



NATIONAL HEALTH MISSION

Government of Meghalaya

DHS/MCH&FW/NHM/ERS/29/2021-22 (CXL)

12.08.2024

REQUEST FOR PROPOSAL (RFP)

Ref :- No.Health.223/2008/Pt/417. Dated Shillong, the 29th July, 2024.

Government of Meghalaya through National Health Mission (NHM) invites proposal from eligible entities for "**Management and Operation of ERS-108 Ambulance Service & Mortuary Vans through Integrated Centralized Call Centre**" in the State of Meghalaya.

Technical & Financial Evaluation of the Proposal/ RFP Document would be evaluated by the notified Tender Committee vide Notification No.Health.223/Pt/385. Dated Shillong, the 22nd May, 2024.

Sale of RFP: 13th, August 2024.

Pre Bid Meeting: 24th September, 2024 (timings to be updated in the website).

Last Date & Technical Bid Opening: 4th October, 2024.

The detailed RFP document can be downloaded from our website: <http://nhmmeghalaya.nic.in>.

Any changes or further notification in respect to the above documents shall be made available only at the above mentioned website. Hence, respective bidders are advised to visit the website regularly for the aforementioned purposes.

Ramkumar S, IAS
Mission Director
National Health Mission
Meghalaya.

Office of Mission Director, National Health Mission

Directorate of Health Services, Health Complex, Upper New Colony, Laitumkhrah, Shillong - 793003

Phone: (0364) 2504532 Email: nrhmmegh@gmail.com



www.nrhmmeghalaya.nic.in



Nhm Meghalaya



@iecbccnhmmegh



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**Government of Meghalaya,
Directorate of Health Services,
Office of Mission Director, National Health Mission, Meghalaya
Health Complex, Laitumkhrah, Shillong – 793003.**

Request for Proposal

for

Management and Operation of ERS-108 Ambulance Service & Mortuary Vans through
Integrated Centralized Call Centre

In the State of

Meghalaya

Sale of Bid : 13th August, 2024.
Pre Bid Conference : 24th September, 2024.
Last Date of Submission of Tender : 4th October, 2024.
Technical Bid Opening : To be updated in the website.

Tender No: DHS/MCH&FW/NHM/ERS/29/2021-22(CXL)

Dated: 12/08/2024.

Place of downloading of Tender: <http://nhmmeghalaya.nic.in/>
State Programme Management Unit (SPMU), NHM
Directorate of Health Services,
Health Complex,
Laitumkhrah, Shillong – 793003.

Place of Opening of Tender: To be published in the website along with the date and time.



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DISCLAIMER

The information contained in this RFP document or subsequently provided to Applicant(s), by National Health Mission, Meghalaya is provided to Applicant(s) on the terms and conditions set out in this RFP document and any other terms and conditions subject to which such information is provided. This RFP is based on material and information available in public domain.

This RFP document is not an agreement and is not an offer or invitation by the NHM to the prospective bidder(s). The purpose of this RFP document is to provide interested parties with information to assist the formulation of their application and detailed Proposal. This RFP document does not purport to contain all the information each Applicant may require. This RFP document may not be appropriate for all persons, and it is not possible for the NHM, their employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this RFP document. Certain applicants may have a better knowledge of the proposed Project than others. Each applicant should conduct its own investigations and analysis and should check the accuracy, reliability and completeness of the information in this RFP document and obtain independent advice from appropriate sources. This RFP document has been prepared in a good faith and neither NHM, or its employees or advisors make no representation or warranty, express or implied, and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of the RFP document even if any loss or damage is caused by any act or omission on their part. NHM may on its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this RFP document.

PROCUREMENT:

For and on behalf of NHM, Government of Meghalaya, Sealed RFP affixed with Rs. 25/- Court Fee Stamp is invited from Reputed Firms, for Request for proposal for the ***“Management and Operation of ERS-108 Ambulance Service & Mortuary Vans through Integrated Centralized Call Centre in the State of Meghalaya”*** is invited for selection of bidders.

- A. These tender documents can be downloaded from the state NHM Portal; www.nhmmeghalaya.nic.in against the Non-refundable Bid Fee of Rs. 10,000/- (Rupees Ten Thousand only) in favour of the M/s State Contribution Account (NHM), Directorate of Health Services, Laitumkhrach payable at Shillong. Bidders must write their firm's name and address at the back of the bank draft.
- B. The RFP on the prescribed per-forma shall be submitted in a single big size envelope containing ***two envelopes*** one for ***“Technical Bid”*** second for ***“Financial Bid, in original”***. The two envelopes prepared should be sealed and placed in an outer envelope marked/ superscribed as Request for proposal for the ***“Management and Operation of ERS-108 Ambulance Service & Mortuary Vans through Integrated Centralized Call Centre in the State of Meghalaya”*** addressed to the ***“Mission Director, National Health Mission, Meghalaya”*** and should reach the office along with the bank draft on or before the last of bid submission ***up to 5:00 p.m.*** The sealed RFP should be handed over personally at the concerned officers and receipt obtained or can be sent by a Registered Post to the above-mentioned address. Tenders received after due date shall not be entertained and any postal delay shall not be the responsibility of the department. The RFP will be opened by the ***Tender Committee*** duly Notified vide ***No.Health.223/2008/Pt/385. Dated Shillong the 22nd May, 2024*** on a date and time to be published in the NHM website in presence of any intending supplier or any other authorized representative who may be present in the office of the ***Mission Director, National Health Mission, Meghalaya.***



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- C. The “*Tender Committee*” to be chaired by the *Principal Secretary, Health & Family Welfare Department, Government of Meghalaya* reserves the right to accept or reject any tender or any part of the tender without assigning any reasons thereof.
- D. The bidder shall deposit Earnest Money Deposit (EMD) amounting to Rs. 2,00,000/- (Rupees Two Lakhs only) in the form of Bank Guarantee/ Banker’s Cheque/ Demand Draft of a Scheduled bank in favour of the M/s State Contribution Account (NHM), Directorate of Health Services, Laitumkhrah payable at Shillong. In the absence of the EMD, technical proposal of the bidder shall be rejected.
- E. The EMD shall be kept valid through the proposal validity period and would be required to be extended if so required by the department.
- F. The EMD shall be refunded to unsuccessful bidders within a period of eight (8) weeks from the date of execution of the agreement with the successful bidder without any interest or claim whatsoever and with prior notice by the committee of their non selection.
- G. The EMD shall be forfeited, without any right of claim of the bidder, if the bidder withdraws its proposal during the interval between the proposal due date and expiration of the proposal validity period of the “*Management and Operation of ERS-108 Ambulance Service & Mortuary Vans through Integrated Centralized Call Centre in the State of Meghalaya*” in Meghalaya- Request for Proposal.
- H. The bidder whose proposal is accepted and Award issued shall have to deposit Performance Guarantee/ Security of an amount of **5% of the value of work order/ contract agreement** along with signing of the agreement which will have to be valid until the end of the contract period. Security deposit is for due performance of the agreement and non submission of Performance security within the specified time shall also lead to forfeiture of the EMD.
- I. In the event of extension of the contract, the agency will have to submit a fresh bank guarantee or an extension of the bank guarantee submitted.
- J. The bank guarantee will be released at the time of release of last installment of payment
- K. The rates should be quoted in both words and figures without cutting, tampering and transparent tape should be applied on quoted rates. In the event of any of mentioned dates being declared as holidays/closed day for the purchase Organization, the RFP will be receive/ opened on the next working day at the appointed time. **The Additional Requirements to be affixed along with the Technical Bid may be found below with additional terms and conditions.**
- L. In case of any query the intending bidders may contact Mr. Kmenbhalang Khongwir (Mb. No: +91 8575784802), National Health Mission Office, Laitumkhrah, Shillong or send their queries to rtc.nhmmegh@gmail.com .

-Sd-
Mission Director,
National Health Mission
Meghalaya.

