



Government of West Bengal
Office of the Chief Medical Officer of Health, North 24 Parganas
District Health & Family Welfare Samity (NTEP)
North 24 Parganas District Hospital, Barasat, West Bengal, Pin: 700124
Phone: (+91) (033) 2552-3175
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Memo No. CMOH-N24PGS/NTEP - 4741

Date: 01-06-2021

To

1. The District Magistrate & Executive Vice Chairperson, DH & FWS, North 24 Parganas
2. The Additional District Magistrate (LR), North 24 Parganas
3. The Dy CMOH-I/II/III/DMCHO/ZLO/DTO/DPHNO, North 24 Parganas.
4. The Sub-Divisional Officers, Sadar/Bidhannagar/Bongaon/Barrackpore sub-divisions
5. The District Social Welfare Officer, North 24 Parganas
6. The Officer in Charge, Health, Office of the District Magistrate
7. The Block Development Officers, all blocks under North 24 Parganas health district
8. The Block Medical Officers of Health, all blocks under North 24 Parganas health district
9. The State NGO Co-ordinator, Department of Health & Family Welfare, Govt. of WB.


Sub: Notice Inviting Expression of Interest for Private DRTB IPD Scheme in North 24 Parganas Health District under NGO/PP Scheme

Ref. Memo No. HFW-27035/4/2021-NHM SEC-Dept. of H&FW/132 Dated 13/05/2021 of the Secretary (PHP) & MD, NHM, Deptt. of Health & Family Welfare, Govt. of West Bengal

Madam/Sir,

Please find attached herewith the EOI as mentioned in the subject. You are requested to take necessary action for wide publication of the same.

Yours faithfully,


01/06/2021
for Chief Medical Officer of Health
North 24 Parganas

Memo No. CMOH-N24PGS/NTEP - 4741/1(5),

Date: 01-06-2021

Copy Forwarded to for information and necessary action to:

- 1) The Jt. DHS & State Programme Officer (NTEP), West Bengal.
- 2) The District Information Officer, North 24 Parganas - with request to arrange to display the EOI in the official website of the district i.e. www.north24parganas.gov.in.
- 3) The WHO Consultants, NTEP, West Bengal.
- 4) The Administrative Officer, O/o the CMOH, North 24 Parganas with request to arrange Needful for displaying in the Office Notice Board.
- 5) The System Coordinator, IT Cell, Swasthya Bhawan with request to display the EOI in the departmental website. i.e. www.wbhealth.gov.in.


01/06/2021
Chief Medical Officer of Health
North 24 Parganas



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Memo No. CMOH-N24PGS/NTEP - 4734

Date: 1.6.2021

Notice Inviting 'Expression of Interest' for Private DR-TB IPD Scheme in North 24 Parganas Health District

District Health & Family Welfare Samiti (NTEP), North 24 Parganas is inviting EOI in prescribed format from registered **Non-Government Organizations (NGOs) / Private Providers / Trusts** for implementing **Private DR-TB IPD Scheme** as mentioned in the "National guideline for partnership – 2019" under NTEP. The details will be available in the notice board of the CMOH office, office of the DTO, North 24 Parganas and also in the web site www.north24parganas.gov.in & www.wbhealth.gov.in. The decision of the District Level Selection Committee will be final and committee reserves the right to reject any application and/or cancel the entire process of 'EOI' without assigning any reason thereof.

Last date of submission of EOI: 15/06/2021 by 4 PM

Date of opening of EOI: 16/06/2021 at 2 PM.

Pre-bid meeting: 07/06/2021 at 2 PM.

Instructions to Applicants

1. General terms and conditions:

- Each applicant will have to submit ₹ 5000.00 as Earnest Money in the form of Demand Draft from any bank in favour of '**District Health & Family Welfare Samity**' payable at Barasat. This earnest money will be refunded to the unsuccessful bidders, whereas will adjusted with Security Deposit of the successful bidder.
- The bid to be submitted in sealed envelope superscripted as "**EOI for Private DR-TB IPD Scheme**" in the Drop Box kept at the District Tuberculosis Centre by the scheduled date and time.
- The successful bidder in each scheme will have to submit a sum of ₹ 25000.00 as Security Deposit in the form of Demand Draft from any bank in favour of '**District Health & Family Welfare Samity**' payable at **Barasat** within 07 (seven) days of receipt of AOC. If the selected bidder fails to submit Security Deposit within 07 days of receipt of AOC, the selection will be deemed to have been cancelled & the Earnest Money will be forfeited.
- A **Memorandum of Understanding (MOU)** will be signed with the successful bidder in a non-judicial stamp paper of ₹ 100 for each of the scheme within 7 (seven) days of issuing of AOC and after submission of Security Deposit. Initially the agreement will be for 6 months which may

be renewed based on the performance of the selected bidder and requirement of the programme. If the selected vendor fails to sign MOU within 7 (seven) days of receipt of AOC, the selection will be deemed to have been cancelled and the Security Deposit will be forfeited.

