

Odisha Affordable Healthcare PPP Project: Responses to Pre-Bid Queries

Sl. No.	Issue	Document & Reference Clause	Query/Change Request	Remarks/Response
1.	<p>Technical Capacity under <i>Minimum Eligibility Criteria</i>: Should we have designed/built a Single hospital building having a built-up area of at least 80,000 (eighty thousand) square feet?</p>	<p>RFP: APPENDIX – II: Minimum Eligibility Criteria (Pg 54-58)</p>	<p>For single hospital, 80,000 sq ft to be reduced to 40,000 sq ft. OR aggregate of all hospitals built in last 10 yrs. >80,000 sq ft.</p> <p>Rationale for the Request: The total built up space specifications in the hospital seems too high for providing affordable services, as per our experience. A good facility can come up in much smaller space. This is the innovation we did in terms of optimizing space and design of hospitals to reduce CAPEX as well as operating cost. We have 100-bed NABH Hospitals with built up area of 30,000 sq. ft. and built 200-bed hospitals for Govt. of Nagaland with 46,000 sq. ft area.</p>	<p>As per Indian Public Health Standards for Sub-District Hospital and District Hospital 2022, Volume-I, Proposed Plan for 100 bedded Sub-District Hospital for IPHS, total covered area requirement is 9250 SQM/99,566 SQF. for each Hospital. (https://nhsrindia.org/sites/default/files/100%20SDH_BEDDED_LAYOUT_ROUND%20FLOOR_0.jpg). Minimum Eligibility Criteria is set at 20% lower than the IPHS built up area requirement. Further, there isn't any eligible number of beds linked with required built-up area (at least 80,000 square feet built-up area for one hospital) under this criteria.</p> <p>It may be noted that, the RFP provision of fulfilling this Technical Capacity criteria by partnering with a Design Consultant that meets the requirement.</p>
2.	<p>Draft Concession Agreement: Central Capital Grant shall be payable (a) only after equity portion is expended (b) disbursed proportionate to and together with debt</p>	<p>Concession Agreement: ARTICLE 26: Capital Grant, Operational Grant and Premium (Pg 85)</p>	<p>Is there any specified equity portion? Whether (a) or (b) will hold: whether equity portion expended first or grant disbursed proportionate and together with debt?</p> <p>Banks usually disburse along with equity and not wait for it to be expended</p>	<p>Central Capital Grant will be disbursed as per the extant VGF guidelines of Government of India. As per the provisions, Central Capital Grant shall be disbursed only after the Concessionaire has fully subscribed & expended all the equity contribution required for the project and the amount Central Capital Grant shall be in proportion to the debt disbursement.</p>

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3.	Min. Built up Space in Hospital Specifications	Schedules of Concession Agreement: SCHEDULE 2: Development of Hospital (Pg 2-5)	<p>The total built up area for hospitals is quite high for affordable hospitals. Ideally the prescribed area should not be more than 300 sq. feet / bed. Please reconsider strict prescription on size and built-up area.</p> <p>Larger size hospitals push up the set-up and operating cost significantly without appreciable advantage. We have built top notch hospitals in half the area: 100-bed hospital with 30,000 sq. feet and 200-bed hospital with 46,000 sq. feet. A strict size prescription counters any innovation in design.</p>	<p>The Minimum Built-up areas specifications prescribed are as per practiced standards and specification. No changes proposed.</p>
4.	EPC contract under CP	Concession Agreement: ARTICLE 4: Conditions Precedent 4.2.2 (ix) (Pg 14)	<p>If the hospital building capability is in-house, why is EPC contract required? Please make this requirement for only those who require external contractor or drop it altogether.</p> <p>Rationale for the Request: We have in-house team for building hospitals and usually do not require to enter into EPC contract</p>	<p>Appropriate changes made in the Concession Agreement. Please see the changes made in Clause 4.2.2(ix) of the Concession Agreement.</p>
5.	Cost of lease deed	Concession Agreement: Pg 14: ARTICLE 4: Conditions Precedent 4.2.2 (iii)	<p>How much payment is required for the lease deed? We need the rate or quantum of lease cost to estimate total project cost.</p>	<p>A Lease Premium as per applicable IPR rates B. Rent and Cess payable by Concessionaire Rent – 1% of Lease premium Cess – 0.75% of Ground rent @ 1.75% of Lease Premium (one year advance to be paid) and later annually this amount needs to be paid</p> <p>C. Stamp duty and Registration fees payable by Concessionaire- Stamp duty payable 5 % and registration fees @ 2% of Consideration (Benchmark Value / Lease premium)</p>