DEFINITIONS

A	AMBULANCE	A motor vehicle specially designed, constructed or modified and equipped and intended to be used for emergency transportation of persons who are sick, injured, wounded, or otherwise incapacitated.
B	AUTHORITY	O/o Mission Director, Directorate of Health Services, National Health Mission, Government of Meghalaya.
C	SERVICE PROVIDER	The Service Provider with the highest score of the Evaluated Bid Value appointed by the Authority upon signing of the Contract subsequent to the Letter of Award.
D	ADVANCED LIFE SUPPORT (ALS) AMBULANCE	Ambulance is capable of providing treatment to critical patients suffering from life-threatening medical emergencies including cardiac arrest, critical cerebro-vascular accident cases, critical airway obstruction, neonatal resuscitation, respiratory arrest, critical vehicular and other critical trauma cases, burn cases needing advanced care, obstetrical cases needing advanced care, and any other life-threatening conditions needing advanced care. The treatment provided may be through <i>inter alia</i> the use of techniques such as endo-tracheal intubations, administration of drugs or intravenous fluids, cardiac monitoring, and electrical therapy by a qualified person.
E	BASIC LIFE SUPPORT (BLS) AMBULANCE	Ambulance is capable of providing basic life support to the patients.
F	CONTRACT AGREEMENT	The Agreement between Authority and the Service Provider upon receiving the Letter of Award from the Authority for implementation of the Project.
G	TENURE	Initial Contract will be for a period of 5 years which can be extended on yearly basis subject to satisfactory performance of the successful bidder.
H	DISPATCH SOFTWARE	As provided for under Clause (5)(6)(7)
I	AMBULANCE APP	Mobile application developed by the Service Provider that shall be fitted in an Ambulance and shall also be available for use by the driver of an Ambulance wherein the details of bookings made by a patient or patient's guardian will be received, as mentioned under Clause (6)&(7).
J	USER APP	Mobile application developed by the Service Provider to facilitate the booking of an Ambulance wherein the details of the Ambulance and its driver will be reflected, on the successful completion of a booking, as defined in the scope of work.
K	Hospital App	The Service Provider shall make provisions for establishing communication between the EMT and the doctor at the designated hospital (“ Hospital Doctor ”) by way of developing an application or software interface with advanced telemetry and Internet of Things (IoT) for securing a channel of audio and visual communication between the Hospital Doctor and the EMT in the Ambulance.
L	EMERGENCY MEDICAL TECHNICIAN (EMT)	The paramedic in an ALS Ambulance with a preferable minimum qualification in PTT/GNM/BSC Nursing or B.SC Pharma and is qualified and trained for handling medical emergencies and trauma. The paramedic in a BLS & Patient Transport Ambulance with minimum Under-Graduate qualification preferably with 6 months to 1 year certificate course on BLS from a recognized institution.



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M	EMERGENCY RESPONSE CENTRE (ERC)	A centralised and exclusive call centre that will receive and handle emergencies received through phone calls or the mobile app to be developed. This shall be set up by the Service Provider. The ERC will function 24 hours per day for all days of the year through a toll-free number 108 or any other number assigned by the Government of Meghalaya to call in case of medical emergencies. The ambulances requested by citizens via the mobile app will also be tracked and managed by the ERC.
N	STANDARD AMBULANCE OPERATING PROTOCOL	As provided in Scope of Work / Responsibility of Bidder.
O	ELIGIBILITY FOR PARTICIPATION	<p>The Bidder can be a Company (Bidding Company) or a Registered Society or Proprietorship firm or a Partnership firm (Registered) or a Consortium of Companies (Bidding Consortium) with one of the Companies acting as the Lead Member of the Bidding Consortium. Short listing of Bidder will be based on meeting the Qualification Requirements as specified below:</p> <ul style="list-style-type: none"> ➤ Companies incorporated under the Company's Act, 1956/ 2013 are eligible on standalone basis or as a part of the bidding consortium. ➤ A foreign company can also participate on standalone basis or as a member of consortium at RFP stage. But before signing the agreement it will have to form an Indian Company registered under the Company Act 1956/ 2013. ➤ Successful Companies can also execute the project through a Special Purpose Vehicle (SPV). ➤ Societies registered under Societies Act as well as Income Tax Act, 1961. <ul style="list-style-type: none"> (iv) Proprietorship firm, (v) Partnership firm (Registered) <p>Note: Limited Liability Partnership (LLP) is not eligible for participation in this bid.</p> <p>In case of Consortium/ Joint Venture, there should be a formal agreement between the members accepting severe and joint responsibility for implementing the project. Reference of the lead member and percentage of holding of each in the consortium should also be given.</p> <ul style="list-style-type: none"> ➤ “Lead Member of the Bidding Consortium” or “Lead Member”: There shall be only one Lead Member, having the shareholding of more than 51% liquidated financial asset in the Bidding Consortium and cannot be changed till 1 year of the commencement of the agreement/ effective date and thereafter with the prior approval of the Authority. ➤ Further, in case of consortium, if the project is awarded, they shall incorporate Special Purpose Vehicle (SPV) to be registered under Companies Act for entering into an agreement with the government (Project authorities). ➤ The key personnel, as given by the bidder in the technical proposal should not change during the tenure of the contract, without prior approval of the



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		<p>Government.</p> <ul style="list-style-type: none"> ➤ In case the applicant is a consortium of two or more companies the proposal shall be signed by the duly authorized signatory of the lead member and shall be legally binding on all the members of the Consortium for the execution and completion of the Project. ➤ The proposals shall contain the information about percentage holding of each member, consortium agreement, financial statements and other documents as required for each of the member of the Consortium. ➤ The bidder shall possess experience in computer telephony integration with the ability to log calls with Geographical Information System with GPRS integrated Ambulance monitoring system and software components to operate the hardware of the present project. ➤ Certificates from the organizations/ authority to whom services have been provided in past needs to be submitted along with the proposal with the name & mobile number of signing authority. <i>Certificates cannot be more than 1 Year old from date of application.</i> ➤ <i>A notarized affidavit should be submitted to the effect that the bidder has not been blacklisted in the past by any of the State Governments across the country and that they are not having any on-going litigation in any court or forum. Also, that the bidder will not form any coalition with any other blacklisted firm.</i> ➤ Bidder should have ability to train the personnel to be employed for implementation of the project
P	Financial status and credentials / Net Worth/ Turnover	<ul style="list-style-type: none"> ➤ The Participating Agency(s) shall a minimum Average Annual Turnover of Rs. 2 Crores (Duly CA Certified) for healthcare operations in last 3 financial years (2020-21, 2021-22 & 2022-23) as per Annexure III. ➤ Bidder/consortium should have positive profit after tax (PAT) in all last 3 years as on bid submission date.
Q	EXPERIENCE	<ul style="list-style-type: none"> ➤ The Bidder shall have conducted operations under 108/ 102/ 112 or similar other Central/State government/PSU body for a minimum period of 2 years. (The Bidder shall have conducted operations under 108/ 102/ 112 or similar other Central/State government/ PSU body for a minimum period of 2 years.) ➤ Having at least 2 years' experience of operating Mobile Medical Units¹ or ambulances for and on behalf of State / District Health authorities / Public Sector undertakings AND managing at least 50 MMUs or 100 ambulances at the time of application ➤ Experience of operation of GPS Enabled Ambulances through owned dispatch software (<i>proof of ownership and Certificate of usage signed by Competent Authority must be submitted</i>). ➤ Experience of handling patients in ambulance (<i>Certificate signed by Competent Authority must be submitted</i>)

¹ A Mobile Medical Unit means a vehicle which carries a team of qualified medical and paramedical personnel to deliver primary health care services.

1. Background:

- The Emergency Response Service, popularly known as ‘108 Ambulance Service’, was launched in Meghalaya in February, 2009 by GVK-EMRI under the Memorandum of Understanding (MoU) that the latter executed with the Government of Meghalaya on 5th November, 2008. The operations were financed by the Government to the extent of 95% of expenditure and managed by GVK-EMRI; 5% of expenses were borne by the operator of the service, namely, GVK-EMRI. The MoU also provided that all movable and immovable assets created under the project would be owned by the Government.
- The Government decided to issue a bid for selecting an agency to take over and manage the fleet of ambulances, along with the Call Centre (ERC) that was established to run the service. Following the due process, the project was awarded to GVK-EMRI. The Agreement between the Government and GVK-EMRI was executed on 1st April, 2016 and is in place until 30th June, 2022.
- Due to disruption of services by the field staff of GVK EMRI, the Government terminated the agreement with GVK EMRI in August, 2022. Consequently, as a stop gap arrangement and in order to ensure availability of the service to the general public NHM, Meghalaya is managing the service temporarily with limited capacity until the tender process is completed.
- The Government have since decided to issue a fresh bid for the selection of operator of the service and this Request for Proposal (RfP) is being issued for the selection of a suitable agency to take over and manage the 108 service in the State of Meghalaya.

2. Current status of the Project:

- Presently, the 108-Ambulance service is being operated with a fleet of 50 ambulances. These consist of 48 ambulances procured during 2011-2021, 2 ambulances donated by National Highway Infrastructure Development Corporation (NHIDCL) in 2021. Out of the 50, 13 (11 location based + 2 donated by HANS Foundation) are being used as Advanced Life Support (ALS) ambulances remaining are being used as Basic Life Support (BSL).
- The project office is located on the first floor of Meghalaya Institute of Mental Health & Neurological Sciences (MIMHANS) building campus in Lawmali Pyllun, Shillong and is well equipped in terms of office space, IT equipment etc. It has a license to operate a 28-seater call centre (actual utilization is much less at present).
- Full details of the assets available under the project, which shall be handed over to the successful bidder, are given at **Annex-1**.
- The service output of the project during the last two calendar years, given in Table-1 below, indicates an average per day, per ambulance trip below Table 1.

