



**NATIONALHEALTH MISSION,ASSAM**

**REQUEST FOR PROPOSAL**

**Issued to Parties shortlisted through EoI issued on 08/01/2021  
(NHM.No.-33018/1/2018-SPM-NHM-PARTI/25607) for implementing  
Village Health Outreach Programme in Rural Areas of Assam**

**Prepared by**

**Verified by**

**Vetted by**

**Vetted by**

**Approved by**

**Sd/-**

**SPO NCD**

**sd/-**

**Procurement Expert,NHM**

**sd/-**

**DF NHM**

**sd/-**

**OSD,NHM**

**sd/-**

**MD NHM**



ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, অসম

OFFICE OF THE MISSION DIRECTOR  
NATIONAL HEALTH MISSION, ASSAM

Saikia Commercial Complex, Sri Nagar Path, Near Post office Bus Stand

**No.NHM/33018/1/2018-SPM-NHM/Part-I/13234**  
**(ECF No. 85224)**

**Dated: 17-07-2021**

Date of issue of the RFP document to bidders shortlisted through Eol process.	<b>17/7/2021 from 6:00 PM</b>
Last date and time for download of RFP document from the e-Tender Portal.	<b>25/07/2021 till 6PM</b>
Pre-Proposal Conference	<b>22/7/2021 from 3:30 PM</b>
Last date and time for Bid Submission (Both online and hardcopy) <ul style="list-style-type: none"><li>• Technical Bid: Both online &amp; hardcopy</li><li>• Financial Bid: Only online</li></ul>	<b>30/07/2021, 2PM</b>
Date and Time of Bid opening	<b>30/07/2021,4PM</b>
Place of Technical Bid opening	Office of the Mission Director, National Health Mission, Saikia Commercial Complex, Srinagar Path, Christianbasti, G.S Road, Guwahati-781005, Assam.
Address for Communication	Mission Director, National Health Mission, Saikia Commercial Complex, Srinagar Path, Christianbasti, G.S Road, Guwahati-781005, Assam.
RFP Processing Fee	Rs 2000/- (Rupees Two Thousand) only in the form of Demand Draft in favour of "State Health Society, Assam" <b>G. S. Road, Christianbasti, Guwahati – 781005</b>

## Index

SI. NO.	Particular	Page No.
<b>1</b>	<b>INSTRUCTION TO APPLICANT</b>	
1.1	SUBMISSION OF PROPOSAL (BID)	5
1.2	IMPORTANT NOTES	5
1.3	BID VALIDITY, CONTRACT PERIOD AND CONSIDERATION	6
1.4	TERM OF REFERENCE	6
1.5	SCOPE OF WORK	6
1.6	GENERAL CONDITION	6-7
1.7	TECHNICAL PROPOSAL – “COVER A”	7-8
1.8	PRICE BID	8
1.9	TECHNICAL EVALUATION	8-9
1.10	VALIDITY OF BID	9
1.11	PERIOD OF THE CONTRACT	9
1.12	OTHER CONDITIONS	9-10
1.13	ACCEPTANCE OF PROPOSAL	10
1.14	AGREEMENT	10
1.15	MODIFICATION OF THE CONTRACT	10
1.16	COMPLIANCE OF MINIMUM WAGES ACT AND OTHER LABOUR LAWS	10
1.17	PERIODICITY OF PAYMENT	10
1.18	DAMAGES FORMISHAP/INJURY	11
1.19	NON ASSIGNMENT	11
1.20	COMMUNICATION	11
1.21	PERFORMANCE SECURITY	11
1.22	PENALTY	11
1.23	MONITORING & EVALUATION	12
1.24	SAVING CLAUSE	12
1.25	FORCE MAJEURE	12
1.26	TERMINATION OF AGREEMENT	12-13
1.27	MODIFICATION	13
1.28	SATTLEMENT OF DISPUTES	13
1.29	RIGHT TO ACCEPT AND REJECT ANY PROPOSAL	13
1.30	AWARD OF CONTRACT AND AGREEMENT	13
1.31	JURISDICTION OF COURT	14
1.32	FRAUD & CORRUPTION	14
1.33	LOCAL CONDITIONS	14
<b>2</b>	<b>TERM OF REFERENCE</b>	
2.1	BACKGROUND	15
<b>3</b>	<b>SCOPE OF WORK</b>	
3.1	OBJECTIVE OF THE PROGRAMME	16
3.2	PROGRAMME DETAILS	16-18
3.3	ROLE & RESPONSIBILITY OF THE SERVICE PROVIDER	18-20
3.4	RESPONSIBILITY OF AUTHORITY	20
3.5	PERFORMANCE PARAMETER & MONITORING	20-21
3.6	STANDARD OPERATING GUIDELINES	21
3.7	EXPECTED OUTPUT	22
3.8	PAYMENT OF SERVICE CHARGE	22
	<b>ANNEXURES I : UNDERTASKING BY THE APPLICATION</b>	23
	<b>ANNEXURE II: PARTICULARS OF THE APPLICANT</b>	24
	<b>ANNEXURE III: UNDERTAKING AGAINST FRAUD &amp; CORRUPTION</b>	25
	<b>ANNEXURE IV: AGREED TERMS 7 CONDITIONS</b>	26-27
	<b>ANNEXURE V: FORWARDING LETTER FOR TECHNICAL BID</b>	28

	<b>ANNEXURE VI: CHECK LIST</b>	29
	<b>ANNEXURE VII: FINANCIAL PROPOSAL WITH SAMPLE BOQ</b>	30
	<b>ANNEXURE VIII: AGREEMENT FORMAT</b>	31-32
	<b>SCHEDULE I: LIST OF THE FIED ASSETS &amp; EQUIPMENT</b>	33
	<b>SCHEDULE II: LOCATION WISE DETILS OF VEHICLES</b>	34
	<b>SCHEDULE III: ZONE WISE DETAILS FOR ALLOTMENT OF VEHICLES</b>	35
	<b>SCHEDULE IV: SUPPORT STAFF</b>	36
	<b>SCHEDULE V: REPORTING FORMAT</b>	37

## SECTION-I

### 1. INSTRUCTION TO APPLICANT

#### 1.1 SUBMISSION OF PROPOSAL (BID)

1.1.1 Online proposal in Two Bid System (i.e., Technical & Financial) affixing court fee stamp of Rs 8.25 (for bidders from Assam) or IPO of Rs 10/- only (for bidders from outside Assam), are invited only from eligible shortlisted parties willing to work on PPP Mode for implementing Village Health Outreach Programme (VHOP) in rural areas of Assam.

1.1.2 **Both the proposals (technical & Financial) should be submitted on-line in the e-Tender portal i.e., <http://assamtenders.gov.in> by 2PM on or before 30/07/2021 and the hardcopy of the technical proposal (Cover "A") only will be received till 2 PM on 30/07/2021** by the Mission Director, National Health Mission, Saikia Commercial Complex, Shreenagar Path, Christianbasti, G S Road, Guwahati-781005, Assam. Delay or non-submission of hardcopy of the technical proposal shall amount to non-submission.

#### 1.2 IMPORTANT NOTES

1.2.1 The bidder shall quote prices in Indian Rupees only for the service.

1.2.2 The Village Health Outreach Programme aims in nearly identification, screening, referral, follow up and free medicine for effective management of lifestyle and non-communicable diseases (Diabetes, Hypertension, Defective Vision), chronic diseases (TB, Asthma, Epilepsy, Malaria) along with ANC and Minor ailments under National Health Programs in the 32 districts of Assam serving at least two settlements of 1500 population each day according to a pre-determined calendar for 23 days in a month.

1.2.3 All 80 Vehicle currently in position for Village Health Outreach Programme will be handed over to the successful bidders in as is where is basis. **Additional vehicles will be arranged by the service providers at its own cost.** The existing setup (Fixed Assets) will be handed over to the successful bidders. The bidders can verify the existing setup and vehicles before placing Technical and Financial bids.

List of existing setup (Assets) is attached as "**Schedule-I**" and district-wise list of available vehicles is attached as "**Schedule-II**"

1.2.4 During the course of pre-proposal conference, the shortlisted bidders are free to seek clarifications and make suggestions for consideration of this Bid Inviting Authority. The Authority shall provide clarifications and such further information as it may, in its sole discretion, consider appropriate for facilitating a fair, transparent and competitive selection process.

