



# REQUEST FOR PROPOSAL(2<sup>nd</sup> Revision)

## Outsourcing of Housekeeping Services at Govt. Health Institutions

RFP Reference Nos: Nirmal/Housekeeping/67/NHM Bargarh/(RFP No.)Date: 07.08.2024



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## SECTION 1 -NOTICE INVITING PROPOSAL

**RFP No.: Nirmal/Housekeeping Services/67/NHM Bargarh/2024-25 Dated: 07/08/2024**

**DETAILED PROPOSALS ARE INVITED FROM ELIGIBLE AGENCIES FOR SELECTION OF THE MOST SUITABLE AGENCY TO UNDERTAKE HOUSEKEEPING SERVICES AT GOVT. HEALTH INSTITUTIONS.**

|   |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Period of Availability of RFP Document                       | From <b>dt. 08.08.2024</b> to <b>dt. 31.08.2024</b><br>(Downloadable from website: <a href="http://www.bargarh.odisha.gov.in">www.bargarh.odisha.gov.in</a> )                                                                                                                                                                                                                                                                                                                    |
| 2 | Pre-bid Meeting                                              | <b>Date:</b> 14.08.2024, Time: 11:00 A.M.<br><br><b>Address:</b> Conference Hall, Office of the CDM & PHO, Bargarh.                                                                                                                                                                                                                                                                                                                                                              |
| 3 | Last date and address for submission of Proposal             | <b>Date:</b> 31.08.2024, Time: 04:00 P.M.<br><b>Venue &amp; Address:</b><br>Office of the CDM & PHO, Bargarh<br>At/Po/Dist- Bargarh (Odisha), Pin-768028<br><br><i><b>NB: Proposals should be submitted through Speed post / Registered post / Courier</b></i>                                                                                                                                                                                                                   |
| 4 | Date, time and place of opening of Proposal and presentation | <b>a) Technical Proposal (Part A) opening: Dt.-03.09.2024, 11.00 A.M. at Conference Hall, Office of the CDM &amp; PHO, Bargarh, Odisha</b><br><br><b>a) Financial Proposal (Part B):</b><br><i>The date of opening of financial proposals will be intimated by the CDM &amp; PHO cum DMD, Bargarh to the agency found successful in the technical proposal evaluation.</i><br><b>(Bidders / authorized representative may remain present at the time of opening of proposal)</b> |

## SECTION 2- INSTRUCTIONS TO BIDDERS

### 2.1 Scope of Proposal

- (a) Interested bidders fulfilling the eligibility criteria may submit their bid **at the concerned District / Institution. However, the bidder submitting proposal for the concerned district has to provide the housekeeping services in DHH, SDHs, CHCs, PHCs of that district as per the list attached in Section 6 and accordingly quote the prices in the price bid.**
- (b) Detailed description of the objectives, scope of services, deliverables and other requirements relating to “Provisioning of Housekeeping Services at Govt. Health Institutions” are specified in this RFP. The manner in which the Proposal is required to be submitted, evaluated and accepted is explained in this RFP;
- (c) The selection of the Agency shall be on the basis of an evaluation by the tender committee of the concerned District / Institution, 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 decision of CDM & PHO cum DMD/ Director of the concerned health institution is without any right of appeal whatsoever;
- (d) The bidder shall submit its Proposal in the form and manner specified in this RFP. **The Financial Proposal (Part B) shall be submitted in the format specified in F1, F2.** Upon selection, the agency shall be required to enter into an Agreement with the CDM & PHO cum DMD of the District / Director / Director of the concerned Institution in the form specified at **Annexure I.**

### 2.2 Eligibility Criteria

The bidder should fulfil the following Eligibility Criteria:

- I. Must be registered in India as a Company (Companies Act 2013) / Partnership Firm (Indian Partnership Act 1932 / Limited Liability Partnership Act 2008), Society (Societies Registration Act 1860) or a Trust (Indian Trust Act 1882) and its amendment thereof.
- II. Consortium is not allowed
- III. Must have an average Annual Turnover of **Rs.3 Crores or more** during the last three financial years (2020-21, 2021-22 & 2022-23).
- IV. Must have minimum 3 years of working experience in the field of housekeeping services in Public / Private sector [State Govt. / Govt. of India Institution / Govt. undertaking / Corporation / Banks / Govt. & Pvt. Hospitals / Pvt. Organizations] on the stipulated date of bid submission. Details of the projects executed must be submitted as per Format T4A.
- V. Must have provided at least **300** housekeeping personnel (average no. of housekeeping personnel during the financial years mentioned in format T4B & T4C) as on date of bid submission. Work Order / Contract copies in support of such enrolment must be submitted as per Format T4B & T4C.
- VI. Must have deposited EPF & ESI against all staffs under its payroll regularly on monthly basis. The documents pertaining to ECR of EPF and Challans of ESI for the **last 3 months** prior to month of publication of tender must be furnished in the technical bid.

- VII. The Bidder must not have been blacklisted either by the tender inviting authority or by any State Govt. or Govt. of India organization. The agency shall submit undertaking regarding the same on Non-Judicial Stamp paper of Rs. 20/- as per Format T6
- VIII. Must have labour registration certificate
- IX. Must have valid ISO 9001: 2015 / ISO 45001:2018 certification
- X. Must be registered under EPF
- XI. Must be registered under ESI
- XII. Must have a PAN
- XIII. Must have GST registration number

### 2.3 Proposal Submission

Interested eligible bidders may submit their bid at ***the concerned District / Institution***. The bidder submitting proposal for the concerned district has to provide housekeeping services in DHH, SDHs, CHCs of that district as per the list attached in Section 6 and accordingly quote the prices in the price bid.

The proposal shall be submitted in two parts:

- (1) Part A -Tender Document Cost, Bid Security & Technical Proposal as per format set out in RFP.**
- (2) Part B - Financial Proposal as per the format set out in RFP.**
  - (i) The Proposal shall be typed or written legibly in indelible ink and shall be signed the authorized representative of the bidder.
  - (ii) Power of Attorney for signing of bid: The bidder should submit a Power of Attorney as per the **Form T5**, authorizing the signatory of the bid to commit the bidder.
  - (iii) Any interlineations, erasures or overwriting shall be valid only if the person or persons signing the Proposal have put his/their initial prior to submission of the same.

### 2.4 Bid Document Cost

The bidders shall have to furnish a bid document cost of **Rs. 1,500/-** (non-refundable) in the shape of a **Banker's cheques / Demand Draft** from any Nationalized / Schedule Bank payable at Bargarh and in favour of **ZSS, Non-NRHM Funds, Bargarh**.

In the absence of the bid document cost, the technical proposal of the bidder shall be rejected.

**The bid document cost should be put in the Technical Proposal (Cover A) envelop.**

### 2.5 Earnest Money Deposit (EMD)

The bidder along with the technical proposal shall have to furnish Earnest Money Deposit (EMD) amounting to **Rs. 3,00,000/- (Rupees three lakhs only)**(refundable) [*to be fixed by the district based on their estimated contract value*] in the shape of Banker's cheques / Demand Draft from Nationalized / Schedule Bank payable at Bargarh and in favour of ZSS, Non-NRHM, Bargarh.

In the absence of the EMD, technical proposal of the bidder shall be rejected. However, as per the Finance Department, Govt. of Odisha office memorandum no. 21926 dated 12.8.2015, the **local MSEs** registered with respective DICs, Khadi, Village, Cottage & Handicraft Industries, OSIC and NSIC are exempted from submission of EMD while participating in tenders of Govt. Departments and Agencies under its control. It is further clarified that the above exemption is applicable to **local MSEs registered in Odisha only**. This exemption to the local MSEs shall be applicable if the kind of service as required under this tender enquiry is clearly specified against the details of the service to be provided in their DIC / NSIC registration certificate (to be furnished in the technical bid).

The EMD shall be returned to unsuccessful bidders within a period of 4 weeks from the date of announcement of the successful bidder.

The EMD shall be forfeited if the bidder withdraws its proposal during the interval between the proposal due date and expiration of the proposal validity period or on in case of successful bidder, if does not execute the agreement.

## 2.6 Packing, Sealing and Marking of Proposal

(a) The Technical Proposal (Cover A) and Financial Proposal (Cover B) must be inserted in separate sealed envelopes, along with applicant's name and address in the left-hand corner of the envelope and super scribed in the following manner.

- **Cover-A-** Technical Proposal for **"Housekeeping Services at Health Facilities, District Bargarh"**.
- **Cover-B** - Financial Proposal for **"Housekeeping Services at Health Facilities, District Bargarh"**.

(b) The two envelopes, i.e. envelope for Part-A, Part-B must be packed in a separate sealed outer cover and clearly **super scribed** with the following:

- Proposal for **"Housekeeping Services at Health Facilities, District Bargarh"**.
- **RFP no. 67/NHM/Bargarh/2024-25** (The bidder should clearly mention the RFP no. & District / Institution name for which the proposal is submitted).
- The bidder's Name & address shall be mentioned in the left bottom corner of the outer envelope.

(c) The inner and outer envelopes shall be **addressed** to the **CDM & PHO cum DMD, Bargarh** at the **detail address** mentioned at the Section – 1 (Sl. No.3 of the table): Notice Inviting Proposal.