Table-1: Service output of 108 fleet

Parameter	Value		Remarks
	2020	2021	
Calls received	26,452	17,761	A large number of calls in 2020 related to Covid-2019
Emergencies	15,967	15,828	
Vehicle busy	235	263	
Trips -total	15,734	15,120	
Un-availed dispatch	98	185	Vehicle reached pick up spot but had to return empty
Inter-facility transfer	3,465	3,553	
Inter-state facility transfer – Shillong to Guwahati	30	41	
Inter-state facility transfer – Tura to Guwahati	7	15	
Per vehicle, per day trips made	0.96	0.92	

- e) District-wise break up of the fleet, number of trips, average distance per trip etc. during the FY 2021-22 [April, 2021 to February, 2022] is given in Table-2 below:

Table-2: District-wise details of key statistics for 108 fleet in FY 2021-22

District	Number of ambulances operated	Number of trips	Average distance per trip	Average call-to-scene time	Average call to hospital time
East-Garo Hills	4	388	79.87	0:35:17	1:39:20
East-Khasi Hills	12	6784	37.32	0:22:41	0:59:45
Ri-Bhoi District	7	1254	81.52	0:35:49	1:37:58
South-Garo Hills	2	143	40.66	1:00:19	2:12:08
West & South West Garo Hills	9	1630	61.35	0:42:08	1:39:02
West & East Jaintia Hills	6	1323	98.7	0:30:39	1:34:59
West & South West Khasi Hills	8	1756	95.83	0:34:16	1:48:37
Total / overall	48	13278	70.75	0:34:15	1:28:34

3. Relevant information from the External Assessment on the Project:

- a) The project was evaluated during October, 2021 to January, 2022 which analyzed the service statistics for FY 2018-19, 2019-20, 2020-21 and April-September period of 2021-22. The key findings / recommendations from the evaluation report are listed below, in respect of FY 2020-21.
- The average number of trips varied from 0.19 (South Garo Hills) to 1.78 (East Khasi hills). The report observed that the probable reasons for low value for average trips would include remoteness of the location, bad road connectivity, poor mobile network and apprehension in the community about the lack of availability of adequate service in the nearest public health facility.
 - The average distance travelled per trip ranged from 28.42 km (South Garo Hills) to 80.87 km (East / West Jaintia Hills).
 - The average breakdown time (per ambulance per year) was 2.6%, ranging from 5.9% (South Garo Hills) to 0.15% (East and North Garo Hills).
 - Average response time varied widely, as can be seen from the table given below:

Table-3: Historical data on response time of 108 service

Indicator - time taken	Minimum	Maximum
Average - call to scene - Rural	00:31:06 (East Khasi Hills)	01:10:55 (South Garo Hills)
Average – call to scene - Urban	00:14:29 (South West / West Khasi Hills)	00:29:55 (East / West Jaintia Hills)
Average - call to hospital - Rural	00:55:51 (East /West Jaintia Hills)	01:27:46 (South West / West Khasi Hills)
Average – call to hospital - Urban	00:32:12 (East Khasi Hills)	01:40:59 (South West / West Khasi Hills)

- The average call response time was 00:01:38, with 95.11% calls being picked up on first ring.

- 4. Scope of work:** The successful bidder will be required to:
- a) take over and manage the existing fleet and call centre;
 - b) enlarge the fleet and rationalize its deployment across the State in accordance with the plan of action that it would have elaborated in its technical proposal, in order to achieve the target of maximum response time (call to scene) of 20 minutes in urban areas and 30 minutes in rural areas of the State, in a phased manner [pl see para 10 (b) below]; and
 - c) Develop and introduce a mobile application covering various aspects of the project operations, in accordance with the proposals that would have been elaborated in its technical proposal;
 - d) With regard to sub-para (a) of para 4 above, the successful bidder will have to ensure that every ambulance [BLS or ALS, as the case may be] is made operational and is running as per the relevant AIS-125 norms and standards.
 - e) The Service Provider shall be required to establish the ERC at the place to be provided by the Authority. The ERC shall comprise of a 24x7 call centre with ERC executives stationed in each shift along with One (1) Physician (MBBS) per shift to guide ERC executives as well as Ambulance staff as and when required. The Number of ERC Executives would vary and depend on the number of service requests received.
 - f) ERC executives will receive emergency phone calls from the public and CMS/CMO/Nodal Person using the dedicated helpline of 108 or any other number assigned by the Government of Meghalaya routed through the solution provided by the Authority where the facility of IP telephones and headsets will be provided by the Service Provider.
 - g) The ERC executive receiving the call will be required to identify the exact location of the caller, contact information, their proximity to the patient (in case of calls from the general public) and patient information, location of Referral Hospital (in case of calls from CMS/CMO/Nodal Person) using the Dispatch System. Once the above is complete, the ERC executive will direct the required Ambulance that is closest to the site of emergency or location mentioned by the CMS/CMO/Nodal Person. The ERC Executive will communicate with the Ambulance driver through the Ambulance App.
 - h) The Service Provider shall be required to design the training curriculum of the ERC executives in a manner that includes a module on the various types and extent of emergencies that may occur, protocols for smooth and efficient operation of the Project through various applications and software developed/subsumed by the Service Provider which will facilitate better communications with the ALS/ BLS/ PT Ambulance & Mortuary Van personnel. Such human resources shall essentially be trained at the time of induction and provisions need to be in place to monitor their activities through random check and inspections. The training curriculum for ALS and BLS should be certified course from a recognized institutes.
 - i) It shall be the responsibility of the Service Provider to record all calls including those which are not responded to (non-response calls). Each time the Service Provider fails to respond to, or is unable to respond to a call (i.e. the call receives no response), and such incident requires an Ambulance response in accordance with Dispatch Protocols, it shall be a **Non Response Default**. All such instances shall be reported by the Service Provider to the Authority with due explanation of the reasons as per format finalized with the Authority by 12:00 hours on the following working day.
 - j) The Service Provider should establish an integrated system, end to end, for the emergency domain situation should be made available in the Call Centre. Every module should be able to interact with other necessary modules. There should be a single record of all the activities from the time the call touches the Call Centre to the time that the service is delivered by the service provider to the general public. The voice recorded at every stage should be part of the single record.
 - k) The system should have in-built redundant components (hot-swappable), capable of automatically taking over when the main component fails. Software should also provide the capability to integrate with any other components in future.
 - l) While the Ambulance is in transit to the location of the patient as shown in the Ambulance App, the ERC executive shall connect the patient or his/her attendant so as to enable the latter to be guided by the ERC physician on basic medical treatment to be undertaken by them until the Ambulance reaches the patient's location.

m) The ERC can also receive calls from public for Police and Fire support. The ERC will direct the call to the appropriate channel as will be defined by the Authority.

Note: A one-month period will be allowed to the successful bidder to take over the assets and start operations. The date after the end of the one-month takeover period will be reckoned as the 'date of take over'. For example, if the take-over is carried out during November, 2024, 1st December, 2024 shall be deemed as the 'date of take over' and the three-month period referred above will be January-March, 2025.

5. Creation of Infrastructure/ Asset:

- a) The place/space on which such ERC will be established by successful bidder will be provided by Authority
- b) It shall be the responsibility of the service provider to equip ERC with proper & adequate seating capacity, furniture, other equipment and support staff and all other required articles to make it fully operational
- c) Approvals, compliances and licenses, as may be required for the infrastructure of the ERC shall be arranged by the bidder
- d) Service Provider shall be required to store data of the ERC with necessary backup mechanism to safeguard data in case of failure of equipment, and shall ensure provision of cloud base backup system to safeguard data and provide remote accessibility
- e) Service Provider shall ensure that the ERC has a 24x7 power back up and adequate IP telephones and headsets with the lines routed through Authority with no waiting period.
- f) Any fleet expansion plan and replacement of Ambulances which are Beyond Economical Repair (BER) will be subject to the Authority's approval which will be an added Capital Expenditures to be borne by the Government. However, for ascertaining the BER status of the Ambulances, the Service Provider will need to facilitate availing necessary assessment and approval from respective Authorities/ Regional Transport Office.

6. Broad system requirements for the ERC: The Service Provider shall ensure that the ERC shall be compliant with the following

- a) Built on Open Standards and should have internet/mobile interface for access by the user;
- b) Smooth linkage with the Dispatch Software in order to provide real time updates and information about the Ambulance including time, day, GPS coordinates, GIS interface to capture movement accurate to 50 metres, speed, distance travelled, etc. for each booking made at the ERC through the helpline or the User App;
- c) Smooth linkage with the Dispatch Software in order to recognize the geographical area of the caller based on the incoming call number, accepting the booking made through the helpline or the User App;
- d) IP telephones and headsets at the ERC and communication devices in the Ambulances for facilitating communication between the paramedic or physician at the ERC and the EMT, respectively till the Ambulance reaches the location of the patient
- e) Development of a caller database, and should prompt with required information in case of repeat calls;
- f) Prevent loss of Ambulance data in the event of failure of equipment or communication network. Provide for necessary validations / alerts to avoid wrong entries or to prompt in case of wrong entries;
- g) Besides the existing assets (Annex-1), any procurement of hardware equipment and software for ERC shall be done by the Service Provider. The Service Provider shall be responsible for establishing, staffing and maintenance of the ERC till the end of the Agreement Period. Maintenance of ERC shall also include payment of electricity and water charges of the place/space provided by the Authority;
- h) In case the Service Provider is unable to meet the Performance Standards for ERC as stipulated in this tender document, it will be liable to pay penalty.

