



NATIONAL HEALTH MISSION

Government of Meghalaya

No. DHS/MCH&FW/NHM/ERS/29/2021-22 (CVII) A

Dated: 27/09/2023.

CORRIGENDUM/ ADENDUM / DEDENDUM

Sl. No	Clause No & Page No.	Original Clause in RFP & consideration request	Change Request/ Clarification required	NHM Response
1	Clause No. 17 (b) Page No. 18	Letter of certificate by the auditors indicating the turn over figure in the last three financial years.	Kindly accept the certificate from Chartered accountant/statutory auditor	This is considered.
2	Clause No. 17 (c) Page No. 18	Curriculum vitae of the key personnel proposed to be assigned for the project	Kindly Specify the who's CV and Nos of CV's required of key personnel	The number of CVs to be indicated will depend on the proposed plan to be prepared by the bidder only for the Key personnel.
3	EXPERIENCE: Q Page No. 7	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)	Can we submit the self certified letter for the ownership and the source code document may be furnished on demand at the time of tech evaluation. Hope this is okay.	This is considered.
4	EXPERIENCE: Q Page No. 7	Having at least 2 years' experience of managing network of radio taxis and managing a fleet of at least 100 such vehicles at the time of application	Kindly consider the 2 years experience of Managing network of Radio Taxi or Ambulance for Emergency Responses with central/State Govt. / PSU body at least 100 such vehicles at the time of application	All necessary scorings will be made are per the Technical Parameters as indicated in Table 5 of the RFP Document
5	Scope of work Page No. 9	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.	Based on the Table-3: Historical data on response time of 108 service provided. The average response time of Urban is 00:44:24 & of Rural is 1:01:25. Now response time target of RFP is 20 minutes in urban areas and 30 minutes in rural areas. This is absolutely not possible to achieve unless the fleet is increased 100%. The target needs to be revised to 45 Minutes for Urban and 1 Hours for Rural. Even if we go by Table-2: District-wise details of key statistics for 108 fleet in FY 2021-22, then Average call-to-scene time is 0:34:15 Which is again above the target average of 25 minutes. Request you to kindly stipulate at least 45 mins for urban and 60 mins for rural.	Taking into consideration the Golden Hour requirement for management of Critical Patients within 30 minutes, enhancement to 45 mins and 60 mins in rural and urban respectively is not acceptable. It has also been highlighted that the proper planning will on the bidder's ability not just for adherence to the required parameter and fleet expansion but also based on the actual conditions in concurrence with the successful bidder.
6	General Page No. 21	Ambulance replacement	Request that the authority replaces the ambulances and the medical equipments by themselves	Regarding the replacement of the ambulance, the Government will provide support for the Capital Expenditure (CAPEX). Therefore, bidders should only submit quotations for the Operational Expenditure (OPEX). The expansion of the fleet will be contingent upon the Government's actual approval, which will be determined through mutual agreement between both parties (successful bidder).
7	Format for financial bid Page No. 32	All-inclusive per-vehicle-per-month rate for operating the fleet	As this tender requires bidder to replace the ambulances at own cost there should be separate bid items for Service provider own Ambulances and Authority owned ambulances	May refer to Sl. No. 6 above.
8	Fuel Cost escalation Page No. 17	Note: FCEC will be permissible after the increase has exceeded 5% from the base month.	What is calculation of fuel rate? Is it average or fuel rate at the beginning of the month or at the end of month. And which month.	The calculation of fuel Cost Escalation has been clearly mentioned in Point No. 15 of the RFP Document. The fuel rate at the end of the month will be considered and the base month will be from the date of actual operations of Ambulances.
9	Ancillary Obligation Page No. 13	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	May we know what are the norms for the replacement and vehicle scrapping policy. Also whether service provider shall be allowed to take home the ambulances owned by him at the completion of contract?	As indicated in Sl. No 6 and Sl. No 7.