*If the outer envelope is not sealed and marked as mentioned above, then the O/o the CDM & PHO cum DMD Bargarh (of the concerned health facility) will assume no responsibility for the tender's misplacement or premature opening. Telex, cable or facsimile tenders will be rejected.*

(d) **Content of the Proposal**

### I. Cover A (Technical Proposal)

The bidders are requested to submit a detailed technical proposal with respect to outsourcing of Housekeeping Services at health institutions during the proposed contract period in conformity with the Terms of Reference forming part of this RFP.

1. EMD of **Rs. 3,00,000/- (Rupees three lakhs only)** in the shape of a Demand Draft in favour of **ZSS, Non NRHM Funds, Bargarh.**
2. Bid document cost of Rs.1,500/- (Rupees One Thousand Five hundred) in the shape of a Demand Draft in favour of **ZSS, Non NRHM Funds, Bargarh.**
3. Form T1
4. Form T2
5. Photocopy of the Registration Certificate of the Agency
6. Photocopy of PAN
7. Photocopy of GST, EPF, ESI Registration
8. Photocopy of the ECR of EPF and Challans of ESI for the **last 3 months** prior to month of publication of tender towards EPF & ESI payment of the personnel deployed by the agency.
9. Photocopy of ISO 9001: 2015 / ISO 45001:2018 certification
10. Form T3 (Turnover Certificate from the Chartered Accountant)
11. Photocopy of the audited Profit & Loss Statement in the last three financial years in support of the turnover certificate [2020-21, 2021-22 & 2022-23]
12. Form T4A, T4B & T4C- Relevant Experience Details in managing housekeeping services in State Govt. / Govt. of India Institution / Govt. undertaking / Corporation / Banks/ Govt. & Pvt. Hospitals / Pvt. Organizations during the last three years.
13. Photocopies of work orders / contracts executed in support of the information furnished in Form T4A, T4B & T4C.
14. Photocopies of Client Certificates in support of the projects executed as per information furnished in Form T4B & T4C.
15. Form T5 - Power of Attorney authorizing the signatory for signing the proposal on behalf of the proposer/Bidder
16. Form T6 - Affidavit certifying that the Entity/Promoter(s)/Directors/Partner(s) of Entity are not blacklisted.
17. Form T7 - Letter of Declaration (Anti Collusion Certificate) mentioning that the bidder will not collude with the other bidders.
18. Any other details, the bidder like to include in the proposal.

### II. Cover B (Financial Proposal)

1. The bidder must submit the Financial Proposal using Form specified in Form F1, F2, F3 with proper signature and seal of the bidder.
2. In case of any discrepancy between figures and words in the financial proposal, the one described in words shall be taken into consideration.
3. The same person signing the RFP shall sign the financial part also.

## 2.5 Number of Proposals

Interested bidders fulfilling the eligibility criteria may submit their proposal ***at the District / Institution for which they want to bid.*** A bidder is eligible to submit **only one proposal** for the **District / Institution**, for which the bidder is submitting its bid.

## 2.6 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.

## 2.7 Cost of Proposal

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

## 2.8 Acknowledgement by the bidder

- (a) It shall be deemed that by submitting the Proposal, the bidder has: -
  - (i) made a complete and careful examination of the RFP;
  - (ii) received all relevant information requested from the concerned District authority / Institution;
  - (iii) acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of the concerned district authority/ institution relating to any of the matters stated in the RFP Document;
  - (iv) 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;
  - (v) acknowledged that it does not have a Conflict of Interest; and
  - (vi) Agreed to be bound by the undertaking provided by it under and in terms hereof.
- (b) The concerned district authority / institution 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 concerned district authority.

## 2.9 Language

The Proposal with all accompanying documents (the “**Documents**”) and all communications in relation to or concerning the Selection Process shall be in English language and strictly as per the forms provided in this RFP. No supporting document or printed literature shall be submitted with the Proposal unless specifically asked for and in case any of these Documents is in another language, it must be accompanied by an accurate translation of the relevant passages in English,



in which case, for all purposes of interpretation of the Proposal, the translation in English shall prevail.

#### **2.10 Proposal Due Date**

RFP filled in all respect must reach O/o the CDM & PHO cum DMD, Bargarh, At/P.O/Dist-Bargarh, Odisha, Pin – 768028 at the address, time and date specified in the Section-1: Notice Inviting Proposal, through Speed Post/ Regd. Post / Courier. If the specified date for the submission of RFPs is declared as a holiday, the RFPs will be received up to the stipulated time on the next working day.

#### **2.11 RFP Opening**

- (a) The concerned authority of the district / institution in their respective Districts/ Institution will open all Proposals, in the presence of bidders or their authorized representatives who choose to attend, at the location, date and time mentioned in the Section 1: Notice Inviting Proposal
- (b) The bidder/their authorized representatives who will be present shall sign a register / attendance sheet evidencing their attendance.
- (c) In the event of the specified RFP opening date being declared a holiday, the RFPs shall be opened at the stipulated time and location on the next working day.

## SECTION 3 - TERMS OF REFERENCE

### 3.1 Background

Good sanitation and hygiene practices are a critical determinant of health. As the first principle of health care is “to do no harm”, it is essential to have our health care facilities demonstrate high levels of cleanliness, hygiene practices.

“WHO data on the burden of disease shows that “approximately 3.1% of deaths and 3.7 % of disability-adjusted-life-years (DALYs) worldwide are attributable to unsafe water, sanitation and hygiene. The Centers for Disease Control and Prevention (CDC) reports that approximately 1 in 20 patients acquired an infection during a stay in a healthcare setting where they are receiving medical or surgical treatment. Further, the perception of patients and the public regarding the level of cleanliness and ambience of a facility directly affects the level of confidence they have in the health care offered in a facility. There is no more visible parameter about Quality than cleanliness in public health facilities.

Against this backdrop, plan has been chalked out for strengthening Housekeeping Services across all the health facilities of the district. List of health facilities of the district & its bed strength along with the requirement of housekeeping personnel for the district is mentioned at Section 6.

### 3.2 Modalities of Housekeeping Services

In order to priorities focus on **certain critical areas**, the entire hospital areas have been classified under 4 functional risk category areas are as follows.

#### 3.2.1 Classification of Hospital Area

| 1.High Risk Areas                                                           | 2.Moderate Risk Areas | 3.Low Risk Areas                |
|-----------------------------------------------------------------------------|-----------------------|---------------------------------|
| Operation theatre units including recovery area – Major & minor             | Wards & Corridors     | Departmental areas/office areas |
| Intensive care units/ Cardiac care units/Neonatal ICU/PICU/ Hybrid ICU etc. | Laboratory areas      | Outpatient department           |
| High dependency units                                                       | Blood Bank            | Non sterile supply areas        |
| Emergency department/casualty                                               | Pharmacies            | Libraries                       |
| Labour room                                                                 | Kitchen               | Meeting Rooms                   |
| Post-operative units                                                        | Laundry services      | Medical records section         |
| Surgical wards                                                              | Mortuary              | Stores section                  |

|                                                                                            |                            |                                                                |
|--------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------|
| Central sterile supply department/Theatre sterile supply unit                              | Nurses/ Doctors rest rooms | Manifold services/room                                         |
| Chemotherapy ward/room                                                                     | Psychiatric wards          | Telephone rooms, electrical, mechanical, External surroundings |
|                                                                                            | X-ray Room                 |                                                                |
| Burn Unit                                                                                  |                            | Staff Areas                                                    |
| Dialysis Unit                                                                              |                            |                                                                |
| Isolation wards/ rooms including DR TB Centre & ART Centre                                 |                            |                                                                |
| Attached internal areas like bathrooms & Toilets                                           |                            |                                                                |
| <b>4.Other Areas</b>                                                                       |                            |                                                                |
| Hospital Premises- It includes the outhouse area, garden, roof tops, parapets, drains etc. |                            |                                                                |

**3.2.2 Based on the Hospital functional risk category, Frequency of cleaning, level of cleaning; Method of cleaning & evaluation criteria has been defined are as follows:**

| Functional Area Risk Category | Frequency of cleaning                           | Method of cleaning/Disinfection                                                                                                                           | Evaluation/auditing procedures & frequency                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>High risk areas</b>        | Once in two hours and spot cleaning as required | Cleaning with soap & detergent plus disinfection with alcohol compound, aldehyde compounds (Formaldehyde, glutaraldehyde) hydrogen peroxide and phenolics | <b>Procedures/ Frequency-</b> <ul style="list-style-type: none"> <li>• Display of service parameters / maintenance of Unit wise performance register (updated on daily basis)</li> <li>• Swab culture of critical areas (Monthly once)</li> <li>• Over all remarks of SN, I/c of concerned unit (Monthly)</li> <li>• Use of housekeeping checklist &amp; updated on daily basis</li> </ul> |
| <b>Moderate risk</b>          | Once in four                                    | Cleaning with soap                                                                                                                                        | <b>Procedures/ Frequency-</b>                                                                                                                                                                                                                                                                                                                                                              |

| Functional Area<br>Risk Category | Frequency of<br>cleaning                                                                                                                                                             | Method of<br>cleaning/Disinfection                                                                                                                                    | Evaluation/auditing<br>procedures & frequency                                                                                                                                                                                                            |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| areas                            | hours and spot<br>cleaning as<br>required                                                                                                                                            | & detergent plus<br>disinfection with<br>aldehyde compounds<br>(Formaldehyde,<br>glutaraldehyde)<br>hydrogen peroxide<br>phenolics                                    | <ul style="list-style-type: none"> <li>Swab culture of lab &amp; Blood bank (Quarterly once)</li> <li>Use of housekeeping checklist &amp; updated on daily basis</li> <li>Overall remarks of SN I/c / Sr. LT of concerned unit (Monthly once)</li> </ul> |
| Low risk areas                   | <p><b>For areas working round the clock</b> at least once in a shift or</p> <p><b>For areas having general shift</b> at least twice in the shift &amp; Spot cleaning as required</p> | Physical removal of soil, dust or foreign material followed by cleaning with water and detergent                                                                      | <p><b>Procedures/ Frequency</b></p> <ul style="list-style-type: none"> <li>Use of housekeeping checklist &amp; updated on daily basis</li> <li>Overall remarks of SN I/c / Sr. LT of concerned unit (Monthly once)</li> </ul>                            |
| Other Areas                      | <p>Drains once in a week &amp; spot cleaning as required</p> <p>Other Areas - once in a day</p>                                                                                      | <p>Clearing &amp; cleaning of drains using bleach to both clean and deodorize the sewerage system.</p> <p>Physical removal of foreign particles through sweeping.</p> | <p><b>Procedures/ Frequency</b></p> <p>Overall remarks of Hospital In- Charge once in a month.</p>                                                                                                                                                       |

