to deposit 5% of the contract value as performance security in form of Irrevocable Bank Guarantee with validity through the duration of the contract.
4. The bid parameter is discount over reserve price fixed by the authority. Gol reserve price is fixed at Rs 1100.00 per session. If Bidders quote beyond this rate, they should clearly justify with reasons which may be considered subject to approval of competent authority.

Description of Services	Price
Price quoted per dialysis including all type of taxes and consumables for Hemodialysis session (No consumable/ medicine/ nothing shall be demanded from the patient)	Rs ....  In words (.....)  Note- Gol reserve price is Rs.1100.00 per procedure. Bidders quoting beyond the estimated rate should clearly justify with reasons which may be considered subject to approval of competent authority.

The prices shall be firm and inclusive of all taxes and duties presently in force.

Signature of the Authorized signatory .....

Name.....

Name of the Bidder/ Bidding Firm / Company :		
<b><u>PRICE SCHEDULE</u></b>		
<b>(This BOQ template must not be modified/replaced by the bidder and the same should be uploaded after filling the relevent columns, else the bidder is liable to be rejected for this tender. Bidders are allowed to enter the Bidder Name and Values only )</b>		
<b>NUMBER #</b>	<b>TEXT #</b>	<b>NUMBER #</b>
<b>Sl. No.</b>	<b>Description of services</b>	<b>Price quoted incl. GST per Dialysis (in Rs)</b>
<b>1</b>	<b>2</b>	<b>4</b>
<b>1.01</b>	Price quoted per dialysis including all type of taxes and consumables for Hemodialysis session (No consumable/ medicine/ nothing shall be demanded from the patient)	

**Note:** The Quote is for per session cost for all the supporting infrastructure (such as RO plant etc.), HR (*qualified Nephrologists/ trained medical officers in dialysis ( preferably MD Medicine or MD Pediatrics, Resident Medical Officer (MBBS) Nurses, technicians), supportive infrastructure, essential dialysis Fluid & consumables, equipment, furniture etc.*, operational and maintenance cost for the project. *AV Fistula making procedure will be performed at the Tertiary Level Institute i.e. the Medical College. The quote excludes the cost of dialysis machines since they would be provided for by the Government* however takes into account all such costs as may be incurred in their shipment, logistics, installation and other associated activities. *NHM/ Government of Assam will provide the Drugs available in Govt. notified EDL. Those drugs which are outside the notified EDL shall be arranged by the service provider.* The Dialysis Machines will be with **Four Years Comprehensive Warranty** and the fifth year will be provided by the dialysis service provider.

6. Annexure X is amended to read as follows:

**Annexure X**

**SCOPE OF THE WORK**

The Service Provider shall be responsible for operationalisation of *Dialysis* facility at district hospital/Medical Colleges. Ownership status of all movable assets created from the investments made by the Service Provider shall remain with the Service Provider. These facilities will be designated as L1 facilities.

I. The service provider will be allotted adequate space by the authority (**@200 sq. ft. per machine**) and the service provide shall make complete arrangements to make the dialysis

facility operational (should factor all required infrastructure, Human Resource, supportive infrastructure, **essential dialysis Fluid & consumables, equipment, furniture etc.**, operational and maintenance cost for the project including consumables and facility. **NHM/ Government of Assam will provide the Drugs available in Govt. notified EDL. Those drugs which are outside the notified EDL shall be arranged by the service provider** The Service Provider has to establish a Dialysis unit in the Hospital with all equipments, men and material of his own. The Service Provider can inspect the availability of space and requirement of civil works etc. before submitting the tender with prior appointment with the Superintendent, of the Hospital and information to the MD, NHM, Assam. Govt. notified EDL Lists for NHM Assam can be obtained from NHM Website: [www.nhm.assam.gov.in](http://www.nhm.assam.gov.in).

**II. The service provider should run maximum 3 sessions per dialysis machine (to maintain quality and infection control) and at minimum 40 sessions per month per dialysis machine.**

**III. In all cases, the diagnostic tests (Urea, Creatinine, Sodium, Potassium, Albumin, Phosphorus, Calcium, complete bio-chemistry & hematology profile) should be done through the free diagnostic program (of GoA) OR governments own laboratory.**

IV. The Service Provider has to procure, get installed and maintain the R.O. plant of the required capacity, to be used in Dialysis center. All R.O. water pipe lines and fittings if not available, has to be installed by the Service Provider at his own cost.