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		vehicle scrapping norms of the Authority.		
10	Anciliary Obligation Page No. 13	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.	Can bidder hire vehicles towards ambulances those are due for replacement?	As indicated in Sl. No 6 and Sl. No 7.
11	Anciliary Obligation Page No. 14	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.	Since this revenue in this contract is not based on utilization model, hence we request to remove this clause. The Ambulance rate per month is already fixed covering all expenses and same is principle responsibility of service provider. Hence the audit of separate ledgers should not be required.	This is considered.
12	Page No. 13	Driver & EMT	Kindly confirm whether Driver & EMT should be considered as Skilled or Semi Skilled category for the purposes of minimum wages. Also clarify the minimum wages paid to the driver and the EMT as of now.	As per the current mode of operations both are categorized as Skilled HR, the rate will be based on the Notification from the Labour Department.
13	Page No. 16	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)	We Request you to kindly consider the hybrid model of payment wherein fixed sum of Rs. 50,000/- Can be paid towards per month per ambulances and variable sum of per KMs can be billed on actual run basis. The similar model has been implemented in states like Uttar Pradesh and West Bengal.	Hybrid model of payment cannot be considered.
14	Frequency and Mode of payment Page No. 17	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	Kindly accept the payment 80% against submission of invoice within 7 days and balance 20% within 30 days, if not 100% within 7 days	This cannot be considered as in any Govt entities there are sometime delays in the release of payment but we are trying to make it as predictable as possible. However, ideally the Government will always try to honour the payments at the least possible time.
15	Role of State Govt Page No. 15	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.	Request authority to kindly confirm in how many locations such rest room facilities may require to be borne by service provider? This will help us to consider the cost in bidding.	The current fleet locations with rest room facilities is indicated as per Annexure A (attached).
16	EXPERIENCE: QPage No. 7	The Bidder shall have conducted operations under 108 or similar other Central/State government/PSU body for a minimum period of 1 year. (The Bidder shall have conducted operations under 108 or similar other Central/State government/PSU body for a minimum period of 1 year.)	Request you to consider experience of at least 2 years.	The condition shall remain the same to ensure maximum participation.

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17	EXPERIENCE: Q Page No. 7	Having at least 2 years' experience of operating Mobile Medical Units ¹ 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	Radio Taxi and MMU operations are not equivalent to Ambulance operators and hence needs to be deleted	The Technical Committee shall consider the bidder's experience in operating the most suitable Ambulance or ERS Fleet.
18	Point e of 4. Scope of work Page No. 10	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	Since the ERC is already set up in 2021, what is the need to set up a new one	There is no need to set up a new ERC but there might need to refurbish the existing Centre based on the vendors preference and existing IT Hardware. Any added value interventions in the office assets etc, the bidder will have to factor within the quoted cost.
19	Point e of 4. Scope of work Page No. 10	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	ERC physician in each shift can be removed as physician can be accessed over a call. Hope this is okay	This is considered.
20	Page No. 15	Role of State Govt	Request you to kindly incorporate below certain points as roles of state govt. 1. Facilitate approvals from other State Government departments, if required for running of ambulances. 2. The State Government shall provide the mapping of hospitals located in all rural and urban areas. 3. Constitute appropriate Committees both at State and District level, with suitable delegation to ensure smooth implementation of 108 services. 4. Liaison with other Departments or authorities critical to the functioning such as Police, Fire, Transport, Labour etc. 5. Handover fully furnished Call Centre along with IT infrastructure in Shillong to the selected agency. 6. To promote research in academic institutions to improve emergency response mechanism in Govt. and Pvt. Sector hospitals. Client will collaborate with academic institution and establish COE (Centre of Excellence)	It is considered, however in relation to Point No. 5, the existing Call Centre with IT and other infrastructure shall be handed over to the successful bidder.
21	Response time Page No. 16	Response time benchmarks	The response time would be applicable in case of the distance to pick up in urban area is 10 kms and in case of rural area is 15 kms. We are requesting that the response time should be linked to the distance travelled for pick up. The average speed of the ambulance should be assumed at 30 kms per hour while calculating the response time.	Please refer to Sl. No. 5 above.