### 3.2.3 Cleaning Schedule for other Items:

| Item to be cleaned                                                                      | Frequency                        |
|-----------------------------------------------------------------------------------------|----------------------------------|
| Ceilings, including air conditioning, ventilation grills/vents, Fans and light fixtures | Monthly once                     |
| Walls, including all doors and windows                                                  | Weekly once                      |
| Store rooms and storage areas                                                           | Monthly once                     |
| Exterior surfaces of machines and equipment                                             | Weekly once                      |
| Refrigerators                                                                           | Monthly once/ As & when required |

|                                                                   |             |
|-------------------------------------------------------------------|-------------|
| Furniture & Fixtures                                              | Weekly once |
| Sterilizers, cabinets and doors (interior and exterior)           | Weekly once |
| All horizontal surfaces (all shelving, computers, keyboards etc.) | Weekly once |

### 3.2.4 Maintenance Schedule & Deliverables of major Housekeeping Items

| Assignment                                                                                                  | Deliverables                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Electrical Works – Minor Repair & Checkup, Electrical Systems (HT & LT), Electrical fixtures and appliances | <ul style="list-style-type: none"> <li>• Daily operation of all electrical power system as &amp; when required- incoming and outgoing</li> <li>• Minor maintenance and replacing fuse, tube lights, bulbs, minor wiring etc.</li> <li>• Switching on pumps for filling water to tanks.</li> <li>• Attending to power breakdowns in case of internal faults.</li> <li>• Providing electricians for preventive maintenance of power panels, maintenance of all accessories including Fans, light fixtures, power points, and replacement of spares, mechanical &amp; electrical equipment.</li> <li>• Coordination with AMC agency for trouble free operation.</li> <li>• Unhealthy systems, abnormalities in performance or malfunctioning if any will be reported / rectified within a reasonable time period (Maximum within 1 hour).</li> <li>• Regular checking of all the electrical panels and distribution boards.</li> <li>• Logging of all parameters like meter readings, power factor, power consumption etc. and highlight discrepancies or variances.</li> <li>• Clean all panels, switchgears controls etc on regular basis.</li> <li>• Daily check of all light fixtures, points, bulbs and power sockets wiring and changing defective ones within the premises under maintenance.</li> <li>• Check earth pit resistance and watering earth pit.</li> <li>• Check and all the switches on standby equipment and ensure that all are in operating condition.</li> <li>• Inspect and clean contacts if necessary &amp; check connections of Motors/ switchboards / equipment etc. on routine basis.</li> <li>• Check correct operations of all safety circuits and equipment.</li> <li>• To attend all service calls and breakdowns within the minimum possible time period (Maximum within 1 hour).</li> </ul> |

| Assignment                                                         | Deliverables                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                    | <ul style="list-style-type: none"> <li>To carry out preventive maintenance to ensure minimum breakdowns.</li> <li>Prepare inventory of spares and ensure that critical spares are always available.</li> <li>To ensure that all equipment / plants have sequential running and all equipment, pumps including the standby equipment work on operating time equalization basis.</li> <li>To keep day to day reading of energy meter</li> <li>Thoroughly clean all electrical fixtures and appliances and insect killing devices.</li> <li>Periodically clean all motor vents, etc.</li> </ul>                                                                                                                                                                      |
| Water Management, Plumbing and Sewerage System, STP (if installed) | <ul style="list-style-type: none"> <li>Thoroughly clean all overhead and underground water storage tanks periodically.</li> <li>Water management, operational records, inflow and outflow control.</li> <li>Regular checking and repairs of all sanitary fixtures and supply lines.</li> <li>Checkup of all valves, taps, floats and other plumbing and sanitary fittings free from leakage.</li> <li>To operate &amp; maintain the STP (if installed later)</li> <li>Follow up for AMC of the STP or any other accessories.</li> </ul>                                                                                                                                                                                                                           |
| Water Pumps                                                        | <ul style="list-style-type: none"> <li>Ensuring trouble free and smoothing operations and no disruption in water supply to Hospital Building &amp; Quarters in the Campus</li> <li>Regular routine maintenance of the pumps and associated equipment, pressure gauges etc.</li> <li>Logging of all maintenance data in the approved formats.</li> <li>Maintenance of the panels of the system.</li> <li>Ensuring that the equipment is functioning as per the design parameters.</li> <li>Prepare inventory of spares and ensure that critical spares are always available.</li> <li>To ensure that all equipment / plants have sequential running and all equipment, pumps including the standby equipment work on operating time equalization basis.</li> </ul> |
| Carpenter Work                                                     | <ul style="list-style-type: none"> <li>Regular checking and minor repair of all carpentry fitting &amp; fixture like door, window, lock, door closer, chair etc</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DG sets, associated panel,                                         | <ul style="list-style-type: none"> <li>DG sets are to be maintained clean, operate as per the</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Assignment | Deliverables                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| boards etc | <p>requirement or approved Schedules.</p> <ul style="list-style-type: none"> <li>To carry out day to day maintenance work as per activity chart <ul style="list-style-type: none"> <li>Battery check for electrolyte level.</li> <li>Specific gravity check.</li> <li>Oil level and temperature check.</li> <li>Fuel Leak.</li> <li>Cooling Hose check.</li> <li>Oil pressure check.</li> <li>Voltage and current check in each phase.</li> <li>Engine run hour and RPM.</li> <li>KWH generated.</li> <li>Checking general functioning of all gadgets observe noise and vibration levels.</li> <li>Prepare inventory of spares and ensure that critical spares are always available.</li> <li>To ensure that minimum one day fuel for continuous running of all DG's is always available and keep record of diesel/oil consumption and maintain the record.</li> <li>To keep records of diesel receipts and consumption and submit daily report to appropriate authority</li> </ul> </li> </ul> |

### 3.2.5 Other Conditions:

- Effort should be made to post female **sanitary worker** wherever possible in female wards, Labour room & OPD.
- Dedicated sanitary** attendants shall be posted for cleaning of toilets in patient care areas so as to ensure highest level of hygiene and cleanliness, mostly at DHHs & SDHs.

### 3.3 List of Cleaning Equipment & Accessories, Cleaning consumables) to be used:

#### 3.3.1 Cleaning Equipment with equipment consumable if any & Tools (to be provided by the Service Provider):

|                                               |                                            |
|-----------------------------------------------|--------------------------------------------|
| 1. Commercial Vacuum Cleaner (All Facilities) | 2. Floor scrubbing Machine (DHH, SDH, CHC) |
| 3. Back pack Vacuum Machine (All Facilities)  | 4. Glass Cleaning Kit (DHH, SDH)           |

|                                                                         |                                                                              |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 5. Telescopic Pole (All Facilities)                                     | 6. Puzzy machine to clean chairs and sofas (All facilities) (All facilities) |
| 7. Heavy Duty Scrubbing / Buffing Machine (DHH, SDH)                    | 8. High Pressure Jet Cleaner (All facilities)                                |
| 9. Brooms (Hard and Soft with long and short handles): (All facilities) | 10. Ladder (24ft and 12ft): (All facilities)                                 |
| 11. Floor Duster (All facilities)                                       | 12. White dusters, yellow dusters (DHH, SDH)                                 |
| 13. Scrubbing Brush Hard (All facilities)                               | 14. Scrub Pad (All facilities)                                               |
| 15. Feather duster (All facilities)                                     | 16. Blue Dry Mop (All facilities)                                            |
| 17. Toilet Brush (All facilities)                                       | 18. Dustpan (All facilities)                                                 |
| 19. Spray bottles (All facilities)                                      | 19. Glass Wiper (DHH, SDH)                                                   |
| 20. Motorized Grass Cutter (All facilities)                             | 21. Kentucky Mop (All facilities)                                            |
| 22. Floor wiper/ Rubber Squeeze (All facilities)                        | 23. Dust Control mop (All facilities)                                        |
| 24. Nylon scrubber (All facilities)                                     | 25. Plastic Scrubber (All facilities)                                        |
| 26. Sponges (All facilities)                                            | 27. Bucket Trolley with 3 bucket system (All Facilities)                     |

**Note:** The list of Cleaning Equipment & Accessories mentioned above at clause 3.3.1 are to be provided by the Service Provider.