1.2.5 Any amendment or clarifications, arising out of pre-proposal conference, shall be uploaded on e-Tender Portal <http://assamtenders.gov.in/> and <http://nhm.assam.in/> or <http://nhm.assam.gov.in/>. No public or separate communication shall be sent to prospective bidders in this regard.

### 1.3 BID VALIDITY ,CONTRACT PERIOD AND CONSIDERATION

- 1.3.1 The bid shall remain valid for a minimum period of 150 days from the date of opening of the Technical Bid( as per NIT) any bid with a shorter bid validity shall be liable for rejection. The Authority may, if required, seek an extension of the bid validity period with the consent of the bidders.
- 1.3.2 The contract with the successful bidder shall be up to 31<sup>st</sup> March 2023 from the date of signing of the contract. The Authority may, if feel necessary, extend/renew the contract with permission from Department of Health Family Welfare, Govt. of Assam, for a maximum period of 1 (one) year, in similar terms and conditions and with mutual consent.
- 1.3.3 The Service Provider shall be allowed an annual price escalation of 5% ( five percentages) on the contract price during the currency of the contract. First price escalation shall be applicable from 13<sup>th</sup> (thirteen) month of commencement of service (not the signing of the Contract). The decision on next price escalation is subject to extension the programme which will be decided on extension of agreement.

### 1.4. TERM OF REFERENCE

The detailed Term of Reference is at **SECTION II**

### 1.5 SCOPE OF WORK:

The detailed scope of work to be executed by the service provider is at **SECTION III**

### 1.6 GENERAL CONDITIONS.

- 1.6.1 Village Health Outreach Programme will cover 32 Districts of Assam with 86 vehicles excluding Kamrup Metro and Bajali. Existing 80 Vehicles will be handed over to the successful bidders and additional six vehicles have to be arranged by the bidders on their own cost.
- 1.6.2The complete e-tender documents may be obtained from the e-tender portal<http://assamtenders.gov.in>. The participating bidders should have valid Digital Signature Certificate (DSC) and have to register in the portal <http://assamtenders.gov.in>. The Bid should be submitted on-line in the portal <http://assamtenders.gov.in>. **The Original Demand Drafts towards Processing Fee of Rs 2,000.00 (Rupees Two Thousand) and EMD of Rs. 38.00 Lakhs (Rupees Thirty Lakhs) and Court Fee Stamp (Rs 8.25)/IPO (Rs 10.00) along with the hardcopy of technical bid only should be submitted to the Mission Director, National Health Mission, Assam, Saikia Commercial Complex, Shrinagar Path, Christian Basti, G S Road, Guwahati-781005, Assam on or before the last date and time of submission of the Bid. The scanned copy of the technical bid should also be uploaded in the portal <http://assamtenders.gov.in> within the due date for submission. The Financial Bid should **only** be submitted online.**
- 1.6.3 All Proposals (Bids) must be accompanied by Earnest Money Deposit amount and non-submission of EMD of required amount within the specified timeline shall make the bid liable for cancellation, summarily.

1.6.4 Hardcopy of the technical proposal will be opened in the presence of bidders / their authorized representatives, who choose to attend on the specified date and time as stipulated in the RFP document. Attendance in technical bid opening is not mandatory.

1.6.5 At any time prior to the date of submission of Proposal, the Proposal Inviting Authority may, for any reason, whether on his own initiative or in response to a clarification requested by a prospective Bidder, modify the RFP document by an amendment. All the shortlisted parties eligible to participate in the RFP will be notified of the amendment and that will be binding on them. In order to provide reasonable time to take the amendment into account in preparing their bid, Proposal Inviting Authority may at its discretion, extend the date and time for submission of Proposal (Technical & Financial).

## 1.7 TECHNICAL PROPOSAL - "COVER-A"

1.7.1 The shortlisted parties are hereby requested to furnish the following documents as part of the Technical Proposal and submit a softcopy of the same online. The parties are also required to submit the hardcopies in a separate sealed cover hereinafter called "**Cover-A**".

1.7.2 **Court Fee Stamp/IPO and Processing Fee:** Court fee stamp of Rs 8.25 or IPO of Rs 10/- along with the non-refundable Processing fee of Rs 2,000.00 (in the form of a Demand Draft) in favour of "**State Health Society, Assam**" payable at Guwahati should be submitted.

1.7.3. **Earnest Money Deposit (EMD):** Earnest Money Deposit shall be **Rs. 38.00 Lakhs (Rupees Thirty Lakhs)** only in the form of Bank Guarantee (irrevocable) issued by a scheduled commercial bank in India having branch in Guwahati favoring "**State Health Society, Assam**", payable at Guwahati. The validity of the EMD shall be for a period of at least **150 days** from the date of opening of Technical Bid. EMD submitted in any other form shall not be entertained. If the successful bidder fails to execute the agreement and/or fails to deposit the performance security amount within the specified time or withdraws his bid within the validity period of the bid, the EMD shall be forfeited. The EMD of the unsuccessful bidders will be returned within 30 days after the finalization of the selection process including signing of contract and for successful bidder on submission of the performance security.

1.7.4 **Power of Attorney Document:** Instruments such as Power of Attorney, Resolution of Board, etc., authorizing an officer to be enclosed with the technical proposal and such authorized officer should sign the bid documents.

1.7.5 **Undertaking of Bidder:** Undertaking in the form at **Annexure-I**

1.7.6 **Particulars of the Applicant** as per **Annexure-II**

1.7.7 **Undertaking Against Fraud & Corruption:** Undertaking against fraud and corruption in the format at **Annexure-III**.

1.7.8 **Agreed Terms & Conditions:** Agreed Terms & Conditions as per **Annexure IV**.

1.7.9 **Signature with Seal:** Original RFP document duly stamped and signed in each page by the authorised person along with the Forwarding Letter as per "**Annexure V**".

1.7.10 **Checklist of Documents:** A Checklist (**Annexure-VI**) for the list of documents enclosed with their page number. The documents should be serially arranged as per this **Annexure-VIII** and should be securely tied or bound.

1.7.11 The above documents should be sealed in a separate cover super scribed as **"TECHNICAL PROPOSAL "COVER-A" (PROPOSAL FOR IMPLEMENTING Village Health Outreach Programmes in Rural Areas of Assam DUE ON 30/07/2021)"** and addressed to the Mission Director, National Health Mission, Assam, Saikia Commercial Complex, Srinagar Path, Christian Basti, G S Road, Guwahati-781005. The same should also be submitted on-line in the portal <http://assamtenders.gov.in>.

## 1.8 PRICE BID

1.8.1 The blank price bid in the form of BOQ should be downloaded from the portal <http://assamtenders.gov.in> and saved on applicant's computer without changing file-name otherwise price bid will not get uploaded. The bidder should fill in the details in the same file and upload the same back to the website. **Hard Copy of Price bid will not be accepted.** Sample BOQ may be seen at **Annexure IX** for reference only.

1.8.2 **PRICE BID (BOQ) has to be submitted online only.** The BOQ (excel sheet available in e-tender portal) is specific to an Applicant and is not interchangeable. The BOQ file shall be downloaded from the e-tender portal and quote the prices in the respective fields before uploading it. The Price bids submitted in any other formats will be treated as non-responsive and not considered for tabulation and comparison. The BoQ should be submitted on-line in the portal <http://assamtenders.gov.in>.

## 1.9 TECHNICAL EVALUATION

1.9.1. **Least Cost Basic of Selection (LCBS) shall be followed to select the most preferred among the applicants/bidders, who qualify technically submitting the technical proposal in the manner specified in this RFP document. Any material deficiency/discrepancy in the technical bid shall disqualify the bidder technically.**

1.9.2 To facilitate evaluation of Proposals, Authority may, at its sole discretion, seek clarifications from any Applicant regarding its Proposal. Such clarification(s) shall be provided within the time specified by Authority for this purpose. Any request for clarification(s) and all clarification(s) in response thereto shall be in writing. If an Applicant does not provide clarifications sought by Authority within the specified time, its Proposal may be liable to be rejected. In case the Proposal is not rejected, Authority may proceed to evaluate the Proposal by construing the particulars requiring clarification to the best of its understanding, and the Applicant shall be barred from subsequently questioning such interpretation by Authority.