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22	Payment terms Page No. 16	payment terms for the successful bidder may be linked to the average number of trips achieved	Also request you to define the No of kms in a trip. It is advisable to have full transparency in this as some trips may be short distance and some trips may be long distance and the operator will not be motivated to do long distance trips. Hence request you to stipulate that every 30 kms may be considered a trip. For additional kms over and above 30 kms the trips would be calculated by dividing the distance travelled by 30 kms. For calculating the distance travelled it would be defined as the distance travelled to pick the patient, and the drop the patient and then back to the base location of the ambulance.	Please refer to Sl. No. 5 above.
23	Annual Escalation Page No. 17	The Operator would be expected to allow a minimum of 07.50 % annual increase in the remuneration of field staff	Please clarify that this escalation of 7.5% annual increase in the remuneration of field staff is not on compounding basis, but is on simple escalation from the first year of operation. This is required as the annual increment is also not on compounding basis , but on simple 7.5% p.a over the first year as the base rate.	Adherence to minimum of 7.5% annual increase is mandatory and it is not on compounding basis but on simple percentage of the base rate
24	Fuel Cost escalation compensation Page No. 17	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: FCEC= (Total km clocked / covered by the fleet during the month) * (fuel rate in the month – 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.	Base would be the first month of the operations and it would be the average pump price in Shillong for the whole of that particular month.	Yes, base would be the first month of operations and average pump price of that particular month.
25	Frequency and Mode of payment Page No. 17	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 Agency(s)/ NGOs/ Concessionaire should be able to financially sustain and support the functioning of their respective health facilities till such funds are available for disbursement	However the payment in regular course will be released within 5 days of submitting the invoice. In case the payment is delayed beyond 15 days of submission of invoice, the department will pay interest at 12% p.a for the delayed period. Also no penalties would be applicable for the period when the payment are delayed and also for the month for which the payment has been delayed , till the payment cycle is regularised.	Refer to Sl. No. 14 above
26	Financial proposal - note 1 Page No. 18	Note-1: Besides allowing takeover of existing assets listed in Annex-1 hereto, Government shall NOT make any further investment for procurement of additional ambulances etc. 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.	The government should procure the ambulance along with the equipment as and when they are replaced. the service provider would be in charge of all operating expenses including development of mobile application, dispatch software , training and retraining of technical / non technical staff	Please refer to Sl. No. 6, 7, 9 & 10 above.

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27	SOP Page No. 20	a) 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.	should be 3 months to incorporate the learning of the state specific operating environment and hence sufficient time is required for the same	The development of SoPs should be completed within 45 days.
28	Annexure 1 - Office space Page No. 21	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.	Will this office space be handed to the service provider free of cost . Also who would bear for the upkeep of the office, such as replacement of AC and other civic infrastructure. Further in case if the project after a couple of years requires the whole of call centre IT infrastructure to be replaced, will not department bear the cost of replacement as and when it happens.	The current office space will be handed over to the successful bidder as-is where-is basis. However, the entire upkeep of the office such as replacement of civil infrastructure, office furnishings etc will also have to be factored in by the bidder.
29	Annexure 1 - Ambulances Page No.21	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.	Who is going to bear the cost of replacement, Our recommendation is that the deptt bears the cost of replacement of Ambulances and medical equipments and all other capital goods. The service provider should only quote for the operational cost of operating the ambulances 24X 7	Please refer to Sl. No 26 above.
30	Termination/suspension of Agreement Page No. 15	Termination/suspension of Agreement	Request you to incorporate Arbitration related rules in the RFP. The suggested wording are as below Governing Law: The contract shall be governed and construed in accordance with the laws and by-laws of India, the State of Meghalaya and the local bodies in this region. All disputes arising under or in relation to this RFP/ Agreement shall be subject to jurisdiction of the Courts in Meghalaya only to the exclusion of other courts. Disputes: If a dispute of any kind whatsoever arises between the Service Provider & Authority, the parties shall settle the same amicably. However, in case of failure of an amicable settlement, the matter shall be settled by Arbitration, under the Arbitration and Conciliation Act 1996. Both the parties shall together appoint an arbitrator and in case of failure to reach a consensus on the arbitrator, the same shall be appointed as provided under Law. The Seat of Arbitration shall be in Meghalaya and the language shall be English. The arbitration award shall be final and binding on the parties.	Any dispute between two parties will fall under the jurisdiction of Meghalaya High Court only, however with regards to the request for identifying an Arbitrator, the Govt will take a call on the same at a later stage.