### **3.3.2 Cleaning Consumables (Tentative List) :To be provided by the Hospital Authority**

|                                            |                                   |                                     |
|--------------------------------------------|-----------------------------------|-------------------------------------|
| 1. Urinal Cubes                            | 2. Floor cleaning liquid / Phenyl | 3. Naphthalene balls                |
| 4. Glass & plastic surface cleaning liquid | 5. Room Fresheners                | 6. Liquid toilet cleaner            |
| 7. Floor/dish cleaner                      | 8. Multipurpose cleaning liquid   | 9. Floor Polish                     |
| 10. Acid (Toilet Cleaning Acid Grade)      | 11. Floor Cleaning Disinfectant   | 12. Drain openers (large and small) |
| 13. Bleaching Powder (from State Supply)   |                                   |                                     |

**Note:** The tentative list of cleaning consumables **required** is mentioned above at clause 3.3.2. The supply of these cleaning consumables is not within the scope of the agency. It is the



responsibility of the hospital authority to provide the required consumables on a **periodic basis** (to be decided by the health institution) with proper receipt of the same.

### 3.4 HR requirement for housekeeping services

#### 3.4.1 Norms for HR engagement:

The Service Provider is expected to engage HR as per **following norms** based on the bed strength of the concerned hospital.

| Sl.        | Category of Facilities                                                           | Proposed Provision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | <b>Housekeeping &amp; Cleanliness Services</b>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>1.1</b> | <b>District Head Quarter Hospital (DHH)</b>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1.1.1      | Sanitary Worker                                                                  | 1 Sanitary Worker for every 4 sanctioned beds (for all 3 shifts).<br><i>Example: As per the proposed norms, a 100 bedded hospital will have 25 sanitary workers.</i>                                                                                                                                                                                                                                                                                                                                            |
| 1.1.2      | Sanitary Supervisor                                                              | 1 Sanitary Supervisor for every 10 sanitary workers engaged in the facility                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1.1.3      | Electrician                                                                      | One for every 100 sanctioned beds & Minimum One for DHH with less than 100 sanctioned beds                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1.1.4      | Plumber                                                                          | One for every 100 sanctioned beds & Minimum One for DHH/ with less than 100 sanctioned beds                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1.1.5      | Multi-skilled Attendants                                                         | One Attendant for every 4 beds (for all 3 shifts).                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1.1.6      | Gardener                                                                         | Three Gardeners per facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>1.2</b> | <b>Sub Divisional Hospital (SDH) / Community Health Centre (CHC) / Urban CHC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1.2.1      | Sanitary Worker                                                                  | <b>FRU: SDH/ CHC/ UCHC</b> - 1 Sanitary Worker for every 4 sanctioned beds (for all 3 shifts).<br><i>Example: As per the proposed norms, a 30 bedded hospital will have 7 sanitary workers.</i><br><i>Example: As per the proposed norms, a 100 bedded SDH will have 25 sanitary workers.</i><br><b>Other SDH/ CHC/ UCHC(Non-FRU)</b> - 1 Sanitary Worker for every 5 sanctioned beds (for all 3 shifts)<br><i>Example: As per the given proposal 6 Sanitary workers will be engaged in 30 bedded non-FRUs.</i> |
| 1.2.2      | Sanitary Supervisor                                                              | 1 Sanitary Supervisor for every 10 sanitary workers engaged in the facility                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1.2.3      | Electrician                                                                      | One for every 100 sanctioned beds & Minimum One for DHH/ SDH/ CHC/ UCHC with less than 100 sanctioned beds                                                                                                                                                                                                                                                                                                                                                                                                      |

| Sl.        | Category of Facilities                                                                                                                                                                                          | Proposed Provision                                                                                                                                                                         |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.2.4      | Plumber                                                                                                                                                                                                         | One for every 100 sanctioned beds & Minimum One for DHH/ SDH/ CHC/ UCHC with less than 100 sanctioned beds                                                                                 |
| 1.2.5      | Multi-skilled Attendants                                                                                                                                                                                        | One Attendant for every 6 beds (for all 3 shifts).                                                                                                                                         |
| 1.2.6      | Gardener                                                                                                                                                                                                        | 1 per facility                                                                                                                                                                             |
| <b>1.3</b> | <b>24x7 Primary Health Centre (PHC) / 24x7 Urban PHC &amp; Other Hospital (OH) with sanctioned beds (New provision added as few PHCs / UPHCs / OHs are having varied sanctioned beds ranging from 6 to 220)</b> |                                                                                                                                                                                            |
| 1.3.1      | Sanitary Worker                                                                                                                                                                                                 | 1 Sanitary Worker for every 5 sanctioned beds (for all 3 shifts) / Minimum 3 Sanitary Workers for less than 15 sanctioned beds.                                                            |
| 1.3.2      | Sanitary Supervisor                                                                                                                                                                                             | 1 Sanitary Supervisor for every 10 sanitary workers engaged in the facility                                                                                                                |
| 1.3.3      | Electrician                                                                                                                                                                                                     | One for every 100 sanctioned beds. Minimum One per facility having minimum 30 or more sanctioned beds.                                                                                     |
| 1.3.4      | Plumber                                                                                                                                                                                                         | One for every 100 sanctioned beds. Minimum One per facility having minimum 30 or more sanctioned beds.                                                                                     |
| 1.3.5      | Multi-skilled Attendants                                                                                                                                                                                        | One Attendant for every 6 beds (for all 3 shifts).                                                                                                                                         |
| 1.3.6      | Gardener                                                                                                                                                                                                        | 1 per facility (if facility is having $\geq 30$ sanctioned beds)                                                                                                                           |
| <b>1.4</b> | <b>Day Care Primary Health Centre (PHC) / Day Care Urban PHC without sanctioned beds</b>                                                                                                                        |                                                                                                                                                                                            |
| 1.4.1      | Sanitary Worker                                                                                                                                                                                                 | <i>1 Sanitary Worker per PHC/ UPHC has been proposed.<br/>1 additional manpower has not been proposed for UPHC-Polyclinic as only OPD services is being rendered at these Polyclinics.</i> |
| 1.4.2      | Sanitary Supervisor                                                                                                                                                                                             | No provision                                                                                                                                                                               |
| 1.4.3      | Electrician                                                                                                                                                                                                     | No provision                                                                                                                                                                               |
| 1.4.4      | Plumber                                                                                                                                                                                                         | No provision                                                                                                                                                                               |
| 1.4.5      | Multi-skilled Attendants                                                                                                                                                                                        | No provision                                                                                                                                                                               |
| 1.4.6      | Gardener                                                                                                                                                                                                        | No provision                                                                                                                                                                               |

**Note :**

The details of the required Housekeeping Personnel and Bed Strength are attached at **Section-6**. (District need to calculate the requirement based on the norms mentioned above & put the figures against the respective health facility). Bidders are requested to refer the Section-6 carefully to know the housekeeping personnel requirement and the bed strength of the District / Other Institution and accordingly put these figures to arrive at the prices in the Price Format F-2.

### 3.4.2 WorkingShifts:

The hospitals level staffs are expected to work in three shifts

- First Shift : 7 AM– 2 PM
- Second Shift : 2 PM– 9 PM
- Third Shift : 9 PM– 7 AM

### 3.4.3 Qualification & experience of Housekeeping Personnel:

The following key personnel with the required qualification and experience shall form part of the team to manage the housekeeping service. The selected agency shall submit the documents relating to relevant skill training imparted to the workers, their skills set and their personal record.

| Hospital Key Personnel              | Minimum Qualification                                                           | Minimum Experience required in years                                                                  |
|-------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Supervisor<br>(Skilled)             | Any Graduate Degree                                                             | Minimum 2 years of experience in housekeeping & Cleanliness Services particularly in Hospital Sector. |
| Sanitation Worker<br>(Semi-Skilled) | 7 <sup>th</sup> Standard                                                        | Minimum 1 Year experience in similar field                                                            |
| Electrician<br>(Skilled)            | ITI passed in Electrical Trade                                                  | Minimum 2 Years post qualification experience in the same field                                       |
| Plumber<br>(Skilled)                | ITI passed in Plumbing Trade                                                    | Minimum 2 Years post qualification experience in the same field                                       |
| Attendant<br>(Semi-Skilled)         | 7 <sup>th</sup> Standard passed or equivalent and can speak, read & write Odia. | Minimum 1 Year experience in same field                                                               |
| Gardener<br>(Semi-skilled)          | 7 <sup>th</sup> Standard                                                        | Minimum 1 Year experience in similar field                                                            |

### 3.4.4 Age Limit:

| Sl. | Category          | Qualification Experience                                               |
|-----|-------------------|------------------------------------------------------------------------|
| 1   | Supervisor        | <b>Age Limit:</b> Minimum 30 years & Maximum 60 years as on 31.10.2023 |
| 2   | Sanitation Worker | <b>Age Limit:</b> Minimum 21 years & Maximum 50 years as on 31.10.2023 |
| 3   | Electrician       | <b>Age Limit:</b> Minimum 21 years & Maximum 50 years as on 31.10.2023 |

|   |           |                                                                        |
|---|-----------|------------------------------------------------------------------------|
| 4 | Plumber   | <b>Age Limit:</b> Minimum 21 years & Maximum 50 years as on 31.10.2023 |
| 5 | Attendant | <b>Age Limit:</b> Minimum 21 years & Maximum 50 years as on 31.10.2023 |
| 6 | Gardener  | <b>Age Limit:</b> Minimum 21 years & Maximum 50 years as on 31.10.2023 |

### 3.4.5 Attendance of Housekeeping Personnel:

The agency shall install the **Biometric (with face reader / retina scan) Attendance System** at the concerned health facilities (DHH / SDH / CHC / PHC). Both entry & exit time shall be recorded. Procurement, Installation & Maintenance of the biometric device shall be the responsibility of the agency.