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6.	Entertainment facilities?	Concession Agreement: Clause 3.1.4. (Pg 12)	Please explain the components of entertainment facilities	"Entertainment facilities" for doctors, nurses and other staff employed by the Hospital includes subsidized staff Canteen/food court, indoor game facilities, library or reading room, Mini theatre room, Gym etc. within the Hospital and/or Staff Complex.
7.	Nursing college details	Concession Agreement: Clause 3.1.4. d (Pg 12)	Please explain the components of nursing college	"Nursing College" means any kind of nursing training institute constituted as per the Indian or any State Nursing Council which includes ANM/GNM/B.Sc./PB BSc./Other Midwifery training institute.
8.	Specifications on size, space, material in addition to national codes and standards	Schedule 4 of Concession Agreement: Annex I_Hospital Building & Annex II_Staff Accommodation	<p>There is too strict prescription on the building, size, space, material, equipment of the facilities, etc.</p> <p>Ideally, the RFP should state the capacity and quality requirements (No. of beds for hospital, No. of people for accommodation) and ask the hospital to be developed in accordance with national codes and standards:</p> <ul style="list-style-type: none"> <input type="checkbox"/> National Building Code of India (NBC) guidelines issued by BIS <input type="checkbox"/> Indian Public Health Standards (IPHS), <input type="checkbox"/> National Accreditation Board for Hospitals (NABH), <input type="checkbox"/> Clinical Establishments Act, etc. <p>Rationale for this Request: Strict prescription on every aspect of the facilities, precludes any innovation in design and construction for efficiency. It shoots up the cost, making the projects less lucrative and almost unviable.</p>	No changes proposed

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9.	Standards to be followed for Environment Health and Safety	Schedules of Concession Agreement: Pg. 18-19	<p>Why requirement of OSHA (US) and IFC standards, when India has Occupational Safety, Health and Working Conditions Code, 2020?</p> <p>Increase cost of compliance, often requiring additional consultants with knowledge of such standards.</p>	Noted.Safety requirement standards OSHA is being replaced be replaced with “The Occupational Safety, Health and Working Conditions Code, 2020” (India).Regarding IFC standards, those are typical Environmental, Health, and Safety Guidelines for Health Care Facilities, which are globally accepted and is retained. Suitable modification done in the Schedules of the Concession Agreement
10.	SPV Formation	Concession Agreement: Pg 2 - Recital 2C	<p>“Selected Bidder requiring it, inter alia, to incorporate a limited liability company under the Companies Act, 2013”. Is LLP (Limited Liability Partnership Company) formation of the SPV allowed?</p> <p>Under Company Act, both Pvt Ltd and LLP are allowed</p>	LLP formation of SPV is not allowed.
11.	EPC contract under CP	Concession Agreement: ARTICLE 4: Conditions Precedent 4.2.2 (ix) (Pg 14)	<p>Removal of this CP.</p> <p>Rationale for this Request:</p> <p>(a) Most of the Private companies do not implement hospital projects using an EPC contractor. They either hire a PMC company or create their own project team to execute the project. The reason is (i) the Cost of project comes down (ii) Project schedule and its quality control is in their hand. Private companies mostly do not have expertise in handling EPC contractor (government has). Private Company, who has setup their hospital of similar size already has the expertise to implement such project.</p> <p>(b) Making this condition mandatory will completely negate the whole purpose of giving aVGF on the project, as EPC contracts are generally 20-25% higher</p>	Suitable changes made in the Concession Agreement. Please see the changes made in Clause 4.2.2(ix) of the Concession Agreement.