V. The dialysis Service Provider should provide dashboard for monitoring of service delivery with due diligence to patient privacy for administrative Staff. Treating **Physician** should have complete access to the dashboard.

VI. SMS based appointment system for all patients enrolled for services shall be operational.

**VII. The electrical lines, water pipe-lines, air conditioning fittings etc. inside the building, handed over to the service provider will be the sole responsibility of the Service Provider.**

VIII. Although the electricity and water shall be provided by the Govt. on as is where is basis but if there is any failure, the ad-hoc or emergency arrangement for the proposed Dialysis centre has to be made by the Service Provider, at no extra cost to the Hospital.

IX. The Service Provider has to procure all medical and non medical equipment, furniture items, beds, linen, mattresses, stationary, dressings, consumables, non-consumables, all professional/ non-professional man power and any other material or service required to run the Dialysis Unit, at his own cost. **NHM/ Government of Assam will provide the Drugs available in Govt. notified EDL. Those drugs which are outside the notified EDL shall be arranged by the service provider. HD machines will be also provided**

**by the Govt.**

X. One dedicated machine for infective cases (Hepatitis B, Hepatitis C, HIV etc) shall be dedicated. Dialysis Machines would be provided by the Authority with FOUR YEARS of Comprehensive warranty. The fifth year CMC should be however managed by the Dialysis Service Provider.

XI. The service provider will be allotted a space (**@200 sq. ft. per machine**) by the Authority and the service provider shall make complete arrangements to make the dialysis facility operational.

XII. The Service Provider has to make his own arrangement inside the building handed over to him for **housekeeping and security** services, including disposal of bio-medical waste (i.e. shifting/disposal up to the earmarked area in the main hospital).

XIII. The Service Provider must have back up arrangement for any breakdown of medical gases if needed and electricity supply, through gas cylinders, UPS or Generator etc., at no extra cost to the Hospital.

XIV. The Service Provider has to procure all computers, Telephones, internet connection and all other facilities required by him for the centre at his own cost.

XV. All the consultants, specialists, nurses, technicians, Para-medical staff and all other man power have to be arranged by the Service Provider for the centre at his own cost. They shall always remain the employees of the Service Provider. Running cost of all facilities including staff salaries is to be borne by the Service Provider.

XVI. The Service Provider has to provide round the clock uninterrupted Dialysis services by posting qualified required manpower on shift basis at the Dialysis Centre

XVII. The responsibility of managing complications arising out of and during the treatment of patients at the Dialysis Unit exclusively lies with the Service Provider. The Dialysis unit should have prior tie up arrangements to shift such patients to higher centers for management of complications in consultation with Medical Superintendent. The cost of management of such complications and emergencies shall be borne by the Service Provider without any liability, responsibility of The Hospital. ***If necessary they can utilize the NHM run free referral transport facility for referral of the critical/complicated cases.***

XVIII. Resident Medical Officer (RMO) should be available to attend cases round the clock. ***Nephrologist/ trained medical officers( preferably MD Medicine or MD Pediatrics should however visit the Dialysis Service Centers every fort night and perform clinical review of each patients.*** The doctor's duty roster should be submitted to the hospital

administration in advance.

XIX. Service Provider should make alternative arrangements in the event of breakdown of the services at his own cost. In case the Service Provider fails to make such arrangement and the patient claims any damages, it shall be the responsibility of the Service Provider.

XX. Service Provider must maintain all medico-legal & other records and should be able to provide them in hard and soft copy to the Hospital Administration on demand.

XXI. Service Provider must issue Identity cards and uniforms to the staff. It must also be ensured that staff is in uniform on duty. The colour pattern of the uniform should be different from that of regular hospital staffs.

XXII. Service Provider must obtain insurance/maintenance for the equipments supplied from their end in the Centre at their own cost.

XXIII. Obtaining any permit/ license /authorization for running and operating Dialysis Unit including civil, electrical, radiation safety requirements and PNDT etc. shall be the responsibility of the Service Provider only.

XXIV. Service Provider will ensure remedial measures with regard to any deficiency in services pointed out by the authorities. Medico legal liability arising out of and during the course of treatment at the Dialysis unit shall be the sole responsibility of the Service Provider. The Service Provider shall keep the hospital/administration/M.S duly indemnified against any medico legal case, labour dispute/civil dispute arising out of working of the Dialysis unit at the hospital.

XXV. No additional service/facility shall be provided to the Service Provider except the services/facilities mentioned in the tender document. The Service Provider has to make rest of the arrangements at his own cost.