- e) The selected bidder will have to initiate work within 07 (seven) days of signing the MOU. If the selected vendor fails to initiate work within 7 (seven) days of signing of MOU, the selection will be deemed to have been cancelled and the Security Deposit will be forfeited.
- f) The CE licence and other statutory documents should be in the name of the applicant/s.
- g) Either party can terminate the contract by submission of one month's advance notice. If the selected bidder discontinues work without obeying the terms and conditions mentioned in this EOI, the Security Deposit will be forfeited.
- h) If the selected bidder fails to follow the terms and conditions mentioned in the EOI and in the guidelines issued by the Central and State authorities time to time, the contract will be terminated and the Security deposit will be forfeited.
- i) The District Tuberculosis Officer or the District PPM Co-ordinator (NTEP) may be contacted for any clarification.
- j) The bidder or his/her authorized representative may remain present in the pre-bid meeting and during opening of EOI.
- k) In case of any dispute, decision of the District Health & Family Welfare Samiti will be final and bounding to all.

2. Amendment of EOI:

At any time prior to the deadline of submission of application, the authority may, for any reason, whether at its own initiative or in response to clarifications requested by an applicant and/or instructions/guidelines issued by the higher authority, may modify the EOI by the issuance of *Addenda*. It is further clarified that the configuration and the responsibilities, terms and condition of the scheme may be changed by the authority and it shall be binding on the applicants.

Any addendum / clarification thus issued will be made available and can be downloaded from the website of the authority.

In order to provide the Applicants a reasonable time for taking an addendum into account, or for any other reason, the authority may, in its sole discretion, extend the application due date.

3. Submission of Application:

The applicant shall provide all the information sought in this EOI. The authority will evaluate only those applications that are received in the required formats and complete in all respects. Incomplete and /or conditional applications shall be liable to rejection.

The Application shall consist of the following documents:

- (i) Annexure 1- Letter of application in the prescribed format;
- (ii) Annexure 2- Profile of the Applicant;
- (iii) Annexure 3- Notarized affidavit;

(iv) Copy of the following:

- a) Memorandum and Articles of Association, if the applicant is a corporate body.
- b) Memorandum of Association and Rules and Regulations, if the Applicant is a Society.
- c) Trust Deed if the Applicant is registered as a trust

(v) Valid **Clinical Establishment Licence** of the attached/associated health facility.

(vi) Annexure 4- Financial Turnover Certificate duly signed and attested by a Chartered Accountant for 2017-18, 2018-19 & 2019-20.

(vii) Copies of Applicant's duly audited balance sheet and profit and loss account for the preceding three Financial Years i.e. 2017-18, 2018-19 & 2019-20.

(viii) Annexure 5- Scheme Concept Note.

4. Opening and Evaluation of Applications:



The Authority or its authorized personnel shall receive all the EOI applications up to due date and time for submission of applications.

The Authority or its authorized personnel will subsequently examine and evaluate Applications in accordance with the provisions set out in the **Eligibility Criteria**.

The Authority reserves the right not to proceed with the selection process at any time without notice or liability and to reject any or all application(s) without assigning any reasons.

5. Shortlisting of Applications and Notification:

After evaluation of applications, the authority would announce a list of shortlisted applicants who will be eligible for participation in the negotiation cum selection meeting to all the shortlisted applicants via email. At the same time, the authority would notify the other applicants that they have not been shortlisted. The authority will not entertain any query or clarification from applicants who fail to qualify.

 01/06/2021
for Chief Medical Officer of Health
North 24 Parganas
By 

Terms of reference for Private DR-TB IPD scheme

Scope of Work

A. DR-TB Treatment Centre (Indoor)

Objective of the Scheme:

Treatment of DR-TB is very long and ranges from 9 to 20 months based on the regime given and response of the patient to the DR-TB medication. Some of the second line newer Anti-TB drugs are not available with the private chemists. Those available are very expensive. As a result, the expenditure to be borne by patients is often catastrophic and patients often default on treatment. This is unfavorable for the program as well as continues spread of DR-TB cases in the community.

As per estimations, almost 50% TB patients are taking treatment in the Private sector. Since such a large portion of the patients access private health care system, it is imperative that the Govt. engages with private service providers to offer Govt. resources to eligible and needy patients. This way, outcomes in the patients will improve which will be beneficial to the program as well as the community.

