

Government of Arunachal Pradesh  
National Health Mission

Document  
Of  
Request for Proposal (RFP)  
For

**104 CALL CENTRE FOR GRIEVANCE REDRESSAL,  
HEALTH HELPLINE AND ASHA GRIEVANCE REDRESSAL**

Tender Reference	:	No. APRHM/2016/74
Date & Time of Commencement of Sale of RFP Document	:	28 <sup>th</sup> March 2017 to 17 April 2017 9:30 Am to 4:30 PM
Last date & time of receipt of BID	:	23 <sup>rd</sup> April 2017 till 4:30
Date of Pre-bid Conference on	:	24 <sup>th</sup> April 2017 at 1100 hrs
Date and Time of opening of Technical BID	:	24 <sup>th</sup> April 2017 at 1200 hrs
Place of opening of BID	:	Office of the Mission Director, National Health Mission, C- Sector, Naharlagun, Arunachal Pradesh
Total Project Cost	:	Rs. 69, 32,000 (Rupees Sixty nine lakhs thirty two thousand) only inclusive of CAPEX and OPEX
Earnest Money Deposit	:	Rs. 2,77,280(Two lakh Seventy seven thousand two hundred eighty)only to be submitted in form of Demand Draft /Bankers Cheque in favour of “ Arunachal Pradesh State Health Society” payable at SBI Naharlagun.
Cost of RFP Document	:	Rs. 1,500(Rupees one thousand Five Hundred only) to be submitted in form of Demand Draft/Bankers Cheque in favour of “ Arunachal Pradesh State Health Society” payable at SBI Naharlagun.

Government of Arunachal Pradesh  
National Health Mission  
C-Sector, Naharlagun 791110

Request for Proposal  
For  
**104 CALL CENTRE FOR GRIEVANCE REDRESSAL,  
HEALTH HELPLINE AND ASHA GRIEVANCE REDRESSAL**

**DISCLAIMER**

The information contained in this Request for Proposal (RFP) document or subsequently provided to Bidder(s), whether verbally or in documentary form by or on behalf of the Arunachal Pradesh State Health Society, National Health Mission, Government of Arunachal Pradesh, or any of their employees or advisors, is provided to Bidder(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 document is not an agreement and is not an offer or invitation by the Department or its representatives to any other party. 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 Bidder may require. This RFP document may not be appropriate for all persons, and it is not possible for the Department, their employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this RFP document.

**DEFINITIONS**

**Bidding Process**

The various activities taken up by Arunachal Pradesh State Health Society, National Health Mission, Government of Arunachal Pradesh leading upto the selection of the Successful Bidder

**Bidder**

Bidder shall mean the entity applying to become the Private Partner selected by A.P State Health Society for the operation & maintenance of the Project. The Bidder would necessarily have to be a Eligible Legal Entity.

**Request for Proposal (RFP)**

The Request for Proposal (RFP) refers to the Technical and Financial Proposals with detailed Bidder qualifications and experience requested from Shortlisted Bidders by A.P State Health Society, Govt. of Arunachal Pradesh

**Successful Bidder**

Successful Bidder shall mean the bidder finally selected A.P State Health Society, Govt. of Arunachal Pradesh for the operation & maintenance of the Project.

## 1. Introduction

The Government of Arunachal Pradesh intends setting up **GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVANCE REDRESSAL** for the convenience of the general public and departmental staff. This call centre will function as a public 24X7 Toll- free helpline providing information about queries in various health related areas. The services must be available in two languages, viz, Hindi and English. The Arunachal Pradesh State Health Society, Govt. of Arunachal Pradesh invites bids from eligible bidders for setting up and operation of a '104' (Call Centre) as a helpdesk to provide information related to aspects of healthcare. The purpose of this Request for Proposal (RFP) is to select a suitable agency and establish a contract with successful bidder or bidders (individual or entities) for the provision of 104 Health Information Help Line services for Arunachal Pradesh. Detailed proposals are invited from Organizations for selection of the most suitable Successful Bidder to implement and operate the Health Information Help line. This document is being provided to enable the bidders to know the tender conditions so as to guide them in filling up the technical bid and quoting rates for offering those services. The actual award of contract will follow the conditions as per this document.

## 2. Availability of RFP

The manner in which the Proposal is required to be acquired, submitted, evaluated and accepted is explained in this RFP.

### 2.1 Availability of RFP document

Bidders can download RFP document from the website of the NHM Arunachal Pradesh, ([www.nrhmarunachal.gov.in](http://www.nrhmarunachal.gov.in)) from \_\_\_\_\_ 2017 to \_\_\_\_\_ 2017.

Bidders, who download the RFP document, shall submit a Demand Draft of Rs. 1500/- as processing fees (nonrefundable) at the time of submission of RFP without which the RFP will not be accepted.

### Period of Availability of RFP Document

From \_\_\_\_\_ 2017 to \_\_\_\_\_ 2017

Address: [www.nrhmarunachal.gov.in](http://www.nrhmarunachal.gov.in)

## 2.2 Scope of Work

Scope of work is to select a vendor for ensuring following services:

### Health Information Helpline

2.2.1: Provide 24 x 7 health help line for providing advice on health and nutrition issues, information regarding public hospitals and other diagnostic centers, information regarding health schemes to public.

2.2.2: Provide support grievances redressal mechanism regarding delivery of services by the dept to beneficiaries.

2.2.3: Provide advice on allopathic system of medicine.

2.2.4: Ensure follow up mechanism for beneficiaries.

2.2.5: Create area wise disease / problem based analytical report on monthly/ Quarterly basis based on call data base. Prepare and submit disease/problem based schematic maps for districts/groups of districts based on IT/GIS on monthly / quarterly/annual basis.

Detailed scope of work is provided in section 4.2.

### Infrastructure:

2.2.6 Provide 24 x 7 days and 10+ seater call centre for providing the services mentioned above.. The

Section 4.3 provides details on the infrastructure requirements for the 104 Health Information help line service.

### Manpower:

2.2.7: Shall provide following teams for ensuring above Reception centre for receiving and diverting call.

Basic advice schemes from para medics. Expert advice from team of doctor. Counseling from team of counselor. Health management guidance unit for department of health. Quality audit. logistics, administrations.

The manpower requirements in detail are specified in Section 4.6

**Payment and Penalties:**

Payment will be based on per seat basis bills are to be submitted monthly. Payment will be made on quarterly basis based on number of successful calls on seat. In case the Service Provider fails to provide required quality of service for the call center like delay in picking up calls ( less than 5 rings), increasing grievances, reduction on calls etc penalty would be charged. The details on payment and penalties are provided in detail in Sections 4.11 and 4.12.

**2.3 Scope of RFP**

- 2.3 .1 Detailed description of the objectives, scope of services, deliverables and other requirements relating to 104 Health Information Help line services are specified in this RFP.
- 2.3 .2 The selection of the **Successful Bidder** shall be on the basis of evaluation by Arunachal Pradesh State Health Society, Govt. of Arunachal Pradesh through the Selection Process specified in this RFP. Bidders shall be deemed to have understood and agreed that no explanation or justification for any aspect of the Selection Process will be given and that the department's decision is without any right of appeal whatsoever;
- 2.3 .3 The Bidder shall submit the Proposal in the form and manner specified in this RFP. The Financial Proposal (Part C) shall be submitted in the format specified in Annexure 4 for Acknowledgement of RFP Terms and Price Bid respectively. Upon selection, the Bidder shall be required to enter into a Contract with the Department in the form specified at Annexure 5.
- 2.3 .4 At any time prior to the date for submission of RFP, Directorate of Health may, for any reason, whether at its own initiative or in response to the discussions/ clarifications from pre bid meeting, modify the RFP document by issuance of addenda and convey to the persons who have purchased the RFP document. The addenda would also be placed on the website- '[www.nrhmarnachal.gov.in](http://www.nrhmarnachal.gov.in)'. Such addenda will become an integral part of the RFP document.
- 2.3 .5 Incomplete RFP in any respect or those that are not consistent with the requirements as specified in this Request for Proposal Document or those that do not contain the Covering Letter or any other documents as per the specified formats may be considered non-responsive and liable for rejection.
- 2.3 .6 Strict adherence to formats, wherever specified, is required.
- 2.3 .7 All communication and information should be provided in writing and preferably in English language.
- 2.3 .8 All communication and information provided should be legible. The financial proposals given in figures should be mentioned in words also.
- 2.3 .9 No change in/or supplementary information shall be accepted once the RFP is submitted. However, Directorate of Health Services reserves the right to seek additional information and/or clarification from the Bidders, if found necessary, during the course of evaluation of the RFP. Non-submission, incomplete submission or delayed submission of such additional information or clarifications sought by Arunachal Pradesh State Health Society may be a ground for rejecting the RFP.
- 2.3 .10 The RFP shall be evaluated as per the selection criteria specified in this RFP Document. However, within the broad framework of the evaluation parameters as stated in the RFP, Directorate of Health Services reserves the right to make modifications to the stated evaluation/selection criteria, which would be uniformly applied to all the Bidders.
- 2.3 .11 The Bidder should designate one person ("Contact Person" and "Authorized Representative and Signatory") authorized to represent the Bidder in its dealings with A.P State Health Society. This designated person should hold the Power of Attorney and be authorized to perform all tasks including but not limited to providing information, responding to enquiries, etc. The Covering Letter submitted by the Bidder shall be signed by the authorized Signatory and shall bear the stamp of the firm/consortium.
- 2.3 .12 AP State Health Society reserves the right to reject any or all of the RFPs without assigning any reason whatsoever.
- 2.3 .13 Mere submission of information does not entitle the Bidder to meet an eligibility criterion. A.P State Society reserves the right to vet and verify any or all information submitted by the Bidder.
- 2.3 .14 If any claim made or information provided by the Bidder in the RFP or any information provided by the Bidder in response to any subsequent query by AP State Health Society, is found to

be incorrect or is a material misrepresentation of facts, then the RFP will be liable for rejection. Mere clerical errors or bonafide mistakes may be treated as an exception at the sole discretion of A.P State Health Society if adequately satisfied.

2.3 .15 The Bidder shall be responsible for all the costs associated with the preparation of the Request for Proposal and any subsequent costs incurred as a part of the Bidding Process. Directorate of Health Services shall not be responsible in any way for such costs, regardless of the conduct or outcome of this process.

2.3 .16 In every specific case, where the Bidder is constrained by statute/law from fulfilling any specific provision of this document, the Bidder is encouraged to contact Mission Director, National Health Mission, Arunachal Pradesh.

#### 2.4 Submission and Signing of Proposal

2.4 .1 The proposal shall be submitted in three parts –

a. Part A – Main Submissions

i. Covering Letter cum Project undertaking as per Annexure 1 stating the proposal validity period.

ii. Earnest Money Deposit

b. Part B – Technical Proposal as per format set out in RFP. (Annexure 2&3)

c. Part C – Financial Proposal as per the format set out in RFP.(Annexure 4)

2.4 .2 The Proposal shall be written or typed in indelible ink and shall be signed on each page by the authorized representative of the Bidder.

