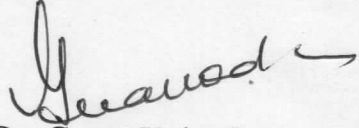


010

**SCHEDULE FOR FLOATING OF PUBLIC TENDER FOR DIABETES
MANAGEMENT AND SUPPLY OF INSULINS
(Two Bid process- Technical and Financial)**

1. Pre bid conference of all the interested bidder to be held on 22/08/2022 at 10:30 am.
2. The tender No 97/PT/DHS/MSD/2022-23/697 dated: 05/08/22 should be submitted online on 22/09/2022 at 5:00 pm.
3. The technical bid of all the tenderers will be opened online on 27/09/22 at 10:30am.
4. Date of opening of the financial bid will be informed.


(Dr. Geeta Kakodkar)
Director of Health Services
05/08/22 05/08/22
UKP
S/S

PREAMBLE

Non-communicable diseases (NCDs) have become a major health concern today. WHO reports suggest that NCDs are the cause of about 63% of the total deaths in India. Within the NCDs, Diabetes is a silent killer as its onslaught is slow and the symptoms are difficult to detect initially. The state of Goa has the highest prevalence of Diabetes at about 10.3% as against the national average of 8.8%. The prevalence of Diabetes is increasing among children too. The Comprehensive National Nutrition Survey, 2019 indicates that 10% of children and adolescents in the age group 5-19 years are Pre-Diabetic.

Being a State which has always been a frontrunner in the healthcare sector, Goa has taken a multipronged approach to deal with different NCDs. To reduce and reverse the Diabetes burden the state, the Government of Goa has developed various innovative solutions. Our initiatives have not only helped us ensure continuous supply of insulins but also carry out awareness and capacity building activities.

Under this program, DHS has set up 15 Community Diabetes Centres (CDCs) across Goa that are operational since Dec-2018 and are manned by Diabetes Educators (DEs). Counselling of all the People with Diabetes (PwD) on 4 pillars of diabetes management i.e. Diet, Exercise, Monitoring and Treatment is done by the DEs.

The impact of the Changing Diabetes Barometer Program can be seen at following Levels:

- **Patients:** The Interim Project Evaluation done in the month of Nov 2021 showed promising trends in the Glycemic control of the PwD. The average HbA1c has dropped from 9.0% to 8.1% (drop by 0.9%) similarly there was a significant drop by 20.8 mg/dl and 48.9 mg/dl in the average Fasting and Post Prandial levels respectively.
- **Healthcare Professionals:** Participants of 5th and 6th LEAD (Learning and Excellence Academy for Diabetes and its co-morbidities) Basic Workshops and 1st and 2nd LEAD Masterclass Program were evaluated by administering them Pre and Post Test Questionnaires. There was a noteworthy increase in the average post test scores of the participants. Out of 40 scores, the average pre and post test scores for LEAD Basic Training was 18.36 and 29.17 respectively whereas for the LEAD Masterclass Training out of 30 scores, the average scores were 12.97 and 17.75 in the pre and post-test respectively.
- **Direct Cost Savings:** All the PwD are dispensed oral medications as well as Insulin free of cost. Thus reducing out of pocket expenditure to a large extent. As per the study published in the 'Diabetic Medicine' expenditure on complications is quite high in comparison with that involved in only treatment and management of Diabetes.

- **Indirect Cost Savings:** With better control of Blood sugars there has been indirect cost savings on account of disability, unemployment, absenteeism, etc

Our interventions have improved quality of life and reduced irreversible complications in diabetes to a great extent. The Directorate of Health Services has therefore decided to float a tender to select a single agency which can provide a comprehensive package of services and assist us in strengthening our existing program.

TENDER NOTICE

1. E-tenders are invited by the Director, Directorate of Health Services, Panaji Goa on behalf of the Governor of Goa up to 22/09/2022 at 5:00 p.m. for Diabetics Management and supply of different types of Insulins. The approximate value of the tender is Rs. 08 Crores/ yearly and the validity is for 05 years
2. The tender will be a two bid process (Technical and Financial). Following documents need to be submitted:
 - Upload Technical and Financial Bid separately on the portal
 - A sealed envelope labelled "Technical Proposal" which contains all related documentation and:
 - A sealed envelope labelled "Financial Proposal" which contains all related documentation.