1.9.3 The Authority reserves the right to verify all statements, information and documents, submitted by the Applicant in response to this RFP. Any such verification or absence of verification by Authority shall not in any manner whatsoever relieve the Applicant of its obligations or liabilities hereunder nor will it affect any rights of Authority.

1.9.4 In case it is found during the evaluation or at any time before signing of the Contract or after its execution and during the period of subsistence thereof, that any eligibility conditions have not been met by the Applicant or if the Applicant has made material misrepresentation or has given any materially incorrect or false information, the Applicant shall be disqualified forthwith if not yet selected as the Service Provider (either by issuance of the LOA or entering into of the Contract), and if the Successful Applicant has already been issued the LOA or has entered into the Contract, as the case may be, the same shall, notwithstanding anything to the contrary contained therein or in this RFP, be liable to be terminated, by a communication in writing by the Authority without Authority being liable in any manner whatsoever to the Successful Applicant or Service Provider, as the case



may be. In such an event, Authority shall, without prejudice to any other right or remedy that may be available to Authority, forfeit and appropriate the Performance Security as mutually agreed pre-estimated compensation and damages payable to Authority for, inter alia, time, cost and effort of Authority; provided that in the event the Performance Security has not been provided, Authority have the right to forfeit the Bid Security and the Applicant or Service Provider, as the case may be, shall be liable for the difference.

#### **1.9.6 Financial Proposal Evaluation**

Prior to evaluation of the Financial Proposals, the Evaluation Committee will determine whether the Financial Proposals are complete in all respects, unqualified and unconditional, and submitted in accordance with the terms hereof. The price (Service Charges) as quoted in the Financial Proposal shall be deemed as final and reflecting the total cost of services and should be stated in INR only. Omissions, if any, in costing of any item shall not entitle the Applicant to be compensated and the liability to fulfil its obligations as per the Terms of Reference within the total quoted price shall be that of the Applicant.

The bidders shall quote a price in the online financial bid towards implementation of Village Health Outreach Programme in rural areas of Assam. The operation and maintenance charges shall be quoted on per month per vehicle basis. The service provider shall not be paid/reimbursed any amount other than the price as quoted in the financial bid for running the services.

The technically qualified Applicant (bidder) having the lowest financial quote will be declared as the winner and invited for signing the contract. **However, the authority reserves the right to invite the 2<sup>nd</sup> lowest Applicant for signing the contract at lowest (L1) rate, in case the preferred (L1) bidder fails to execute the contract within due date, for whatsoever reason**

#### **1.10. VALIDITY OF BID**

1.10.1 Bids shall remain valid for acceptance for a period of 150 days after opening of Technical Bid i.e. Cover 'A'. Bids with shorter validity shall be rejected. Authority may solicit bidders consent to an extension of validity period. A bidder may refuse extension request without forfeiting the EMD.

#### **1.11 PERIOD OF THE CONTRACT:**

1.11.1 The Contract shall be for a period up to 31<sup>st</sup> March 2023 between the Authority and successful Bidder (Service provider). During the currency of the contract, the Service provider will be bound to provide the services at agreed rates and terms. This contract period may be further extended for a maximum period of another year with mutual consent in similar terms and conditions with prior permission from the Department of Health and Family Welfare, Government of Assam.

#### **1.12 OTHER CONDITIONS**

##### **1.12.1 Rates to be Quoted**

The Rates should be quoted for particulars in the BOQ inclusive of all. Bid with conditional rates shall not be accepted. The Service Provider shall be allowed an annual price escalation of 5% (five percentages) on the contract price during the currency of the contract. First price escalation shall be applicable from 13<sup>th</sup> (thirteen) month and will continue till 31/03/2023.

### 1.12.2 No Revision/Correction of Rates

No Bidder shall be allowed at any time on any ground whatsoever to claim revision or modification in the rates quoted by him. Representation to make correction in the RFP documents on the ground of Clerical error, typographical error, etc., committed by the bidders in the Bids shall not be entertained after submission of the bids.

## 1.13. ACCEPTANCE OF PROPOSAL

### 1.13.1 Evaluation of Proposal

Tenders will be evaluated with reference to technical and commercial parameters to determine the technically qualified bidders. Price Bids of technically qualified bidders will be evaluated with reference to the quoted rates. Conditional discounts shall not be taken into account for price comparison.

### 1.13.2 Right to Reject Proposal

Tender Inviting Authority reserves the right to accept or to reject the whole proposal at any point of time without assigning any reason. The acceptance of the Proposal will be communicated to the successful bidders in writing.

## 1.14 AGREEMENT

1.14.1 The agreement **shall be executed with the successful Applicant (L1 Bidder)** on a non-judicial stamp paper of value of Rs 100/- (stamp duty to be paid by the Bidder) within **15 (fifteen)** working days from the date of the intimation **by the Authority informing acceptance of the proposal and award of contract.** Form of Agreement enclosed at Annexure –VIII.

## 1.15 MODIFICATION OF THE CONTRACT

1.15.1 The contract when executed by the parties shall constitute the entire contract between the parties in connection with the assignment/ services and shall be binding upon the parties. Modification, if any, to the contract shall be in writing and with the consent of the parties.

## 1.16 COMPLIANCE OF MINIMUM WAGES ACT AND OTHER LABOUR LAWS

1.16.1 The Agency (service provider) shall comply with all the provisions of Minimum Wages Act and other applicable labour laws. Authority, in no circumstances, shall be liable for any statutory or other obligation under the law with respect to the manpower engages in the project by the service provider.

## 1.17 PERIODICITY OF PAYMENT

1.17.1 The payment will be made on monthly basis within 30 days of submission of invoice complete in all respect along with all necessary details to the Authority including performance report. The payment shall be on reimbursement basis no advance payment shall be made. The payment will be subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws.

## 1.18 DAMAGES FORMISHAP/INJURY

**1.18.1** The Authority shall not be responsible for damages of any kind or for any mishap/injury/accident caused to any personnel/property of the bidder while performing duty. All liabilities, legal or monetary, arising in that eventuality shall be borne by Agency.

## 1.19 NON ASSIGNMENT

**1.19.1** The **Agency** shall not, at any time, assign, sub-let or make over the contract or the benefit thereof or any part thereof to any person or persons, whatsoever.

## 1.20 COMMUNICATION

**1.20.1** All notices or communications relating to or arising out of an agreement or any of the terms thereof shall be considered duly served on or given to the Agency if delivered to him or left at his premises, places of business or abode.

## 1.21. PERFORMANCE SECURITY

**1.21.1** The successful bidder shall submit Performance Security in form of bank Guarantee (irrevocable)/ Fixed Deposit Receipt drawn/pledged in favour of “**State Health Society, Assam**” issued by any scheduled commercial bank in India having branch at Guwahati, worth Rs. 60,00,000/- (Rupees Sixty lakhs only), which shall remain valid up to six month after the expiry of the contract period. The performance security shall be submitted by the successful bidder before signing of the agreement. In case of bank guarantee (BG) the Agency shall renew it in regular interval before its expiry.

**1.21.2** The Authority may cancel the letter of award if the successful Bidder (Applicant) withdraws its Proposal (Bid) after its acceptance or fails to submit the required Performance Securities for the initial contract and forfeit the EMD.