The Registration Process of the Housekeeping Personnel and monthly attendance report generation from the Biometric (with face reader / retina scan) Attendance System installed by the Agency shall be done by the Agency. The designated personnel (Medical Record Assistant) of the concerned health facility shall verify the same.

**3.4.6 Uniform:** A uniform shall have to be provided by the agency for all housekeeping staff deployed.

**3.4.7 Training:** Staff training and development is a core activity in the sanitation service and a structured approach to training should be imparted by the agency with direct inputs from Hospital Authority, Nursing Superintendent and other relevant healthcare professionals, as required.

#### a) Training Topics for Sanitation Workers

1. Job Description - duties & responsibility
2. Uniform and protective gear
3. Leave Procedures
4. Cleaning chemical - Use & dilution rate
5. Handling equipment -with demonstration
6. Step by step cleaning procedures for different areas and surfaces
7. Reporting repair and maintenance
8. Safety & security
9. Garbage removal & BMW Management
10. Fire safety
11. Penalties for misconduct/ not working

#### b) Training Topics for Hospital Supervisor

1. Additional activities other than topics as mentioned in induction training
2. Inspection and filling up checklist
3. Documentation of records (work done, attendance, leave etc.) and

knowledge of computers

- c) **Refresher training** should be done on quarterly basis on different aspects of housekeeping services which shall be taken up jointly by the Hospital Authority & the Agency. Documentary proof of the Training report must be submitted with the bills of 4<sup>th</sup>, 7<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> month.

### 3.4.8 Duration and Frequency of Training for Housekeeping staff as per risk Categorization of patient care areas:

| Worker                  | Training                         | Refresher Training                                                   | Responsibility  |
|-------------------------|----------------------------------|----------------------------------------------------------------------|-----------------|
| Sanitation Worker       | 1 day Induction Training         | Training of two hours every month from 2 <sup>nd</sup> month onwards | Selected Agency |
| Supervisor              | 2 days Induction training        | 1 day on quarterly basis                                             | Selected Agency |
| Electrician             | ½ day Orientation at State level |                                                                      | Selected Agency |
| Plumber                 | ½ day Orientation                |                                                                      | Selected Agency |
| Multi-skilled Attendant | ½ day Orientation                |                                                                      | Selected Agency |
| Gardener                | ½ day Orientation                |                                                                      | Selected Agency |

The Training programmes shall be evaluated by head of the Hospital on regular basis to ensure that they meet the needs of the service and the staffs are able to readily assimilate the information provided to them.

### 3.4.9 Overall Management

**One dedicated Housekeeping Manager** shall be **positioned in the district**, who will **lead** the housekeeping operation in the **entire district**. The housekeeping manager shall be having prior experience in managing hospital housekeeping services.

The cost towards deploying one housekeeping manager by the service provider has to be managed from the service charge component quoted. No separate payment shall be made for the deployment of one housekeeping manager. Hence the service charge component shall have to be quoted by the bidder by taking into account the provision of the housekeeping manager.

### 3.4.10 CV of each housekeeping personnel proposed along with the following documents are to be submitted by the Agencies:

- Educational Certificates
- Training Certificate, if any
- Previous work experience
- Police Verification Certificate

### 3.4.11 Other Conditions

- a) The staff deployed through Agency in the health facility (ies) **shall not claim any benefit, compensation, absorption or regularization of their services in the Govt. establishment under the provision of any statutory act.**
- b) The staff deployed by the Agency shall not divulge or disclose any details of office, operational process, technical know-how, security arrangement, administrative/organizational matters to any third person, as all of that are confidential and secret in nature. In the event of being found that the official secrecy has been disclosed and for the purpose of security arrangement and or for other purpose, it is desirable to remove the said person, the nodal officer of the health facility has every right to remove the said person, immediately and responsibility if any to be borne by the Agency.
- c) The Agency shall ensure that the person deployed are disciplined and shall enforce prohibition of consumption of alcoholic drinks, paan, Gutkha, smoking, loitering and shall not engage in gambling or any immoral act.

### 3.5 Data Management:

- a) The agency needs to manage the data obtained from the hospitals on a regular basis utilizing special software (State to develop & share with the agency). The agency needs to provide exclusive facilities (computers with broadband internet connection) for the same at all hospitals.
- b) **Daily Report expected from the agency**
  - 1. A daily report of staff on duty in all the shifts.
  - 2. A daily report of the status of the equipment and its utilization.
  - 3. A daily report of the chemicals and the consumables used.
  - 4. A daily report of the general sanitation from the Officer in charge/Superintendent or any other officer deputed for the purpose of program.
  - 5. Evaluation report
  - 6. Any other reporting mechanism as desired by the Hospital.

### 3.6 Performance Review Criteria and Penalty from Bill Payment:

Performance review shall be carried out on a quarterly basis based on Score card by taking into account NQAS, Kayakalpa & other relevant indicators for assessing performance of the implementing agency as per the criteria, the details of which is **attached at Annexure-II**. Accordingly, the penalties from the bill payment shall be made as mentioned in clause 4.6 b (i)

### 3.7 Responsibilities of the Implementing Agency & Hospital Administration

#### 3.7.1 Following are the responsibilities of the Agency (Service Provider):

- a) The agency shall provide **round the clock housekeeping services on all days** in a year without any interruption.
- b) All the personnel engaged by the Agency to provide the services in the hospital have to be in **proper uniform** during duty hour.

- c) All the personnel shall bear photo identity cards during the duty hour. (The Photo Identity Card shall be duly verified and countersigned by the designated Official of the hospital)
- d) All the rules and regulations relating to labour laws including accident, workmen compensation and insurance, ESI, PF, etc. are to be complied.
- e) Maintain location-wise log book to record all cleaning and housekeeping activities carried out in the format prescribed by the authority for checking and reference.
- f) To provide all necessary cleaning equipment, tools(as per details mentioned in Clause no. 3.3.1) of required quality and quantity needed for proper execution of the housekeeping service.
- g) All standard safety norms are to be followed during execution of work by the Agency to avoid accidents causing damages to personnel, machines, buildings, etc.
- h) In case of any accident/ mishap of any nature occurred during performing the duty, the liability will be borne by the agency.

**3.7.2 The responsibilities of the Hospital Administration/ Authority shall include:**

- a) Clearly define the cleaning area, frequency and method of cleaning for respective locations as per ToR.
- b) Procurement of cleaning consumables (as per details mentioned in Clause no. 3.3.2) following due procurement procedure and provide it to the agency on a periodic basis (to be decided by the health institution) with proper receipt of the same.
- c) Co-operate with the cleaning staff for timely and complete cleaning.
- d) Directly supervise the cleaning staff while carrying out cleaning in critical/sensitive areas like OT, Laboratories, Labour Room, office room, etc. to avoid unwanted situations including damages, interruption, accident, etc.
- e) Develop logbook, control sheet, checklist for documentation, regular monitoring and quality assurance.
- f) Provide space for safe storage of articles & place for sitting for supervisor.
- g) Verification of the monthly attendance report from the Biometric (with face reader / retina scan) Attendance System installed by the agency.



## SECTION 4 - TERMS & CONDITIONS

### 4.1 Period of Engagement

- a) The engagement of the agency shall be for a period of three years from the date of signing of contract. However, the agreement with the agency shall be signed **initially for a period of one year** from the date of signing of the contract, which shall be **renewed on a yearly basis** based on satisfactory service of the Service Provider as per due assessment.
- b) The agency must sign the contract (in the given Format) within 15 working days of issue of Letter of Award / Intimation.

### 4.2 Notification of Award and Award of Contract

#### a) Notification of Award:

On evaluation of technical & financial parts of RFP and decision thereon, the selected bidder shall be notified by the district authority / Institution through a Notification of Award regarding its selection and instruction to sign the contract, deploy the required personnel with cleaning equipment and submit the performance security. The selected bidders shall communicate its acceptance within 7 days of issue of the Notification of Award.

#### b) Award of Contract:

The selected bidder shall have to deploy the required personnel (along with the list of deployed personnel with their police verification report), cleaning equipment as mentioned in clause 3.3.1 and execute the contract with the District Authority / Institution within 30 days from the date of Notification of Award. The terms and condition, terms of reference of this RFP along with documents and information provided by the selected bidder shall be deemed to be an integral part of the contract. Before execution of the contract, the selected bidder shall have to deposit the performance security deposit as per clause 4.4 mentioned below. At the time of signing of contract by the district authority / institution, it is to be ensured by the district authority / institution that the selected bidder has deployed the required personnel with all cleaning equipment as mentioned in clause 3.3.1.