The hard copy shall be submitted to MSD, Directorate of Health services, Campal-Panaji-Goa on or before 22/09/2022 at 5:00 pm.

3. The tender forms with terms and conditions and the types of Insulins can be viewed and downloaded online at <https://eprocure.goa.gov.in>
4. The tender No 97/PT/DHS/MSD/2022-23/97 dated: 01/08/22 should be submitted online and offline(hard copy), last date of submission of quotation online and offline is on 22/09/2022 at 5:00 pm. Non submission of tenders within the stipulated date and time will not be entertained.

5. The tenderer should quote a minimum of three types of insulins mentioned in the enclosed list.
6. The following payments to be made online through e-payment mode via NEFT/RTGS /Net banking (Axis Bank) with pre-printed challans available on e-tendering website and directly credit the amount of ITG account as generated by challan before 22/09/2022 by 5:00pm and the copy of NEFT/RTGS /Net banking (Axis Bank) challan is to be scanned and uploaded along with the bid on the website prior to submitting the hard copies.

Cost of tender document	Earnest Money Deposit (EMD)	Tender processing fee
Rs.2,000	Rs.15,00,000	Rs.6,000

7. The technical bid of all the tenderers will be opened online on 27/09/2022 at 10:30 am. No bid of the concerned bidders will be opened in case the bidders fail to make the e-payments towards the above costs after the mentioned date and time.

Technical Bid

1. Tenders should be accompanied by following documents online:
 - a) Certified copy of valid manufacturing license along with latest approved list of Insulins quoted, issued under Drugs and Cosmetics Rules 1945.
 - b) A certificate from the Drugs Controller that the manufacturer is neither convicted nor prosecuted under the Drugs and Cosmetic Act 1940 for manufacturing spurious drugs, adulterated or substandard drugs, which should not be more than one year old.
 - c) Every Manufacturer/Drugs dealer shall submit good manufacturing practice (GMP) certificate as laid down under revised schedule M under the provision of the Drugs and Cosmetics Rules issued by the State Drugs Licensing Authority with respect to each drug quoted by the manufacturer wherein the drugs are actually manufactured. In case of Manufacturers holding a WHO GMP (Certificate of Pharmaceutical Product), the same certificate shall be complying to schedule M requirements of D & C Rules 1945.
 - d) Certificate from the chartered Accountant/Drug Controller certifying that the Manufacturer has been manufacturing and marketing the products quoted for the preceding 3 years.
 - e) In case of authorized distributors/whole seller/agent authorization for their product, they should also submit certified copy of above-mentioned certificates from their manufacturers, along with their valid drug wholesale licenses issued by State FDA.
 - f) In case of imported drugs formulated Import License in form 10/10-A and Registration Certificate in form 10/10A and Registration Certificate in Form 41 issued to the firm by Drugs Controller General (India) should be submitted.

Tenders which are not accompanied by any of the above mandatory documents online will not be considered.

2. The bidder will be required to submit a plan along with the Technical Bid on Diabetes Management in the state covering the following aspects:
 - Mega Camps for preventive, promotive and curative care (minimum of 4)
 - Provision for Footcare clinics (minimum of 1)
 - Provision for Lifestyle clinics- support for existing and creating new ones (minimum of 15)
 - Provision for Cost Benefit Analysis
 - Maintenance of Diabetes Registry- technical support
3. The document containing the project implementation plan should have a detailed implementation strategy as well as timeline of commissioning and completion which may be presented to the Purchase Committee through a PowerPoint presentation. The date for the same shall be intimated later.
4. The bidder with the highest tender value would be required to sign MoU with the State Government for providing the service component. They will be required to submit Project Implementation Plan (PIP) prior to the Signing of the MoU.
5. The committee which includes the physicians reserves the right to decide the final choice keeping in mind the complexities and ease of compliance for the patients.
6. The supply of insulins should be accompanied with complete Analytical Report or Certificate of Analysis issued by accredited testing laboratories from the manufacturer for each batch.
7. The stock of any Drug declared sub-standard (by the Food and Drugs Administration will be destroyed at the Directorate of Health Services. Such substandard drugs stock will not be returned to the firm. The concerned firms must replace the quantity of sub-standard stock with the fresh stock immediately or the cost of the destroyed stock will be deducted from any pending bill of the firm or from the Earnest Money Deposit/Security Deposit and the amount will be recovered from the concerned firm/tenderer as revenue arrears. The cost incurred for destroying substandard drugs shall be borne by the tenderer or will be deducted from any of his pending bills.
8. The tenderer should scan/upload Performance Certificate, from any Government/procurement agency, issued by the Director/Head of Department.
9. The offer should be firm, Conditional offer will not be considered.