## 1.22 PENALTY:

SL. No	Performance Parameter	Amount of penalty# to be adjusted against monthly Invoice.
1	Each MMU shall operate 23 days in a month	<b>Proportionate deduction shall be made if a MMU fails to operate 23 days in a month.</b> <b>Example:</b> a) Number of days operated in a month =21 days b) Service charges for MMU per month= Rs 23,000/- c) Penalty for that month= (Rs 23,000.00/23)x(23-21)=Rs2,000/-
2	Each MMU should attend at least 30 patients per camp (to be calculated separately for each MMU over a period of 1 month) <b>Example:</b> Number of patients attended in a month by the MMU divided by number of camps.	<b>Proportionate deduction shall be made if a MMU fails to attain average 30 patients per camp.</b> <b>Example:</b> a) Service Charges claimed against the MMU after the penalty(if any) against point no 1 above= Rs 20,000/- b) Average number of patients serves per camp by the MMU= 28 patients c) Penalty= (Rs20,000.00/30) X 2=Rs 1,333.33
3		
4		

# Penally shall be applicable form 4<sup>th</sup> month of operation and onwards.

### **1.23 MONITORING & EVALUATION**

1.23.1 The performance of the service provider will be reviewed by Mission Director, National Health Mission or a team of official (s) or an agency duly appointed by him, at a regular interval. The Service Provider is obliged to furnish all necessary explanation and information in the manner and periodicity as sought by the authority, as and when required.

### **1.24 SAVING CLAUSES**

1.24.1 In the absence of any specific provision in the agreement, the issue will be decided on mutual agreement.

### **1.25 FORCE MAJEURE**

**1.25.1** Village Health Outreach Programme as being outreach programme nearer to the community and in temporary set-up, the Operator shall not be allowed to suspend or discontinue Village Health Outreach Programme during occurrences of emergencies or Force Majeure Events. Provided, in such circumstances of emergencies and Force Majeure Event, if the Performance Standards are not complied with because of any damage caused to vehicles or any of the Project Facilities or non-availability of staff, or inability to provide services in accordance with the Performance Standards as a direct consequence of such Force Majeure Events or circumstances then no penalties applicable for the relevant default in Performance Standards would be applied to such particular defaults. Provided further, unless the Force Majeure event is of such nature that it completely prevents the operation of Vehicles, a suspension of or failure to provide Transportation to health staffs on the occurrence of a Force Majeure event will be an Event of Default and Department may terminate this Agreement without any termination payment being made in respect thereof.

**1.25.2** On the occurrence of any Force Majeure Events or implementation of any disaster management operations or law and order emergencies, Department may give instructions to the Operator including requiring deployment of certain number of Vehicles in specific locations, in such circumstances, the Operator shall comply with such instructions and will be excused from adherence to relevant performance standards.

**1.25.3** The failure of a party to fulfill any of its obligations under the agreement shall not be considered to be a default in so far as such inability arises from an event of force majeure, provided that the party affected by such an event: -

- a) Has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the agreement, and
- b) Has informed the other party as soon as possible about the occurrence of such an event.

### **1.26 TERMINATION OF AGREEMENT**

**1.26.1** The Authority may terminate the contract, if the successful Bidder (Applicant) fails to fulfill any contractual obligations. The performance security deposited by the defaulting Service provider shall also be liquidated and recovered towards penalty for the default and extra expenditure incurred by the Authority. Prior to the termination the Service provider will be served notice of termination explaining the reasons and will be given an opportunity to rectify the services within 30 days failing which the services will be terminated. Authority may consider a termination payment on the merit of the case.

1.26.2 The Government after giving 30 days clear notice in writing expressing the intention of termination by stating the ground/grounds on the happening of any of the events (a) to (d), may terminate the agreement after giving reasonable opportunity of being heard to the service provider.

- a) If the service provider do not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the Government have subsequently approve in writing.
- b) If the service provider becomes insolvent or bankrupt.
- c) If, as a result of other than force majeure conditions, service provider is unable to perform a material portion of the services for a period of not less than 60 days: or
- d) If, in the judgment of the Government, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.

## **1.27 MODIFICATIONS**

1.27.1 Modifications in terms of reference including scope of the services can only be made by written consent of both parties. However, basic conditions of the agreement shall not be modified.

## **1.28 SETTLEMENT OF DISPUTES**

1.28.1 If dispute or difference of any kind shall arise between the Authority and the Agency in connection with or relating to this RFP, either the Authority or the Agency shall make every effort to resolve the same amicably by mutual consultations.

1.28.2 If any dispute with regard to the interpretation, difference or objection whatsoever arises in connection with or arises out of the agreement, or the meaning of any part thereof, or on the rights, duties or liabilities of any party, the same shall be referred for decision to the committee and the same shall be settled within 6 months of the acceptance of the dispute. The committee for the same shall consist of the following-

- a) Principal Secretary, Department of Health & Family Welfare- Chairman
- b) Secretary, Finance Department-Member
- c) Secretary, Law Department-Member

## **1.29 RIGHT TO ACCEPT AND REJECT ANY PROPOSAL**

1.29.1 Government reserves the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

## **1.30 AWARD OF CONTRACT AND AGREEMENT**

1.30.1 On evaluation of technical and financial parts of proposal and decision thereon, the selected Applicant shall have to execute an agreement with the Authority within 15 days from the date of acceptance of the bid is communicated. This Request for Proposal along with documents and information provided by the Applicant shall be deemed to be integral part of the agreement. Before execution of the agreement, the bidder shall have to deposit Performance Security as mentioned in Para 1.21 above.

### **1.31 JURISDICTION OF COURT**

1.31.1 Legal proceedings if any shall be subject to Gauhati High Court, Guwahati, Assam jurisdiction only.

### **1.32 FRAUD & CORRUPTION**

1.32.1 The bidders shall observe the highest standard of ethics during bidding and during performance of the contract. For the purposes of this provision, the following acts shall be considered as corrupt and / or fraudulent practices -

- a) "Corrupt Practice" means offering, giving, receiving, or soliciting directly or indirectly, of anything of value to influence the action of an official in the procurement process or in contract execution.
- b) "Fraudulent Practice" means misrepresentation or omission of facts in execution of contract.
- c) "Collusive practice" means a scheme or arrangement between two or more bidders, with or without the knowledge of the Authority, designed to establish bid prices at artificial, non-competitive level.
- d) "Coercive Practice" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in a procurement process or in execution of a contract.

1.32.2 During the process of evaluation of a bid or proposal for award of a contract, if it is detected that a bidder directly or through agent has engaged in corrupt, fraudulent, collusive or coercive practice in competing for the contract in question, then a) the bid shall be rejected and b) declare the firm ineligible for a specific period or indefinitely to participate in a bidding process. However, if any such practice is detected at any subsequent stage or during execution of the contract, the Authority will exercise the right to cancel the contract and make suitable alternative arrangement at the risk and cost of such offending bidder.

### **1.33 LOCAL CONDITIONS**

1.33.1 It will be imperative on each bidder to fully acquaint himself of all local conditions and factors that would have any effect on performance of the Contract. The Authority shall not entertain any request for clarifications from the bidder regarding such local conditions nor shall accept any offer conditional to the local factors.

## SECTION II

### **2. TERM OF REFERENCE**

#### **2.1. BACKGROUND**

2.1.1 The burden of Non-Communicable Diseases has significantly increased in the past decade. And as per NFHS 5 report, around 11.8% women and 14.6% men have blood sugar levels higher than the cut-off range of 140mg/dl. The blood pressure levels higher than the cut off were found in 15.8% women and 17.3% men reported in the same study. Therefore, there is an urgent need to enhance the effectiveness for primary and secondary prevention of hypertension and diabetes mellitus and increase access to regular screening.

With only 51% of pregnant women are getting 4 ANC visits the state needs to improve the provision of antenatal care services was also felt as reported in the NFHS 5.

Screening for cancer is an important measure of disease prevention and enables early detection. Data published in the NFHS – 5 shows very low screening for oral cancer among.

2.1.2 The Government of Assam has taken a decision to operate the same through a dedicated Village Health Outreach Programme for early identification, screening, referral, diagnosis through telemedicine, follow up and free medicine for effective management of lifestyle and non-communicable diseases (Diabetes, Hypertension, Defective Vision), chronic diseases (TB, Asthma, Epilepsy, Malaria) along with ANC and Minor ailments.

2.1.3 The programme is designed to with the following objectives;

- i. To improve the pregnancy outcomes through early identification and referral of High-risk pregnancies.
- ii. To reduce the morbidity due to chronic communicable diseases like Malaria, TB by early symptom-based screening and referral.
- iii. To reduce morbidity and premature mortality due to NCD by early detection and appropriate management.
- iv. To reduce out of pocket expenditure of the beneficiaries through doorstep delivery of primary and secondary health care services.