2.4 .3 Any interlineations, erasures or overwriting shall be valid only if the person or persons signing the Proposal prior to opening of the same initial them.

#### Packing, Sealing and Marking of Proposal

The Main Submissions (Part A), Technical Proposal (Part B) and Financial Proposal (Part C) must be inserted in separate sealed envelopes, along with Bidder's name and address in the left hand corner of the envelope and super scribed in the following manner.

- Part-A - Main Submissions for Implementation and Operation of 104 Call Centre
- Part-B - Technical Proposal for Implementation and Operation of 104 Call Centre
- Part-C - Financial Proposal for Implementation and Operation of 104 Call Centre

All three envelopes i.e. envelope for Part-A, Part-B and Part-C must be packed in a separate sealed outer cover and clearly super scribed with the following:

#### Proposal for Implementation and Operation of 104 Call Centre in Arunachal Pradesh

The Bidder's Name & address shall be mentioned in the left hand corner of the outer envelope and shall bear on top the following "Do not open, except in presence of the Authorized Person"

The inner and outer envelopes shall be addressed to A.P State Health Society at the following address:

Office of Mission Director  
National Health Mission  
Govt. of Arunachal Pradesh  
C- Sector  
Naharlagun-791110

Proposals will be accepted through Personal Delivery/ Speed post / Registered post / Courier only

AP State Health Society will assume no responsibility for the RFP's failure to reach or misplacement due to external reasons like postal delay etc. Email, telex, cable or facsimile tenders will not be accepted

The Bidder shall prepare (1) one original and (1) one copy of the Proposal, clearly marked "ORIGINAL" and "COPY" respectively. In the event of any discrepancy between the original and the copy, the original shall prevail.

## 2.5 Content of the Proposal

### 2.5 .1 PART A (Main-Submission)

This part of the proposal i.e. Part A (Main-Submissions) shall contain following documents:

- i. Covering Letter cum Project Undertakings as per Annexure 1
- ii. **Earnest Money Deposit (EMD) amounting to Rupees Two Lakh Seventy Seven Thousand Two Hundred Eighty Rupees Only (Rs. 2,77,280 lakh)** in the form of demand draft in favor of AP State Health Society, Arunachal Pradesh payable at SBI Naharlagun” along with the bid. In the absence of the EMD, technical proposal of the bidder shall be rejected. The earnest money shall be forfeited in case the bidder withdraws or modifies the offer after opening of the bid but before acceptance of the bid or he does not execute the agreement and deposit security deposit within specified time. Earnest money of unsuccessful bidders shall be refunded soon after final acceptance of the bid.

### 2.5 .2 PART B (Technical Proposal)

Bidders are requested to submit a detailed technical proposal with respect to the implementation and operation of the 104 Call Centre during the proposed contract period in conformity with the Terms of Reference forming part of this RFP. These include:

- i. Bidder will submit proposed organizational structure and Curriculum Vitae (CV) of Key personnel (Annexures 2&3) to be involved in the implementation and operation of the 104 Health Information Helpline. These Key personnel shall not change during the tenure of the contract, without prior approval of the AP State Health Society.
- iii. Bidder will submit detailed strategy for performance monitoring and evaluation, quality assurance and internal control.
- iv. Bidder will submit an Affidavit Certifying that Entity is not blacklisted as per Annexure 2.4
- v. Bidder will submit Letter of Declaration (Anti Collusion Certificate) mentioning that the Bidder will not collude with the other Bidders as per Annexure 2.7.
- vi. Bidder will submit three copies of the RFP document sealed and signed in all pages by the Bidder. Bidder will submit any other details the bidder feels necessary to include in the proposal.

### 2.5 .3 PART C (Financial Proposal)

- i. The Bidder will submit cost-sheet/ financials for the 104 Call Centre Project with annual break-up in respect of all Operational expenditure to be incurred for operationalization of the project for investment to be made towards procurement, planning, designing, installation/ commissioning, quality assurance and implementation of 104 Call Centre essential and necessary for the project.
- ii. The Bidder must submit the Financial Proposal using Form specified in Annexure 4a with proper signature and seal of the Bidder.
- iii. In case of any discrepancy between figures and words in the financial proposal, the one described in words shall be adopted/ accepted.
- iv. All figures should be in rupees only

- **Number of Proposals**

A bidder is eligible to submit only one bid for the project.

- **Validity of Proposals**

- The Proposal shall remain valid for 180 days after the date of bid opening. Any Proposal, which is valid for a shorter period, shall be rejected as non-responsive

- **Cost of Proposal**

The Bidders shall be responsible for all of the costs associated with the preparation of their Proposals and their participation in the Selection Process. Department will neither be responsible nor in any way liable for such costs, regardless of the conduct or outcome of the Selection Process.

- **Acknowledgement by Bidder**

1. It shall be deemed that by submitting the Proposal, the Bidder has:-
  - a. Made a complete and careful examination of the RFP;

- b. Received all relevant information requested from AP State Health Society;
  - c. Acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of AP State Health Society or relating to any of the matters stated in the RFP Document;
  - d. Satisfied itself about all matters, things and information, necessary and required for submitting an informed Proposal and performance of all of its obligations there under;
  - e. Acknowledged that it does not have a Conflict of Interest; and
  - f. Agreed to be bound by the undertaking provided by it under and in terms hereof.
2. The Department shall not be liable for any omission, mistake or error on the part of the Bidder in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake therein or in any information or data given by the AP state Health Society.

- **Language**

The Proposal with all accompanying documents and all communications in relation to or concerning the Selection Process shall be in English language and strictly on the forms provided in this RFP. No supporting document or printed literature shall be submitted with the Proposal unless specifically asked for.

- **RFP Opening**

AP State Health Society will open all Technical proposals, in the presence of Bidders or their authorized representatives who choose to attend, at the date and time mentioned at the following location.

Office of Mission Director (NHM)  
Govt.of Arunachal Pradesh  
Naharlagun -791110

AP State Health Society will open Financial proposals from shortlisted bidders and who make the technical presentation only at the date and time mentioned at the following location:

Office of Mission Director (NHM)  
C- Sector, Naharlagun  
Arunachal Pradesh

The Bidder's representatives who are present shall sign a register evidencing their attendance. In the event of the specified date being declared a holiday for Department, the RFPs shall be opened at the appointed time and location on the next working day.

## 2.6 Selection Criteria.

### 1.6.1 Evaluation of Technical Proposals

Minimum criteria as evolved from RFP Stage are defined at Section 1. A committee constituted by the Government will scrutinize and analyze the proposals on the basis of eligibility criteria and submit its recommendations to the Government.

In the first stage, the Technical Proposal will be evaluated on the basis of Bidder's experience, presentation and financial capability. Only those Bidders with Technical Proposals' score of 50 marks or more out of 70 shall qualify for further consideration. The Technical Proposals of all the Bidders will be evaluated based on appropriate marking system. The categories for marking and their respective weight age are as under:



## Stage 1

Parameter	Maximum Marks	Means of Assessment	Scale
Past experience of similar health information helpline projects like 104, 102 108, mobile medical units etc (in terms of no. of projects)*.	20	No of similar health projects (minimum 40 seats for each project) handled by the bidder in the last three years.	1 project : 10 marks 2 projects: 15 marks >2 projects:20 marks
Quality of manpower being deployed	10	Presence of highly qualified staff (doctors with MD, senior management personnel etc) proposed by the bidder	Presence of minimum 3 MD Doctors : 5 marks for experts Panel 3 marks Presence of Senior Management personnel having experience with similar 104 services: 2 marks
Proposed Technical Solution	15	Software application	Quality of software application and algorithms with relevant features: 15 marks
	10	Call center design and operationalization	Innovative features specified for Effective and efficient call center (10 marks)
	25	Understanding the overall management of services	Methodology for the proposed service (10)
			Proposed work Plan based on Innovative services ( 5 marks)
			Demonstration of training capacity (own training facility) by the bidder (5 marks)
		Demonstrating effective delivery and follow up action: (5 marks)	

\*Note: Each project would mean handling a minimum of 40 seats in a particular state; a combination of 40 seats from different projects is not accepted. For example an agency has undertaken a project with 40 seats each in two states, it will be considered as two projects and if the agency has undertaken a project in 2 states with a combined 40 seats in two states, it will not be considered.

The Proposals will be evaluated on the basis of selection criteria. The minimum score required for being considered technically competent is set at 50 marks and would be invited to make a technical presentation. During the technical evaluation process it is expected that at least three parties will be shortlisted to ensure competitive financial bidding. Thus, where a minimum of three parties fail to qualify for financial evaluation, then the eligibility criteria of 50 points in the technical scoring may be relaxed only to the extent that three parties finally get selected during the technical evaluation.

All Bidders shall be required to make technical presentations for 30 marks and also submit hard copies during the presentation, before opening of Financial Proposals, to demonstrate their credentials before the Evaluation committee. The presentation shall broadly cover the following aspects:

1. Brief Company profile, local presence, associates, major clients & projects etc.
2. Experience and capabilities of conducting similar assignments
3. Understanding of assignment along with methodology indicating broad scope of work and proposed action plan. The presentation should highlight the services that could be covered regarding the software for the 104 services should be demonstrated in front of technical committee. The presentation should highlight the services that could be covered like software to be used, innovative features of the proposed service and plan for effective service delivery and follow up action.
4. Details of proposed staff structures, and training (with updates) to be provided.

**STAGE-2**

Parameter	Maximum Marks	Scale
Technical Presentation	20	Methodology of operational plan (10) IT Solutions(10)

**1.6.2 Evaluation of Financial Bid**

The financial bids of firms who qualify the technical criteria and make the technical presentation would be considered. The financial bid should have operational expenses as given below.

**Operational Costs of 104 CALL CENTRE FOR GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVANCE REDRESSAL in Arunachal Pradesh**

Operational Expense per seat	
Service Cost per seat per month	
104 CALL CENTRE FOR GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVANCE REDRESSAL INR	XXXXX

Sl.No	Description	Unit	Amount per seat per month
1	For establishment and operation of 104 Medical Helpline call Centre as detailed in RFP	Upto 20 seats	Rs. (in figures) Rs.(In words)
2	For establishment and operation of 104 Medical Helpline call Centre as detailed in RFP	Additional per seat beyond 21 upto 40 seats	Rs. (in figures) Rs.(In words)
3	For establishment and operation of 104 Medical Helpline call Centre as detailed in RFP	Additional per seat beyond 41 upto 70 seats	Rs. (in figures) Rs.(In words)

The costs are inclusive of setting up costs of call center like rent for building, salary & allowances, recruitment & training, staff insurance & others, telephone, Mobile, internet etc., housekeeping, AMC of hardware, software, upgradation of software, equipment, postage & courier, printing and stationary and all other miscellaneous expenses inclusive of all taxes, duties, fees etc. Each seat will be considered only if the successful calls per seat exceed a threshold limit i.e effective call are 500 call/day will be considered for one

seat. For the purpose of evaluation of Financial Bid a weightage of 70% will be given to Sl. No. 1, 15% to Sl. No. 2 And 15% to S.No.3

### 1.6.3 Final Evaluation

Financial score=  $100 \times \text{Lowest financial score by bidders} / \text{financial score by the bidder}$

Total Evaluation score would be calculated as 70% of Technical score (Technical evaluation + Presentation) + 30% of Financial Score.