### 4.3 Allotment of districts / Institutions:

- a) An agency **can accept work orders** of maximum of **five (5) districts / Other Institutions**. However, agency can apply for any no. of districts / other Institutions.
- b) In case an agency succeeded in getting work orders for **more than five districts / other institutions** as per the competitive bidding process (as per the revised RFP - Nov.2023), then the concerned agency has to execute the work order of five districts / other institution (in order of getting work order from the concerned districts / institution) within 7 days from receipt of work order and decline the rest of the districts / other institutions.
- c) If any L1 bidder of the district / other institution decline the work order, in such case the concerned district / other institution has to negotiate with L2, L3, L4 and so on in that



order) bidder of that District / other institution to agree to the L1 price and to finalize the bidder & issue work order.

#### 4.4 Performance Security

The performance security deposit is for due performance of the contract. As the contract shall be signed initially for a period of one year, the selected agency has to furnish a performance security deposit amounting to 5% of the total contract value (for one year) of the concerned district / Institution in the shape of DD / BG from a National / Scheduled Bank in India. The amount of Earnest money deposit of the selected bidder can be adjusted against the performance security deposit. The successful bidder in case of Local MSE will have to deposit 25% of the stipulated Performance Security (i.e. 25% of 5% of the total contract value for three years) by way of demand draft drawn on any Nationalized / Scheduled Bank payable at location of the concerned District / Institution or Bank Guarantee from any Nationalized / Scheduled Bank in favour of CDM&PHO cum DMD / Director (of the District / Institution). In case of BG, the BG shall have to be valid for a period of 90 days beyond the contract period. No interest shall be payable on the Performance Security. In case of renewal of the contract, the validity of the BG has to be duly revalidated for 90 days beyond the new contract period.

The District Authority / Institution in the following circumstances can forfeit it;

- 1) When any terms or the condition of the contract is infringed.
- 2) When the service provider fails in providing the required services satisfactorily.

#### 4.5 Commencement of Service

The selected service provider is required to start the housekeeping services in the concerned district **at all the facilities** of that district (DHH, SDH, CHC, PHC) within 30 days of signing of the contract.

#### 4.6 Payment & Price Validity

- a) The Agency shall be paid on **monthly basis** as per the contracted rate relating to cost of manpower, other resource requirement and Service Charge. The monthly biometric attendance report shall be linked to the payment system. Hence the agency shall have to furnish the monthly biometric attendance report along with the monthly bill.
- b) While the bill for 1<sup>st</sup> month shall be paid after submission of bill for the month, payment from the 2<sup>nd</sup> month onwards shall be made subject to production of documentary evidence of having made all statutory payments such as PF [Electronic Challan cum Return (ECR)], ESI (Challans) etc. for the previous month.
- c) The price as quoted by the service provider shall remain unchanged during the contract period **except** in case of **revision of minimum daily wages** by Govt. of Odisha, if the contracted amount is below the recommended rate as applicable.
- d) GST as applicable shall be paid at the applicable rate.
- e) TDS as applicable shall be deducted from the payment as per the Income Tax Act
- f) The service provider will ensure that workers engaged by them must receive their entitled wages on time. In view of this, the following procedure will be adopted:

- 1) Service Provider shall pay their entitled wages by 10<sup>th</sup> of the following month. It shall not be linked to the payment of the bill from the concerned institution or need for the checking & verification at their end.
- 2) Payment to such workers must be made by the agency through e-transfer only. To ensure this, service providers will get a bank account opened for every engaged worker.

#### 4.7 Penalty

In case the Agency fails to commence/execute the work as stipulated in the agreement or gives unsatisfactory performance or does not meet the statutory requirements of the contract, CDM & PHO cum DMD / Director of the concerned health facility (ies) reserves the right to impose the penalty as detailed below:

##### a) Commencement of the Work:

- 1) 0.5% of annual costs of Contract / Agreement value (per health facility) per week of delay, up to four weeks of delay per health facility.
- 2) After four weeks delay, the tender Inviting Authority / concerned District Authority reserves the right to cancel the whole contract or part thereof and withhold the agreement and get this job carried out by other successful bidder (L2 & so on). The earnest money/security deposit shall also be forfeited.

##### b) During Implementation

###### i. Disincentive / Penalty:

Performance review shall be carried out on a quarterly basis based on Score card by taking into account NQAS, Kayakalpa & other relevant indicators for assessing performance of the implementing agency as per the criteria, the details of which is **attached at Annexure-II**. Accordingly, the penalties from the bill payment shall be as mentioned below:

| Total Score     | Extent of Penalty from Bill Amount |
|-----------------|------------------------------------|
| < or = 75%      | 2 % penalty from Bill              |
| >75% and < 90 % | 1% penalty from Bill               |
| = or >90%       | Zero penalty                       |

If as per the assessment sheet (enclosed at **Annexure-II**), the agency is found to be under-performed (Average/Poor) continuously for 50% or more Institutions without any valid reasons, the contract shall not be renewed.

###### ii. Other Penalty Clauses:

- a) In case the agency fails to commence/execute the work in the following areas hospital reserves the right to impose the penalty as detailed below:

| Sl. | Offences                     | Penalties (In Rupees)        |
|-----|------------------------------|------------------------------|
| 1   | Found not keeping photo ID   | Rs.50 /- per person/per day  |
| 2   | Worker not in proper Uniform | Rs.250 /- per person/per day |

| Sl. | Offences                                                                                                                                            | Penalties (In Rupees)                                                                                                                                                                                              |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3   | Indulging in smoking/ drinking alcohol/ Substance abuse or any other misconduct during duty hours (need to be established)                          | Rs.500/- with removal of the offender                                                                                                                                                                              |
| 4   | Duty performed by a worker for more than one shift in 24 hours                                                                                      | With Due permission from the Hospital authority, linked to Biometric attendance system, not more than 5% of the total attendance. Beyond which, penalty of 200/- per instance/per person in case of non-compliance |
| 5   | Non-availability / Inadequate Cleaning Equipment / Tool and any violation of required quantity or not using the requisite Cleaning Equipment / Tool | Rs.1,000/- per Item/month                                                                                                                                                                                          |
| 6   | Absence of personal protective gears                                                                                                                | Rs.200/- per person/per day                                                                                                                                                                                        |
| 7   | If any person is found performing duty by submitting a fake name and address.                                                                       | Rs.500/- per person/per day                                                                                                                                                                                        |
| 8   | If required number of manpower is not deployed by the Agency,                                                                                       | The proportionate amount (Total monthly bidding Cost / Total no of persons engaged X no of person absent on that particular day) will be deducted from payment with other penalties as applicable.                 |

- b) The penalty towards not meeting the minimum performance benchmark (based on quarterly review towards achieving minimum scoring parameters) shall be calculated and the penalty amount shall be deducted from the bill, the details of which is mentioned in Clause 4.6 b(i).

#### 4.8 General Conditions of the Contract

- The personnel provided shall be the employees of the service provider and all statutory liabilities will be paid by the service provider such as ESI, PF, Workmen's Compensation Act, etc.
- The persons deployed by the service provider should be properly trained, have requisite experience and having the skills for carrying out a wide variety of housekeeping & cleaning services using appropriate materials and tools/ equipment.
- The service provider shall have his own Establishment/Set up/Mechanism to provide training of housekeeping personnel to ensure correct and satisfactory performance of his / her duties and responsibilities under the contract.
- The service provider at their end should ensure the Health and Safety measures of the outsourced staffs, deputed for the works.

- e) The contracting authority if required may also conduct health checkup of the staff deployed at regular intervals at the cost of the service provider.
- f) The service provider shall engage only such workers, whose antecedents and health have been thoroughly verified including character and police verification and other formalities. The service provider shall be fully responsible for the conduct of their staff.
- g) The service provider at all times should indemnify the contracting Authority against all claims, damages or compensation under the provisions of payment of wages Act; Minimum Wages Act; Employer's Liability Act the Workmen Compensation Act; Industrial Disputes Act, Maternity Benefit Act, or any modification thereof or any other law relating thereof and rules made hereunder from time to time. Contracting authority will not own any responsibility in this regard. Payment of minimum wages, notified by the government, shall be ensured all the time.
- h) The staff deployed through the service provider in the health facility (ies) shall not claim any benefit, compensation, absorption or regularization of their services in the Govt. establishment either under the provision of Industrial Disputes Act. or Contract Labour (Regulation & Abolition) Act. The Agency should have to obtain an undertaking from the deployed persons to the effect that the deployed person is the employee of the Service Provider and shall submit the said undertaking to the Contracting Authority. In the event of any litigation on the status of the deployed persons, the Contracting Authority/Society shall not be a necessary party, however in any event, either the deployed persons or to the order of the hon'ble court, the District Health Society / Institution may be a party in dispute to adjudicate the matter. The service provider has to reimburse the expenditure that would have been borne by the Contracting Authority.
- i) The staffs deployed by the service provider shall not divulge or disclose any details of office, operational process, technical know-how, administrative/ organizational matters to any third person, as all of that are confidential and secret in nature. In the event of being found that the official secrecy has been disclosed, it is desirable to remove the said person. The nodal officer of the health facility has every right to remove the said person immediately and the responsibility if any in this context is to be borne by the service provider.
- j) All liabilities arising out of accident or death of the personnel provided by the service provider while on duty shall be borne by the service provider.
- k) Adequate supervision will be provided to ensure correct & effective performance of the services in accordance with the prevailing assignment and instructions agreed upon between the two parties.
- l) The service provider and its staff shall take proper and reasonable precautions to prevent loss, destruction, waste or misuse of the areas of the Hospital premises.
- m) That in the event of any loss occasioned to the Hospital, as a result of any lapse on the part of the service provider as may be established after an enquiry conducted by the hospital, such loss will be made good from the amount payable to the service provider. The decision of the district / institution authority in this regard will be final and binding