7. DISPATCH SOFTWARE:

- a) The Service Provider shall takeover and manage the existing hardware & software or enhance/ develop an intelligent software system i.e Dispatch Software which can be made operational at 108 or similar projects.
- b) The said Dispatch Software shall be a suitably integrated solution including Computer Technology Integration, Voice logger system, Geographic Information systems (GIS), Geographical positioning systems (GPS), Automatic vehicle Location & Tracking (AVLT), Computer Aided Dispatch (CAD), Central Monitoring software for Mobile CCTV monitoring from Ambulances and mobile communication systems.
- c) It shall be equipped to prioritize calls or bookings made by patients or his/her attendant through the helpline or mobile application. The said system shall triage the emergency, segregate between critical and non-critical patients, and subsequently auto select the Ambulance (ALS/ BLS/ PTA) according to the medical condition of the patient.
- d) The Dispatch Software should be devised in such a way that all the components, having common interface between the Authority & the Service Provider, are embedded in it and all such calculations/ reporting / monitoring shall be done on real time basis through this software only.
- e) From the time of receipt of call on the helpline or receipt of booking made on the User App, by the ERC, the Ambulance must be deployed and dispatched within stipulated time of maximum 2 minutes through the said software. Type of Ambulances to be deployed shall depend upon the condition of the patient. The assigned Ambulance shall reach the patient's location/ pickup location within the average response time, which shall be calculated as per distance travelled and ETA given through the dispatch software integrated with location and distance solutions like Google Maps etc on Daily basis for all the calls attended. After reaching the spot, the patient shall be rushed to the hospital/ drop location within the Standard Time calculated as per distance travelled and ETA given through the dispatch software integrated with location and distance solutions like Google Maps etc. The failure of the Service Provider to comply with the Dispatch time / Response Time/ Delivery time shall attract a penalty as per the penalty clause in the tender.
- f) Service Provider shall also develop a mobile application to be used by the patient or his/her attendant for requesting/booking an Ambulance ("**User App**"). The said User App shall be linked with the ERC where an instant alert will be generated and the geographical location of the User who has made a booking through the User App. Once the ERC is in receipt of the booking, the designated ERC executive will allot the Ambulance that is closest to the site of emergency or location mentioned by the CMS/CMO/Nodal Person and the real-time location, movement, estimated time of arrival, details of the Ambulance, driver's name and contact number will be displayed on the User App.
- g) The Ambulance allotted by the ERC executive shall be notified of the User's name and address and estimated time of arrival at the User's location by way of a notification on an application for the drivers of the Ambulances which shall be developed by the Service Provider ("**Ambulance/ Mortuary Van App**").The Ambulance/ Mortuary Van App shall create virtual parking locations and assign them to each Ambulance so as to enable the drivers to locate empty parking spots and park the respective Ambulance/ Mortuary Van subsequent to dropping the patient at the designated hospital facilitated through the Dispatch Software.
- h) Each Ambulance, as allotted by the ERC executive shall have an EMT, as per the type of Ambulance, who shall be responsible for providing the requisite medical support to the patient once the patient is shifted inside the Ambulance and moved in the direction of the hospital. Such hospital may be chosen by the patient or his/her attendant at the time of booking the Ambulance/ Mortuary Van through the User App or may be designated by the Dispatch Software depending on the hospital that accepts the patient through the Advance Intimation System.
- i) The Service Provider shall create a system called the Advance Intimation System (AIS) through which the ERC shall provide details of the patient and the medical emergency of the patient in an Ambulance to hospitals. The hospital willing to admit the said patient shall intimate the same through the AIS to the ERC and the said information shall be relayed to the Dispatch Software.



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- j) The Service Provider shall make provisions for establishing communication between the EMT and the doctor at the designated hospital (“**Hospital Doctor**”) by way of developing an application or software interface with advanced telemetry and IoT for securing a channel of audio and visual communication between the Hospital Doctor and the EMT in the Ambulance (“**Hospital App**”). The said App shall facilitate a live video stream with an audio communication wherein the Hospital Doctor shall be able to see the patient in the Ambulance in real time and communicate specific instructions to the EMT in the Ambulance till the Ambulance reaches the designated hospital. All time logs are required to be monitored and reported. Further, the video logs shall be hosted only on servers located within the territorial jurisdiction of India.
- k) The Service Provider shall provide a mechanism to ensure that the Hospital Doctor can have a dedicated access to the Hospital App.
- l) In the instance the designated hospital refuses to accept the patient in an Ambulance, the Service Provider shall transfer the patient to the next most suitable hospital on basis the direction of the Referral Hospital.

8. ANCILLARY OBLIGATIONS:

- a) Replacement of any ambulance from the above fleet shall be permitted only with the approval of the Authority, till entire period of the contract. The replacement of Ambulances should also be undertaken by the Service provider as per the current vehicle scrapping norms of the Authority.
- b) The Ambulances must be in working condition 24x7 hours and in case of break-down, immediate replacement of Ambulances should be ensured as per the standard protocol.
- c) Service Provider/ Agency shall ensure that ambulances are registered u/s 39 of the Act, and also insured as per Section 147 of the Act. It shall also ensure that the Ambulances are fully complied with the stipulated requirements enforced by the Government of India and the Meghalaya Government from time to time.
- d) The Service Provider/ Agency shall ensure comprehensive maintenance of the Ambulances and all equipment from time to time.
- e) The Service Provider/ Agency shall provide the equipment, medicines, consumables and other requisites as per norms and it may be subject to change by the Authority pursuant to an advance notice of 2 months. Further, the Service Provider shall procure and maintain such equipment, medicines, consumables and requisites in each Ambulance at its own cost.
- f) The Service Provider/ Agency shall operate and maintain the ERC, Ambulance/ Mortuary Van, Dispatch System, equipment and other facilities in a good and working order with appropriate maintenance and repair and if required, modify, repair, replace and improve the facilities to comply with Applicable laws and effective discharge of services.
- g) Each ALS Ambulance should have at least one Driver/ Pilot, one Advanced Life Support certified Emergency Medical Technician (EMT) or a Doctor or a Paramedic who should be suitably trained to handle any medical emergencies and traumas.
- h) Each BLS and PT Ambulance should have at least one Driver and a certified Emergency Medical Technician (EMT) or trained personnel preferably with science background and minimum 6 months diploma course on protocols of Basic Trauma Life support.
- i) Each Mortuary Van should have at least one Driver for handling the cases.
- j) The Service Provider/ Agency shall ensure that self-attested certificates as well as current and updated contact details of all technical, non-technical staff is maintained every month and made available on request.
- k) The Service Provider/ Agency shall attend periodical review meetings held by the Authority (physically or virtually) for the assessment of the operationalization of the scheme.
- l) Separate financial accounts and records of the Service Provider’s operations in the State shall be required to be maintained. These accounts shall be duly audited by a Chartered Accountant firm as approved by Authority and furnished to it by the end of the first quarter of the succeeding year.
- m) The Service Provider/ Agency shall make all attempts to attend every mass emergency call that is received at the ERC and shall encourage and apply technology and service excellence and work towards improving delivery of emergency response of global standards over a period of time.



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- n) Periodic training programs to policy makers, government personnel shall be conducted by the Service Providers to update and apprise their skills in operating the Dispatch Software, User App, Driver App, Hospital App and the software and technology at the ERC.
- o) IEC/ BCC Activities shall be undertaken by the Service Provider across State of Meghalaya.
- p) The Service Provider shall prepare the Standard Operating Procedure (SOP) and Standard Operating Procedure Framework (SOPF) as stipulated in this document in consultation with the Authority.
- q) The Service Provider/ Agency shall create operational protocols for special circumstances (natural calamities, mass casualty events (both man-made and natural) and all relevant personnel must be trained by service provider to handle disaster ensuring each staff attends at least 1 drill every year.
- r) The Service Provider/ Agency shall recruit, train and position qualified and suitable personnel for implementation of the project. The staff so engaged/recruited/appointed shall be exclusively on the pay rolls of the bidder and shall under no circumstances this staff will ever have any claim, whatsoever for appointment with the Government. Bidder shall not assign or sublet his contract or any substantial part thereof to any agency.
- s) The Service Provider/ Agency shall be fully responsible for adhering to the provisions of various laws applicable on them including **Labour laws and Minimum Wages Act**. In case the bidder fails to comply with the provisions of applicable laws and thereby any financial or other liability arises on the Government by Court orders or otherwise, the bidder shall be fully responsible to compensate/indemnify to the Government for such liabilities. For realization of such damages, Government may even resort to the provisions of Public Debt Recovery Act or other laws as applicable on the occurrence of such situations.
- t) The Service Provider/ Agency shall maintain the ambulances and it shall be their responsibility to carry out disposal of waste from the Ambulance as per the Biomedical Waste Management Rules and Guidelines.
- u) The Service Provider/ Agency will establish a transparent **Grievance Redressal System** and **Prevention of Sexual Harassment Committee**.
- v) The Service Provider/ Agency shall ensure that no data termed as “Confidential Information” pertaining to this project is leaked and should comply as per **Ethical Review Board**, otherwise shall be subjected to termination of contract.
- w) The Service Provider/ Agency shall ensure that all permits required for the scope of the concession shall be applied for, obtained, maintained and the Government of Meghalaya assures its loyal corporation in this regard.
- x) The Service Provider/ Agency shall ensure mechanism / transportation facilities for staff on evening / night shift duties (particularly for women staff and hard to reach areas) giving emphasis for the field staff.