- The technical proposals will be allotted weightage of 70% while the financial proposals will be allotted weight age of 30%.
- Proposal with the lowest cost may be given a financial score of 100 and other proposals given financial scores that are inversely proportional to their prices.
- The total score, both technical and financial, shall be obtained by weighing the quality and cost scores and adding them up. The proposed weightage for quality and cost shall be specified in the RFP.
- Highest points basis: On the basis of the combined weighted score for quality and cost, the bidder shall be ranked in terms of the total score obtained.
- The proposal obtaining the highest total combined score in evaluation of quality and cost will be ranked as H-1 followed by the proposals securing lesser marks as H-2, H-3 etc.
- The proposal securing the highest combined marks and ranked H-1 will be invited for negotiations, if required and shall be recommended for award of contract.
- If the negotiation with H1 fails and then he will lose the opportunity. Then, the department will negotiate with H2, and if negotiation is successful he will be awarded with work.
- As an example, the following procedure can be followed. In a particular case of selection of consultant, It was decided to have minimum qualifying marks for technical qualifications as 75 and the weightage of the technical bids and financial bids was kept as 70 : 30. In response to the RFP, 3 proposals, A, B & C were received. The technical evaluation committee awarded them 75, 80 and 90 marks respectively. The minimum qualifying marks were 75. All the 3 proposals were, therefore, found technically suitable and their financial proposals were opened after notifying the date and time of bid opening to the successful participants. The procurement committee examined the financial proposals and evaluated the quoted prices as under:

Proposal Evaluated cost

A Rs.120.

B Rs.100

C Rs.110

Using the formula  $LEC / EC$ , where LEC stands for lowest evaluated cost and EC stands for evaluated cost, the committee gave them the following points for financial proposals:

A :  $100 / 120 = 83$  points

B :  $100 / 100 = 100$  points

C :  $100 / 110 = 91$  points

In the combined evaluation, thereafter, the evaluation committee calculated the combined technical and financial score as under:

Proposal A:  $75 \times 0.70 + 83 \times 0.30 = 77.4$  points.

Proposal B:  $80 \times 0.70 + 100 \times 0.30 = 86$  points

Proposal C :  $90 \times 0.70 + 91 \times 0.30 = 90.3$  points.

The three proposals in the combined technical and financial evaluation were ranked as under:

Proposal A: 77.4 points : H3

Proposal B: 86 points : H2

Proposal C: 90.3 points : H1

Proposal C at the evaluated cost of Rs.110 was, therefore, declared as winner and recommended for negotiations/approval, to the competent authority.

## 2.7 Award of Contract

Once the selected bidder has successfully negotiated with the government and agreed to undertake

the project, a letter of acceptance would be sent to the bidder and it will have to execute a contract with the government within 15 days of receiving the letter. This Request for Proposal along with documents and information provided by the bidder shall be deemed to be integral parts of the contract. A draft contract format is attached in Annexure 5. The successful bidder would be provided services for a period of 5 years with a possibility of extension for another 2 years if the five years are completed successively. Escalation of operation cost may be allowed @ 10% per annum from 1<sup>st</sup> April of next financial year i.e. after completion of successful operation for 12 months

### 2.8 Commencement of Service

The Successful Bidder shall commence the service only after the issue of the Letter of Commencement by the Department allowing the operator to commence activities envisaged under the RFP. Letter of Commencement shall be issued subject to following confirmations:

- a. Control Room and all other infrastructure are equipped and complete in all respects as per the terms and conditions mentions in this RFP.
- b. All statutory requirements essential and necessary to run the service in the State of Arunachal Pradesh have been complied with.

The Successful Bidder shall start full operations of 104 Call Centre within 60 days of signing of MOU. Any exceptions may be approved and confirmed in writing from the employer to avoid penalty.

### Security Deposit:

Within 15 days of receipt of the notification of contract award, the selected Service Provider shall furnish Security Deposit to the A.P State Health Society for an amount of Rupees **2,77,280 Lakhs** Only (Rs. Two lakhs seventy seven thousand two hundred eighty ), valid for the entire duration of the contract plus six months. The proceeds of the Security Deposit shall be payable to the AP State Health Society as compensation for any loss arising from the service provider's failure to complete its obligations under the contract. The Security Deposit will be discharged by the AP State Health Society and returned to the service provider on completion of the service provider's performance obligations under the contract. In the event of any increase in ordered amount, the service provider shall provide additional security accordingly. No mobilization advance would be paid to the firm for starting the services. Escalation of cost may be allowed @ **5%** per annum after successful implementation of program for 12 months from the start of next financial year.

## 2. MINIMUM ELIGIBILITY CRITERIA FOR RFP

The Minimum Eligibility Criterion to shortlist the Bidders per the RFP Stage of the Bid Process are as follows:

3.1. The Bidder should be registered body under the Societies Registration Act/Indian Religious and Charitable Act/Indian Trust Act/Company Act or any other Act of State Government or Government of India for more than three years as on the date of submission of the Proposal/Bid. It could also Consortium of organizations/Institutions registered/incorporated in accordance with the applicable law.

3.2. A bid may come from a single service provider having a minimum average annual turnover of **Rs. 1 crore** for last three financial years. The bidder must attach audited accounts or certificate duly certified by Chartered Accountant for last three years as supporting documents. Un- audited accounts will not be considered.

3.3. The bidder must be operating Health call centre for similar projects like 104,108, 102, Mobile Medical Units and other telemedicine projects with a minimum of 40 seats for each project for at least 10 years (as on the date of submission of proposal/bid). The experience of running in-house call centre/help desk for bidder's own operations or their partner/associate's operation will not be counted and only experience of running a call Centre for third party clients will be considered. The work-orders and/or any other supporting documents/experience certificates issued by the client pertaining to such works done satisfactorily in the past should be provided. The bidder should set up the call center separately and not use the call center designated to another projects like 108, 104,102, mobile medical units etc.

3.4. An affidavit (on non-judicial stamp of Rs 100/-) as per Annexure 7 to the effect that the bidder/proposer has not been blacklisted in the past by any of the State Governments across the country or Government of India and that it will not form any coalition with the other bidder/proposer.

3.5 The Staff hired for the Services being operated under the 104 project shall be governed by state employment rules, labor laws, minimum wages law or any other rule or regulation as applicable.

3.6 Should have ability to train the personnel to be employed for implementation of the project.

3.7 The Bidder shall not be involved in any litigation that might compromise the delivery of services as required under this contract

3.8 The Bidder shall not have been blacklisted by any central/ State/ Public Sector undertaking in India or Internationally

Note: In case of consortium, there should be a formal agreement between the partners accepting severe and joint responsibility for implementing of the project, reference of the Lead Partner and percentage of holding of each partner in the consortium. The maximum permissible partners in the consortium are 4 (four). For the purpose of minimum eligibility criteria, experience and turn over etc. of the partners having more than 20 % holdings in the consortium will be added.

#### 4. TERMS OF REFERENCE

##### 4.1 Background and Objectives

###### Health Scenario in Arunachal Pradesh

The state is situated in the northeastern part of India, bounded by international boundaries with China in the north, Myanmar in the southeast and Bhutan in the west. The state is situated at latitude of 90.36<sup>0</sup>E to 97.3<sup>0</sup> E and longitude of 26.42<sup>0</sup>N to 29.30<sup>0</sup>N covering a total land area of 83,743 sq. km. The population of Arunachal Pradesh is 1,383727 (Census 2011). Density of population is 17 persons per square kilometer. Sex ratio of the state is 938 females per 1000 males as per census 2011. The total literacy rate of the state is 65.38.

1. The infant mortality rate (IMR) is 19 per 1000 live births and Under-five mortality rate (U5MR) is 25 in the state.

The rural (public) health infrastructure in Arunachal Pradesh consists of a vast network of Sub Centers (SC), Primary Health Centers (PHC), Community Health Centre (CHC), District Hospitals and General Hospital that provide health services to the rural population in the state.

The National Health Mission (NHM) aims at providing comprehensive integrated healthcare to the rural people especially the vulnerable sections of the society, the women and the children. The Mission recognizes that health status of families is influenced by variety of factors such as availability of safe drinking water, sanitation, nutrition, social environment etc. Social, cultural and economic factors play an important role in health status of the individual, family and community. The development of health information helpline is also based on the rapid technological advances that have been happening. The ability to remotely diagnose a person enables specialized care to reach a far greater number of people than it ever did.

**Objective:** – To provide telephonic health advice, information on health care and counseling to the needy people. The key objectives to be achieved through this project are :

a). To assist the people particularly in Rural and Interior areas who are facing difficulties in getting information on health problems and access to a qualified doctor. Counseling of patients especially the vulnerable i.e. the old, women, children and poor.

b). Speedy and Effective redressal of complaints /grievances of general public against any government medical institution/service/person etc.

c). Providing much wanted transparency in the area of redressal of public grievances.

- Number of Calls/Complaints/Grievances received per day per month and per year.
- Reference number assigned for each Call/complaint/grievance received.
- Number of Calls/Complaints/Grievances communicated to department (Wherever necessary).
- A record of various diseases or problems for which calls received.
- Record of various call types is to be maintained by the Service Provider and forwarded to the department periodically (monthly) or as directed by the department.

#### 4.2 Key services

Due to the recent advances in medical triage, it is now possible to provide medical advice to a beneficiary with minimal degree of error. As a result, the application of technology for providing such medical advice to any beneficiary can help better utilize valuable resources towards treating people with a more serious condition. In light of these advances, the Govt. envisages the setting up of a health helpline in the state. The health helpline is aimed towards providing health related services like first level medical advice, details of nearby medical facilities etc. Because of the nature of the services being offered, the number of services being provided can be increased or decreased, depending on their acceptance and relevance. A toll free number (104) is proposed to be used to render these services to the citizens of the state.

Some of the key services include:

Non emergency medical advice (classifying the caller's condition into "critical", "serious" or "stable" states). The basic medical advice would be given by paramedics and expert medical advice would be given by Medical Officers. The service would provide advice on long term ill conditions like diabetes, heart issues, cancer etc., common ailments and counseling for some of the chronic and acute medical related issues and also will be providing response to health scares and other localized epidemics.

Counselling :

The callers would be given counseling on Rehabilitation counseling on Alcohol, Drugs, Smoking etc, Psychological counselling related to Anxiety, Depression, suicidal tendencies, post trauma recovery, chronic diseases like cancer etc., Family planning counseling and counseling about stigmatized diseases like HIV, AIDS, Leprosy etc.

#### Basic information on Health schemes in Arunachal Pradesh

- Through 104, citizens can have access to the details of various facilities in their area like medical facilities- hospitals, pharmacies, independent practitioners, diagnostic services, rehabilitation Centers and other health care services. Nutrition and Hygiene information could also be provided through this service.
- Complaint Registration of functioning of health schemes where the citizens can send in their complaints on the functioning of health schemes in Arunachal Pradesh..