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			<p>in costing. Hence this condition makes the project unviable. Purpose of giving viability gap funding will be negated or in reverse direction due to this clause.</p> <p>(c) Concessionaire has to provide a Construction Performance Security. So the onus on completion of the project is on the Concessionaire, it is not clear that any EPC company will be willing to give a counter Construction Performance Security to the Concessionaire.</p> <p>(d) Independent Engineer Panel and Independent Engineer, will be appointed by the authority. This covers the risk of faulty or below par implementation of the project. Doubling this with EPC is not required.</p> <p>As this is a DBFOT project the Authority's concern on the project implementation and its quality is well understood, but the solution to that is not by giving the work to EPC contractor, it may be counterproductive. Project documentation and it monitoring</p>	
12.	Approach Road	Concession Agreement: Pg 14: Pg 16; 4.2.1 (v)	Approach road to site should be minimum 12 mtrs (40ft)	Shall be provisioned as per applicable law. Appropriate changes made in the Concession Agreement.
13.	Angul Site	Schedule 1_Sites of Concession Agreement:	Site at Angul is far from the city. As the hospital is made for the common people, it should be in reach by public transport.	Site is approximately 7 KM away from the centre of the Angul city with good road connectivity.

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14.	List of approved makers	Schedule 4 of Concession Agreement: Annexure I: Hospital Building Specification	List of Approved Makes are very limited. CPWD or State PWD approved makes to be allowed.	No change proposed. CPWD & State PWD lists are quite exhaustive with wide spectrum of quality of products.. To standardize the quality of makes suitable for the Project a list of Approved Makes has been notified. For further clarification, please refer 2 nd para of “ <i>General Technical Specification</i> ” in “AHP_Draft Schedule 4_Annex I_Hospital Building”
15.	Chiller System/VRV System	Schedule 4 of Concession Agreement: Annexure I: Hospital Building Specification	Please make either of the 2 systems (Chiller System/ VRV System) optional Chiller Plant is to be put as per construction specification. As per WHO guidelines and standards followed in new hospital design chiller is not recommended. As the Chiller system is installed with Ducting systems. The Ducting system is the biggest source of the nosocomial infections. Ducting systems recirculates air in a Zone and caused cross infection. Hence hospitals are adopting VRV systems in place, with a provision of fresh air independent in all the rooms	No change proposed.
16.	False Ceiling	Schedule 4 of Concession Agreement: Annexure I: Hospital Building Specification	Specification recommended is not recommended in hospital as they cause nosocomial infections. PVC / metal Ceilings should be used, which do not allow bacteria to grow on their surface.	Mineral Board for false ceiling is recommended especially for sound/noise attenuation purpose in public areas like OPD rooms, waiting areas etc. Further, a wide range of anti-bacterial gypsum boards are also available which is recommended in areas like pre-post OT, critical care areas, IP rooms etc. These are cost effective as well, compared to PVC/metal ceilings.
17.	Prioritizing Development for Hospitals Standard ^a	Schedule 4 of Concession Agreement: Annexure I: Hospital Building Specification	A lot of standards of development of hospital are mentioned, these standards differ, hence there should be a priority (override) indicated.	Noted. Noted. Suitable standards have been cited to ensure ease of reference for estimation of expenses and implementation. During implementation incase ambiguity, guidance from Independent Engineer / Monitoring Agencies may be solicited. Bidders are advised to refer to the updates in Schedule 4 of the Concession Agreement

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18.	Construction Performance Security Submission Timeline	Concession Agreement	Time to provide Construction Performance Security, Post Award of the contract is 30 days, the same to be increased to 60 days.	Noted and the time period is increased to 60 days. Appropriate changes made in the Concession Agreement.
19.	Applicable Standards		IPHS 2022 Standards for 100/ 200 bed District Hospital, to be followed in place of earlier standards. This revised IPHS standards are recently updated (2022) and suffice hospital infra, manning and operations. Having multiple standards will be confusing. These standards define bed distribution and Human resource requirement in details. Hence there is no need to specify Bed distribution and human resource requirements separately. Only in case of Jharsuguda, where the Government intention is to provide additional services, some addition to IPHS Standards can be mentioned.	. No changes proposed.
20.	Tele-Radiology	-	Tele Radiology: 80 % of the hospital use Tele Radiology, for their Radiology reporting using PACS, the Skill level and quality of reporting is much better than hiring a radiologist. Hence requesting to make appointment of Radiologist optional. For USG we can use a trained sonologist.	Noted and suggestion has been accepted. Appropriate changes made in Concession Agreement and its schedules.
21.	Lease Premium		Need clarification on Lease premium value and yearly pay-outs for Land lease.	Please refer to response in SI No 5
22.	NBFC as a Senior Lender		Can Senior lender be a NBFC?	Yes, Senior Lender can be a NBFC.
23.	Approach Road Width	Concession Agreement	Approach road of 12 mtrs, as defined in Odisha Building bye law, to be provided up to the Land allotted for the project.	Please refer to response in SI No 12.