2.1.4 The purpose of this RFP is to invite proposal from eligible parties to participate in the proposal for Village Health Outreach Programme.

2.1.5 Zone wise Distribution of Vehicles is attached as Schedule III

## SECTION III

### 3. Scope of the Work

#### 3.1 Objective of the Programme

Sanjeevani – Village Health Outreach Program is to create a technology enabled comprehensive once-a-month, fixed date outreach initiative that results in converged health services at the village level and serve as an extended arm of Sub Centers/HWC, beyond 4 – 6 Km from the nearest health institution.

- i. To improve the pregnancy outcomes through early identification and referral of High-risk pregnancies.
- ii. To reduce the morbidity due to chronic communicable diseases like Malaria, TB by early symptom-based screening and referral.
- iii. To reduce morbidity and premature mortality due to NCD by early detection and appropriate management.
- iv. To reduce out of pocket expenditure of the beneficiaries through doorstep delivery of primary and secondary health care services.

#### 3.2 Programme Details

The programme aims in nearly identification, screening, referral, follow up and free medicine for effective management of lifestyle and non-communicable diseases (Diabetes, Hypertension, Defective Vision), chronic diseases (TB, Asthma, Epilepsy, Malaria) along with ANC and Minor ailments under National Health Programs in the districts of Assam in the 32 districts serving at least two settlements of 1500 population each day according to a pre-determined calendar for 23 days in a month. The plan should be made in such a way that the same village should be visited after each 3 months for follow up of all cases that were being referred in the first visit or should be follow up using tele-medicine or tele-calling.

All the 80 MMUs together currently cover about 62.04 lakh rural population by visiting 3744 villages in 26 districts of Assam.

There will be additional 6 vehicles, 1 each in 6 new Districts of Assam will be made available for providing services of Village Health Outreach Programme.

##### 3.2.1. Manpower, Equipment and Consumables

The detailed list of equipment, consumables and manpower required on board are as follows.

###### (i) Manpower requirement for each Unit:

Staff	Qualification	Number of Staff in each MMU
Nurse	ANM	1
Lab Technician	B.Sc. DMLT/HSC DMLT	1
Pharmacist	D. Pharma/B. Pharma	1
Registration & Measurement Officer	Any graduate with computer skills	1
Pilot	HSLC, Heavy Motor vehicle license, 3 year's experience in driving Heavy Motor Vehicle	1
Area Manager	Any Graduate	1

Details of Support staff is placed at Schedule IV



(ii) Consumables required on board in each vehicle.

Sl. No.	Items
1	Surgical Gloves
2	10% Sodium Hypochloride 10%
3	Absorbent Cotton 500gms
4	Distilled water (Litre)
5	Face masks / Surgeon masks
6	Glucostrip
7	Sterile Lancet
8	Urine Stick
9	Urine Container
10	N/10 HCL 500ml
11	Paper adhesive tape
12	Pregnancy Test Kit / Strip
13	Rapid Diagnostic test kits for Malaria
14	Roll Bandage
15	Surgical spirit (bottle)
16	Hand Sanitizer (500ml)

(iii) MMU should be fully equipped with equipment listed as detailed below;

Sl. No.	Name of the Instrument	Quantity for each MMU
1	BP apparatus	2
2	Weighing machine (Adult)	1
3	Weighing machine (Baby)	1
4	Glucometer	1
5	Stadio Meter	1
6	Stethoscope	1
7	Non-Touch Thermometer	1
8	Haemoglobin meter (Digital)	1
9	Torch & spot light	1
10	Foldable Half Bench	2
11	Foldable seats for staff	4
12	Fire Extinguisher	1
13	Snellen chart	1
14	PA System in MMU	1

### 3.2.2. Health Services to be covered

Target Group	Mobile Health Services
Non-Communicable diseases	Identification, screening, referrals, and confirmation at government health facility of Hypertension, Diabetes Mellitus, Asthma and Chronic Obstructive Pulmonary Disease (COPD), Visual impairment, Epilepsy, oral cancers (inspection)
Communicable ailments	Facilitation of detection and referrals of TB and Malaria.
Pregnant women	Testing of blood sugar and HB, identification, and referral of high-risk pregnancies
Counseling/BCC for select groups	BCC and Counselling for people having addiction towards tobacco, alcohol, and drugs, and lifestyle changes for relevant health conditions.
Other services	Treatment of minor ailments, including skin disease, dressing, etc.
	First aid and referral for animal bite cases
	Identification and referral of complicated cases to nearest health institutions
	Medical Aid in flood-affected areas/ flood relief camps as suggested by the Govt.
Referral & Follow up	Referral & Follow-up of high risk/complicated cases to near-by facilities

### 3.2.3. Working hour and other Service Parameter

The daily work schedule of each MMU staff shall be as below:-

- a) The reporting time at the Parking Place will vary according to the distance from pickup point to the service point, worked out in reference to time and distance chart, hung in the Service Point.
- b) Daily Time table of the MMU staff:  
  
8 A.M. to 12 P.M. (Morning shift including travel time)  
12 P.M. to 1 P.M. (lunch & travel to evening service point.)  
1 P.M. to 4P.M. (Evening Shift including travel time back to parking place)
- c) Monthly work schedule: The 7th, 14th, 21st & 28th day of every month is off days for field staff. In case of absenteeism, alternate arrangements are made to carry out the services

*The whole state of Assam is divided into 5 zones in which the 32 districts of Assam are divided. All these vans have a fixed daily schedule which they follow without fail.*

### 3.3. Role & Responsibility of the Service Provider

**The primary obligation of the service provider will be to operate the Mobile Medical Units to provide primary and select secondary health care ensuring that MMU:**

### **3.3.1 Role of Service Providers**

1. The service provider would recruit, deploy, and maintain a team of a competent personnel for running the MMU. The staff so recruited/appointed/taken over shall be exclusively on the Payroll of the service provider.
2. The Service Provider will ensure deployment of the adequate supervisory personnel/ project management staff required to keep the MMUs operational smoothly and capable of providing the services as agreed upon.
3. Service provider shall ensure the MMUs are provided with necessary fuel and other necessities for carrying on operations on regular basis.
4. Each MMU to serve a population of at least two settlements with total population coverage of 2500 to 3000 each day for 3 hours per settlement and according to a pre-determined calendar for 23 days in a month alongwithwith due notice to District Admin and Local PRI along with information to State Head Quarter.
5. The settlements are to be so selected that they are at least 4 to 6 Km from the nearest health institution.
6. Value addition to the existing services under the ambit of the core objective of the community outreach program either solely or by tying up with any third party organizations of repute.
7. District Health Society should provide suitable parking space for the mobile health units in a nearby facility with a room and electricity for the storage of drugs, office space for district offices.
8. The Service provider shall follow the Service Plan/Route plan/Calendar for MMU as approved by the District Health officer/JDHS. It is expected that the 7th,14th,21st, and 28th will be off and on which no service would require to be provided.
9. MMUs shall be operational for 23 days in a month and the last three or four days can be used for training, vehicle maintenance, Administrative works, etc.,
10. The government will provide all drugs to the service provider within 3 days of the requisition by the service provider.
11. The service provider shall submit data to the state government every month as per the services provided in the given format. Further the service provider will link these activities to corresponding HWC and PHC including video conferencing and telemedicine facility.Reporting Format is attached as Schedule V.
12. The Service Provider shall be expected to perform the following activities as a part of development, deployment, roll out & maintenance of MMU, IT Application. The requirement for each area of the scope is mentioned below
  - Design & deploy MMU.
  - Software Application Development and Rollout
  - Deployment and commissioning of Hosting infrastructure for the MMU IT Application
  - Training and handholding of MMU staff on Software Application
  - Setting up and maintenance of Dashboard along with Daily, Weekly, Monthly reports. Complete Electronic Medical Record of every patient such as number of beneficiaries attended, number of patients treated, number of laboratory diagnostics conducted and medicines provided, etc., shall be displayed online on a real-time basis on the website/Dashboard. The detail report should be accessible to District & State level authority and secured login.
  - Each MMU shall be equipped with GPS/ GIS devices, Biometric devices, and a Tablet/Laptop PC for online updating of data.
  - Referral functionality to nearest government facilities
13. The Service Provider has to set up a dedicated tele-medicine hub with Minimum of 5 MBBS

Doctors for taking calls from periphery staffs for advice or Diagnosis. Patients suggested referral should be followed up using the hub facility on its own cost in **Guwahati** exclusively.