By engaging with private service providers to start a DR-TB centre, NTEP program wishes to offer free NTEP services to eligible patients. By decentralizing the service to willing private sector hospitals, burden on the public hospitals will also be reduced and poor patients will benefit from the free NTEP services in private sector.

Conditions: -

- District will calculate the payment for those services, which have been given to the patients by the hospital or as per terms and conditions in the MOU.
- District will ensure timely monitoring of all monitoring indicators as mentioned in the proposal.

Eligibility criteria for the Service Provider

- Service provider should be a registered entity (as defined in glossary) - essentially a Health Facility.
- If service provider is a private hospital/nursing home, then registration under Clinical Establishment Act is mandatory.
- If trust/charitable hospital- Registration no. of trust or registration with charitable organization is required along with **mandatory** CE licence.
- Other relevant registrations if any.
- Should be a tertiary / secondary care hospital/ nursing home with a physician / pulmonologist available round the clock.
- **It should be located in the geographic boundary of North 24 Parganas Health District.**
- Should have at least **two male and two female dedicated beds** for admission of DR-TB patients.

- Should comply with the National Guidelines for Air-Borne Infection Control for OPD & Indoor Patient Settings.
- Should institute a DR-TB Committee in the facility as per the National DR-TB guidelines.
- Should have relevant specialities along with specialist doctors (either on regular payroll/ visiting consultants/ linkage to higher centers) in the streams like pulmonology, general medicine, pediatrics, psychiatry, dermatology, cardiology, ENT, ophthalmology, gastroenterology & gynecology etc. to whom patients can be linked for second opinions. In no case patient should be referred to different health facilities for availing specialist services as mentioned above.
- Should have in-house laboratory services (or adequate linkages) required for pre-treatment and follow-up investigations as mentioned in the NTEP guidelines to ensure that patient does not have to be referred elsewhere.

Role of Service Provider

- Undergo periodic trainings on the PMDT guidelines and updates.
- Constitute DR-TB Committee as per PMDT guidelines.
- Designate in-patient ward/s (compliant with national guidelines) and a specific number of beds as per the National PMDT guidelines.
- Make laboratory investigation as per PMDT guidelines for pre-treatment evaluation and follow up.
- *If any investigation that is not listed in this EOI needs to be done for the patient, the same may be done only after prior consent of the District Tuberculosis Officer.*
- Collection of EP samples of extra-pulmonary DR TB patients and transportation of the same to DTC for further DST as per programme guidelines.
- Collection of samples from pulmonary and extra-pulmonary paediatric DR TB patients and transportation of the same to DTC for further DST as per programme guidelines.
- Initiate treatment with appropriate regimen as per Programmatic Management of Drug Resistant TB (PMDT) guidelines including counseling support. Ensure necessary steps for organizing treatment support, including NPY.
- Provide follow-up care and manage adverse drug reaction (ADR).
- Arrange for expert opinion of other medical specialities, if required.
- Liaise and consult with the local NTEP Programme Manager (DTO) in case the in-patient stay has to be extended beyond 5 (five) days.
- Coordinate with the NTEP to ensure a steady supply of DR-TB drugs.
- Make provisions of ancillary drugs.
- Provide commodities, services and drugs to the patients free of cost.
- Maintain relevant NTEP records (DR-TB treatment register, laboratory request form, referral forms, treatment card, treatment booklet, a-DSM forms etc.).
- Update and maintain records and registers as per PMDT in **Nikshay** and **Nikshay Aushadhi**.

- Coordinate with NTEP / designated labs / assigned DR-TB OPD to update patient records and share relevant information related to patients.
- Ensure coordination with the Programme Manager as well as with laboratory for follow-up of patients till outcome.
- Extend support to the local NTEP efforts to increase access of newer drugs like Bedaquiline, Delamanid for private-sector patients.

Role of NTEP

- Train the Service Provider on the latest PMDT guidelines and provide regular updates.
- Assess the centre for Air Borne Infection Control (AIC) measures.
- Provide forms for request of biological specimen, PMDT treatment register and transfer forms and share used credentials of Nikshay and NikshayAushadhi.
- Coordinate the supply and availability of DR-TB drugs to the Service Provider.
- Ensure that provision of diagnostic & treatment services by service provider is as per the revised PMDT guidelines 2019.
- Manage the linkage with RNTCP field staff to manage patients at the community level.
- Ensure timely payments to Service Provider based on **Performance parameters/indicators**.