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24.	Project Development Fee & IFC Involvement	RFP	Project Development fee to be staggered up to COD. As this is the first set of pilot project, there will be a need of project Consultants (IFC) up to COD, at least.	The IFC post transaction advisory support to the Authority shall be provided until the conditions precedent period. The Project Development Fee shall be paid as per the provision of the Agreement.
25.	Manpower Requirement	Schedules of Concession Agreement	Manpower requirement to be as per IPHS 2022 Standards.	No change proposed.
26.	Operational Grant disbursements		80% Operating grant to be provided Quarterly and rest to be paid on finalisation/ Audit of Accounts.	No change proposed.
27.	MRI Services	Schedules of Concession Agreement	In phase 2, MRI services are to be added. What are the specifications or configuration for MRI services?	MRI services for Jharsuguda is no more envisaged
28.	Number of ICUs in bed Mix	Schedules of Concession Agreement	In bed Mix, 10 beds are allocated in total for ICU. A facility with 100 beds, with Neurosurgery and MRI facility, shall be required to have more number of ICU beds.	These are the minimum requirement of ICU Beds; concessioners are free to increase the number of ICU beds based on their service mix and planned surgeries.
29.	Tele-Radiology	-	Tele-ICU Services are provisioned under the Concession Agreement. However, regarding Tele-Radiology, no information is available. Since Tele-Radiology is a current practice in the medical industry, thus it shall be included in the services under Concession Agreement.	Please refer to the response in SI no 20.
30.	Point of Contact	-	Other than the Engineer and the Monitoring Panel, would there be any person or any team who could be a point of contact for the concessionaire?	The Authority shall appoint a Clinical Panel constituting of 3 (three) medical experts, to be the independent healthcare consultant under this Agreement, other than the Engineer and the Monitoring Panel. Please refer Article 25 of the Concession Agreement. Authority / Concessionaire shall notify a point of contact for all purposes of this Agreement
31.	Consortium Composition		Can an individual be a consortium partner along with an institution which fulfils both financial and technical criteria and is the lead in both.	Yes, an individual can be a Member of a Consortium.

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32.	Consortium Shareholding Change		In a consortium of two partner, if both the partners together hold 51% of equity then can the remaining 49% equity be given to strategic investors such as high net worth doctors/professional. As per draft concession agreement article 7 clause 7.1 para(m) where there is mention of each of the consortium member and it's associates to fund the equity and to raise debt.	Please refer to Clause 2.10.2 of the RFP for minimum equity lock-in requirements for members of the Consortium.
33.	General Ward Beds	Concession Agreement	Ref Clause 22.1 of Concession Agreement, 50% of the Bed Capacity (excluding the ICU Beds) in the Hospital are reserved as General Ward for all times for the period of the agreement. It is to be noted that for 30 years of the agreement in force, the population mix shall change and hence reserving 50% for all times is not tenable. We propose it to be staggering for instance first 5 years with 50%, next 5 years with 40%, next 10 years with 30% and for last 10 years with 25% of General Ward beds.	There is no such reservation required for Select patients, we have only proposed to designate 50% of beds as General Ward Beds for providing services to social insurance patients at an optimum operational cost. Concessioners may change the bed mix maintaining phase wise minimum number of ICU, NICU and Isolation beds mentioned in the Schedule 3 (Project Facilities) of AHP Draft Schedule as applicable in different sites. However, the clause mentioned in Schedule 14- (KPI) indicating a minimum bed-days service per annum to Select Patients to avoid penalty. GoO will certainly appreciate, if concessioner wants to provide quality care services to select patients in private rooms at BSKY rates.
34.	Additional Specialties & Facility in Jharsuguda	Schedules of Concession Agreement	Jharsuguda has additional modalities of MRI and Neurosurgery and Neurology as clinical departments within 100 bedded hospital. It is to be noted that these new department and modalities need additional capex as well as operational expenses and hence the VGF amount for this location cannot be same as given for other 3 locations to make the project viable. We thus propose to increase VGF funding for this location or provide additional relaxation or support for this Location particularly.	MRI, Neurosurgery and Neurology are no more envisaged for Jharsuguda.
35.	Cath Lab Facility in Jharsuguda	Schedules of Concession Agreement	For Jharsuguda Project, there is proposal for Cath lab without a Cardiac Dept. Again Govt. has also made one Cardiac Centre at Jharsuguda. So, requirement of Cath lab should be removed.	Appropriate changes made in Schedules 4, 5, 6 and 7 of the Concession Agreement