#### 4.3 Infrastructure Guidelines:

Some of the facilities/ equipment which must be provided in the 104 CALL CENTRE FOR GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVANCE REDRESSAL are as follows:

- Desktop PCs for each seat
- Dedicated Server Hardware
- Local Area Network
- Appropriate number of incoming and outgoing telephone lines
- Internet facility on all PCs
- Appropriate number of telephone instruments
- Hot Button Programming on all Telephone sets
- Conferencing Facility on Telephone sets
- Head phones for each agent
- CC TV camera in the call Centre for security and monitoring purposes.
- IVRS (interactive voice recognition system)
- Computer Telephony Integration (CTI) Server
- Adequate air-conditioning for all IT equipment.
- At least two UPS (Uninterrupted Power Supply) running in hot Standby mode each with enough capacity to handle entire load of the Call Centre. The Infrastructure requirements for the 104 Helpline are as follows:  
The Call Centre shall receive incoming calls from the public telephone operator through state-of-the-art Switch/EPABX.
- The Call Centre network must have multi-level security mechanism to protect it from attackers, hackers, worms, viruses, spamming etc
- The Call Centre network shall have Firewall installed to protect unwanted intrusion into the network.
- The Call Centre network shall have Antivirus solution from reputed vendors.
- There must be adequate provision in the Call Centre for maintaining the required data redundancy and backup of the call record database application. There should be no loss of data or discontinuity of service due to hardware/server failure.
- The Call Centre shall have provision for full generator backup to run the Call Centre in case of failure of power supply.
- The Call Centre shall have sufficient numbers of the incoming lines with a facility to terminate additional lines in future.
- The Call Centre shall have spare capacity to house sufficient number of additional seats. However; space will be provided by the Department but service provider will have to make sufficient provision for additional seats by setting up entire infrastructure in such a way.
- The Call Centre shall have capability to logically partition the switching system to avoid interference with other set of users.
- Call Centre Agents will be able to take calls, answer in the chosen language Hindi & English all interactions will be logged and maintained in the Call Centre for later reporting and analysis.
- Each workstation shall be latest state-of-the-art PC with Color TFT Monitor, USB bases optical Mouse, Key board etc.
- Provide Call Record Management software to record the call details and should be able to issue a unique query number for each call for future reference.
- The Call Centre desks should be connected to a LAN (Local Area Network) connection for the execution of application software.
- Each workstation would have good quality headsets and telephone instruments from reputed brand with advanced features like background noise cancellation.
- It should have Voice Logging Facility for recording and playing back agents conversations, so that it can be used to monitor monitoring/analysis/review on regular basis.

**Business and System Capability**

- The bidder will assure core functionality to provide qualified personnel, facilities and equipment necessary to provide toll-free telephone, fax, and web-based services.
- Callers should receive a “live” (human) answer rather than navigating an automated answering system.
- Office space must accommodate administrative, counseling and support staff and confidential records as well as sufficient telephone and data lines, telephones and computer hardware.
- The Contractor must implement precautions to ensure that files and programs can be re-created in the event of loss by any cause, including a plan to safeguard data files.

**4.4: Hours of Operation**

It’s a 24/7 service, therefore the time schedule would be divided into 3 shifts of 8 hours duration each.

**4.5: Call Volumes and Performance Measures**

Applicants should anticipate the provision of services to a minimum of :-  
 Quarter (I Year) Expected daily call load (approx.)

Quarter I (1 <sup>st</sup> year)	Expected daily call load (approx)
1 <sup>st</sup> Qtr	100 calls per day per seat
2 <sup>nd</sup> Qtr	150 calls per day per seat
3 <sup>rd</sup> Qtr	200 calls per day per seat
4 <sup>th</sup> Qtr	250 calls per day per seat

2<sup>nd</sup> Year - 300 calls per day per seat

3<sup>rd</sup> year - 400 calls per day per seat

- The bidder should strive to achieve the following performance measures to assess the incoming call centre capability.
- The average initial answer speed shall be within 10 seconds (5 rings).
- Supplier would be responsible for settling day-to-day issues related to breakdowns, disconnections etc. with the telephone companies

**4.6: Management and Staffing**

**Registration**

The calls would first be received by registration officers at the call center who receives the call, collects identification details, assigns unique I.D. number and transfers the call to the concerned functionary based on the requirement of the caller whether needs health advice, disease information directory information, or grievance redressal. There should be 5 staff to deal with registration round the clock.

**Counseling services**



The bidder should develop a staffing plan that will provide live call response and counseling, seven days a week by trained behavioral health specialists, preferably staff with bachelor's or master's degrees in social work, health management, psychology, or other behavioral health fields with a minimum of two years of counselling experience. The bidder must assure a ratio of at least one supervisor to every 10 to 15 counselors/call takers, and provide adequate orientation and ongoing training for all staff.

### **Basic Health Advice:**

The paramedics would provide basic health advice that does not require any advanced medical suggestion. The health advice includes information on disease conditions, health facilities available in the particular regions, advice on local epidemics and prevention etc.

### **Medical advice:**

There would be medical sectors comprising of MD and MBBS doctors who would provide advice on medical conditions. There would be specialists who would provide advice on a particular day every month. There would also be AYUSH medical officers as part of this team.

There would be two health specialists who would provide information to the various health functionaries on the health schemes in the state including the NHM.

In addition the team would comprise of a unit head, call center head, HR specialist, IT expert, Marketing head, and a PPP expert. The bidder has freedom to appoint any other staff who he feels to contribute to the services better.

### **4.7: Training of Staff**

The selected bidder will be solely responsible for the training of the call Centre staff. The Govt. will assist the selected bidder in case there is any department specific information that is required for the smooth operation of the system.

The selected bidder will train the staff including paramedics and counselors etc on general aspects of working in a call Centre, as well as training the paramedics for using the various IT systems including the medical triage system. The training will include, but may not be restricted to the following topics:

- Professional Customer Care
- Correct pronunciation (English, Hindi )
- Using phrases properly
- Call handling
- Reporting
- Quality Assurance/ Monitoring
- Proper use of the various IT systems
- Call flow
- Demographic overview
- Complaint procedures and call forwarding to the right paramedic.

### **Successful Call Centre Agent profile**

#### **Traits**

- Self-confident- not easily intimidated
- Well organized
- Persistent
- Disciplined
- Highly motivated
- Professional demeanor and delivery

- Able and willing to assimilate new material quickly
- Committed to succeed
- Able to multi-task
- Courteous
- Sympathetic attitude towards patients

**Skills**

- Excellent communication skills in Hindi and English
- Good typing skills
- Ability to interpret needs and articulate best responses
- Ability to deliver good rebuttals
- Ability to mirror the caller's style

Academic and Professional background Paramedic Suitable candidates will be holders of any of the following qualifications:

1. Bachelor of Pharmacy or Diploma in Pharmacy
2. Bachelor of Physiotherapy
3. Bachelor of Science (Nursing)
4. Bachelor of Science (Life Science)
5. General Nursery and Midwifery
6. Master of Social Work

The candidates should ideally possess work experience of at least one year in providing medical care.

Doctor

1. MBBS / MD (General Practitioner )
2. Clinical Psychologist
3. AYUSH doctor

The doctors must possess at least three years of post-qualification work experience

**4.8: Operating Guidelines**

- Call Centre interface

This provides the interface to the users and helpdesk operators for logging, tracking, resolution & closing of calls. The following are different types of interfaces that can be used by the helpdesk operators:

- **The health helpdesk:**

The helpdesk staff will consist of doctors and paramedical staff in the ratio of 1 doctor for every 6 paramedics /call takers. The services and information will be provided in two languages, viz. Hindi and English.

- Application for call Centre:

This application will primarily be a medical triage application, which assists the helpdesk paramedics in providing sound advice to the beneficiary. The application would also include a detailed MIS system for generating system logs. Further, an application which is able to provide information mentioned as part of the scope of services will also have to be used.

- Call Flow

The envisaged call routing of any call coming to the call Centre is the following:

1. A beneficiary dials the '104' helpline number
2. The call is received by a call taker (registration) within 10 seconds.
3. If the beneficiary needs information, counseling or medical advice, then citizen details are captured and entered in the system helpdesk.
4. The paramedic provides information to the beneficiary as per the data that is available with

- the helpdesk.
5. If the beneficiary asks for medical advice then the paramedic asks for symptoms from the citizen
  6. The paramedic provides advice with the support of clinical decision support system available to him/her.
  7. The paramedic can suggest hospitals to be visited by the beneficiary for further clinical advice.
  8. The paramedic can also provide information about nearby pharmacies/ pharmacists in case the beneficiary needs to know where he can procure medicines etc.
  9. If the beneficiary is not satisfied with the counseling, information or medical advice, or if the paramedic believes that more expertise is required to assist the beneficiary, the call is routed to an available doctor. The doctor then tries to provide the relevant information, counseling or advice to the beneficiary.
  10. Feedback on the service is collected from the caller.

▪ Specifications

The call Centre should maintain a call closure rate of 100%, which will be sent to department on a monthly basis.

The successful bidder shall ensure and enter into specific agreements related to complete security of information, database and the behavior of its employees while answering the calls.

The contract period is up to three years initially and shall be extended for two years based on performance and as per the requirements and as per mutual consent of both the parties.

The Call Centre shall have the facility of handling telephone lines from more than one telecom operator in future. It should also have the capability of Call Holding and Skill-based Call Routing facilities. It shall also bear the Internet charges incurred by the Call Centre.

The Call Centre Company would engage at least one Supervisor per shift, who would be fully conversant with all aspects of the Helpline processes and subject matter.

The Call Centre Agents would record the name, address, contact details, queries, disease type, reply to the query by the call Centre, escalation details etc. in a suitable format which is approved by the Department. In case of a repeat call by a caller, the name and other personal details of the caller shall be retrieved from the database automatically after entering the telephone/mobile number of the caller.

Calls will be answered within 5 rings with hold time not more than 10 seconds.

The Call Detail Database containing the information about the personal details of the callers, queries raised, answers given, etc. shall be maintained on a web enabled database which can be accessed from anywhere on the web by authorized users

▪ Quality assurance in operations

Call Recording and Monitoring

All calls received by the paramedics second by second will be recorded using the “state of the art technology”, enabling electronic transfer of the recorded calls (\*.mp3 files) to the Department via email within 24 hours upon request. These same recorded calls will also be sent to the Directorate on DVD when required. Such calls will also be used for paramedic training & coaching for which supervisor will listen to calls for improving the performance of paramedics. Calls will be made available at all times to the Directorate staff for any necessary due diligence.