- on the service provider.
- n) The service provider shall be responsible to protect all properties and equipment of the health facility entrusted to it.
  - o) Any damage or loss caused by service provider's persons to the hospital in whatever form, would be recovered from the service provider.
  - p) In the event of any breach/violation or contravention of any terms and conditions contained herein by the service provider, the performance security deposit of the service provider shall be forfeited.
  - q) Any liability arising out of any litigation (including those in consumer courts) due to any act of service provider's personnel shall be directly borne by the service provider including all expenses/fines. The concerned service provider's personnel shall attend the court as and when required.
  - r) The service provider shall not engage any such sub-contractor or transfer the contract to any other person in any manner.
  - s) The staffs engaged by the service provider shall not take part in any staff union and association activities.
  - t) The Hospital shall not be responsible for providing residential accommodation to any of the deployed personnel of the service provider.
  - u) If as a result of post payment audit any overpayment is detected in respect of any work done by the service provider or alleged to have been done by the service provider under the tender, it shall be recovered by the authority of the concerned health institution from the service provider.
  - v) If any underpayment is discovered, the amount shall be duly paid to the service provider by the authority of the concerned health institution.
  - w) The service provider shall provide the copies of relevant records during the period of contract or otherwise even after the contract is over whenever required by the Tender Inviting Authority / Authority of the concerned health institution.
  - x) The service provider will have to enclose the proof / copies of the challans showing payment of statutory dues for the previous month along with monthly bills.
  - y) All necessary reports and other information will be supplied on a mutually agreed basis and regular meetings will be held with the nodal officer of the respective health facility (ies)/ Tender Inviting Authority/Contracting Authority. The service provider and its staff shall take proper and reasonable precautions to preserve from loss, destruction, waste or misuse the areas of responsibility given to them by the Hospital, and shall not knowingly lend to any person or company any of the effects or assets of the Hospital, under its control.
  - z) The service provider shall immediately intimate to the Controlling Authority about any criminal charge framed against the persons or supervisor engaged or employed by the agency, in the course of their performance of duties. A copy of such communication shall also be sent to the officer-in-charge of the Police Station where the person charged against resides.
  - aa) The service provider shall be blacklisted if miserably performed as per assessment based

on score card even after repeated notice for improving performance i.e. minimum 3 times. The service provider shall also be blacklisted if found indulging in such activity which will affect name & fame of the implementing agency.

- bb) The service provider shall not assign or sublet this Agreement or any part thereof to any third party.
- cc) The contract can be terminated at any time prior to its completion by either Party with 30 days of notice period.
- dd) In case of breach of any terms and conditions attached to the contract, the Performance Security Deposit of the service provider will be liable to be forfeited by contracting authority besides annulment of the contract.
- ee) The service provider shall ensure that the person deployed are disciplined and shall enforce prohibition of consumption of alcoholic drinks, paan, gutkha, smoking, loitering and shall not engage in gambling or any immoral act.

#### **4.9 Termination /Suspension of Contract**

The District Authority/ Institution may by a notice in writing, suspend the contract if the selected agency fails to perform any of his obligations including carrying out the services, provided that such notice of suspension shall specify the nature of failure, and shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.

The District Authority/ Institution after giving 30 days clear notice in writing expressing the intension of termination by stating the ground/grounds on the happening of any of the events (as mentioned below), may terminate the agreement after giving reasonable opportunity of being heard to the service provider:

- 1) If the service provider does not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the District Authority / Institution have subsequently approve in writing.
- 2) If the service provider becomes insolvent or bankrupt.
- 3) If, as a result of force majeure, the service provider is unable to perform a material portion of the services for a period of not less than 60 days: or
- 4) If, in the judgment of the District Authority /Institution, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.

#### **4.10 Modifications**

Modifications in terms of reference including scope of the services can only be made by the district authority / institution with written consent of both parties. However, basic conditions of the contract shall not be modified.

#### **4.11 Force Majeure**

Housekeeping & Cleanliness Services as being an emergency response services, the Service Provider shall not be allowed to suspend or discontinue the Services during occurrences of emergencies or Force Majeure Events.



For the purposes of this contract, “Force Majeure” means an event which is beyond the reasonable control of a Party, is not foreseeable, is unavoidable, and not brought about by or at the instance of the Party claiming to be affected by such events and which has caused the non-performance or delay in performance and which makes a Party’s performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible in the circumstances, and includes, but is not limited to war, riots, civil disorder, earthquake, fire, explosion, storm, flood or other adverse weather conditions, strikes, lockouts or other industrial action (except where such strikes, lockouts or other industrial action are within the power of the Party invoking Force Majeure to prevent), confiscation or any other action by Government agencies.

In such circumstances of emergencies and Force Majeure Event, if the Performance Standards are not complied with because of any damage caused to the services or any of the Project Facilities or non-availability of staff, or inability to Provide services in accordance with the Performance Standards as a direct consequence of such Force Majeure Events or circumstances, then no penalties shall be applicable for the relevant default in Performance Standards and would be applied to such particular defaults. Further, unless the Force Majeure event is of such nature that it completely prevents the operation of services, a suspension or failure to provide Services on the occurrence of a Force Majeure event will be an Event of Default and the District authority may terminate this Agreement without any termination payment being made in respect thereof.

The failure of a party to fulfill any of its obligations under the agreement shall not be considered to be a default in so far as such inability arises from an event of force majeure, provided that the party affected by such an event has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the agreement and has informed the other party as soon as possible about the occurrence of such an event.

#### **4.12 Settlement of Dispute**

If any dispute with regard to the interpretation, difference or objection whatsoever arises in connection with or arises out of the agreement, or the meaning of any part thereof, or on the rights, duties or liabilities of any party, the same shall be referred to Committee constituted at the district level for decision.

#### **4.13 Jurisdiction of Court**

Legal proceedings if any shall be subject to the concerned District jurisdiction only.

#### **4.14 Right to Accept and Reject any Proposal**

The District Authority / Institution / Tender Inviting Authority reserve 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.

## SECTION 5 - CRITERIA FOR EVALUATION

### 5.1 Evaluation of Technical Proposals

Evaluation of proposals shall be made **district wise** at the distinct level by the concerned district authority. However, in case of Capital Hospital & RGH, evaluation of proposals shall be made by the concerned authority of Capital Hospital and RGH respectively.

In the first stage, the Technical Proposal will be evaluated on the basis of bidder's fulfillment of **eligibility criteria**. Only those bidders whose Technical Proposals becomes **responsive** based on the eligibility criteria shall qualify for further detail technical evaluation for presentation and awards of marks based on the following Criteria:

| Sl. No. | Evaluation of Parameters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Total Mark | Criteria for award of Mark                                                                                                                                                                                   |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | <b>Experience: No. of years of Experience</b><br>Experience of managing housekeeping Services in Govt. Hospitals / Govt. Institutions / Govt. undertakings / Govt. Corporation / Banks / Pvt. Bedded Hospitals (Registered under Clinical Establishment Act) - Details to be furnished in <b>Form T4A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10         | <ul style="list-style-type: none"> <li>• &gt;3 year ≤ 5 years : 3 marks</li> <li>• &gt;5 years ≤ 7 years : 5 marks</li> <li>• &gt;7 years ≤ 10 years : 7 marks</li> <li>• &gt;10 years : 10 marks</li> </ul> |
| 2       | <b>Experience (No. of Hospitals): Housekeeping Services Executed in Hospitals</b><br>Experience of managing <b>Housekeeping Services</b> in Govt. Hospitals / Pvt. bedded Hospitals (Registered under Clinical Establishment Act) in the financial years 2020-21, 2021-22, 2022-23 - Details to be furnished in <b>Form T4B</b><br>[No. of hospitals (30 beds and above) covered under one contract shall be considered as no. of hospitals for award of mark. However, the no. hospitals covered under Renewal of a contract / Continuation of a contract during the above financial years are to be considered once for calculation of no. of hospitals. The contract duration must be at least one year duration) - Details to be furnished in Form T4B | 20         | <ul style="list-style-type: none"> <li>• &gt;10 no ≤ 20 nos : 5 marks</li> <li>• 21 nos ≤ 30 nos : 10 marks</li> <li>• 31 nos ≤ 40 nos : 15 marks</li> <li>• &gt; 40 nos : 20 marks</li> </ul>               |