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36.	Additional Specialties & Facility in Jharsuguda	Schedules of Concession Agreement	In Jharsuguda Project it is proposed for 100 beds & Multispecialty with Neuro, Uro and other super specialties & equipment such as MRI & CT which are very expensive to buy & operate. The expenses towards AMC, CMC, staff salary constitutes a large part in hospital business. With 100 bedded facilities within a small profit range, it shall not be feasible. It effects viability of Project. Request to increase the bed capacity to 200 beds and the project may be treated as 200 bedded project.	Same response as Q34
37.	EPC Contractor	Concession Agreement	EPC approved contractor should not be made compulsory as it increases the cost of construction & Govt. has already made several Quality Check mechanism & process for Construction.	Please refer response to Q4.
38.	Requirement of B.G for Defect Liability Security	Concession Agreement	Requirement of B.G of Rs. 10 Crores post 32 Yrs. for building should be waived off. Any defect in building at that time may be inspected prior to handover & repaired by the lessee.	Appropriate changes made in Clause 34 of the Concession Agreement.
39.	Increase of VGF	RFP	VGF for 1st, 2nd & 3rd years should be increased and later years it may be reduced.	Operational VGF ceilings have already been approved by State and Central Governments and cannot be revised.
40.	Renewal of Concession	Concession Agreement	One renewal should be allowed to the lessee in case it is successfully run for 32 yrs.	No change proposed.
41.	Savings sharing with the Authority	Annexure II (Staff Accommodation Building Specification) of Schedule 4 (Specifications and Standards)	In case the concessionaire wants a change the specification / material/approved bonds and as a result the cost of the material is reduced by more than 10%, the concessionaire shall be required to share the savings on a 50-50 basis with the authority. In case it is less than 10% what should be the share of the Authority ?	In case, it is less than 10% of reduction in cost, nothing needs to be shared with the Authority, but the difference of cost needs to be certified by the Independent Engineer.
42.	Hiring Vehicles(Ambulance and office Van)	Concession Agreement	Can we hire vehicles? (Ambulance and office Van)	As per Clause 17.4.2 of the Concession Agreement, the Concessionaire shall maintain and operate at least 2 (two) ambulances with rescue equipment. There is no bar on hiring of an ambulance.