9. **Termination /Suspension of Agreement:** The Government may, by a notice in writing suspend the agreement if the service provider fails to perform any of his obligations including carrying out the services, provided that such notice of suspension
- a) Shall specify the nature of failure, and
 - b) Shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.
 - c) 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 (i) to (iv), may terminate the agreement after giving reasonable opportunity of being heard to the service provider.
 - 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
 - If the service provider becomes insolvent or bankrupt.
 - 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
 - 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.

10. Role of the State Government

- a) The State Government will appoint a State Nodal Officer to oversee and facilitate the take-over of operations from the existing service operator and to coordinate all activities related to management of emergency response services with the Operator.
- b) The State Government will also appoint, through an Office Order, a District Nodal Officer in every district to facilitate the smooth functioning of the project. Among others, this would include:
 - Arranging parking shed for the ambulances and appropriate rest room facilities for the ambulance operators. However, in cases where the District Nodal Officer is unable to facilitate, then the Service Provider will have to manage from a rented accommodation at their own expenses.
 - Supporting initiatives for popularizing the ambulance services through the use of government media and other IEC interventions.
- c) In addition to the above, the Government will direct the Deputy Commissioners to include ‘review of operations of 108 services’ as a regular agenda item in their monthly review meetings. Among others, this may include a presentation on the operations in the district by a representative of the Operator indicating progress and identifying difficulties faced, followed by a discussion on remedial measures by the Operator and District Medical & Health Officer.

11. Time Frame:

- a) The State will sign an agreement with the successful bidder for operating the “ERS-108 Ambulance Service & Mortuary Vans through Integrated Centralized Call Centre in Meghalaya” for a period of 5 years.
- b) The Government may consider extending the agreement / project period subject to same terms and conditions, provided the agency’s performance has been rated as satisfactory for at least 4 out of 5 years.
- c) The performance will be deemed as ‘satisfactory’ in a year if the Operator has successfully achieved the benchmarks given in the table below:

Table-4: Response time benchmarks

	Year				
	1	2	3	4	5
Call to scene time – urban	≤ 20 minutes				
Call to scene – rural	≤50 min	≤45 min	≤40 min	≤35 min	≤30 min

Note-2: The extension shall be formalized through an addendum to the agreement

12. Payment terms:

- a) Ministry of Health & Family Welfare (MoHFW) Operational Guidelines for Road Ambulances under the National Ambulance Service envisage an average of 4 trips per vehicle per day in the normal terrain. For hilly terrain, the average envisaged is 2 trips or more. The historical data from the present operator indicates that an average of 1.50 trips had been achieved. It is, therefore, envisaged that the payment terms for the successful bidder may be linked to the average number of trips achieved.
- b) Accordingly, the payment will be made on the basis of number of vehicles operated in a month using the following formula:
 Amount payable = “number of vehicles operated in the month” x quoted per-vehicle-per-month rate, where the “number of vehicles operated in the month” will be defined as follows
 - For months 1-6: “number of vehicles operated in the month” = [total number of trips made / (number of days in the calendar month x 1.25)].
 - For months 7-24: “number of vehicles operated in the month” = [total number of trips made / (number of days in the calendar month x 1.50)]
 - For months 25-36: “number of vehicles operated in the month” = [total number of trips made / (number of days in the calendar month x 1.75)]
 - For months 37-60: “number of vehicles operated in the month” = [total number of trips made / (number of days in the calendar month x 2.00)]

Illustration: In case the total number of trips made in month number 15 are 600 and the number of days in the month are 30, the “number of vehicles operated in the month” will be 600 divided by (30 x 1.50) or 13.33.

- c) **Penalty:** Penalty for not achieving the ‘per vehicle per day’ norm: It is expected that the Service Provider/ Agency shall achieve the benchmark of ‘average number of trips per vehicle per day as specified in para 12. (b) If this is not achieved, the payments will be made only as per the formula given. The formula, in other words, has a penalty built into it. Therefore, a separate provision for penalty is not proposed.

Illustration: Let us assume that the fleet of 60 vehicles operates for 30 days in month 5 and achieves a total of 2070 trips which translates into 1.15 trips per vehicle per day. Applying the formula given in para 12.(b) (which envisages a minimum of 1.25 trips per vehicle per day), the Operator will receive payment for 55.20 vehicles only (4.80 less than 60)

- d) Penalty for not achieving ‘call-to-scene response time’ benchmarks: The Service Provider/ Agency is expected to achieve the response time benchmarks given in Table-4 above. The Service Provider/ Agency will be required to report the actual data on these parameters while submitting the monthly bills. If the actual levels do not meet the indicated levels, the amount payable [as calculated by using the formula given in para 12.(b)] shall be reduced by applying a ‘response time penalty factor’. The ‘response time penalty factor’ will be calculated by using the formula given below:

Response Time Penalty Factor = {(benchmark value for call to scene -urban)/actual value for call to scene-urban} * 0.20 + {(benchmark value for call to scene rural)/actual value for call to scene-rural} * 0.80}

Illustration: In case the actual ‘call-to-scene’ value in a month is 25 in urban areas and 45 in rural areas against the corresponding benchmark value of 20 and 40 respectively, the penalty factor would be:

$RTPF = (20/25)*0.20 + (40/45)*0.80 = 0.16+0.71 = 0.87.$

Note: The above parameters is applicable only for Ambulance Service and not for Mortuary Vans.

- 13. Bonus Payment:** The formula to be applied for calculating ‘number of vehicles operated’ has a built-in bonus as well, so there is no separate provision for bonus is envisaged.

Illustration: Let us assume that the fleet of 60 vehicles operates for 30 days in month 5 and achieves a total of 2430 trips which translates into 1.35 trips per vehicle per day. Applying the formula given in para 12.(b) (which envisages a minimum of 1.25 trips per vehicle per day), the Operator will receive payment for 64.80 vehicles (4.80 higher than 60).

- 14. Annual Escalation:** The base rate determined through bidding will be allowed to increase at the following rates:

- Year -1: Base rate [as discovered through bidding]
- Year-2: Base rate x 1.075 (rounded off to nearest integer value)
- Year-3: Base rate x 1.15 (rounded off to nearest integer value)
- Year-4: Base rate x 1.225 (rounded off to nearest integer value)
- Year-5: Base rate x 1.30 (rounded off to nearest integer value)

Note-1: In case of extension of the project beyond 5 years, the escalation factor will be 1.375, 1.45, 1.525, 1.60 and 1.675 respectively.

Note-2: The Operator would be expected to allow a minimum of 7 % annual increase in the remuneration of field staff besides performance incentive.

Note-3: The above parameter is applicable only for Ambulance Service and not for Mortuary Vans.

15. Fuel Cost Escalation Compensation (FCEC): In addition to the annual escalation, the Operator will be compensated for fuel price increase. This will be payable along with the monthly bills and will be calculated using the formula given below:

$$\text{FCEC} = (\text{Total km clocked / covered by the fleet during the month}) * (\text{fuel rate in the month} - \text{fuel rate in base month}) / 8$$
 (*assumed average per kilometer mileage)

Note: FCEC will be permissible after the increase has exceeded 5% from the base month.

16. Frequency and mode of payment: The payment for services shall be made on a monthly basis against bills submitted specifying the number of trips made, as per the format to be agreed within 30 days of signing of the Agreement. All payments will be made through electronic transfer system. *In cases when there are delays in receipts of Fund Allocations by National Health Mission (NHM) /State Government/ Department of Health from various sources. The Service Provider/ Agency(s) should be able to financially sustain and support the functioning of their respective health facilities tills such funds are available for disbursement.*

17. Technical proposal: The technical proposal should indicate the following:

- a) Letters of certificates from the auditors of the agency (in case the agency has been operating its own fleet) or the clients (in case the fleet of vehicles has been operated for and on behalf of others), as the case may be, indicating the size of fleet (number of vehicles) and the period since the start of operations.
- b) Letter of certificate by the auditors indicating the turn over figure in the last three financial years (as indicated in the eligibility criteria above).
- c) Curriculum vitae of the key personnel proposed to be assigned for the project.
- d) Methodology proposed for implementing the scheme which should include:
- e) Plan of action for expansion of the fleet.
- f) Plan of action for introducing the mobile application
- g) HR policy that would govern the contracts that the Operator will execute with the manpower that it will deploy for managing the operations. In particular, the bidder has to (i) ensure that the remuneration proposed is complying with the minimum wages norms in the State of Meghalaya, and (ii) ensure that a part of the remuneration is linked to performance (e.g. number of trips made in case of EMT/ Pilot)
- h) Policy / modalities for considering existing manpower for recruitment under the new management / arrangement.
- i) The Tender Committee may give preference to firms/ bidders who have collaborations/ associations with local partners in the implementation of the Service.
- j) Each page, Form, Annexure and Appendices of the Technical and Financial Proposal must be signed by the Authorised signatory of the firm /legal entity. All blank spaces in the financial proposal must be filled in completely where indicated, either typed or written in ink.