10. Drugs which do not have **2/3rd of its shelf** from the **date of supply** will **NOT** be accepted.
11. In case of any complaints from Hospitals regarding quality of drug, the same will be returned to the supplier for replacement with fresh stock.
12. Liquidated damage of 10% of value of the service not provided will be imposed if the goods are not supplied in the prescribed order as mentioned in the order placed. Alternately, Director of Health Services reserve the right to make risk purchase, in case the successful tenderer fails to provide services/supply. The difference in price will be recovered from the successful tenderer failing to provide services supply. The Director of Health Services reserves the right to waive the penalty/risk purchase/condone the delay in genuine and deserving cases.
13. The successful tenderer will have to submit Security Deposit of 5% of the items being ordered from the date of supply in the form of Bank Guarantee with a validity of 05 years for due performance of the supply order. Earnest Money Deposit will be refunded fully after the receipt of Security Deposit. Any supplier who fails to submit the Security Deposit, then the invoices of the items ordered will not be settled for payment. Also EMD will be forfeited in favour of the Government. The Security Deposit will be refunded only after the completion of the validity period. All applications for the refund for Earnest Money Deposit and Security Deposit furnished with the tender should be made only to the Director of Health Services with all the details of e-payments made along with the date and tender number for which it is submitted.
14. The quantities of items quoted are likely to increase or decrease and orders will be placed depending on the needs/requirement at that point of time and also depending on shelf life/consumption. The Directors decision in the matter will be taken as final.
15. The rate should be quoted online F.O.R. destination at Sub District Hospital Ponda. Also at North District Hospital, Mapusa, Hospicio Hospital, Margao, Medical Store Depot, Directorate of Health Services, Campal, Panaji and any other hospital/health centers under Directorate of Health Services, Goa.
16. The supplier may insure the goods at his own cost to safeguard the delivery of such goods dispatched by him to the consignee, as this department will not be responsible for the damage of pilferage of goods during transit.
17. The reduction in the prices under the drugs price control will be accepted and the new reduction rate shall be the basis of contract from the date of deduction
18. A committee constituted by the Government of Goa will review the performance of the program.

Penalty and contract termination

The selected bidder shall be required to commit to the timelines provided by it in the plan.

- **Mega Camps for preventive, promotive and curative care (minimum of 4)**

Delay	Penalty
60 days beyond the time specified in commissioning	0.50% of the quarterly cost of anti-diabetes drug supply
60-120 days beyond the time specified in commissioning	0.75% of the quarterly cost of anti-diabetes drug supply
120-180 days beyond the time specified in commissioning	1% of the quarterly cost of anti-diabetes drug supply

- **Provision for Footcare clinics (minimum of 1)**

Delay	Penalty
60 days beyond the time specified in commissioning	0.25% of the quarterly cost of anti-diabetes drug supply
60-120 days beyond the time specified in commissioning	0.50% of the quarterly cost of anti-diabetes drug supply
120-180 days beyond the time specified in commissioning	0.75% of the quarterly cost of anti-diabetes drug supply

- **Provision for Lifestyle clinics- support for existing and creating new ones (minimum of 15)**

Delay	Penalty
60 days beyond the time specified in commissioning	0.25% of the quarterly cost of anti-diabetes drug supply
60-120 days beyond the time specified in commissioning	0.50% of the quarterly cost of anti-diabetes drug supply
120-180 days beyond the time specified in commissioning	0.75% of the quarterly cost of anti-diabetes drug supply