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31	Definitions - point O - Eligibility of participation Page No. 6	An affidavit to the effect that the bidder has not been blacklisted in the past by any of the State Governments across the country and that he will not form any coalition with any other bidder.	The Bidder and (or) all members (in case of consortium) should not be blacklisted/ debarred/ banned/ restricted by any Central Govt. /State Govt. / Public Sector undertaking in India at the time of bid submission. The bidder should ensure that there are no legal or criminal proceedings / inquiries / investigations have been commenced / pending / threatened against service provider and their directors by any statutory or regulatory or investigative agencies or any other bodies. "No-Conviction Certificate" duly signed by authorized signatory signing the bid, should be submitted in the prescribed format. Also, Bidder must submit an affidavit that no investigation, case, trial, proceedings, etc by any statutory or regulatory body / Govt. investigating Agency of any State Govt./ Central Govt. has been undertaken, on-going or pending against the bidder for the charge having nature of criminal/economic offence/fraud/corruption/money laundering/etc.	If there are any serious criminal investigations ongoing, the Technical Committee shall consider it. But this shall be done in accordance with procedures laid by law or by any High Courts or Supreme Court directions.
32	Definitions - point O - Eligibility of participation	New clause	Requested to include the following criteria: (1) The bidder or any consortium member will be disqualified, if they were awarded any similar ERS project in any state and/or any work order from the state of Meghalaya, and subsequently they were unable to complete/start/execute their obligations for the duration of the contract either by way of surrendering/withdrawing/suspension for any reason.(2) Bidder/ all Consortium Member must be tax compliant for the last 3 years as per IT rules and acts - Copy of ITR's and CA Certificate for the same required. NOTE: in case of Society/Trust/Sec 8 Company/NGO CA Certificate must be submitted for compliance of sec 2(15) of IT Act. This is to ensure that the bidder is complying with all federal laws and is compliant with all IT rules and acts	The Tender Committee members will deliberate on the matter and decide after the Technical Bid Opening.
33	Clause 4 - scope of work Page 9	take over and manage the existing fleet and call centre;	Take over and manage the existing fleet and call center. And in cases where needed, provide additional ambulances if required (either PTA / BLS /ALS) as per their plan submitted in the technical evaluation. Moreover, they also have to replace all existing vehicles of the government as per the national policy.	It has been clarified that the least type of Ambulance required will be Basic Life Support
34	Clause 12 (b) - Payment terms Page 16	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)]	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 1-12: "number of vehicles operated in the month" = [total number of trips made / (number of days in the calendar month x 0.75)]. For months 13-24: "number of vehicles operated in the month" = [total number of trips made / (number of days in the calendar month x 1.25)] For months 25-36: "number of vehicles operated in the month" = [total number of trips made / (number of days in the calendar month x 1.50)] , For months 37-60: "number of vehicles operated in the month" = [total number of trips made / (number of days in the calendar month x 1.75)]	The payment terms will remain the same, however the department will look into the matter with the successful bidder on certain consideration based on actual conditions.