18. Financial Proposal: The bidder is required to quote an all-inclusive per-vehicle-per-month rate:

Note-1: The successful bidder will have to factor all relevant costs relating to equipping existing fleet, fleet expansion, development of mobile application, training and retraining of technical / non-technical staff and propose a single all-inclusive per-vehicle-per-month rate.

Note-2: The Authority/ Government will allow the successful bidder to facilitate in selling the ambulances which have passed their economic life.

19. Evaluation Procedure: The proposals shall be evaluated by an Evaluation Team, to be constituted by the Government. The evaluation shall be a 3-step process as outlined below:

Step-1: Assessment of capacity and experience on the basis of documentary evidence submitted



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The technical proposal shall be evaluated and marks assigned on the basis of documentary proof provided therein. The parameters and the marks to be assigned will be as shown in the table below.

Table-5: Evaluation Parameters for technical proposal
Technical Scores

Parameter	Marks	Max Marks
Experience of the Agency in implementing Ambulance projects OR MMU projects	Experience of 2 years or more but less than 3 years = 10 Marks. Experience of 3 years or more but less than 4 years = 15 Marks Experience of 4 years or more = 20 Marks	20
Number of Ambulances / MMUs being operated / managed at the time of application.	100-150 Ambulances / 50-75 MMUs = 10 Marks 151-200 Ambulances / 76-100 MMUs = 15 Marks More than 200 Ambulances / more than 100 MMUs = 20 Marks	20
Experience of handling patients in ambulance (Certificate signed by Competent Authority must be submitted)	Upto 15000 patients in last 6 months = 2 Marks. 15001 – 25,000 patients in last 6 months = 5 Marks. 25,001 and above patients in last 6 months = 10 Marks.	10
Experience of operation of GPS Enabled Ambulances through owned dispatch software (proof of ownership and Certificate of usage signed by Competent Authority must be submitted)	Upto 50 Ambulances = 2 Marks 51-100 Ambulances = 5 Marks. 101 and Above = 10 Marks	10
Local Presence		
A. Experience of Local Partner in conducting business operations locally and provide evidence of collaboration or partnerships with local businesses, subcontractor, or suppliers that have experience in similar work (health sector): (1) 1 to 2 years = 2 Marks. (2) 2 + years = 4 Marks.		10
B. The bidder should have a registered office in Meghalaya with local State GST registration = 2 marks.		
C. Average Annual Turnover of Local Partner in last 3 years (1) Rs.50 Lakhs to 1 crore = 2 Marks. (2) Rs.1 crore to 2 crore = 4 Marks.		
TOTAL MARKS		70

Step-2: Assessment of presentation

Bidders scoring 45 marks or above shall be invited to make a presentation before the selection committee explaining the methodology proposed for implementing the assignment. Each presentation shall be assigned a score on a scale of 0-30 as per the following break up:

Technical Presentation and Demonstration		Max Marks
1.	Detailed understanding of the scope of project, approach & methodology, detailed project plan along with the timelines and resource deployment plan, understanding mitigation of risks ➤ Ambulance planning for entire project: 2 Marks ➤ Project Management methodology/ strategy: 2 Marks ➤ Risk & Crisis Management Plan: 2 Marks ➤ Solution Architecture: 2 Marks	10

	➤ Grievance redressal and response mechanism: 2 Marks	
2.	Demonstration of software as specified in the Tender document Plan of action for introducing the mobile application	10
3.	HR policy proposed for implementing the project = 5 marks. Policy / modalities for absorbing existing manpower = 5 marks.	10

The total marks for the technical proposal shall be decided by adding the marks obtained in Step 1 plus the marks assigned to the agency after its presentation.

Note: Each member of the Evaluation Committee assigns marks on the above parameters individually. Thereafter, an average of the score will be calculated to arrive at the final score.

Step-3: Opening of financial proposals and determination of overall winner through QCBS method

The financial bids of only those bidders shall be opened who have scored at least 60 marks at the end of Step-2. Final score for an applicant would be weighted average of technical and financial bids, where the technical and financial proposals will be assigned a weight of 80 and 20 percent respectively. The scoring system of this 'Quality-Cum-Cost-Based' to be used for obtaining final scores is illustrated below.

Table-6: Scoring system to be used

Technical proposal		Financial proposal		Combined score		
Score	Weighted score =(score/max score)*100	Bid amount	Weighted score = (mini amount / amount) *100	Technical	Financial	Total
(1)	(2)	(3)	(4)	(5) = (2) * 0.80	(6) = (4)*0.20	(7) = (5)+(6)
50	62.50	4.00	100	50	20	70
60	75	5.00	80	60	16	76
70	87	6.00	67	69.60	13.40	83
80	100	7.00	57	80	11.40	91.40

20. Standard Operating Procedures:

- Successful bidder will have to develop, within one month of the start date, a written Standard Operating Procedures (SOPs) in consultation with the State Nodal Officer and train its HQ/ field staff in the use of the SOPs within a further period of two months.
- Printed copies of the SOPs document shall be provided to the State Nodal Officer, all DMHOs and all district coordinators. These shall be used as a reference document for any process audit that the Government may order from time to time and bring the deficits to the attention of the Operator for remedial action.

21. Possibility of change of emergency call number: The call number may have to be changed to 112 from 108 following the launch of 112 as the new single destination emergency call number across the country.

Annexure-I

Inventory of assets under 108-ambulance project

A. Office space

The project office is located on the first floor of Neurological Building, MIMHANS, Lawmali, Shillong – 793 001. Entire first floor, having a built up / carpet area of 9792 / 5172 square feet is dedicated to the project office which has 50 work stations, a 14-seater conference room and a 30-seater training room, besides office cabins, reception area and other necessary facilities. The office is well equipped with split ACs and other facilities required for smooth functioning of an office.

B. Ambulances

The project has a total of 61 ambulances consisting of 48 ambulances procured during 2011 – 2019, 2 ambulances donated by National Highway Infrastructure Development Corporation Limited (NHIDCL) in 2021 and another 11 ambulances procured in 2021. The details of these vehicles are given below.

Table-1: Details of ambulances procured during 2011-2019

Sl. No	VEHICLE No.	Model	Year	KM Run till 10.03.22	Base location	Status (03/2022)	Remarks
1	ML016089	Winger BS-3	2011	223865	UMIAM, Ri Bhoi	On Road	Due For Replacement
2	ML016094	Winger BS-3	2011	204693	Backup_East Khasi Hills	Back Up	
3	ML016095	Winger BS-3	2011	271054	Backup_Ri Bhoi	Offroad/ Back up	
4	ML016332	Winger BS-3	2011	165506	UMSNING_CHC, Ri Bhoi	On Road	
5	ML016335	Winger BS-3	2011	140144	Pomlum_PHC, East Khasi Hills	On Road	
6	ML016338	Winger BS-3	2011	120954	Back up RESUBELPARA, North Garo Hills	On Road/ Back up	
7	ML016342	Winger BS-3	2011	262230	Backup_West Khasi Hills	Back Up	
8	ML016346	Winger BS-3	2011	179309	Backup_West Jaintia Hills	On Road/ Back up	
9	ML016347	Winger BS-3	2011	221852	Weiloi, East Khasi Hills	On Road	
10	ML017519	Trax BS-3	2016	81358	RONGJENG, East Garo Hills	On Road	
11	ML017468	Trax BS-3	2016	145880	ASANANGGRE, West Garo Hills	On Road	
12	ML017469	Trax BS-3	2016	116968	BAJENGDOBA_PHC, North Garo Hills	On Road	
13	ML017470	Trax BS-3	2016	107574	Phulbari_CHC, West Garo Hills	On Road	
14	ML017471	Trax BS-3	2016	116717	GASUAPARA, South Garo Hills	On Road	
15	ML017472	Trax BS-3	2016	207027	LASKEIN, West Jaintia Hills	On Road	
16	ML017473	Trax BS-3	2016	109456	MAHENDRAGANJ, South-West Garo Hills	On Road	
17	ML017516	Trax BS-3	2016	205686	Patharkhmah_PHC, Ri Bhoi	On Road	
18	ML017514	Trax BS-3	2016	86694	DADENGGIRI_CHC, West Garo Hills	On Road	