Verification mechanism

- The first level of verification will be completed by reviewing and cross-checking with Nikshay records and/ or any other RNTCP reports submitted for a defined period.
Payments will be as per this verification.
- The second level – physical verification may be undertaken by the District assigned personnel / agency and could include:
 - Interview with 5% of TB patients registered at this facility to understand what the types and quality of free services availed
- If discordance is found during the verification mechanism, the assigned penalties may be applied and may be adjusted in payments of subsequent quarter.
- Verification of treatment records of the admitted patients and cross checking with detailed bill.
- Verification of stock of anti-TB drugs and cross checking with patient's treatment sheet/prescription.

Performance parameters and linkages for payment

- Payment will be based on the number of days that the patient stayed for treatment initiation, follow up / ADR management as per NTEP guidelines and recorded in Nikshay.
- Deduction from payments will be made for admissions beyond 5 (five) days of stay if the extension is without the requisite approval from NTEP.

Contract Period

The Memorandum of Understanding (MOU) will be drafted for a period up to 31st December 2021 initially which will be renewable after assessment of performance of the Service Provider and/or requirement of the programme.

Reporting System/ Payment

1. **DR TB IPD** – Payment will be based on the number of days that the patient stayed for treatment initiation, follow up / ADR management as per NTEP guidelines and recorded in Nikshay.
2. All patient information will be updated on Nikshay portal by the service provider
3. These reports will be checked at District level by DRTB-TBHIV & PPM Coordinator and DTO.
4. All payments shall be on 'Fee for service' only (reimbursed on the number of days that the patient stayed for treatment initiation, follow up / ADR management as per NTEP guidelines and recorded in Nikshay). Payments shall be made **monthly**, based on the terms and conditions of contract and deliverables achieved by the service provider.
5. The service provider shall raise monthly invoices to the district. After verification of the supporting records and invoices at the district level, payment will be made.
6. After verification at DTO office, payment will be made to the service provider via PFMS (Public Financial Management System) or any other payment mode as directed by the higher authority.


for Chief Medical Officer of Health
North 24 Parganas
01/06/2021


ANNEXURE - 1

Applicant's Expression of Interest

To
The District Tuberculosis Officer
North 24 Parganas
Banamalipur, Jessore Road,
Kolkata – 700124

Subject: Application of EOI for providing services under 'DR-TB IPD Scheme' under Partnership Guidelines 2019 (NTEP) for 2021-22.

Reference: Your invitation seeking EOI for DR-TB IPD Scheme vide Memo No. Dated

1. With reference to the above subject and reference, I / We having read the EOI document and understood its contents, hereby submit my/our application for selection for the aforesaid scheme.
2. I/We express interest for implementing this scheme: IPD services for DRTB patients as per terms and conditions mentioned in the EOI.
3. I/ We certify that all the information provided in the application and in Annexure 3 to 6 are true and correct.
4. I/ We shall make available to the authority any additional information it may find necessary or require to supplement or authenticate the qualification statement.
5. I/ We acknowledge the right of the authority to reject our Application without assigning any reason or otherwise and hereby waive our right to challenge the same on any account whatsoever.
6. I/ We certify that in the last three years, I/we have not been blacklisted on any contract, by an arbitral or judicial authority or a judicial pronouncement or arbitration award against the Applicant or any member or Associate, as the case may be.
7. I/ We declare that we/ any Member, or our/ its Associates are not a Member of a/ any other facility applying for shortlisting and have no conflicts of interest with any other applicants.
8. I/ We agree and undertake to abide by all the terms and conditions of the EOI Document

Signature Name, title and seal of authorized official of Applicant

ANNEXURE - 2

FORMAT OF APPLICANT'S CONTACT & OTHER DETAILS

1. Name of the Service provider:
2. Private Hospital/ Nursing Home/Trust/NGO:
3. Registration details:
 - a. Hospital/Nursing Home registration no. under Clinical Establishment act-
(Submit a self attested copy of CE licence)
 - b. If Trust/NGO – Registration no. of trust/NGO:
(Submit a self attested copy of Registration certificate)
 - c. Other if any (give details) –
4. Postal Address with PIN code:

Telephone:

Fax:

Email:

5. Contact Person: (including contact no. and e-mail ID):
6. Has your organization ever been blacklisted by any organization/ Government:
7. Short / brief introduction about the facility (max. 300 words):
8. Self attested documents attached with the application (please mention Yes or No before each document):
 - CE licence:
 - Registration certificate / papers:
 - Annual Report/Activity Report:
 - Audited Report of last three financial years:
 - Notarized affidavit:
 - Scheme concept note:
9. Date of Application:
10. Signature of applicant/s with legible seal:

ANNEXURE - 3
(Notarized Affidavit)
(On Rs.100/-stamp paper)

Affidavit

1. I /We hereby confirm that we are interested in undertaking the scheme for providing services to DRTB patients (IPD), under NTEP program for North 24 Parganas Health District, West Bengal, in response to the EOI called by the Office of the Chief Medical Officer of Health, North 24 Parganas health district.
2. Further, I / We confirm that
 - i. All the statements, documents, testimonials, certificates, etc. uploaded are genuine and the contents thereof are true.
 - ii. Any of our personnel, representatives, sub-consultants, sub-contractors, service providers, suppliers, partner and / or the employee will not directly or indirectly, engage in any activity that may intervene, interfere and/ or influence the procurement process at any stage.
 - iii. Indemnify and compensate the Government of West Bengal from any penalties and costs that may be incurred due to lapse/ s on our part including incorrect/ misrepresented / forged document or statements.
 - iv. If our institute is found contravening this undertaking even after award of contract in our favour we accept disciplinary action by Government of West Bengal including rejection of our EOI, annulment of contract and blacklisting.

Date:

Authorized Person's Signature

Name & Designation with Seal

Sworn before me

Annexure – 4

Financial Turnover Certificate
(by any Chartered Accountancy firm/ Chartered accountant)

This is to Certify that, we have audited the Accounts of M/S, Whose Office is located at (Complete address) for the Financial Years 2017-18, 2018-19& 2019-20 and found that the Turnover is as under:

SI No	Financial Year	Turnover (in Lakh Rs)
1	2017-18	
2	2018-19	
3	2019-20	
	Total Turnover	

Date:

Signature:

Place:

Name:

Complete Address:

Registration No of Chartered Accountancy firm/Chartered Accountant:

ANNEXURE – 5
Scheme Concept Note

1. IPD Load of the hospital :

Service	No. of patients
A. IPD	
1. Total no. of functional beds	
2. Bed occupancy ratio in 2020-21	
3. Dedicated DRTB IPD space available (separate for Males & Females) (Yes/No)	
4. No. of beds that can be dedicated/ allocated for Male & Female DRTB patients under this program (separately)	

2. Names, designations and qualifications of the chest physicians/ other specialists who will be providing services at the DR-TB centre: (add rows if necessary)

Sr No	Name of Doctor	Designation	Qualification

3. Specialities available (Yes/No)- It may be either on regular payroll of the hospital or a visiting/honorary consultant:

Name of the speciality	Yes/No	Regular/Visiting
General physician		
Paediatrician		
Psychiatrist		
Dermatologist		
Cardiologist		
ENT		
Ophthalmologist		
Gynecologist		
Pulmonologist		

4. Proposed costing for the following:

a) **Indoor treatment Package: Per patient per bed per day: ₹ _____ .**
(Maximum rate = ₹ 3000 per bed per day*)

(This should include bed charges, meal and ancillary drugs. All DR-TB drugs as per PMDT guidelines will be supplied by NTEP.

(The programme will reimburse expenses for a **maximum of 5 (five) days of admission per patient** for each episode of treatment initiation / follow up / ADR management. Treatment extension/continuation beyond **5 days** will need concurrence from the District TB Officer.)

b) **Lab package per patient: (check with PMDT guidelines)**

Pre-Treatment Evaluation: The tests, even if done for multiple times, will not exceed the package value as quoted below.

Package	Package rate quoted
Standard DR-TB Panel CBC Plasma Glucose- Fasting Plasma Glucose- Post prandial Liver Function Test BUN Creatinine BUN:Creatinine ratio Serum electrolytes (Na, K, Ca, Mg) Urine Routine & Microscopy TSH, Free T4 Pregnancy test HIV ECG Chest X-Ray (digital)	₹ _____ (Maximum rate = ₹ 5000)*
Mandatory Evaluation Psychiatric evaluation Ophthalmic evaluation to rule out uveitis and chorioretinitis Pure tone audiometry	₹ _____ (Maximum rate = ₹ 2000)*

c) **Doctors' fees for the total duration of admission per patient = ₹ _____**

(Maximum = ₹ 10000)*

d) **Doctors' charges from super speciality streams per patient if any = ₹ _____**

(Maximum = ₹ 4000)*

e) Average overhead cost per patient = ₹ _____
(Maximum = ₹ 2000)*

Total quoted rate: ₹ _____ (a+b+c+d+e)

Signature of applicant/s with legible seal:

*All rates to be quoted in respect to maximum rate mentioned in this EOI.