Government of Rajasthan
National Urban Health Mission
Directorate of Medical, Health and Family Welfare
Swasthya Bhawan, Tilak Marg, Jaipur

No: F.2 (172) NUHM/2017-18/EOI/815 Dated: 14/07/2017

Clarifications to the queries raised during pre-proposal meeting dated July 11, 2017 regarding Expression of Interest published vide notification No. F.2 (172)/NUHM/2017-18/EOI/154, Dated 29.06.2017 for Public Private Partnership (PPP) project for improvement of the health delivery system in urban areas of Rajasthan is hereby issued as tabulated below:

S. No.	Query	Clarification
1	Is consortium of NGOs and Private Partners allowed to bid for this opportunity? Is subcontracting allowed if partnership is not allowed?	• No, Consortium will not be allowed • Concessionaire can tie up with reputed NGOs for community mobilization only
2	Are additional services, such as cardiology, nephrology, dialysis and their diagnostic services permissible within the Urban PHCs in question?	Based on the need of specific urban PHCs, additional services such as cardiology, nephrology, and dialysis may be allowed as part time specialist doctor as per budget mentioned in Annexure D
3	Can we prescribe/ provide drugs beyond the available essential drug list of the govt that is received from govt supply?	Beyond EDL, drugs may be prescribed with generic name only (Based on the need of the community and in case of emergency requirement).
4	If a bidder wants to provide access to secondary and tertiary care services upto the extent possible (diagnostic, therapeutic and pharmaceutical) on a self-paying/through approved insurance schemes; what would be the pre-conditions to that? If yes, is there a possibility that we can get the patient and disease profile of these geographies to plan the potential service requirements better?	Patients needing secondary and tertiary care services will be referred to government institutions. Refer clause 7. In case of BSBY beneficiaries, Referral can be done to BSBY empanelled hospitals.
5	For administering each of the Urban PHC and Kiosk, we will have to incur administrative and management expenses. How is the state planning to fund for those?	No additional funds will be provided except mentioned under clause funding arrangement of SLA.
6	Skill enhancement and training are integral part of clinical practice. How are we funding such exercises and simulations that maybe required enhancing skills of the staff involved to identify changing disease patterns?	Training of urban PHC staff will be organized by the government as per the approved program implementation plan of Govt. of India.

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7	SAL document - Annexure C, S. No. 2, page no. 24: OPD time for the specialist- whether 2 hrs. Or 6 hrs. On the visit day?	Speciality services will be provided at urban PHC for minimum 2 hours/upto the consultation of last patient registered in OPD.
8	EOI document – Annexure A: List of UPHCs: Request to clarify which in list of UPHCs, fall under - City level, district level or under the city level? this will also help clarify the rent part of the UPHCs (SLA page 26– Rent of UPHC - max. rent at city level Rs.40000/, at district level Rs.25000/- & at under cities level Rs.20000/-	Refer Annexure A of EOI document.
8	SLA document: Point 10 regarding Quality Assurance – To meet criteria of NQAs what is the support of the state?	Quality Assurance program will be implemented in phase wise manner and as per instructions of GoI under the supervision of government.
10	SLA: Point 6, Clinical & outreach services, page 9, outreach activities, for such activities who will bear the travel cost?	No additional funds will be provided except mentioned under clause 5 of SLA document.TA/DA will be allowed in 15 km radius/as per the state govt. Rules
11	SLA: Annexure D – Project funding, for Untied fund, what will be covered in un-tied fund and the criteria of RMRS -	Detailed guidelines will be provide to the agency along with agreement
12	EOI: Point no. 8, page no. 10, sub-point – 8.4 & 8.5 – kindly provide more clarity on the following, • What are the separate criteria for field assessment & its scoring system? • System of field appraisals? • Field visits will be where?	Competent committee of state health society, Rajasthan will give score to the agency out of 100 after field appraisal (Physical verification).
13	EOI – Annexure B- Screening & ranking proposals, page 16 – clarity is required for parameters mentioned, will all parameters will be considered for 20 points?	Cumulative scoring will be done by competent committee of state health society, Rajasthan.
14	EOI – Point 6, EOI / BID proposal, sub point 6.1, clause V & Clause VII: annual reports asked for 3 years and financial reports for 5 years, - this should be made for 3 years for both including last financial year 2016-17	It will remain same.
15	For various trainings by Government: who bears the training cost?	Trainings of urban PHC staff will be provided by the government as per approval of GoI.

S.No.	Query	Clarification
16	How much percentage of annual increase will be provided to meet inflation & take care of the HR & Operational cost?	As per the approval in program implementation plan of GoI and on the basis of appraisals by HR cell, NHM.
17	No mention of IEC needs of the project, kindly clarifies about the IEC requirements of the project and support from Government?	IEC activities in urban PHC areas will be planned by the government and will be informed to the agency well in advance.
18	Financial: clarity is required on the payment / reimbursements by the Government, - When & how it will happen?	Refer clause 5.4
19	Who will bear the BWM (bio waste management) cost at the UPHC ?	Government will bear the cost as per approval of GoI.

Yours Sincerely

(B.L. Kothari)
Special Secretary M&H and
Additional Mission Director
National Health Mission