▪ IT Infrastructure Standards

The software developed/customized for the system shall be audited by the agency from a security & controls perspective in consultation with the directorate. Such audit shall also include the IT infrastructure and network deployed for system. Following are the broad activities to be performed by the Agency as part of the security review. The security review shall subject the system for the following activities:

- Audit of Network, Server and Application security mechanisms
- Assessment of authentication mechanism provided in the application /components/ modules
- Assessment of data encryption mechanisms implemented for the solution
- Assessment of data access privileges, retention periods and archival mechanisms
- Server and Application security features incorporated etc

4.9: Government responsibilities

1. Authorize the selected partner to establish and manage the **GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVANCE REDRESSAL**

2. Release the funds to the Service Provider as per the terms and conditions of the agreement.
3. Provide necessary support from Health Dept. and facilitate support from other Depts.
4. Provide premises for setting up the 104 (Call Centre).
5. Department will designate a person to be the nodal point as point of contact for the bidder.
6. Facilitate the process of getting 104 toll free number to the service provider.
7. Validate the algorithm that will be used by the bidder for medical triage.
8. Provide necessary permission to the Service Provider for implementation of the project.
9. Assist in liaising with the other departmental agencies for gathering information. This would include information about registered practitioners, hospitals, pharmacies etc.
10. Provide necessary information about Health schemes for department use.

4.10: Successful bidder responsibilities

1. The doctors and paramedics appointed by the service provider must possess the minimum qualifications as specified in Section 7 of this document. The ratio of doctors to paramedics should be maintained as at least 1 doctor to every 6 paramedics. The bidder will offer financial bid stating total expenditure per month per seat for the services provided. The bidder will need to specify the initial capacity of the call Centre and also present the projected scaling-up of the call Centre based on their experience and the profile of Chhattisgarh. The financials (additional cost per seat for scaling-up) need to be mentioned.

2. Bring in Software specifically required for Health information help line which includes Scope of Work and also have the provision for up gradation/ addition as per Directorate directions/requirements in future. The software so developed will essentially be licensed in the name of AP State Health Society.

3. The bidder will be responsible for rendering the services from the inbound call Centre. All costs related to the establishment, operation and maintenance of this call Centre will be borne by the bidder. The bidder will be solely responsible for obtaining all statutory approvals required for operating such a service. It may request Government assistance for such approvals if required.

4. Provide Customized Complete Solution for **GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVANCE REDRESSAL** (Call Centre) with detailed Specifications of Hardware & Software within 10 days of selection.

5. Set up Health Information Helpline (Call Centre) & commence services within 45 days of signing of agreement including the following:

Put in place standardized and validated algorithms and disease summaries that cover major prevalent diseases in India, for using in medical triage which would be later approved by the health department. Customize the IT Solution to meet the local language needs in the State of Arunachal Pradesh. The bidder will ensure necessary power backup.

Recruit, train ( including language and soft skills) and induct necessary medical, Para medical,

Counseling and technical resources.

6. The bidder will engage adequate staff to run the Centre in full capacity. All costs related to hiring the call centre staff will be borne by the bidder. The department reserves the right to conduct inspection of any employee and call Centre at any time.

7. The bidder will appoint a person to be the nodal point for coordinating with the department. The person identified must be available over phone at all times.

8. The bidder will be wholly responsible for ensuring compliance of labor laws in true spirit. It will also ensure speedy redressal of complaints regarding sexual harassment of woman at workplace for the female workforce working in shifts in 104 call Centre. 9. The bidder will provide software for recording and monitoring call on 24X7 basis.

10 The bidder will sign a non-disclosure agreement with the Department for running the call centre. Data for the purpose this project shall be considered as PHI i.e. Protected Health Information. This non- disclosure agreement will cover all PHI and every smallest data item (both hard and soft copies) that has been provided by the Department for the operations of the helpdesk along with all the data that is recorded and generated during the operation of the helpdesk.

11. The bidder will provide all call-logs, voice-logs, voice recordings and other necessary details as and when required by the govt. It will also be submitted to Department in weekly/ fortnightly/monthly reports or as directed by the Department in the format desired by the Department.

12. The bidder will abide by the workplace safety measures prevalent in India and will need to upgrade their facility/service in case of changes in rules prevalent in the state or country. Government will not be responsible for any accidents or loss of life caused by the bidder's negligence. The bidder will also have to pay for all indemnities arising from such incidents and will not hold Department responsible or obligated.

13. The bidder will be solely responsible for managing the activities of it's personnel and will hold itself responsible for any misdemeanors.

14-. The bidder is required to do all prior work of installing the required hardware & software, recruitment and training of paramedics, test dialing etc. in 45 days' time from the date of award of contract to them and should start operations within this period.

15. The bidder will be responsible for program management activities like coordinating with the Govt. departments/offices (for information) and telecom service provider for smooth running of the operations.

16. The bidder will ensure adequate training of the staff in organizational behavior before induction so that they are fully courteous and is full of enthusiasm while at work.

17. Carry out the demonstration of the solution to the Employer within 15 days of award of contract and submit satisfactory trials report.

18. Manage the Health Information helpline (Call Centre) to provide 24 x 7 hrs uninterrupted service by putting in place robust technical and managerial support system.

19. Manage the data generated through fail proof Data Storage System and arrange for furnishing of Daily Reports to designated Health Department Officials.

20. Conduct Research and Analysis of data generated and furnish the conclusions to designated Health Dept. Officials yearly or as on required basis.

**4.11: Payments**

The payments shall be made on a quarterly basis by the Department and will be based on the total number of calls per seat. serviced during the period, deducting the penalties if any. The quality of service (no of successful calls) will be judged based on random testing of call sample. This information will be certified by the Department or any third party acting on behalf of the Department.

**4.12: Penalty Clause**

a. In case the Service Provider fails to provide required quality of service for the call center like delay in picking up calls ( less than 5 rings), increasing grievances, reduction on calls etc penalty would be charged at the rate of Rs 1000 x difference in expected calls to actual calls.

b. In case the infrastructure is not installed and ready for operations within 45(forty five) days from the date mentioned in the work order, a penalty shall be imposed at the rate of Rs. 10,000/- per day.

c. In the event of equipment/system failure, the Service Provider will be required to make alternate arrangements and ensure that the call Centre runs uninterruptedly and smoothly. During the period of failure, the service provider shall make suitable arrangements as agreed with the Department.

d. If the call Centre goes down because of reasons other than those envisaged under the force majeure clause, one day's charges shall be deducted for every hour of downtime from the service provider's claim. If the call Centre remains unserviceable for a continuous period of 12 hours, then no payment shall be made for services during the 7 day period ending on that day.

e The service provider shall maintain full confidentiality of the data supplied while answering customer queries/complaints. Under no circumstances will the service provider divulge/reveal/share such data for the purpose other than for meeting the Department's requirement. Any violation of this confidentiality clause may result in instant termination of the contract and the service provider shall pay liquidated damage of Rs. 10,00,000/- (Rupees Ten Lacs) to the Department and the Department shall reserve the right to blacklist the service provider for any future contracts. The decision of the Department shall be final in this regard and binding on the service provider.

**4.13:Monitoring and Reporting**

The performance will be reviewed monthly by Mission Director, National Health Mission  
The services and records of the service shall be subject to inspection by designated officer(s) of NHM  
Arunachal Pradesh

Evaluation of performance shall be undertaken on a yearly basis by an external agency to be engaged by National Health Mission. The Nodal Officer of the Employer will collect the performance reports and default notices submitted by Successful bidder monthly. Employer will review the performance quarterly, on the basis of monthly reports for the past three months collected by the Nodal Officer of the Employer and issue appropriate recommendations/ necessary improvements (if required).

**Reporting**

- Generation of daily and monthly reports regarding complaints Received & complaints attended.
- Furnishing daily report to the concerned authority for updating the website
- Development of suitable Management Information System (MIS) for reporting periodical progress in redressal of public grievances.
- It shall have feature to generate customized reports as per the requirement
- The daily, weekly, monthly reports shall include the following but not limited to:

- a. Report on calls handled & call pending,
- b. Average duration of calls,
- c. Min. & max duration of calls,
- d. Number of instances the operator found busy,
- e. Calls abandoned due to breakdown,
- f. Calls made / referred to stakeholder institutions.
- g. Call type etc.

- Submission of quarterly / half yearly / annual progress report to Mission Director, NHM.
- It shall have the facility to host the web portal containing the MIS and call data Captured
- Senior level officials of the Call Centre operator and Nodal officer shall be required to attend status review meetings to be held at regular intervals

4.14: Tenure of the Project:- Initially it will be for five years from the date of signing of the agreement further two years extension may be granted after mutual consent of both the parties.

#### 4.15: Termination for Default

- a. The Department may, without prejudice to any other remedy for breach of contract, by a 90 days written notice of default sent to the service provider, terminate the contract in whole or part:
  - i. If the service provider fails to deliver any or all of the services within the period(s) specified in the contract,
  - ii. If the service provider, in the judgment of the Department has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

For the purpose of this clause:

“Corrupt practice”: means the offering, giving, receiving or soliciting of anything of value to influence the action of a public official in the tender process or in contract execution.

“Fraudulent practice”: a misrepresentation of facts in order to influence a tender process or the execution of a contract to the detriment of the Department, and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the Department of the benefits of free and open competition.

#### 4.16: Arbitration Clause

In case any dispute arises between the contracting parties that cannot be satisfactorily resolved by the Employer, the matter shall be referred to an arbitrator who shall be mutually appointed by the contracting parties and whose decision shall be final and binding on both the parties, However, in case the parties do not reach to any conclusion with regard to the appointment of an arbitrator, then the arbitrator shall be appointed in accordance with the [Arbitration and Conciliation Act of 1996](#).

#### 4.17: Force Majeure

a. Notwithstanding the provisions of Termination for Default and Penalty clauses, the service provider shall not be liable for forfeiture of its Security Deposit, penalty or termination for default, if and to the extent that, it's delay in performance or other failure to perform its obligations under the Contract is the result of an event of force majeure.

b. Force majeure shall mean and be limited to the following:

- Restrictions imposed by the Government or other statutory bodies which prevents or delays the execution of the order by the service provider.

c. The service provider shall advise the Department by a registered letter duly certified by the local statutory authorities, the beginning and end of the above causes of delay within seven (7) days of the occurrence and cessation of such force majeure conditions. In the event of the delay lasting for over two months, if arising out

of causes of force majeure, the Department reserves the right to cancel the order.

d. The completion period may be extended in circumstances relating to force majeure by the Department. The bidder shall not claim any further extension for the completion of work. The Department shall not be liable to pay extra costs under any conditions.

e. The bidder shall categorically specify the extent of force majeure conditions prevalent in their works at the time of submitting their bid and whether the same have been taken in to consideration or not in their quotations. In the event of any force majeure cause, the bidder shall not be liable for delays in performing their obligations under this order and the delivery dates can be extended to the bidder without being subject to price reduction for delayed delivery, as stated elsewhere.

f. It will be prerogative of the Department to take the decision on force majeure conditions and the Department's decision will be binding on the bidder.