- **Provision for Cost Benefit Analysis**

Delay	Penalty
60 days beyond the time specified in commissioning	0.50% of the quarterly cost of anti-diabetes drug supply
60-120 days beyond the time specified in commissioning	0.75% of the quarterly cost of anti-diabetes drug supply
120-180 days beyond the time specified in commissioning	1% of the quarterly cost of anti-diabetes drug supply

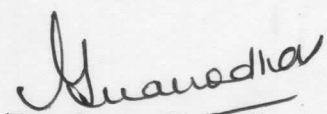
- **Maintenance of Diabetes Registry- technical support**

Delay	Penalty
30 days beyond the time specified in commissioning	0.25% of the quarterly cost of anti-diabetes drug supply
60-120 days beyond the time specified in commissioning	0.50% of the quarterly cost of anti-diabetes drug supply
120-180 days beyond the time specified in commissioning	0.75% of the quarterly cost of anti-diabetes drug supply

If the selected bidder is unable to commission 3 out of the 5 activities 180 days beyond the time duration specified for the commissioning of the activity, the purchase committee holds the right to terminate the contract. The purchase committee then holds the right to allocate the tender to the Reserve bidder identified during the tendering process.

The decision on imposition of penalty or termination of the contract shall lie with the purchase committee. In case of termination of the contract, the selected bidder shall be prohibited from participating in any tender in the Health Department for a period of 05 years.

In case of any delay due to genuine administrative or departmental reasons, the Director (DHS) holds the authority to waive off the penalty. The appellate authority shall lie with Secretary (Health).

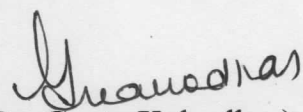

 (Dr. Geeta Kakodkar)
 Director of Health Services
 05/08/22
 5/8/22

List of Insulins
(Tender quantities are per annum)

Item Specifications	Packing	Final Quantity per year
Soluble Insulin inj IP, Monocomponent Human Insulin biosynthetic (r-DNA origin) each ml solution contains 40 iu	10ml Vial	18,000
Biphasic Isophane Insulin inj IP (30% as soluble insulin & 70% as isophane insulin OR 25% as soluble insulin & 75% as isophane insulin), Monocomponent Human Insulin biosynthetic (r-DNA origin) each ml suspension contains 40 iu	10ml Vial	10,000
Inj Insulin Human Isophane 40IU/ml (NPH)	10ml Vial	10,000
Premixed Human Insulin (30% as soluble & 70% as isophane insulin OR 25% as soluble & 75% as isophane insulin), 100iu/ml in 3ml Cartridges	1 x 3ml	50,000
Rapid acting Human Insulin 100 IU/ ml in 3ml Cartridges	1 x 3 ml	50,000
Isophane Human Insulin 100 IU/ml in 3 ml penfill	1x3 ml	12000
Basal Insulin Analogue Inj (r-DNA origin) Glargine 100iu/ml in 3ml cartridges	1 x 3ml	3,800
Premix Insulin Analogue (30% Rapid Acting Analogue and 70% protaminated suspension) 100 IU/ML in 3 ml cartridges	1x 3ml	36,000
Ultra Fast Acting Insulin Aspart 100 IU/ml 3 ml PFS	1x3 ml	25000

Rapid Acting Analogue Insulin 100 IU/ml 3 ml cartridges	1 X 3ml	5,000
Rapid Acting Analogue Insulin 100 IU/ml 3 ml PFS	1 X 3ml	5,000
Ultra long acting Basal Insulin analogue inj (r-DNA origin)degludec 100IU/ml in 3ml PFS	1 X 3ml	25,000
Insulin degludec/Insulin Aspart (r-DNA origin) (70% soluble Insulin Degludec and 30 % soluble Insulin Aspart) 100 IU/ml in 3.0 ml cartridges	1 X 3ml	10,000

Note: Selected Bidder will have to supply free permanent pens as per the requirement of the hospitals on receipt of the supply order, further free supply of new pens should be done as per the requirement. The selected bidder should supply 2 free needles with each cartridge.


 (Dr. Geeta Kakodkar)
 Director of Health Services
 08/08/22 5/8/22