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43.	Construction Performance Security	Concession Agreement	Can the amount of construction performance security be reduced? When this has to be paid and in what shape? What is the locking period?	The construction performance security amount cannot be reduced.
44.	Deemed Performance Security	Concession Agreement	What is deemed performance security? Is it separate from the construction performance security? What is the locking period?	Thirty (30) days prior to release of the Construction Performance Security, a substitute performance security for the same amount shall be deemed to be created for and in respect of the entire Operations Period (the “ Deemed Performance Security ”). The Deemed Performance Security shall be unconditional and irrevocable, and shall constitute the first and exclusive charge on an equivalent balance in the Revenue Account and the payments accrued or payments due and payable subsequently, as the case may be, to the Concessionaire. The Deemed Performance Security is separate from the Construction Performance Security, and shall be in force for the entire Operations Period.
45.	Fees and Funds Deposit in the Revenue Account.	Concession Agreement & Schedules of Concession Agreement (Escrow Agreement)	The concessionaire shall deposit all fees and funds in the Revenue Account. Within what time?	All fees and funds will be deposited in the Revenue Account, as and when received
46.	Effective Date	Concession Agreement	Period 32Yrs starts from the Effective Date (Term of concession) in accordance with the provision of this Agreement, Lease Deed and the Escrow Agreement. The above agreements are not done on a single day. So what should be the exact Effective Date?	There is no pre-determined effective date. The “ Effective Date ” means the date on which every Conditions Precedent shall have been satisfied and/or waived in accordance with the terms of the Concession Agreement or an earlier date that the Parties may by mutual consent determine, and shall be deemed to be the date of commencement of the Concession Period.
47.	Extension of Concession Term for Additional Period	Concession Agreement	The authority shall, at any time prior to the date of expiryfollowing conditions: Prior to bidding one chance should be given to the original concessionaire and if he refuses for additional period then authority may go for bidding.	No changes proposed to be made in the Concession Agreement.
48.	Lease Deed Execution	Concession Agreement	There has been no time limit for the authority for transfer of all rights and interest in respect of all the land along with a map to the concessionaire. Within what time?	As per the revised Clause 4.2.1(i) of the Concession Agreement, the Lease Deed has to be signed by the Authority within 60 days of the Execution Date.
49.	Restoration Responsibility for Loss or Damage due to	Concession Agreement	Restoration of loss or damage to the hospital : In case of natural calamity like earth quake or Cyclone etc. beyond the control of the	As per Clause 31.2 of the Concession Agreement, natural calamities classify as Non-Political Events. As per Clause 31.7.1(a) of the Concession Agreement, upon occurrence of a Non-Political Event, the Parties shall bear their respective

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	Natural Calamity		lease holder should be borne by Govt.	Force Majeure Costs and neither Party shall be required to pay to the other Party any costs thereof.
50.	Terrorism, Sabotage and Similar Act or Occurrences	Concession Agreement	What shall be the conditions for mutually entering to an agreement with the Authority to jointly provide security services for prevention of terrorism, sabotage and similar act or occurrences?	No separate agreement for security services for prevention of terrorism or sabotage is envisioned under the Concession Agreement. These situations are classified as “Indirect Political Events” under Clause 31.3 of the Force Majeure Clause.
51.	Bank Rate	Concession Agreement	1% interest above the bank rate. Here the bank has not been specified. Is it the Escrow bank?	As provided in the definition section in the Concession Agreement, “Bank Rate” means the rate of annual interest specified by the Reserve Bank of India from time to time in pursuance of Section 49 of the Reserve Bank of India Act, 1934 or any replacement of such Bank Rate for the time being in effect;
52.	Ped Diem basis	-	What is per diem basis?	Per diem basis means on a day-by-day basis.
53.	Bex Mix	Schedules of Concession Agreement	The schedule specifies minimum beds to be provisioned in General Wards, ICU, Single rooms and Semi Private rooms. ICU beds numbers need to be increased (need of the hour) and could include Step Down ICUs (HDU). The bed mix should be location specific based on demand and private sector should be given flexibility to decide on the bed mix while maintaining the minimum bed capacity as per concession agreement.	Appropriate changes made in the Schedule 3 of the Schedules to the Concession Agreement. For general beds, ICU beds, NICU beds and isolation beds, the Concessionaire shall provide the minimum number of beds for each phase as per the Schedule. For other categories of beds, the Concessionaire may provide such number of beds as the Concessionaire may deem fit, provided that for each phase, the total number of beds provided by the Concessionaire shall not be less than the minimum total number of beds as per the Schedule. However, the deployment of Human Resource should be in accordance with the Bed-mix as per NABH standard.
54.	Clinical specialities and Human resources	Schedules of Concession Agreement	The Schedule 5 specifies about the Doctors to Nurses to Patient ratio as 1:4:10. The provision of 21.7 of the Concession Agreement provisions for Human resource engagement wherein 21.7.3 provisions for engagement of full time / on call specialists for each specialties. Request for clarification on number of specialists those can be engaged over on call is not clear. In 1st phase for 100 bed hospital, the document provisions for 15 specialties for both the category of hospitals and on manpower for 100 bed hospital is 14 nos. of specialists in phase 1 and 22 in the phase. While in 200 bed hospital the respective nos are 18 in Ph 1 and 33 in Phase -2. On the engagement of	Appropriate changes made in the Concession Agreement and its Schedules. For Specialties like Ophthalmology, ENT, Skin & Venereal diseases, Dental and Psychiatry, Concessionaire may provide Inpatient Services through part-time specialists who shall be available on call with 24x7 coverage and attend the patients with in the time stipulated in the Schedule-5. For provisioning of IPD Psychiatry patients’ necessary clearance from competent authority (State Mental Health Authority) shall be obtained by the Concessionaire. Other specialties over and above the minimum specified can be added by the Concessionaire.