14. The Service Provider shall set up Hub infrastructure on its own including computers, furniture and equipment, software, etc. exclusively for the Project and authority shall not bear any cost.
15. **Human resource:** Recruit and Train manpower required for operation and maintenance of all services. They should be trained properly for the job. They should behave properly and have good communication skill while interacting with people. Regular refresher courses once every six months for two days should be conducted so that all staffs have updated knowledge. Any new recruit should have induction training before putting them to work.
16. Mapping and defining of location of vehicles with route maps, motorable points etc.
17. The agency shall prepare a proper plan for optimal use of infrastructure including vehicles, proper selection of right person for the right job and training of human resources. Continuous performance, monitoring and evaluation.
18. The service provider should provide all necessary equipments, consumables, diagnostic tests kits, OPD Slips, register, reporting formats etc.,.
19. The service provider would procure all necessary road and goods permits for the MMU and maintain the same throughout the period.
20. The Service provider will also comply with confidentiality and privacy laws including patient details.
21. All records maintained by the service provider regarding operations of MMUs will be made available to any government authority including an audit on demand.
22. The vehicles should be branded uniformly as per prototype/ model/design provided by the Authority.

### **3.4 RESPONSIBILITY OF AUTHORITY**

- 3.4.1 National Health Mission, Assam shall provide appropriate assistance where required so as to benefit maximum people of Assam.
- 3.4.2 Timely settlement of claims at the agreed terms in accordance with the provisions of the agreement.
- 3.4.3 To provide space for stationing of the Vehicles at the premises of the Office Block PHCs/Joint Director of Health Services.
- 3.4.4 To lay down guidelines and finalize standard operating procedures within 3 months of signing of Agreement with the service provider for operation of the VHOP Services.
- 3.4.5 To conduct regular monitoring and evaluation of the project activities based on quantifiable indicators and reports received from the service provider.
- 3.4.6. Prescribe various formats for reporting progress of the project. Service Provider may submit its own reporting formats which can be used after due approval by the Government/NHM.
- 3.4.7. Provide existing capital asset in as is where is basis and 80 Vehicles in as is where is basis.
- 3.4.8. The authority shall provide drugs available in the EDL.

### **3.5 PERFORMANCE PARAMETER & MONITORING**

#### **3.5.1 Performance Parameter**

- a) The team will ensure 23 days service camp per month per van covering a maximum population of 3000 per day.
- b) The Team will mobilize beneficiaries with the help of the village ASHAs with a total visit milestone of at least 30 beneficiaries (inclusive of OPD) per day per van on an average.

- c) The Team will mobilize beneficiaries with the help of the village ASHAs with a Revisit milestone of 40 % of total visits per day per van on an average.
- d) The Team will ensure screenings for Hypertension, Diabetes and Oral Cancer for all individuals 30 years or above and subsequent referral to nearest PHC.
- e) The Team will ensure Referrals of 5% of total visits.

### **3.5.2 Monitoring and Evaluation**

- a) Mission Director of National Health Mission, Assam & other officials designated for the purpose in Department of Health & Family Welfare, Assam and the State Level Steering Committee (Advisory Council) will review the performance on continuous basis.
- b) The Deputy Commissioners/Chief Medical & Health Officer (CMHO) & other Designated Health Officers will oversee the activity within their respective districts in District Health Societies meetings.
- c) Service Provider shall provide access to online data to facilitate online monitoring on a continuous basis. Service Provider shall also give login rights to the designated health officers of the department (i.e. NHM and DoHFW) for online monitoring and evaluation.
- d) The services and records of the service shall be subject to inspection by designated officer(s) of the Department.
- e) Government reserves the right to evaluate the performance of the Service Provider on periodic basis by a third party.

### **3.6 Standard Operating Guidelines**

3.6.1 The Standard Operating Procedure (SoP) shall be developed in conformity with the provisions under the RFP by the Service Provider which shall be finalized in consultation with the department before or after the signing of the contract. SoP shall be abided by the Service Provider uniformly for a smooth operation. The areas to be covered under the SOP are given below:

- (i) Purpose and Scope
- (iii) Operation Systems, Structures and Protocols for vehicles including response protocols, ring checks, call codes, vehicle maintenance, and vehicle breakdown Management, vehicle accident management, vehicle distribution, Communication protocols.
- (iv) Operational protocols for special circumstances (natural calamities, mass casualty events (both manmade and natural), transportation of minors, Neonate crime scene operations, fire & accidents relating to hazardous Material). Department will assist in the development of the operational Protocols for such special circumstances.
- (v) Reporting structures and formats - overall documentation
- (vi) Health and safety protocols for personnel
- (vii) Job description, roles and responsibilities of each level of personnel in entire operations.
- (viii) Training, refresher course and orientation protocols for all levels of personnel (Including staff replacement protocols)
- (ix) Overall administrative policies
- (x) Penalty and Payments if any to be revised.

### **3.7. EXPECTED OUTPUT**

- Improved pregnancy outcomes through early identification and referral of High-Risk Pregnancies.
- Reduction of under-five morbidity and mortality by early identification and appropriate management of Acute Respiratory Illness and Acute Diarrheal Diseases.
- Reduction of morbidity due to chronic communicable diseases like Malaria, Tb by early symptom-based screening, and referral.
- To reduce morbidity and premature mortality due to NCD by early detection and appropriate management.
- Reduction Out of pocket expenditure of the beneficiaries through doorstep delivery of primary and selected secondary health care services

### **3.8. Payment of Service Charges**

The payment will be made on monthly basis within 30 days of submission of invoice complete in all respect along with all necessary details to the Authority including performance report. The payment shall be on reimbursement basis no advance payment shall be made. The payment will be subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws.

**ANNEXURES & FORMATS**

**ANNEXURE I: UNDERTAKINGS BY THE APPLICANT**

To

**The Mission Director,  
National Health Mission, Assam  
RFP No. \_\_\_\_\_  
For \_\_\_\_\_**

Sir,

1. I, Shri \_\_\_\_\_, on behalf of M/s \_\_\_\_\_ having registered office at \_\_\_\_\_, do hereby declare that I have gone through the terms and conditions mentioned for the above and undertake to comply with all RFP terms and conditions. The monthly rates(Service Charges) quoted by me/us are valid and binding on me/us for acceptance.
2. I/We undersigned hereby bind myself/ourselves to the Office of .....to provide .....The rates quoted by me/us for the “ Village Health Outreach Programme” are specified against each. It is certified that rates quoted are reasonable.
3. We agree to the conditions of the RFP under which the EARNEST MONEY DEPOSIT and PERFORMANCE SECURITY DEPOSIT shall be forfeited by the Authority.
4. We hereby undertake to pay the **penalty** as per the terms and conditions of the contract for non-performance.The Authority shall not be liable **for** payment of any amount towards operation expenditure other than the monthly rate (per MMU per month) as quoted and agreed.
5. We hereby undertake to services as per the terms of RFP and manner described therein.
6. The Authority has the right to accept or reject any or all the proposals without assigning any reason.
7. We understand all the terms and conditions of the contract and bind myself/ourselves to abide by them.
8. We continue to fulfil the eligibility criteria as wasset out in the EoI.
9. We hereby declare that none of our directors in the board (or) any other key personnel have been convicted in the last 10 years for fraud (or) breach of contract (or) misfeasance/malfeasance by whatsoever name called.