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35	Clause 12 (b) - Payment terms Page 16	“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)].	Clarification is sought regarding the definition of "total number of trips" - what all type of trips are considered in this? Does reaching a patient pickup constitute a trip irrespective of whether the patient was taken to hospital or trip was cancelled or trip was denied etc?	Once the ambulance is assigned and responded to the scene and provided the services to the beneficiary, it'll be termed as one trip. In cases where the ambulance is assigned but the patient party cancelled, it'll still be considered as a trip.
36	Clause 19 - evaluation procedure Page 18 Evaluation parameters (page 20)	Experience of the Agency in implementing ambulance projects OR MMU projects OR fleet of radio taxis - 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	For MSME - This criteria should be removed / made half i.e, for MSME if they have experience of 2 years, they should get 20 marks.	The Tender Committee members will deliberate on the matter and decide after the Technical Bid Opening.
37	Clause 19 - evaluation procedure Page 18 Evaluation parameters (page 20)	Number of MMUs / Ambulances or radio taxis being operated / managed at the time of application 50-75 MMUs or 100-150 Ambulances / radio taxis = 10 Marks 76-100 MMUs or 151-200 Ambulances / radio taxis = 15 Marks More than 100 MMUs or more than 200 Ambulances / radio taxis = 20 Marks	For MSME - This criteria should be removed / made half i.e, for MSME if they have experience of 2 years, they should get 20 marks. As per MSME relaxation norms, the department can give them exemption in experience, turnover etc.	The Tender Committee members will deliberate on the matter and decide after the Technical Bid Opening.
38	Clause 19 - evaluation procedure - Evaluation parameters (page 20) Page 18 -	Number of MMUs / Ambulances or radio taxis being operated / managed at the time of application	Number of MMUs / Ambulances or radio taxis being / or has been operated / managed at the time of application Since PQ norms allow for prior experience to be counted, therefore the marking system should also be done as per prior experience and not just current situation so that the tender is more competitive and in the spirit of equal opportunity.	The same is considered.
39	Table 5 Page No. 19	Technical presentation and demonstration	Requested to remove the Local Presence Criteria.	Cannot be considered.
40	Clause P Page No. 7	FINANCIAL STATUS and credentials / Net Worth/ Turnover Minimum Average Annual Turnover of Rs. 2 Crores (Duly CA Certified) for healthcare operations in last 3 financial years.	Minimum Average Annual Turnover of Rs. 2 Crores (Duly CA Certified) for healthcare operations in any 2 years in the last 5 financial years, in compliance with the experience sought in the eligibility criterion of, Point Q “Having 2 years...”	The same is considered.
41	Clause Q Page No. 7	EXPERIENCE	Request your clarification. In our understanding from the RFP; The experience of the bidder is satisfied by any one of the bidding consortium members and/or all the consortium members put together, in any 2 years in the last 5 years, in compliance with the experience sought in the turnover criterion of, Point P.	The same is considered.
42	Section 3; Point a Page No. 9	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	Request your clarification. Historical average number of trips being very low in certain regions of Meghalaya State, and it is attributed to a set of reasons like bad road connectivity, remoteness etc. Considering these hard infrastructural limitations in the state of Meghalaya, request you to relook at the penalties drafted in section 12.	Please refer to Sl. No 5 & 13 above.
43	Section 4; Point b	Enlarge the fleet and rationalize its deployment across the State in accordance	Request your clarification on below points: (i) If the capex to enlarge the fleet is borne by the Government of Meghalaya. (ii) Table 3 shows that historical average call to scene time is different for different regions whereas average response times given in table 4 has only urban and rural categories that are to be achieved by the operator across the state of Meghalaya, irrespective of regions, unlike the historical data provided in table 3, in section 3.	Please refer to Sl. No. 6 above.

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44	Sectoin 8; Point r	The bidder shall be fully responsible for adhering to the provisions of various laws applicable on them including Labour laws and Minimum Wages Act	Request to clarify: (i) By publishing or providing latest minimum wages as on 2023-24 in Meghalaya, in the corrigendum. (ii) If minimum wages are increased by the Govt. of Meghalaya in any a year, is more than the percentage of increase in annual escalation mentioned in section 14, then the escalation may be considered to increase as well, by NHM, Meghalaya.	(ii) The bidders can refer to the Minimum Wage Notification issued by the Labour Department, Government of Meghalaya. Please refer to Sl. No 23 above. (ii) In such circumstances, the Government will take a call during the course of implementation.
45	Annexure 1 point B Page No. 21	Table 1: Details of ambulances procured; column KM run till 10.3.2022	Request to clarify with the latest data that can be referred, as the data provided in Annexure 1 is almost 18 months old and by the time that the bid is finalised it may another month or two.	The data can be verified by the successful bidder as per actual conditions.
46	Point 17 (i) Page 18	The Tender Committee may give preference to firms/ bidders who have collaborations/ associations with local partners in the implementation of the Service	Since this is required to be established by the bidders in advance to filing a bid and considering the fact that all the bidders will have to identify and engage the RIGHT partner as per RFP. it is very important that a timeframe of minimum 30 days be given after the corrigendum is published. This is very Important to get any new local business entity on board.	Ample time has been given hence extension of timeframe cannot be considered.
47	Page 19 (1st point)	Experience of the Agency in implementing ambulance projects OR MMU projects OR fleet of radio taxis – “In the Evaluation process”	Specially for the evaluation process point of view; Giving equal weightage of marks to Ambulance/MMU experience and radio taxi will impact the quality of service severely. Also, this will not be in-line with the of healthcare operations experience required.	Please refer to Sl. No. 17 above.
48	Procurement Clause Page No. 3	The bidder whose proposal is accepted and Award issued shall have to deposit Performance Guarantee/Security of an amount of 3% of the value of work order/contract agreement	The bidder whose proposal is accepted and Award issued shall have to deposit Performance Guarantee/Security of an amount of 3% of annual contract value of work order/contract agreement	The same is considered.
49	Point no. 17 Technical proposal clause (i) Page no. 18	“The Tender Committee may give preference to firms/ bidders who have collaborations/ associations with local partners in the implementation of the Service.”	The term local partners should be elaborate and clearly mention the who are the locally partners in current operations of 108 ambulance services in the state so that bidder could arrange collaborations with them	Please refer to Point No. 3 of the Technical Presentation and Demonstration Table (Page 19)
50	Technical Presentation and demonstration Point no. 3 Local Presence Page no. 19	Physical presence: The bidder should have a registered office in Meghalaya with local State GST registration: 5 marks”	Mostly companies which are operating 108 Emergency services are registered outside from Meghalaya thus having local GST is make no sense. Companies can give undertaking if they got selected, they will have the same within 2 months of award of contract	Cannot be considered.
51	Technical Presentation and demonstration Point no. 4Page No. 19	Policy / modalities for absorbing existing manpower = 5 marks.”	As per RFP services launched on 5th Nov 2008 and re tendered in 1st April 2016 thus most of the existing staff having greater salary than the market standard/Minimum wages of the state. Without knowing the existing salary, it isvery difficult to evaluate the project, costing of the project and eventually absorb the existing manpower. So, either provide the present salaries of the existing manpower or delete this clause.	Cannot be considered.Please refer to Sl. No. 44
52	Current Status of the project Point No. 2, Page No. - 8		1. How many ambulances of 2011 - 19 are presently operational. 2. The 3 ambulances which are breakdown is of very high cost or beyond repairable condition. Will department replace them. 3. Will authority provide Parking space for ambulances and rest room for ambulance staffs considering the topography of the state. 4. 11 ambulances equipped as ALS ambulances are presently in the operational fleet of ambulances. 5. Is all the ambulances are GPRS fitted and functional.	1. List of Ambulance operational is given in the Annexure-I of the RFP Document. 2. Please refer to Sl. No. 6 above. 3. Please refer to Sl. No. 15 above. 4. Yes 5. Yes
53	Dispatch Software: Point No. - 7 Page No. - 12		Can service provider design their own software and integrate with 108.	Yes