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Sl. No	VEHICLE No.	Model	Year	KM Run till 10.03.22	Base location	Status (03/2022)	Remarks
19	ML017512	Trax BS-3	2016	194862	Markasa_PHC, West Khasi Hills	On Road	
20	ML017515	Trax BS-3	2016	115669	Riangdo_CHC, West Khasi Hills	On Road	
21	ML017523	Trax BS-3	2016	128785	Laitumkhrah, East Khasi Hills	On Road	
22	ML017521	Trax BS-3	2016	135111	KHLIEHTYRSHI, West Jaintia Hills	On Road	
23	ML017520	Trax BS-3	2016	54833	Ranikor_CHC, SOUTH WEST KHASI HILLS	On Road	
24	ML017522	Trax BS-3	2016	187099	Nongthliew, West Khasi Hills	On Road	
25	ML017513	Trax BS-3	2016	88334	TIKIRKILLA_PHC, West Garo Hills	On Road	
26	ML017979	Traveller BS-4	2019	34974	Khliehriat_CHC, East Jaintia Hills	On Road	
27	ML017715	Traveller BS-4	2019	50831	NARTIANG_CHC, West Jaintia Hills	Offroad/ Back up	
28	ML017726	Traveller BS-4	2019	22049	BAGMARA, South Garo Hills	On Road	
29	ML017728	Traveller BS-4	2019	63863	BHOIRYMBONG_CHC, Ri Bhoi	On Road	
30	ML017982	Traveller BS-4	2019	64028	BYRNHAT_PHC, Ri Bhoi	On Road	
31	ML017725	Traveller BS-4	2019	41811	Sohra_CHC, East Khasi Hills	On Road	
32	ML017729	Traveller BS-4	2019	47816	Pynursla_CHC, East Khasi Hills	On Road	
33	ML017716	Traveller BS-4	2019	47415	Mawryngkneng_PHC, East Khasi Hills	On Road	
34	ML017985	Traveller BS-4	2019	44402	Smit_CHC, East Khasi Hills	On Road	
35	ML017981	Traveller BS-4	2019	114968	Kyrdem_PHC, Ri Bhoi	On Road	
36	ML017987	Traveller BS-4	2019	60042	Mawphlang_CHC, East Khasi Hills	On Road	
37	ML017724	Traveller BS-4	2019	59545	Mawsynram_CHC, East Khasi Hills	On Road	
38	ML017712	Traveller BS-4	2019	92604	Rangthong_PHC, West Khasi Hills	On Road	
39	ML017720	Traveller BS-4	2019	75796	Jarain_PHC, West Jaintia Hills on)	On Road	
40	ML017983	Traveller BS-4	2019	26038	SONGSAK_PHC, East Garo Hills	On Road	
41	ML017713	Traveller BS-4	2019	32378	DALU_CHC, West Garo Hills	On Road	
42	ML017714	Traveller BS-4	2019	34647	GAROBADHA_PHC, West Garo Hills	On Road	
43	ML017969	Traveller BS-4	2019	37701	AMPATI, South-West Garo Hills	On Road	
44	ML017706	Traveller BS-4	2019	78463	NONGKHLAW_CHC, West Khasi Hills	On Road	
45	ML017986	Traveller BS-4	2019	57426	Mawkyrwat, SOUTH WEST KHASI HILLS	On Road	

Sl. No	VEHICLE No.	Model	Year	KM Run till 10.03.22	Base location	Status (03/2022)	Remarks
46	ML017980	Traveller BS-4	2019	66621	LAITLYNGKOT_PHC, East Khasi Hills	On Road	
47	ML017723	Traveller BS-4	2019	71171	SWER PHC, East Khasi Hills	On Road	
48	ML017704	Traveller	2019	10893	RESUBELPARA, North Garo Hills	On Road	

Table-2: Ambulances donated by NHIDCL

Sl. No	VEHICLE No.	Model	Year	KM Run till 10.03.22	Base location	Onroad/ Offroad	Remarks
1	ML017122	Winger BS-6	2021	10772	LAWMALI-NH-1, East Khasi Hills	On Road	
2	ML017121	Winger BS-6	2021	8480	LAWMALI-NH-2, East Khasi Hills	On Road	

Table-3: Ambulances procured in 2021 [status as of 15-03-2022]

Sl. No	VEHICLE No.	Model	Year	KM Run till 10.03.22	Base location	Onroad/ Offroad	Remarks
1	ML01A0109	Traveller BS-6	2021	2924	SHILLONG - CIVIL, East Khasi Hills	On Road	
2	ML01A0117	Traveller BS-6	2021	3350	WILLAMNAGAR, East Garo Hills	On Road	
3	ML01A0113	Traveller BS-6	2021	2429	Nongstoin Civil, West Khasi Hills	On Road	
4	ML01A0120	Traveller BS-6	2021	2483	TB Umsawli, East Khasi Hills	On Road	
5	ML01A0119	Traveller BS-6	2021	2506	NONGPOH_ P.S., Ri Bhoi	On Road	
6	ML01A0112	Traveller BS-6	2021	2458	Mairang, West Khasi Hills	On Road	
7	ML01A0108	Traveller BS-6	2021	3489	SHILLONG- GUWAHATI, East Khasi Hills	On Road	
8	ML01A0115	Traveller BS-6	2021	3003	TURA CIVIL, West Garo Hills	On Road	
9	ML01A0116	Traveller BS-6	2021	3377	TURA- GUWAHATI, West Garo Hills	On Road	
10	ML01A0118	Traveller BS-6	2021	3025	RARI, North Garo Hills	On Road	
11	ML01A0110	Traveller BS-6	2021	2699	Jowai Civil, West Jaintia Hills	On Road	

NOTE: The base location of the above mentioned ambulance are subject to change due to relocation based on requirement. Physical verification of the ambulances can also be done by the bidder on the approval of the department.

C. Availability of equipment in the ambulances

Three (3) of the ambulances from the lot of 48 (Table-1) are off-road. For the remaining, the availability of various equipment is given below (Table-4).

Table-4: Availability of equipment in the ambulances procured during 2011-2019

Old 45 Ambulance			
Equipment/Extrication Tools	Working	Not working	Not Available
Pupillary Torch	30	5	10
Stethoscope	43	2	0
BP Apparatus	41	2	2
Glucometer	43	2	0
Toothed Forceps	36	3	6
Artery Forceps 6 inch	40	2	3
Surgical Scissors	30	2	13
Kidney Tray	43	0	2
Auto Loader - Collapsible Stretcher	37	6	2
Scoop Stretcher	42	1	2
Spine Board	41	3	1
Straps and head blocks (Rigid Block)	26	8	11
Wheel Chair	19	6	19
Suction Apparatus AC/DC & Manual	2	0	43
Suction Apparatus - Hand Held	14	7	24
Bed Pan	25	2	18
Urine Pan	25	2	18
Pulse Oxymeter with Charger	39	2	4
Needle & Syringe Destroyer	25	4	16
Thermometer	43	2	0
Flow Meter	44	1	0
Humidifier	42	2	1
Regulator 2 Stage	44	1	0
Oxygen Cylinder Key	45	0	0
Sputum Cup	39	0	6
Ambu Bag Adult	40	2	3
Ambu Bag Paediatric	40	1	4
Oxygen Cylinder Portable	28	4	13
Oxygen Cylinder D/B type	45	0	0
Cellular Phone with SIM Card	45	0	0
12" Wrench Adjustable Open End	26	0	19
12" Screw Driver Standard Square Bar (Flat)	28	2	15
8" Screw Driver Philips Head # 2	29	2	14
Hacksaw With 12" Carbide Wire Blade	32	6	7
Vise Grip Pliers 10"	17	1	27

Old 45 Ambulance			
Equipment/Extrication Tools	Working	Not working	Not Available
5lb Hammer With 15" Handle	36	1	8
Fire Axe Butt 24" Handle	29	2	14
Wrecking Bar With 24" Handle	35	1	9
51" Crowbar Pinch Point	34	0	11
Bolt Cutter With 1" Ti 1/4" Jaw Opening	34	4	7
Folding Showel Pointed Blade	39	1	5
Tin Snip	34	1	10
Gauntlets	45	0	0
Ropes 5400lb Tensile Strength in 50' Length in bag	0	0	45
Mastic Knife	24	5	16
Spring Load Center Punch	31	0	14
Pruning Saw	5	34	6
Fire Extinguisher	4	28	13
Search Light	0	0	45
Fire / Rescue Blanket	2	0	43
Goggles	45	0	0

The 2 ambulances donated by NHIDCL are equipped to be BLS type and are fully equipped for that purpose. The 11 ambulances procured in 2021 are equipped to be ALS type are fully equipped for that purpose. The details are given in Table-5 below.