4.18: Resolution of Disputes: If any dispute arises between parties, then there would be two ways for resolution of the dispute under the Contract.

a. Amicable Settlement Performance of the contract is governed by the terms and conditions of the contract, however at times dispute may arise about any interpretation of any term or condition of contract including the scope of work, the clauses of payments etc. In such a situation, either party of the contract may send a written notice of dispute to the other party. The party receiving the notice of dispute will consider the notice and respond to it in writing within 30 days after receipt. If that party fails to respond within 30 days, or the dispute cannot be amicably settled within 60 days following the response of that party, then Clause 9 of the General Conditions of Contract shall become applicable.

b. Resolution of Disputes  
In the case dispute arising between the parties in the contract, which has not been settled amicably, any party can refer the dispute for Arbitration under (Indian) Arbitration and Conciliation Act, 1996. Such disputes shall be referred to Arbitral Tribunal as prescribed by Ministry of Law, Government of India. The Indian Arbitration and Conciliation Act, 1996 and any statutory modification or reenactment thereof, shall apply to these arbitration proceedings. Arbitration proceedings will be held in Naharlagun, Arunachal Pradesh and the language of the arbitration proceeding and that of all documents and communications between the parties shall be as per directions of Arbitration Tribunal. The decision of the majority of arbitrators shall be final and binding upon both the parties. The expenses of the arbitration as determined by the arbitrators shall be borne by party/parties as per directions of Arbitrator. However, the expenses incurred by each party in connection with the preparation, presentation shall be borne by the party itself.

4.19: Right to Accept and Reject any Proposal

AP State Health Society reserves the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

4.20: Legal Jurisdiction

All legal disputes between the parties shall be subject to the jurisdiction of the courts situated in Naharlagun only.

All disputes arising out of this contract and all questions relating to the interpretation of this contract shall be decided by the Steering Committee as specified in RFP document.

In witness whereof the parties hereto have set their hands on the.....day of.....2017.

For and on behalf of the Mission Directorate , NHM, Government of Arunachal Pradesh

By:

Signature & Designation,

Date

Witness No.1.

Witness No.2.



For and on behalf of \_\_\_\_\_ (the Approved Private Partner)  
By:

Date

Witness No.1.

Witness No.2.

ANNEXURE 1  
FORMAT FOR COVERING LETTER

FORMAT FOR COVERING LETTER  
(On the Letter head of the Bidder)

Date:

To

The Mission Director  
National Health Mission  
Government of Arunachal Pradesh  
Naharlagun

Re: 104 **GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVAMCE REDRESSAL** for Arunachal Pradesh

Madam / Sir,

Being duly authorized to represent and act on behalf of.....  
(hereinafter referred to as “the Bidder”), and having reviewed and fully understood all of the requirements and information provided, the undersigned hereby apply for the qualification for 104 **GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVAMCE REDRESSAL** for Arunachal Pradesh.. We are enclosing our Application with EMD amount of Rs **2,77,280** in the form of Demand Draft and two copies of Proposal (Part A, Part B and Part C) with the details as per the requirements of the RFP. We confirm that our proposal is valid for a period of three months from \_\_\_\_\_ (Application Due Date).

Yours faithfully,

(Signature of Authorized Signatory)  
(NAME, TITLE AND ADDRESS)

ANNEXURE 2  
Key submissions for qualification

APPLICATION FORMAT

2.1

Sl.No. Particulars Details

- 1 Name of the Project
2. Name and address of the Organization responding to RFP
  - Telephone No. with STD Code
  - Fax Number
  - E-mail address, if any
3. Name and Designation of Contact Person
4. Proposal Addressed to 

The Mission Director  
National Health Mission  
Government of Arunachal Pradesh  
Naharlagun
5. Reference of Notice inviting for RFP No.....Date.....
6. Authority for signing and submitting the document i.e. (Power of Attorney, Resolution of the organization etc.)
7. Documents enclosed in support of the Request-
  - i.....
  - ii.....
  - iii.....
  - iv.....

Name and Signature of the Authorized Signatory  
Seal of the Organization  
Date:.....

## 2.2 Past Experience

For each project being shown as relevant past experience of providing services being described in the document, please provide a profile based on the following template. Please provide only broad details of the projects.

1	Customer/client Name	
	Name of the contact person from the client organization who can act as a reference with contact coordinates	
2	Name	
	Designation	
	Address	
	Phone Number	
	Mobile Number	
	Email ID	
Project details		
3	Project Title	
4	Start Date /End Date	
5	Current status (in progress / completed )	
6	Number of responding firm's staff deployed on this project (peak time )	
7	Order value of the project ( in rupees lakhs)	
8	Narrative description of project ( Highlight the components / services involved in the project that are of similar nature to the project for which this tender is floated	
9	Description of actual services provided by the responding firm within the project and their relevance to the envisaged components / services involved in the project for which this RFP is floated	
10	Description of the key areas where significant contributions are made for the success of the project	
11	Order copies & Performance certificate received from client is attached with this statement	

2.3 Turn Over of the Organization

Sl.No	Project Category	Amount (in Rs. Crores)		
		2013-14	2014-15	2015-16
1	In similar Health Projects			
2	Other Projects			
3	Net worth of Organization			

Enclose Audit Reports for each Year

**2.4 FORMAT FOR AFFIDAVIT**

Format for Affidavit Certifying that Entity / Promoter(s)/Director(s)/Partners of Entity are not blacklisted (On a Stamp Paper of relevant value)(specify?)

**AFFIDAVIT**

I, M/s. .... (Sole Bidder/ Lead Member/ Member), (the names and addresses of the registered office) hereby certify and confirm that we or any of our promoter(s)/ director(s) are not barred by A.P State Health Society, Government of Arunachal Pradesh/ or any other entity of Government of Arunachal Pradesh or blacklisted by any state government or central government/ department/ organization in India from participating in Project/s, either individually or as an authorized signatory of the Company being represented as on the\_\_\_\_\_ (Date of Signing of application).

We further confirm that we are aware that, our Application for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the contract period.

Dated this .....Day of ....., 20.....

Name of the Bidder

.....

Signature of the Authorized Person

.....

Name of the Authorized Person



2.5 POWER OF ATTORNEY

POWER OF ATTORNEY

(On a Stamp Paper of relevant value)(We could specify this like 100 rupees)

Know all men by these present, We.....(name and address of the registered office)do here by constitute, appoint and authorize

Mr./Ms.....(name and residential address) who is presently employed with us and holding the position of .....as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for 104 GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVAMCE REDRESSAL in Arunachal Pradesh including signing and submission of all documents and providing information / responses to AP State Health Society, Government of Arunachal Pradesh, representing us in all matters before , AP State Health Society, Government of Arunachal Pradesh , and generally dealing with AP State Health Society, Government of Arunachal Pradesh in all matters in connection with our bid for the said Project.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us. Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 20

For \_\_\_\_\_  
(Name, Designation and Address)

Accepted

\_\_\_\_\_  
(Signature)  
(Name, Title and Address of the Attorney)  
Date : \_\_\_\_\_

Note:

- i. The mode of execution of the Power of Attorney shall be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant(s) and when it is so required the same shall be under common seal affixed in accordance with the required procedure.
- ii. In case an authorized Director of the Bidder signs the Application, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney.

2.6 Particulars of the Bidding Organization(s)

Tender for Selection of Service provider for running 104 GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVAMCE REDRESSAL in Arunachal Pradesh	
Name and full address of the firm/ Company/ Society/Organization	
Details of Registered Office Address Telephone No(s) E-mail address Company website	
Income Tax Registration number. (PAN)	
Service Tax Registration No	
Whether Public limited company or private limited company(give details)	
Details of Director, Managing Director etc and their Share holding and their respective liabilities in carrying this tender and discharge of subsequent	
Does the organization have an office in Chhattisgarh? If so, provide address of the office and details of the activities Conducted in the office.	
Name and addresses and designation of the persons who will represent the Bidder while dealing with Directorate (only required for the lead bidder). (Attach letter of authority	
Details of service / support network and infrastructure available in India. ( If Any)	
Has the organization blacklisted by any state or central government entity	
<p>Note: Above details are mandatory, Bidder may use additional sheets for above submittals.                      (Authorised Signatory)                      Name: _____                      Designation &amp; Authority: _____                      Place: _____                      Date: _____                      Stamp: _____                      Company Name: _____                      Business Address: _____</p>	

**2.7 ANTI COLLUSION CERTIFICATE**

**ANTI COLLUSION CERTIFICATE**

We hereby certify and confirm that in the preparation and submission of our Proposal for 104 GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVAMCE REDRESSAL in Arunachal Pradesh,, We have not acted in concert or in collusion with any other Bidder or other person(s) and also not done any act, deed or thing, which is or could be regarded as anti-competitive. We further confirm that we have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with the instant proposal.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

For\_\_\_\_\_

(Name)  
Authorized Signatory

ANNEXURE 3  
Technical Bid

## 3.1 Experience of the bidder in similar projects

1	Customer/client Name	
	Name of the contact person from the client organization who can act as a reference with contact coordinates	
2	Name	
	Designation	
	Address	
	Phone Number	
	Mobile Number	
	Email ID	
Project details		
3	Project Title	
4	Start Date /End Date	
5	Current status (in progress / completed )	
6	Number of responding firm's staff deployed on this project (peak time )	
7	Order value of the project ( in rupees lakhs)	
8	Narrative description of project ( Highlight the components / services involved in the project that are of similar nature to the project for which this tender is floated	
	Description of actual services provided by the responding firm within the project and their relevance to the envisaged components / services involved in the project for which this RFP is floated	
9		
10	Description of the key areas where significant contributions are made for the success of the project	
11	Order copies & Performance certificate received from client is attached with this statement	

Enclose copy of Customer satisfaction Certificate issued by the Employee in last 3 months or at the end of project whichever is earlier.

**3.2 Key Personnel**

Using the format below, please provide the summary information on the profiles of personnel; you propose to include for evaluation and the roles they are expected to play in the project:

Sr.no	Proposed role	No of Resources	Area of expertise	Key Responsibilities

**3.3 CV for Professional Staff Proposed**

Please provide detailed professional profiles of the staff proposed for evaluation. The profile for a single staff member must not exceed two pages.

S.No	Description	Details
1	Name	
2	Designation	
3	Role proposed for	
4	Current responsibilities in the responding firm	
5	Total years of relevant experience	
6	Years of experience with the responding firm	
7	<input type="checkbox"/> Educational qualifications <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Degree</li> <li>• <input type="checkbox"/> Academic institution graduated from</li> <li>• <input type="checkbox"/> Year of graduation</li> <li>• <input type="checkbox"/> Specialization(if any)</li> </ul>	
8	Professional certifications (if any)	
9	Professional experience details( project wise) <input type="checkbox"/> Project name <input type="checkbox"/> Department/Government/client <input type="checkbox"/> Key features in brief <input type="checkbox"/> Location of the project <input type="checkbox"/> Designation <input type="checkbox"/> Role <input type="checkbox"/> Responsibilities and activities <input type="checkbox"/> Duration of the project	
10	Covering Letter: Summary of the Individual's experience which has direct relevance to the project (maximum 1 page)	

Each CV must be accompanied by the following undertaking from the staff member Certification

I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes me, my qualifications, and my experience. I understand that any willful misstatement described herein may lead to my disqualification or dismissal, if engaged.