SIGNATURE :  
NAME & DESIGNATION :  
DATE :  
NAME & ADDRESS OF THE FIRM :

**ANNEXURE II: PARTICULARS OF THE APPLICANT**

**(To be submitted by all Applicants)**

1. Name :
2. Registered Address :
3. Phone/Fax/Mail id :
  
4. Type of Organisation : Company / Society/partnership
  
5. Details of Contact person:
  - (a) Name & Designation:
  - (b) Contact No & Address

**6. Details of key personals to be engaged in the project:**

Name	Qualification	Experience (Similar Service)	Proposed Responsibility
		(use extra sheet if necessary)	

7. Brief write-up on Approach, Methodology, Manpower Planning, etc. for successful execution of the project, if awarded. (use extra sheet)

**Signature of Applicant**

**Date:**

**Name**

**Place:**

**Office Seal**



**ANNEXURE-III: UNDERTAKING AGAINST FRAUD & CORRUPTION**

We ..... do hereby undertake that, in competing for (and, if the award is made to us, in executing) the subject contract for providing Village Health Outreach Programme under RFP Reference No ..... we shall strictly observe the policy against fraud and corruption in force in India.

SIGNATURE :  
NAME & DESIGNATION :  
DATE :  
NAME & ADDRESS OF THE FIRM :

**ANNEXURE-IV: AGREED TERMS & CONDITIONS**

RFP Ref.No.& Date \_\_\_\_\_

1. Details of Bidder

Bidder Name:

Offer Ref:

Contact Person (Name & Designation):

Telephone No:

Signature:

E-mail:

2. Definitions

- (I) "Proposal Inviting Authority" or Authority means the Mission Director, National Health Mission, Assam or his authorized representative.
- (II) "Bidder" means a Society or Company who has submitted the proposal in response to the RFP to provide the required services. Also called as the "Applicant".
- (III) "Service Provider" means the Agency to whom the contract has been awarded for the desired services.

**NOTE: The questionnaire below must be duly filled in and should be enclosed with un-priced Technical Bid, (Cover A). Clauses confirmed here under should not be repeated. All commercial terms and conditions should be indicated in this format. If necessary, details including deviations to the terms and conditions of the bid document, if any, should be enclosed as annexure to this questionnaire.**

Sl. No.	Description	Vendor's Confirmation (Confirmed/Noted/Deviati on furnished separately)
<b>A. Technical</b>		
1.	Confirm that you continue to fulfil the eligibility criteria as per the EOI.	
2.	Confirm acceptance of Terms and Conditions and scope of Service as per RFP Document.	
3.	In case of deviations, confirm that the same have been highlighted separately.	
4.	Confirm that documents and information, wherever applicable, have been enclosed.	
5.	Confirm that all certificates/ documents are furnished as per this RFP document.	
6.	Confirm that Earnest Money Deposit (EMD) as per RFP document has been furnished in "Cover A"	
<b>B. Commercial</b>		
1.	It is noted that any deviations to the commercial terms and conditions shall lead to loading of prices or rejection of offer.	
2.	Confirm that the quoted price is inclusive of all Taxes and expenditure for operation and management.	
3.	Confirm acceptance Penalty as per RFP Clause	
4.	Confirm acceptance of relevant payment terms specified in the RFP document.	
5.	It is noted that penalty, termination, etc., are subject to Force Majeure Condition as stipulated in the bid document.	

Sl. No.	Description	Vendor's Confirmation (Confirmed/Noted/Deviation furnished separately)
6	Confirm that bid security (EMD) of required amount and tenure in the form of a Bank Guarantee (or FDR) from a scheduled commercial bank having branch in Guwahati has been furnished.	
7	Terms & Conditions indicated in this format shall not be repeated in the bid. Terms & Conditions indicated elsewhere and contradicting those in this format shall be ignored. Confirm compliance.	
8	Confirm that you shall observe the highest standard of ethics during bidding and in case favoured with an order, the execution of the order will be completed, without resorting to any fraud, corruption and/or coercion.	
9	Confirm that the offer shall be valid <b>for a period of 150 days</b> from the date of bid opening.	
10	Others, if any, as required.	

SIGNATURE :  
NAME & DESIGNATION :  
DATE :  
NAME & ADDRESS OF THE FIRM :

**ANNEXURE-V: FORWARDING LETTER FOR TECHNICAL BID**

**(To be submitted by all applicants on their letterhead)**

**Date.....**

**To**  
**The .....**  
**Sub: Proposal for .....**

**RFP Ref No:.....dated.....**

**Sir,**

**We are submitting, herewith our Proposal for providing Village Health Outreach Programme for .....**

**We are enclosing Receipt No..... or Bank Draft/Bankers Cheque No....., Dated.....(amount.....)towards processing fee and Bank Guarantee/ FDR No..... Dated..... (Amount.....) towards Earnest Money Deposit (EMD),drawn on Bank in favour of State Health Society, Assam**

**We agree to accept all the terms and condition as stipulated in RFP document. We also agree to submit required Performance Security as stipulated in RFP document, if selected for signing the contract.**

**4. We agree to keep our offer valid for the period as stipulated in your RFP document.**

**Enclosures:**

- a)
- b)
- c)
- d)
- e)

**Signature of the Bidder.....**

**Seal of the Bidder.....**

**ANNEXURE-VI: CHECK LIST**

SI No.	Cover A		Yes	NO	Page No.
1.	Rs. 8.25 Court Fee Stamp affixed /IPO for Rs 10/- for bidders outside Assam.	Hardcopy of these documents only should be submitted to the Mission Director, National Health Mission, Assam, Saikia Commercial Complex, Shrinagar Path, Christian Basti, G S Road, Guwahati-781005, Assam on or before the last date and time of submission of the Proposal. The scanned copy of the same should also be uploaded in the portal <a href="http://assamtenders.gov.in">http://assamtenders.gov.in</a> .			
2.	EMD in the form of BG /FDR submitted				
3.	Power of Attorney, Resolution of Board etc., authorizing an officer of the bidding firm to sign the RFP documents.				
4.	Undertaking in the form at Annexure-I				
5.	Particulars of the Applicant as per Annexure-II.				
6.	Undertaking on fraud and corruption as per Annexure – III				
7.	Agreed Terms and conditions as per Annexure-IV				
8.	Forwarding Letter as per Annexure-V				
9.	Check List as per Annexure-VI				
10.	Signature and seal on each page of Bid Document				
11.	Price Bid as Per BOQ (to be submitted online only)		Must only be uploaded in the portal <a href="http://assamtenders.gov.in">http://assamtenders.gov.in</a>		

## ANNEXURE-VII: FINANCIAL PROPOSAL WITH SAMPLE BOQ

Service Charges includes manpower, hiring charges of vehicles Fuel, software & hardware, Repair & Maintenance, Tax, insurance, Training, Communication, Electricity, Employee welfare, Security & House Keeping, creation of Telemedicine Hub, Equipment, Instruments, registers, expenses (OPEX & CAPEX) to operate and manage Village Health Outreach Programme for effective management of lifestyle and non-communicable diseases (Diabetes, Hypertension, Defective Vision), chronic diseases (TB, Asthma, Epilepsy, Malaria) along with ANC and Minor ailments under National Health Programs in the districts of Assam in the 32 districts serving at least two settlements of 1500 population each day according to a pre-determined calendar for 23 days in a month.

(Amount in Rupees)

Particulars	Number of MMU	Monthly Service Charges per MMU (Inclusive of all expenses & taxes)	Total Amount
	A	B	C= AxB
1) Service charges per operation and management of MMU under VHOP for the existing vehicle taken over by the service provider in "as is where is" basis.	80 (Eighty)		
2) Service charges per operation and management of MMU under VHOP where the vehicles are to be provided by the service provider.	6 (Six)		
<b>Total</b>	86	NA	

**Note:**

- (a) The Service provide has to set-up a Hub for attending tele-consultation calls from Periphery. The service provider will bear the cost of software and hardware of Tele-consultation both at the vehicle and also in the Hub.
- (b) Government of Assam shall not be liable for any payment towards operational and capital expenditure other than the monthly charges as quoted. The service charges as quoted shall be inclusive of all expenditure. Authority shall not pay or reimburse any cost other than monthly service charges.
- (c) **Financial Bid/BoQ to be uploaded online only.**
- (d) All 80 (eighty) existing Vehicles will be handed over to the successful bidder. Additional vehicle required (6), shall be of **two wheel drive SUV category (e.g. Bolero of Mahindra or Tata Sumo type) capable** of taking at least six passengers at a time.
- (e) Bidder with lowest monthly service charges for all 86 MMUs (Total Amount) value shall be declared as L1.