Table-5: Equipment available in the 11 ambulances procured in 2021

11 New ALS Ambulance	
Equipment/Extrication Tools	Working
Ventilator Transport	11
AED	11
Syringe Infusion pump	11
Pupillary Torch	11
Stethoscope	11
BP Apparatus	11
Gluko Meter	11
Pulse Oxymeter	11
Magill Forcep	11
Artery Forceps 6 inch	11
Gauze Cutter	11
Plastic Tray	22
Auto Loader - Collapsible Stretcher	11
Scoop Stretcher	11
Spine Board	11

11 New ALS Ambulance	
Equipment/Extrication Tools	Working
Head blocks (Rigid Block)	11
Canvas Folding Stretcher	11
Suction Apparatus AC/DC	11
Suction Apparatus - Manual	11
First Aid Bag	11
Laryngoscope	11
Thermometer	11
Flow Meter & Regulator 2 stage	11
Humidifier	11
Regulator	11
Oxygen Cylinder Key	11
Ambu Bag Adult	11
Ambu Bag Paediatric	11
Oxygen Cylinder D type	11
Cellular Phone with SIM Card	11
12" Wrench Adjustable Open End	11
Hacksaw With 12" Carbide Wire Blade	11
Vise Grip Pliers 10"	11
5lb Hammer With 15" Handle	11
Fire Axe Butt 24" Handle	11
Wrecking Bar With 24" Handle	11
51" Crowbar Pinch Point	11
Bolt Cutter With 1" Ti 1/4" Jaw Opening	11
Side Cutting Plier	11
Gauntlets	11
Mastic Knife	11
Spring Load Center Punch	11
Pruning Saw	11
Fire Extinguisher	11
Luminous Search Light	11
Fire / Rescue Blanket	11
Goggles	11
Allen Key 5mm,6mm,8mm,14mm	11

D. IT equipment The IT equipment has been fully renovated in 2021. The details are given in Table-6 below.

Table-6: IT equipment available at the headquarter office

S. No	Asset Name	Qty	Equipment Category	Specification	Year of Purchase
1	Server	4	Server VxRail P570, 14X3.5	Intel Xeon Gold 2X6240 2.6G, 18C/36T, 10.4GT/s, 24.75 M Cache, Turbo, HT (150W) DDR4- 2933/384GB Memory/1X800GB SSD Cache/5X4TB SAS 7.2K HDD/vSAN STD/vSphere STD	2021
2	Network Switch	2	Network switch for VM's Layer 3	DELL EMC S4128T 28 Port 10 G and 8 x SPF + Switch	2021
3	Desktop	28	Desktop ERC	Desktops Dell 24 Monitor - E2420H Optiplex DT 3080 Intel Core i5-10500T (6-Core, 12MB Cache, 2.3GHz to 3.8GHz, 35W), 8GB DDR4, 1TB, windows 10 Pro, 3 YEARS WARRANTY	2021
4	Desktop	22	Desktop NoN ERC Staff	Desktops Dell 24 Monitor - E2420H Optiplex DT 3080 Intel Core i5-10500T (6-Core, 12MB Cache, 2.3GHz to 3.8GHz, 35W), 8GB DDR4, 1TB, windows 10 Pro, 3 YEARS WARRANTY	2021
5	Laptop	4	Laptop	Latitude 3410 Laptop Intel Core i5 - 10210U Processor (4Core,6M Cache, 1.6 GHz), 8GB, DDR4, 1TB 5400 rpm 2.5", Windows 10 Pro, 3 years Warranty	2021
6	Network Switch	1	Network Switch	Dell EMC Switch S4148T-ON, 1U, 48 x10Gbase-T	2021
7	Network Switch	3	Network Switch	Dell Networking N1524P, PoE+, 24x 1GbE + 4x 10GbE SFP+ fixed ports, Stacking, IO to PSU airflow, AC	2021
8	Storage	1	NAS storage	DELL EMC NX3240 NAS Storage 3X8 TB 10K RPM SAS	2021
9	Software	1	Backup software	Veritas backup software with 2 TB	2021
10	Firewall	1	Firewall (Sophos)	Sophos Firewall with full subscription XG 210 Rev.3 Security Appliance - IN power cord XG 210 Enterprise Guard with Enhanced Support - 36 MOS	2021
11	Server	1	KVM Switch (16 Port)	Aten 16-port rackmount or desktop single-user KVM switch with OSD and 8VGA cables	2021
12	Server	1	Console Monitor	Aten LCD Tray with keyboard mouse, 18.5-inch APAC version	2021

S. No	Asset Name	Qty	Equipment Category	Specification	Year of Purchase
13	Server	1	Server Rack	42U Rack Frame/800X1000/Steel/NRS/CKD Assembled/Casters Type 3/Black 19" Adopter Kit/42U/Closed/Door/100X150/2/Black/perforated doors/power distribution unit, 1Ph, 230V, 32A, 50/60Hz, Zero U standard with 20 X C13 & 4 X C19, 16A MCB X 2 Circuits - PDU Rating 7.3KVA	2021
14	Server	2	DVD-Writer	External DVD writer	2021
15	Priner	1	Printer	Epson L850 Ink Tank Multi-Function Printer	2021
16	Software OS	4	Windows Server	9EM-00631 - WinSvrSTDCore 2019 SNGL OLP 16Lic NL Acdmc CoreLic	2021
17	Software OS	60	Windows server Device CAL	R18-05746 - WinSvrCAL 2019 SNGL OLP NL Acdmc DvcCAL	2021
18	Laptop	1	Laptop	Dell Latitude 7320 Intel Core i5 – 1135G7 (4 Core 8M Cache, 2.4 GHz), Intel Iris XE Graphics, 16GB RAM, 512GB SSD, 13.3 FHD, Windows 10 Pro, 3 years Warranty	2021
19	Server	4	Convov server	HPE DL160	2021
20	Server	1	KVM Switch	Aten 16-port	2021
21	Network Switch	2	Sangoma Gateway	Vega 400G	2021
22	Firewall	1	Firewall	Sophos XG	2021



CHECKLIST OF DOCUMENTS

Documents to be enclosed with the RFP/ Tender Document

Sl No.	Checklist	Enclosed (Yes/No)	Reference In the Bid (Page no.)
1.	A covering letter on your letter head addressed to The Mission Director, National Health Mission, Meghalaya (as per Annex – II)		
2.	Copy of RFP/ Tender document duly signed in each page and enclosed in token of accepting the terms & conditions.		
3.	Earnest Money Deposit		
4.	Non-refundable Bid Fee		
5.	A notarized affidavit should be submitted to the effect that the bidder has not been blacklisted in the past by any of the State Governments across the country and that they are not having any on-going litigation in any court or forum. Also, that the bidder will not form any coalition with any other blacklisted firm.		
6.	Average annual turnover statement duly certified by a Chartered Accountant (as per Annex – III)		
7.	Details of work completed for technical scoring (as per Table-5)		
8.	Sealed RFP affixed with Rs. 25/- Court Fee Stamp is invited from Reputed Firms, for Request for proposal for the “ <i>Management and Operation of ERS-108 Ambulance Service & Mortuary Vans through Integrated Centralized Call Centre in the State of Meghalaya</i> ”.		



Letter of Transmittal

To,
The Mission Director,
National Health Mission, Meghalaya,
Directorate of Health Services,
Health Complex, Laitumkhrah, Shillong – 793003

Sir,

I/ We, the undersigned, offer to operate the “108 ambulance service” fleet in accordance with your Request for Proposal dated, I/ we are hereby submitting our Proposal, which includes Technical Proposal and Financial Proposal sealed under separate covers and both envelopes placed together in an outer envelope all properly marked as required.

I/ We hereby declare that all the information and statements made in this Proposal are true and accept that any misrepresentation of facts may lead to our disqualification and /or black-listing.

The prices quoted by us in the Financial Proposal are valid till six months from the date of submission of the quotation. We confirm that this proposal will remain binding upon us and may be accepted by you at any time before the expiry date.

Prices have been arrived at independently without consultation, communication, agreement or understanding (for the purpose of restricting competition) with any competitor.

I/ We agree to bear all costs incurred by us in connection with the preparation and submission of the proposal and to bear any further pre-contract costs.

I/ We understand that the State is not bound to accept the lowest financial bid or any proposal or to give any reason for award, or for the rejection of any proposal.

I/ We confirm that we have the authority of [*Insert Name of the Agency/Firm*] to submit the proposal and to negotiate on its behalf.

Yours faithfully,

[Signature of authorised person(s)]



FINANCIAL CAPACITY OF THE BIDDER
(To be forwarded on the letterhead of the Bidder)

ANNEXURE III

Sl. No	Applicant / Entity	Annual Turnover from health facility operation for preceding three Financial Years			
		2021-22	2022-23	2023-24	Average

Certificate from the Statutory Auditor

This is to certify that..... (Name of the Bidder) has the Annual turnover as shown above.

Name of Authorized Signatory:

Designation:

Name of Entity:

(Signature of the Authorized Signatory) Seal of the Entity

Instructions:

- 1) The bidder shall attach the copies of audited Annual Reports comprising audited financial statements for the last three financial years.
- 2) In case the bidder is a Society/Trust, it shall submit a certificate of Annual Turnover for the last three years, certified by a practicing Chartered Accountant.

FORMAT FOR FINANCIAL BID

AMBULANCE

ITEM	Basic Monthly Price Amount (INR)	Taxes (GST etc)	Bid Amount per Month (including taxes)
All inclusive per-vehicle-per-month rate for operating the fleet			Both in Numeric and in Words. Rs. _____/- (Rupees _____).

MORTUARY VAN

ITEM	Basic Monthly Price Amount (INR)	Taxes (GST etc)	Bid Amount per Month (including taxes)
All inclusive per-vehicle-per-month rate for operating the fleet			Both in Numeric and in Words. Rs. _____/- (Rupees _____).

Signature :

[These must be the signed by the same person(s) who have signed the letter of transmittal].