[Signature of staff member]

Date:

(Authorized Signatory)

Name: \_\_\_\_\_

Designation & Authority: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

3.4 Proposed Technical Solution

- 3.4.1 Introduction
- 3.4.2 Objectives
- 3.4.3 Brief outline about Bidder's strength to execute project
- 3.4.4 Proposed solution - Salient Features
- 3.4.5 Important Activities
  - 3.4.5.1 Call Center establishment & management
  - 3.4.5.2 IT/GIS Support
  - 3.4.5.3 Human Resources
  - 3.4.5.4 Capacity Building
  - 3.4.5.5 Information, Education & Communication.
  - 3.4.5.6 Monitoring
  - 3.4.5.7 Grievance Redressed
  - 3.4.5.8 Others
- 3.4.6 Time management & efficiency
- 3.4.7 Conclusion

Please mention the above details under above mentioned heads & if required additional heads may also be used. But the total number of pages should not be more than 10.



ANNEXURE 4  
FINANCIAL PROPOSAL

**FINANCIAL PROPOSAL**

To  
The Mission Director  
National Health Mission  
Government of Arunachal Pradesh

Sub: - Request for Proposal for “Implementation and Operation of 104 GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVAMCE REDRESSAL in Arunachal Pradesh

Sir,

1. Having carefully examined all the parts of the RFP documents and having obtained all the requisite information affecting this proposal and being aware of all conditions and difficulties likely to affect the execution of the contract, I/ We hereby propose to implement the project as described in the RFP document in conformity with the conditions of contract, technical aspects and the sums indicated in this financial proposal.
2. I/ We declare that we have read and understood and that we accept all clauses, conditions, and descriptions of the RFP document without any change, reservations and conditions.
3. If our proposal is accepted, we undertake to deposit security deposit of Rs 5 lakhs within 45 days of execution of the formal contract.
4. I/ We agree to abide by this proposal/bid for a period of 180 days from the date of its opening and also undertake not to withdraw and to make any modifications unless asked for by you and that the proposal may be accepted at any time before the expiry of the validity period.
5. Unless and until the formal contract is signed, this offer together with your written acceptance thereof shall constitute a binding contract between me/us and the Government of Arunachal Pradesh
6. We submit the Schedule of Rate as appended herewith.

Yours faithfully

Name and Signature of the Authorized Signatory  
Seal of the Organization  
Date:.....

Encl: Price Bid

4.1 Price Bid  
Operational Costs of “104 GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVAMCE REDRESSAL in Arunachal Pradesh”

Operational Expense per seat	
Service	Cost per sea
104 GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVAMCE REDRESSAL in Arunachal Pradesh	INR – XXXXX

S. No.	Description	Unit	Amount per seat per month
1	For establishment and operation of 104 Medical Helpline call Centre as detailed in RFP	Upto 20 seats	Rs. (in figures) Rs.(In words)
2	For establishment and operation of 104 Medical Helpline call Centre as detailed in RFP	Additional per seat beyond 21 upto 40 Seats	Rs. (in figures) Rs.(In words)
3	For establishment and operation of 104 Medical Helpline call Centre as detailed in RFP	Additional per seat beyond 41 upto 70 Seats	Rs. (in figures) Rs.(In words)

The costs are inclusive of setting up costs of call center like rent for building, salary & allowances, recruitment & training, staff insurance & others, telephone, Mobile, internet etc., housekeeping, AMC of hardware, software, up gradation of software, equipment, postage & courier, printing and stationary and all other miscellaneous expenses inclusive of all taxes, duties, fees etc.

Each seat will be considered only if the successful calls per seat exceed a threshold limit i.e effective call are 100 call/day will be considered for one seat.

For the purpose of evaluation of Financial Bid a weight age of 70% will be given to S. No. 1,15% to S. No. 2 And 15% to S.No.3

Signature of Authorized Signatory  
Seal with Designation

Place:

Date

#### 4.2 Details of cost estimate for

##### i. Operational Cost for Call Centre

S.No	Activity	Details	No.	Rate	Amount	Remarks
1	Call centre Establishment					
2	Call centre operation					
3	Software cost					
4	Manpower					
5	IEC					
6	Others					

ANNEXURE 5  
CONTRACT

## CONTRACT

1. A contract made this \_\_\_\_ day of “month” 2016 BETWEEN \_\_\_\_\_ (hereinafter called “the approved Private Partner”, which expression shall, where the context so admits, be deemed to include his heirs successors executors and administrators) of the one part

## AND

The AP State Health Society, National Health Mission of the State of Arunachal Pradesh (hereinafter called “the Government” which expression shall, where the context so admits be deemed to include his successors in office and assigns) of the other part.

2. Whereas the approved Private Partner has agreed with the Government to implement the “104 GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVAMCE REDRESSAL” in the State of Arunachal Pradesh in the manner set forth in the terms of the Request for Proposal (RFP) and Schedule of Rates.

3. And whereas the approved Private Partner has agreed to deposit Rs. . 2,77,280 lakh (Rupees Two lakhs Seventy Seven thousand two hundred eighty only) in the form of Bank Guarantee by \_\_\_\_ of \_\_\_\_ 2017 as security for performance of the project.

4. Now these present witnesses:

i. The approved Private Partner shall be paid at the rate as offered by them in the financial proposal (Schedule of Rates) towards monthly operation and maintenance cost of the ambulances as below;

5. 104 toll free GRIEVANCE REDRESSAL, HEALTH HELPLINE AND ASHA GRIEVAMCE REDRESSAL”

Sl.No.	Description	Unit	Amount per seat per month
	For establishment and operation of 104 Medical Helpline call Centre as detailed in RFP	Upto 10 seats	Rs. (in figures) Rs.(In words)
	For establishment and operation of 104 Medical Helpline call Centre as detailed in RFP	Additional per seat beyond 11 upto 20 seats	Rs. (in figures) Rs.(In words)
	For establishment and operation of 104 Medical Helpline call Centre as detailed in RFP	Additional per seat beyond 21 upto 40 seats	Rs. (in figures) Rs.(In words)

- The costs are inclusive of setting up costs of call center like rent for building, salary & allowances, recruitment & training, staff insurance & others, telephone, Mobile, internet etc, housekeeping, AMC of hardware, software, upgradation of software, equipment, postage & courier, printing and stationary and all other miscellaneous expenses inclusive of all taxes, duties, fees etc.
- Each seat will be considered only if the successful calls per seat exceed a threshold limit i.e effective call are 500 call/day will be considered for one seat.

5. Consideration

The Government does hereby agree that if the approved Private Partner shall duly implement the project in the manner aforesaid, observe and keep the said terms and conditions, the Government will pay or cause to be paid to the approved Private Partner at the time and in the manner set forth in the said terms.

6. Hours of Operation

It's a 24/7 service, therefore the time schedule would be divided into 3 shifts of 8 hours duration each.

7. Call Volumes and Performance Measures

Applicants should anticipate the provision of services to a minimum of :-  
Quarter (I Year) Expected daily call load (approx.)

Quarter I (1 <sup>st</sup> year)	Expected daily call load (approx)
1 <sup>st</sup> Qtr	100 calls per day per seat
2 <sup>nd</sup> Qtr	150 calls per day per seat
3 <sup>rd</sup> Qtr	200 calls per day per seat
4 <sup>th</sup> Qtr	250 calls per day per seat

2<sup>nd</sup> Year - 300 calls per day per seat

3<sup>rd</sup> year - 400 calls per day per seat

- The bidder should strive to achieve the following performance measures to assess the incoming call centre capability.
- The average initial answer speed shall be within 10 seconds (5 rings).
- Supplier would be responsible for settling day-to-day issues related to breakdowns, disconnections etc. with the telephone companies

8. Management and Staffing

The 104 health information helpline would be dealt by specific teams each dealing with a specific service.

**Registration**

The calls would first be received by registration officers at the call center who receives the call, collects identification details, assigns unique I.D. number and transfers the call to the concerned functionary based on the requirement of the caller whether needs health advice, disease information ,directory information, or grievance redressal. There should be 5 staff to deal with registration round the clock.

### Counselling services

The bidder should develop a staffing plan that will provide live call response and counseling, seven days a week by trained behavioral health specialists, preferably staff with bachelor's or master's degrees in social work, health management, psychology, or other behavioral health fields with a minimum of two years of counselling experience . The bidder must assure a ratio of at least one supervisor to every 10 to 15 counselors/call takers, and provide adequate orientation and ongoing training for all staff.

### Basic Health Advice:

The paramedics would provide basic health advice that do not require any advanced medical suggestion. The health advice includes information on disease conditions, health facilities available in the particular regions, advice on local epidemics and prevention etc.

### Medical advice

There would be medical doctors comprising of MD and MBBS doctors who would provide advice on medical conditions. There would be specialists who would provide advice on a particular day every month.

There would be two health specialists who would provide information to the various health functionaries on the health schemes in the state including the NHM.

In addition the team would comprise of a unit head, call center head, HR specialist, IT expert, Marketing head, and a PPP expert. The bidder has freedom to appoint any another staff who he feels to contribute to the services better.

## 9. Training of Staff

The selected bidder will be solely responsible for the training of the call Centre staff. The Govt. will assist the selected bidder in case there is any department specific information that is required for the smooth operation of the system.

The selected bidder will train the staff inducing paramedics and counselors etc on general aspects of working in a call Centre, as well as training the paramedics for using the various IT systems including the medical triage system. The training will include, but may not be restricted to the following topics:

- Professional Customer Care
- Correct pronunciation (English, Hindi)
- Using phrases properly
- Call handling
- Reporting
- Quality Assurance/ Monitoring
- Proper use of the various IT systems
- Call flow
- Demographic overview
- Complaint procedures and call forwarding to the right paramedic

## 10: Operating Guidelines

### Call Centre interface

This provides the interface to the users and helpdesk operators for logging, tacking, resolution & closing of calls. The following are different types of interfaces that can be used by the helpdesk operators:

- The health helpdesk: The helpdesk staff will consist of doctors and paramedical staff in the ratio of 1 doctor for every 6 paramedics/call takers. The services and information will be provided in three languages, viz. Hindi and English.

- Application for call Centre: This application will primarily be a medical triage application, which assists the helpdesk paramedics in providing sound advice to the beneficiary. The application would also



include a detailed MIS system for generating system logs. Further, an application which is able to provide information mentioned as part of the scope of services will also have to be used.

### Call Flow

The envisaged call routing of any call coming to the call Centre is the following

1. A beneficiary dials the '104' helpline number
2. The call is received by a call taker (registration) within 10 seconds.
3. If the beneficiary needs information, counseling or medical advice, then citizen details are captured and entered in the system
4. The paramedic provides information to the beneficiary as per the data that is available with the helpdesk.
5. If the beneficiary asks for medical advice then the paramedic asks for symptoms from the citizen
6. The paramedic provides advice with the support of clinical decision support system available to him/her.
7. The paramedic can suggest hospitals/private practitioners to be visited by the beneficiary for further clinical advice.
8. The paramedic can also provide information about nearby pharmacies/ pharmacists in case the beneficiary needs to know where he can procure medicines etc.
9. If the beneficiary is not satisfied with the counseling, information or medical advice, or if the paramedic believes that more expertise is required to assist the beneficiary, the call is routed to an available doctor.
10. The doctor then tries to provide the relevant information, counseling or advice to the beneficiary.
11. Feedback on the service is collected from the caller.