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NATIONAL HEALTH MISSION

Government of Meghalaya

Sl. No	Clause No & Page No.	Original Clause in RFP & consideration request	Change Request/ Clarification required	NHM Response
54	OTHERS	NA	Consideration request to include the following clause: Replacement of Ambulance every 5 years.	The committee will deliberate on the matter and decide on the completion of the bidding process. It'll also depend on the CAPEX approval accorded by the Government.
55		NA	For Advance Cardiac Life Support (ACLS) Ambulance, request to mandate appointment of GNM	Based on requirement of the Ambulance and Skill set, the bidder will have to ensure that the pre-requisites are met as per norms and they can rationalize the cost accordingly
56		NA	The number of Telecom provider under the project to be indicated	It's clarified that it'll depend on the bidder to plan accordingly based on their own assessment
57		NA	Utilization of cloud based servers instead of the physical ones existing in the ERC	Bidder can plan accordingly as per their convenience. However, there shall be no consideration of additional cost and the ownership of the data shall reside with the Government completely.
58		NA	Inclusion of Teleconsultation along with Hospital App and Ambulance App with video connectivity	Any additional features are welcomed to be introduced but no additional cost will be considered
59		NA	Bidder wanted to know the past project value of the service	The project value will depend on the outcome of the bidding process. However, the current average monthly expenditure amounts to 90 Lakhs (approx) per month.
60		NA	Bidder had highlighted that as per Central Vigilance Commission (CVC) Guidelines, the annual turnover of any bidder should be at least 30% of the project value which should be included in the bid document	This is considered and as per CVC Guidelines, the Average Annual Turnover is revised to 3 Crores based on the current mode of operations.
61		Clause L; Page No. 5 and Technical presentation and demonstration Page No. 19	Since in the bid document it is clearly mentioned about the qualification criteria of the field staff and scoring will also be done for absorption of existing employees. What if the existing HR does not meet the required criteria?	The bidder will have to follow a process for absorption but if the bidder feels that some of the employees are not meeting the criteria then they can decide accordingly
62		NA	Some bidders enquired if there can be separate bidding for ALS & BLS Ambulances	This cannot be considered and the bidder can rationalize their cost based on their generic bids.

-Sd-
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