XXVI. Service Provider will be authorized to make changes in fittings, cablings etc as per the requirement of operating equipments with written permission from hospital administration.

**Training and Capacity Building:**

XXVII. The service provider will impart training on dialysis services to the existing human resource of GoA like Doctors, Staff Nurses and paramedical Staff in due course of time (within 2 years) to strengthen the In-house Health Care system. The training can be imparted in the bidder run facilities or the L1 facilities depending on training loads.

XXVIII. The dialysis services will be extended to SDCH/CHC in a phased manner. These facilities shall be designated as L2 and L3 facilities.

***XXIX. The Dialysis service provider should commence the infrastructure/construction work***

***within 15 days of signing of the Contract agreement. After installation of the HD machine the Service Provider should operationalize minimum 6 Dialysis centers within first 30 days, another 6 dialysis center within next 30 days and the remaining centers should be operationalized in another 30 days i.e. all the Dialysis centers should be made operational within 90 days.***

**WORK AND SERVICES UNDER SCOPE OF THE PUBLIC PARTNER (THE CLIENT / HOSPITAL).**

- I. The Hospital will provide the rent-free space and the building on as is where is basis. Before bidding, the Service Provider is advised to make a visit to the Hospital and see, what infrastructure is available for the proposed Dialysis unit .
- II. ***NHM/ Government of Assam will provide the Drugs available in Govt. notified EDL. Those drugs which are outside the notified EDL shall be arranged by the service provider.***
- III. ***The Electricity, Water connection and Centralized Gases supply (if available) will be provided by the Authority till the entry point of service. However internal electrification, furnishing and plumbing will be the responsibility of service provider and the service provider will make payment for the consumption of electricity and water by installing a sub-meter on actual basis.***
- IV. Free Services of CSSD and Laundry (If available) will be provided to the Service Provider. In case of any break down of these services, the Service Provider shall have to make his own arrangements for the same at his own cost. In case the Hospital makes some tie up arrangements for these services, the Service Provider may use the same for him on the same terms and conditions of payments, at the cost of Service Provider. Hospital will not be liable for any loss or compensation in this regard. No payment will be done to the Service Provider for making his own arrangements.
- V. Liaison Officer shall be nominated by the Medical Superintendent, of the Hospital to co-ordinate with the Service Provider. The Service Provider will nominate an official for liaison work with the officer mentioned and performance monitoring.

**GENERAL**

- I. The decision for undergoing dialysis of a patient should originate:
  - a. In case of Medical College by a qualified Nephrologists or treating Physicians.
  - b. In case of District Hospital, only the referred cases by a qualified Nephrologists/treating Physician of a Medical college.
  - c. In both the above cases, the referral letter should be countersigned by the Medical Superintendent of the Hospital before undergoing Dialysis procedure. Duplicate copy of the referral slips should be submitted at the office of the Medical Superintendent.

***The service provider will make the necessary arrangement to make available the referral slips at necessary locations.***

- II. The Service Provider will be expected to raise bills for Dialysis, along with original

referral slips and with other papers and items demanded by the Hospital, on monthly basis and payment will be paid within 30 days of submission of invoice to the Tender Inviting Authority. The bidder will raise its invoice on completion of services during this period duly accompanied by evidences of services provided. The payment will be subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws.

- III. RO Plant: The quality of RO water should be as per AAMI standards. The RO water shall be tested in any NABL accredited laboratory every three month by the Service Provider.
- IV. Equipment details: Procurement of Equipment with their quantity for the Centers has to be submitted to the authority. All the machines and defibrillator are expected to be of the FDA/CE approved quality. List of items mandatorily to be made available by the service Provider is detailed at Annexure XVI.
- V. Dialysis Machines: The Dialysis Machines will be with Four Years comprehensive warranty and the fifth year will be provided by the bidder. **These machines will be however provided by the Government.**
- VI. Dialyzer re-processing unit: The Service Provider shall have dialyzer re-processing machine of FDA/CE approved for re-processing the dialyzer before re-use. The dialyzer should not be used for more than ten times or 70% of fibre bundle volume whichever is achieved earlier.
- VII. AV Fistula making procedure will be performed at the Tertiary Level Institute i.e. the Medical College.