### Specifications

The call Centre should maintain a call closure rate of 100%, which will be sent to department on a monthly basis.

The successful bidder shall ensure and enter into specific agreements related to complete security of information, database and the behavior of its employees while answering the calls.

The contract period is up to three years initially and shall be extended for two years based on performance and as per the requirements and as per mutual consent of both the parties.

The Call Centre shall have the facility of handling telephone lines from more than one telecom operator in future. It should also have the capability of Call Holding and Skill-based Call Routing facilities. It shall also bear the Internet charges incurred by the Call Centre.

The Call Centre Company would engage at least one Supervisor per shift, who would be fully conversant with all aspects of the Helpline processes and subject matter.

The Call Centre Agents would record the name, address, contact details, queries, disease type, reply to the query by the call Centre, escalation details etc. in a suitable format which is approved by the Department. In case of a repeat call by a caller, the name and other personal details of the caller shall be retrieved from the database automatically after entering the telephone/mobile number of the caller.

Calls will be answered within 5 rings with hold time not more than 10 seconds.

The Call Detail Database containing the information about the personal details of the callers, queries raised, answers given, etc. shall be maintained on a web enabled database which can be accessed from anywhere on the web by authorized users

Quality assurance in operations

### Call Recording and Monitoring

All calls received by the paramedics second by second will be recorded using the “state of the art technology”, enabling electronic transfer of the recorded calls (\*.mp3 files) to the Department via email within 24 hours upon request. These same recorded calls will also be sent to the Directorate on DVD when required. Such calls will also be used for paramedic training & coaching for which supervisor will listen to calls for improving the performance of paramedics. Calls will be made available at all times to the Directorate staff for any necessary due diligence.

### IT Infrastructure Standards

The software developed/customized for the system shall be audited by the agency from a security & controls perspective in consultation with the directorate. Such audit shall also include the IT infrastructure and network deployed for system. Following are the broad activities to be performed by the Agency as part of the security review. The security review shall subject the system for the following activities:

- Audit of Network, Server and Application security mechanisms
- Assessment of authentication mechanism provided in the application /components/ modules
- Assessment of data encryption mechanisms implemented for the solution
- Assessment of data access privileges, retention periods and archival mechanisms
- Server and Application security features incorporated etc

### 11: Payments

The payments shall be made on a quarterly basis by the Department and will be based on the total number of calls per seat. Serviced during the period, deducting the penalties if any. The quality of service (no. of successful calls) will be judged based on random testing of call sample. This information will be certified by the Department or any third party acting on behalf of the Department.

### 12: Penalty Clause

a. In case the Service Provider fails to provide required quality of service for the call center like delay in picking up calls ( less than 5 rings), increasing grievances, reduction on calls etc penalty would be charged at the rate of Rs 1000 x difference in expected calls to actual calls.

b. In case the infrastructure is not installed and ready for operations within 45(forty five) days from the date mentioned in the work order, a penalty shall be imposed at the rate of Rs. 10,000/- per day.

c. In the event of equipment/system failure, the Service Provider will be required to make alternate arrangements and ensure that the call Centre runs uninterruptedly and smoothly. During the period of failure, the service provider shall make suitable arrangements as agreed with the Department.

d. If the call Centre goes down because of reasons other than those envisaged under the force majeure clause, one day's charges shall be deducted for every hour of downtime from the service provider's claim. If the call Centre remains unserviceable for a continuous period of 12 hours, then no payment shall be made for services during the 7 day period ending on that day.

e. The service provider shall maintain full confidentiality of the data supplied while answering customer queries/complaints. Under no circumstances will the service provider divulge/reveal/share such data for the purpose other than for meeting the Department's requirement. Any violation of this confidentiality clause may result in instant termination of the contract and the service provider shall pay liquidated damage of Rs. 10,00,000/- (Rupees Ten Lacs) to the Department and the Department shall reserve the right to blacklist the service provider for any future contracts. The decision of the Department shall be final in this regard and binding on the service provider.

**13:Monitoring and Reporting**

The performance will be reviewed monthly by Mission Director, National Health Mission  
The services and records of the service shall be subject to inspection by designated officer(s) of NHM  
Arunachal Pradesh

Evaluation of performance shall be undertaken on a yearly basis by an external agency to be engaged by National Health Mission. The Nodal Officer of the Employer will collect the performance reports and default notices submitted by Successful bidder monthly. Employer will review the performance quarterly, on the basis of monthly reports for the past three months collected by the Nodal Officer of the Employer and issue appropriate recommendations/ necessary improvements (if required).

**Reporting**

- Generation of daily and monthly reports regarding complaints Received & complaints attended.
- Furnishing daily report to the concerned authority for updating the website
- Development of suitable Management Information System (MIS) for reporting periodical progress in redressal of public grievances.
- It shall have feature to generate customized reports as per the requirement
- The daily, weekly, monthly reports shall include the following but not limited to:
  - a. Report on calls handled & call pending,
  - b. Average duration of calls,
  - c. Min. & max duration of calls,
  - d. Number of instances the operator found busy,
  - e. Calls abandoned due to breakdown,
  - f. Calls made / referred to stakeholder institutions.
  - g. Call type etc.
  
- Submission of quarterly / half yearly / annual progress report to Mission Director, NHM.
- It shall have the facility to host the web portal containing the MIS and call data Captured
- Senior level officials of the Call Centre operator and Nodal officer shall be required to attend status review meetings to be held at regular intervals

**14: Tenure of the Project:-** Initially it will be for five years from the date of signing of the agreement further two years extension may be granted after mutual consent of both the parties.

**15: Termination for Default**

- a. The Department may, without prejudice to any other remedy for breach of contract, by a 90 days written notice of default sent to the service provider, terminate the contract in whole or part:
- i. If the service provider fails to deliver any or all of the services within the period(s) specified in the contract,
  - ii. If the service provider, in the judgment of the Department has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

For the purpose of this clause:

“Corrupt practice”: means the offering, giving, receiving or soliciting of anything of value to influence the action of a public official in the tender process or in contract execution.

“Fraudulent practice”: a misrepresentation of facts in order to influence a tender process or the execution of a contract to the detriment of the Department, and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the Department of the benefits of free and open competition.

**16: Force Majeure**

a. Notwithstanding the provisions of Termination for Default and Penalty clauses, the service provider shall not be liable for forfeiture of its Security Deposit, penalty or termination for default, if and to the extent that, it's delay in performance or other failure to perform its obligations under the Contract is the result of an event of force majeure.

b. Force majeure shall mean and be limited to the following:

- Restrictions imposed by the Government or other statutory bodies which prevents or delays the execution of the order by the service provider.

c. The service provider shall advise the Department by a registered letter duly certified by the local statutory authorities, the beginning and end of the above causes of delay within seven (7) days of the occurrence and cessation of such force majeure conditions. In the event of the delay lasting for over two months, if arising out of causes of force majeure, the Department reserves the right to cancel the order.

d. The completion period may be extended in circumstances relating to force majeure by the Department. The bidder shall not claim any further extension for the completion of work. The Department shall not be liable to pay extra costs under any conditions.

e. The bidder shall categorically specify the extent of force majeure conditions prevalent in their works at the time of submitting their bid and whether the same have been taken in to consideration or not in their quotations. In the event of any force majeure cause, the bidder shall not be liable for delays in performing their obligations under this order and the delivery dates can be extended to the bidder without being subject to price reduction for delayed delivery, as stated elsewhere.

f. It will be prerogative of the Department to take the decision on force majeure conditions and the Department's decision will be binding on the bidder.

**17 Resolution of Disputes:** If any dispute arises between parties, then there would be two ways for resolution of the dispute under the Contract.

a. Amicable Settlement Performance of the contract is governed by the terms and conditions of the contract, however at times dispute may arise about any interpretation of any term or condition of contract including the scope of work, the clauses of payments etc. In such a situation, either party of the contract may send a written notice of dispute to the other party. The party receiving the notice of dispute will consider the notice and respond to it in writing within 30 days after receipt. If that party fails to respond within 30 days, or the dispute cannot be amicably settled within 60 days following the response of that party, then Clause 9 of the General Conditions of Contract shall become applicable.

b. Resolution of Disputes

In the case dispute arising between the parties in the contract, which has not been settled amicably, any party can refer the dispute for Arbitration under (Indian) Arbitration and Conciliation Act, 1996. Such disputes shall be referred to Arbitral Tribunal as prescribed by Ministry of Law, Government of India. The Indian Arbitration and Conciliation Act, 1996 and any statutory modification or reenactment thereof, shall apply to these arbitration proceedings. Arbitration proceedings will be held in Naharlagun, Arunachal Pradesh and the language of the arbitration proceeding and that of all documents and communications between the parties shall be as per directions of Arbitration Tribunal. The decision of the majority of arbitrators shall be final and binding upon both the parties. The expenses of the arbitration as determined by the arbitrators shall be borne by party/parties as per directions of Arbitrator. However, the expenses incurred by each party in connection with the preparation, presentation shall be borne by the party itself.

**18 Right to Accept and Reject any Proposal**

AP State Health Society reserves the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

**19 Legal Jurisdiction**

All legal disputes between the parties shall be subject to the jurisdiction of the courts situated in Naharlagun only.

All disputes arising out of this contract and all questions relating to the interpretation of this contract shall be decided by the Steering Committee as specified in RFP document.

In witness whereof the parties hereto have set their hands on the.....day of.....2017.

For and on behalf of the Mission Directorate , NHM, Government of Arunachal Pradesh

By:

Signature & Designation,

Date

Witness No.1.

Witness No.2.

For and on behalf of \_\_\_\_\_ (the Approved Private Partner)

By:

Date

Witness No.1.

Witness No.2.

ANNEXURE 6  
MISCELLANEOUS (if any)

## CHECKLIST

S.NO	SUBJECT	YES/NO	ENCLOSED DOCUMENT PAGE NO
1	Covering letter		1/1,2,3.....
2	Application		2/1,2,3.....
3	Past experience of the bidder		3/1,2,3.....
4	Turnover of the bidder in last 3 year		4/1,2,3.....
5	Affidavit		5/1,2,3.....
6	Power of Attorney		6/1,2,3.....
7	Profile of Organization		7/1,2,3.....
8	Anti Collusion Certificate		8/1,2,3.....
9	Experience of the bidder in similar projects		9/1,2,3.....
10	Key Personnel for the project		10/1,2,3.....
11	CV for the professional staff proposed for the project		10/1,2,3.....
12	Proposed Technical solution		12/1,2,3.....
13	Price Bid		13/1,2,3.....
14	Detailed cost analysis for Price bid		14/1,2,3.....
15	Contract document		15/1,2,3.....
16	Miscellaneous, if any		16/1,2,3.....