## ANNEXURE-VIII: AGREEMENT FORMAT

### FORMAT FOR AGREEMENT

THIS AGREEMENT made the..... day of ....., 2021 between<Name of the Client>, represented by the <Contract Signing Authority> (Hereinafter “the Authority”) of one part and .....(Name and Address of Service Provider) ..... (hereinafter “the Agency”) represented by ..... (Name of the Authorized Signatory and Designation), Aged..... years, residing at ..... (Full Residential Address of the Signatory) of the other part:

WHEREAS the *Authority* had invited proposal from eligible parties for selection of an Agency for operation and management of “Village Health Outreach Programme” (vide RFP Ref no..... dated .....).

WHEREAS the Agency had submitted proposal in response to the RFP issued by the Authority. The *Authority* has finalized the evaluation process and selected the Agency for **implementing Village Health Outreach Programme** based on the technical and financial proposal submitted by the Agency. The Agency agreed to offer the service in the manner and as per the terms and condition of the RFP for a consideration in form of per MMU per month rate as offered in the financial bid and mutually agreed.

WHEREAS the Agency also agreed to provide the additional vehicles and necessary set up (CAPEX) as per the RFP terms and conditions on its own cost.

WHEREAS the Authority agrees to reimburse the Agency towards operational expenditure at the agreed rate on monthly basis.

WHEREAS

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the bid document referred to.
2. The following documents shall be deemed to form and be read and constructed as part of this Agreement, viz.:
  - a) all the documents submitted by the bidder as part of the Proposal in response to the RFP;
  - b) RFP Document
  - c) the clarifications and amendments issued / received as part of the bid document
  - d) Letter of Award/ Acceptance issued by the Authority
  - e) Any other, If any.
3. In consideration of the payments to be made by the *Authority* to the *Agency*, the Agency hereby covenants with the *Authority* to provide the service as per the terms of the RFP (which form part of the contract) at the agreed rate. The authority shall make the payment on monthly.

4. The *Authority* hereby covenants to pay the Agency in consideration of the agreed service at the agreed rate as may become payable under the provisions of this Contract at the times and in the manner prescribed in the RFP.
5. The Authority is not liable to pay /reimburse any other amount other than the Monthly Charges (per vehicle/month) towards implementing Village Health Outreach Programme in rural areas of Assam.

**6. Price Offered and Agreed towards monthly Cost.**

S. No	Category of Vehicle	Rate/month/MMU(In Rupees)
1		
2		

#Inclusive of all taxes

7. There shall be an annual increment of price @ 5% from the date of operation. The offer shall be valid for the entire contract period.
8. **Validity of the Contract:** The agreement shall be valid till..... This may further be extended maximum for a period of 1 year with similar terms on mutual agreement.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with their respective laws the day and year first above written.

Signed, Sealed and Delivered by the said ..... (For the *Authority*) in the presence of .....

Signed, Sealed and Delivered by the said .....(For the Agency) in the presence of .....

(Signature, Name, Designation and Address with Office seal)

1) (Signature, Name and Address of witness)

2) (Signature, Name and Address of witness)



Schedule I

<b>List of the Fixed Assets &amp; Equipment as on Date : 30/06/2021</b>			
<b>SI No</b>	<b>Description</b>	<b>Make</b>	<b>QTY</b>
	<b>Computer &amp; Peripherals</b>		
1	Laptop	Lenovo L412	112
2	Linksys Router	Cisco	29
3	Printer	HP Laserjet	39
	<b>Furniture &amp; Fixtures</b>		
4	Steel Almirah		90
5	Examination Tables, Almirah, Chairs		115
6	Plastic container		80
	<b>Medical Equipment</b>		
7	Thermometer		78
8	Stethoscopes		78
9	Sahli's HB Meter		78
10	BP Machine		78
11	Weighing Scale		78
12	Glucometer		78
13	Weight Machine Adult		78
14	Weight Machine Baby		78
	<b>Fleet Equipment</b>		
15	Tool Kit		1

**Schedule II: Location wise detail of Vehicles**

<b>Sl no.</b>	<b>District</b>	<b>No of Van</b>
1	Bongaigaon	3
2	Chirang	3
3	Kokrajhar	3
4	Barpeta	2
5	Dhubri	2
6	Goalpara	2
7	Kamrup	5
8	Nalbari	4
9	Baksa	2
10	Morigaon	2
11	Udalguri	4
12	Sonitpur	4
13	Nagaon	4
14	Darrang	4
15	Lakhimpur	2
16	Dhemaji	3
17	Jorhat	4
18	KARBI ANGLONG	2
19	Golaghat	2
20	Tinsukia	3
21	Dibrugarh	3
22	Sivsagar	3
23	Cachar	5
24	NC Hills/DimaHasao	1
25	Karimganj	3
26	Hailakandi	3

Two vehicles will be kept as buffer to be used in case of break down of MMU in any district. The current vehicle are two wheel drive and of the model Tata Sumo (Model – TATA 483 DL NA 51)

**Schedule III: Zone wise details for allotment of Vehicles**

Sl. No.	Zone	Zonal Office	District	Van Allotment	Total Van
1	1	BONGAIGAON	Bongaigaon	3	16
2			Chirang	3	
3			Kokrajhar	3	
4			Barpeta	2	
5			Dhubri	2	
6			Goalpara	2	
7			South Salmara	1	
8	2	KAMRUP	Kamrup	5	21
9			Nalbari	4	
10			Baksa	2	
11			Morigaon	2	
12			Darrang	4	
13			Udalguri	4	
14	3	SONITPUR	Sonitpur	4	15
15			Nagaon	4	
16			Hojai	1	
17			Lakhimpur	2	
18			Dhemaji	3	
19			BiswanathChariali	1	
20	4	JORHAT	Jorhat	4	20
21			KarbiAnglong (East)	2	
22			Golaghat	2	
23			Tinsukia	3	
24			Dibrugarh	3	
25			Sivsagar	3	
26			Charaideo	1	
27			Majuli	1	
28			West KarbiAnglong	1	
29	5	CACHAR	Cachar	5	12
30			NC Hills/Dima Hasao	1	
31			Karimganj	3	
32			Hailakandi	3	

**Schedule IV: Support Staff**

<b>Support Staff</b>		
<b>Positions</b>	<b>Designation</b>	<b>Numbers</b>
Zonal Staff	Zonal Manager	5
	Zonal Admin Assistant	5
	Zonal Fleet Assistant	5
	Zonal N&S Assistant	5
Operations	Operations Head	1
	Fleet Manager	1
Clinical Domain	Domain Head	1
	Medical Consultant (MBBS)	5
Functions	HR Manager	1
	HR Executive	4
	Finance Manager	1
	Finance Executive	3
	Admin Manager	1
	Admin Executive	2
	SCM Manager	1
	SCM Executive	3
	Liaison Manager	1
	Quality Executive	1
	MIS Executive	1
	Drugs Admin Executive	1
	Front Office Executive	1

**Schedule V: Reporting Fomat**

Zone	
District	
Van	
Date	
Total Screenings DM	
Total Screenings Hypertension	
Total Screenings Oral Cancer	
Total Screenings Breast Cancer	
Suspected for DM and referred for Confirmation	
Suspected for HTN and referred for Confirmation	
Suspected for Breast Cancer and referred for Confirmation	
No. of Confirmed of DM	
No. of Confirmed of HTN	
No. of Confirmed of Oral Cancer	
No. of Confirmed of Oral Cancer	

INVESTIGATION DETAILS										No. of Lab Tests Conducted	No. of Telemedicine provided	Referred	Confirmed	Medicines Staff and equipment's											
Zone	District	Van No	Date	Block	Service Point	No of Camp Days	Patients Attended	Referred	Urine sugar	Urine Albumin	BP	Blood	Total	Malaria	Asthma	TB	Epilepsy	Defective Vision	Malaria	Asthma	TB	Epilepsy	Defective Vision	Minor Ailments	Medicine Dispensed (No of Patients)
							<b>Total</b>	<b>referred</b>				HB	RBS												