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			<p>Human Resources the following are requested for consideration:</p> <ul style="list-style-type: none"> • some specialties like Ophthalmology, ENT, Dental, Dermatology and psychiatry, specialists could be on call based on demand and accordingly OPD timings could on staggered. • for each specialties mentioned, specialist shall be engaged however, the mode of engagement i.e. full time or on call may be decided by the Private partner based on the demand matrix across specialties. • Schedule 5 - On the deployment of clinical specialists, the minimum number of specialists to be engaged may be left to be determined by the private sector player based on patient load. • Can some other specialities like neurosurgery be added to hospitals as trauma should be treated according to golden hour concept? 	
55.	Financial Eligibility	RFP	Is there any relaxation in turnover in case of individuals with required net worth? As a professional cannot be expected to have such turnover but can he along with a consortium partner, qualifying both technical lead eligibility and turnover eligibility be allowed to bid?	No relaxation is envisaged. No change proposed to be in the RFP
56.	Construction Material	Schedule 4 of Concession Agreement: Annexure I: Hospital Building Specification	Request for the inclusion of Pre-cast concrete (PCC) construction in the Hospital Building Specification instead of RCC construction as time of construction will be nearly half of conventional RCC construction envisaged in the bid doc - annexure 1 of schedule 4. The cost may increase by max 15-	As per National Disaster Management Guidelines- Hospital Safety, February 2016, " <i>Precast constructions (with natural or man-made materials), in part or whole of the structure</i> " comes under prohibited structural systems for use in New Hospitals. CPWD Notification No.- F. No. 17/SE(TAS)/BMTPC/2022/105 dated 24.03.2022 (Referred document in the respective query) also mentioned about the same in Note-4 (page-5 of the document).

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			20% only but the time reduction justifies it on the project economics of the hospital. Please find the central govt notification as enclosed in Annexure-1 in this regard for your kind reference.	No change is proposed in the RfP

Other Changes

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<i>Changes in the Concession Agreement</i>		
1.	Change in allocation mechanism for Central Capital Grant and State Capital Grant	Appropriate changes made in Clause 4.2.3 and Clause 26 of the Concession Agreement.
2.	Clause 26.6.3 of the Concession Agreement - Conditional disbursement of State Operational Grant after the disbursement of Central Operational Grant to be deleted	Appropriate changes made in Clause 26.6.3 of the Concession Agreement
3.	Monitoring Agency appointment (viii) to be taken out from CP and added under obligations	Clause 4.2.1(viii) deleted and Clause 6.1.2 modified in the Concession Agreement.
4.	Please take out Municipal Approval from CP (Construction Documents)	Appropriate changes made in Schedule 7 of the Concession Agreement.
<i>Changes in the RFP</i>		
5.	Change in allocation mechanism for Central Capital Grant and State Capital Grant	Appropriate changes made in Clause 2.3.4(a) of the RFP.
6.	Annexure -I of Appendix V to be modified. Add a footnote on Financial Bid Format (bidders will either quote a grant in "D column" or a premium in "G column" or "0" in both columns)	Appropriate changes made in Annexure -I of Appendix: V of the RFP.
7.	Please update the last line of Clause 2.4.2(b) to State Operational Grant.	Appropriate changes made in Clause 2.4.2(b) of the RFP.
8.	Please complete the last line of Clause 6.4.8	Appropriate changes made in Clause 6.4.8 of the RFP.