## LEGAL

- I. The Service Provider and its staff can be given access to all the areas of the hospital after showing identity card.
- II. Service Provider will be authorized to make changes in fittings, cables etc as per the requirement of operating equipments with prior permission from hospital administration.
- III. In case of change of legal status of Service Provider, fresh mutual agreement will come in force, subject to the condition that the new entity is eligible for running Dialysis unit.
- IV. Force Majeure will be applicable to both parties. A party claiming Force Majeure shall exercise reasonable diligence to seek overcome the Force Majeure event and to mitigate the chances of non-performance of its obligation under the tender.
- V. Any medico-legal issues arising in the course of or out of treatment of patients will be the sole responsibility of Service Provider. The Service Provider will keep the Hospital/administration/ Medical Superintendent duly indemnified.

## 7. Annexure XVI is amended to read as follows:

### Annexure XVI **Equipment List**

Emergency equipment: The following equipment should be provided for by the service provider:

S. No	Biomedical equipment
1	Laryngoscope (Will require blades of various sizes)
2	Endotracheal tubes (1 Each of various sizes)
3	Suction equipment
4	Oropharyngeal airways
5	Nasopharyngeal airway
6	Ambu Bag- Adult
7	Ambu Bag –Pediatric
8	Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs
9	Suction Apparatus
10	Defibrillator with accessories
11	Equipment for dressing/bandaging/suturing
12	Blood pressure apparatus
13	Stethoscope
14	Thermometer
15	ECG Machine
16	Pulse Oxymeter
17	Nebulizer with accessories
18	Dialyzers and Dialyzer reprocessing unit
19	ACT machine
20	Cardiac monitors with five parameters
21	Vein finder
22	Sphygmomanometer
23	Examining Light
24	Minor Surgical Instrument Set
25	Instrument table
26	Standby Rechargeable light
27	Stretcher
28	Wheelchair
29	Electronic Weighing Machine (Large size)
30	Glucometer with Strips and lancets

8 . **Annexure XVII is amended to read as follows:**

#### **Annexure XVII**

#### **9 . STAFFING**

It is recommended to have the following minimum Standards and Staffing

- 1. Nephrologists/ trained medical officers in dialysis (preferably MD Medicine or MD Pediatrics) should visit the Dialysis Service Centers every fort night and perform clinical review of each patients.***

**2. SI .No Staff Ratio**

<b>For 3 session/machine/Day</b>	<b>5+1</b>	<b>10+1</b>
Nurses	2 to 3	4 to 6
MBBS Doctors	1	1 to 2
Housekeeping	1	1
Technicians	2 to 3	4 to 6
<b>Total</b>	<b>6 to 8</b>	<b>10 to 15</b>

<b>For 2 session/machine/Day</b>	<b>5+1</b>	<b>10+1</b>
Nurses	2	2 to 3
MBBS Doctors	1	1
Housekeeping	1	1
Technicians	2	2 to 3
<b>Total</b>	<b>6</b>	<b>6 to 8</b>

9. *It is to clarify that the Point J : Water Treatment Systems as mentioned in Annexure XIX is to be provided by the Service Provider instead of Authority.*

10. *It is to clarify that the Point 1 under J : Other Activities for patient care as mentioned in Annexure XIX is amended as follows:*

Blood chemistry and haematocrit (or hemoglobin) of each dialysis patients are checked at regular interval (preferably every month) to ensure patient's well being and viral markers be tested every **6 months** (HIV/HBsAg/HCV) should be done every 6 monthly.

10. Heading of Annexure XX is amended to read as follows:

Annexure XX

**Test Name and Frequency**

<b>HAEMOGLOBIN (HB%)</b>	Monthly or As decided by Nephrologists
<b>SERUM ALBUMIN</b>	Monthly or As decided by Nephrologists
<b>CALCIUM</b>	Monthly or As decided by Nephrologists
<b>POTASSIUM, SERUM</b>	Monthly or As decided by Nephrologists

<b>SODIUM, SERUM</b>	Monthly or As decided by Nephrologists
<b>SERUM CREATININE</b>	Monthly or As decided by Nephrologists
<b>PHOSPHORUS</b>	Monthly or As decided by Nephrologists
<b>DIALYSIS VIROLOGY PROFILE (HIV, HCV &amp; HBS AG) – once in six months</b>	Once in six months

All other terms and conditions of the tender referred to above shall remain unchanged. The end date of bid submission is extended to **10/10/2018 up to 2:00 PM** respectively. Bid shall be opened on **the same day at 4.00 PM.**

Sd/-  
**Mission Director, NHM, Assam**