|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                   |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3                  | <p><b>Experience (No. of Organizations): Housekeeping Services Executed in Other Organizations (other than Hospitals)</b></p> <p>Experience of managing <b>Housekeeping Services</b> in Govt. Institutions / Govt. undertakings / Govt. Corporations / Banks) in the financial years 2020-21, 2021-22, 2022-23 - Details to be furnished in <b>Form T4C</b></p> <p>(No. of organizations covered under one contract shall be considered as no. of organizations for award of mark. However, the no. organizations covered under Renewal of a contract / Continuation of a contract during the above financial years are to be considered once for calculation of no. of organizations. The contract duration must be at least one year duration) - Details to be furnished in Form T4B</p> | 15        | <ul style="list-style-type: none"> <li>• &gt;10 no ≤ 20 nos : 5 marks</li> <li>• 21 nos ≤ 30 nos : 7 marks</li> <li>• 31 nos ≤ 40 nos : 10 marks</li> <li>• &gt; 40 nos : 15 marks</li> </ul>     |
| 4                  | <p><b>Experience: No. of Housekeeping personnel deployed in the Hospitals / other Organizations undertaken as cited at sl. No.2 &amp; 3</b></p> <p><b>Average no.</b> of housekeeping personnel engaged in the financial years 2020-21, 2021-22 &amp; 2022-23 (to be determined from the work order / contract copies) – Details to be furnished in Form T4B &amp; T4C</p>                                                                                                                                                                                                                                                                                                                                                                                                                 | 15        | <ul style="list-style-type: none"> <li>• 300-400 persons : 5 marks</li> <li>• 401-500 persons : 7 marks</li> <li>• 501-600 persons : 10 marks</li> <li>• &gt;600 persons : 15 marks</li> </ul>    |
| 5                  | <p><b>Total Average Annual turnover</b><br/>(In the financial years 2020-21, 2021-22 &amp; 2022-23)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15        | <ul style="list-style-type: none"> <li>• &gt;3 ≤ 5 crores : 5 Marks</li> <li>• &gt;5 ≤ 7 crores : 7 Marks</li> <li>• &gt;7 ≤ 10 crores : 10 Marks</li> <li>• &gt; 10 crores : 15 Marks</li> </ul> |
| 6                  | Quality Certifications of Bidder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5         | <ul style="list-style-type: none"> <li>• ISO 9001:2015 <b>OR</b> ISO 45001:2018 : 2.5 Marks</li> <li>• ISO 9001:2015 <b>AND</b> ISO 45001:2018 : 5 Marks</li> </ul>                               |
| <b>Total Marks</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>80</b> |                                                                                                                                                                                                   |

Financial proposal shall be opened after the technical evaluation is completed and **only those bidders** who score **at least 56 marks** in technical evaluation shall qualify for **financial bid opening**.

## 5.2 Evaluation of Financial Proposal

The **total price (exclusive of GST)** as per price format F2 shall be considered for price evaluation. In the financial bid, the bidder with the **lowest price** shall be awarded the contract. However, in case two bidders quote the same lowest price, then the agency with the **highest mark** in the technical bid shall be awarded the contract. However, if their technical marks also become equal, then in that case, the bidder having higher marks which is obtained by the combined score of Sl. No. 2 + 3 + 4 of the table at clause 5.1, shall be awarded the contract. However, if two bidders quote the same price, their technical marks become equal and their combined score of Sl. No. 2 + 3 + 4 also become equal, then in that case, the bidder having higher annual average turnover shall be awarded the contract.

## SECTION 6

**GOVT. HEALTH FACILITIES OF THE DISTRICT & REQUIREMENT OF HOUSEKEEPING PERSONNEL**

| Category of Health Facility                                  | No. of Health Facilities / No. of Beds |              | *No of Supervisor (Skilled) | *Sanitation Worker (Semi-Skilled) | *Electrician (Skilled) | *Plumber (Skilled) | *Multi-skilled Attendant (Semi-Skilled) | *Gardener (Semi-skilled) |
|--------------------------------------------------------------|----------------------------------------|--------------|-----------------------------|-----------------------------------|------------------------|--------------------|-----------------------------------------|--------------------------|
|                                                              | a                                      | b            | c                           | d                                 | e                      | f                  | g                                       | h                        |
|                                                              | No(s)                                  | *No. of Beds |                             |                                   |                        |                    |                                         |                          |
| DHH                                                          | 1                                      | 300          | 7                           | 75                                | 3                      | 3                  | 24                                      | 3                        |
| SDH (FRU)                                                    | 1                                      | 100          | 2                           | 25                                | 1                      | 1                  | 4                                       | 1                        |
| CHC (FRU)                                                    | 1                                      | 50           | 1                           | 12                                | 1                      | 1                  | 1                                       | 1                        |
| UCHC (FRU)                                                   | 0                                      | 0            | 0                           | 0                                 | 0                      | 0                  | 0                                       | 0                        |
| SDH (Non-FRU)                                                | 0                                      | 0            | 0                           | 0                                 | 0                      | 0                  | 0                                       | 0                        |
| CHC (Non-FRU)                                                | 16                                     | 510          | 1                           | 96                                | 16                     | 16                 | 15                                      | 16                       |
| UCHC (Non-FRU)                                               | 0                                      | 0            | 0                           | 0                                 | 0                      | 0                  | 0                                       | 0                        |
| 24 x 7 PHC (with Sanctioned Beds)                            | 28                                     | 168          | 0                           | 84                                | 0                      | 0                  | 0                                       | 0                        |
| 24 x 7 UPHC (with Sanctioned Beds)                           | 2                                      | 4            | 0                           | 2                                 | 0                      | 0                  | 0                                       | 0                        |
| 24 x 7 Other Hospitals (with Sanctioned Beds)                | 0                                      | 0            | 0                           | 0                                 | 0                      | 0                  | 0                                       | 0                        |
| Day Care Primary Health Centre (PHC) without sanctioned beds | 19                                     | 38           | 0                           | 19                                | 0                      | 0                  | 0                                       | 0                        |
| Day Care Urban PHC without sanctioned beds                   | 0                                      | 0            | 0                           | 0                                 | 0                      | 0                  | 0                                       | 0                        |
| <b>TOTAL</b>                                                 | <b>68</b>                              | <b>1170</b>  | <b>11</b>                   | <b>313</b>                        | <b>21</b>              | <b>21</b>          | <b>44</b>                               | <b>21</b>                |

\*Note: Districts / Institution have to calculate the no. of housekeeping personnel requirement of DHH, SDHs, CHCs, PHCs of the District per institution-wise normative bed strength communicated by the State (based on the manpower norm specified at Clause No.3.5) and accordingly mention the requirement in the above table]. However, the no. of personnel may increase subsequently based on the increased functional bed strength **approved by concerned RKS.**

## **RFP FORMATS**

### **Housekeeping Services at Govt. Health Institutions**

#### **TECHNICAL PROPOSAL**

### Check List (Technical Proposal)

Please check whether following have been enclosed in the respective cover namely, Technical Proposal: ***(please arrange the documents serially in the following order & do the page numbering of the entire bid document and mention the page no. in the column “page No” against the particulars in the check list as mentioned below for ease of scrutiny)***

| Sl. | Particulars                                                                                                                                                                       | Whether Submitted<br>(Yes / No) | Page No. |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------|
| 1   | EMD (DD of Rs. 3,00,000/-)                                                                                                                                                        |                                 |          |
| 2   | Bid document Cost (DD of Rs. 1,500/-)                                                                                                                                             |                                 |          |
| 3   | Form T1                                                                                                                                                                           |                                 |          |
| 4   | Form T2                                                                                                                                                                           |                                 |          |
| 5   | Photocopy of the company/Agency Registration certificate                                                                                                                          |                                 |          |
| 6   | Photocopy of the GST registration certificate                                                                                                                                     |                                 |          |
| 7   | Photocopy of the EPF registration certificate                                                                                                                                     |                                 |          |
| 8   | Photocopy of the ESI registration certificate                                                                                                                                     |                                 |          |
| 9   | Copy of the ECR towards submission of EPF & Challans of ESI for the month of <b>last 3 months</b> prior to month of publication of tender.                                        |                                 |          |
| 10  | Photocopy of the Labour Registration Certificate                                                                                                                                  |                                 |          |
| 11  | Copy of PAN                                                                                                                                                                       |                                 |          |
| 12  | Photocopy of ISO 9001: 2015 & ISO 45001: 2018 certifications                                                                                                                      |                                 |          |
| 13  | Form T3                                                                                                                                                                           |                                 |          |
| 14  | Photocopies of the audited P/L account of <b>each year highlighting</b> the turnover in support of that                                                                           |                                 |          |
| 15  | Form T4A, T4B & T4C                                                                                                                                                               |                                 |          |
| 16  | Copies of Work Order/Contract certificates from the clients in support of housekeeping & cleaning services executed in support of the information provided in Form T4A, T4B & T4C |                                 |          |
| 17  | Form T5                                                                                                                                                                           |                                 |          |
| 18  | Form T6                                                                                                                                                                           |                                 |          |
| 19  | Form T7                                                                                                                                                                           |                                 |          |
| 20  | Any other relevant documents                                                                                                                                                      |                                 |          |

**FORM – T1***(to be furnished in the technical proposal)***TECHNICAL TENDER SUBMISSION FORM***(On the letterhead of the agency)*

To

The Chief District Medical &amp; Public Health Officer, Bargarh

Re.: RFP Reference no. \_\_\_\_\_ dated \_\_\_\_\_  
*(pl. mention the RFP reference no. mentioned in the RFP document)*

Dear Sir / Madam,

We, the undersigned, offer to provide the Housekeeping Services at District Health Institutions. We are hereby submitting our Proposal, which includes this Technical Proposal and a Commercial Proposal sealed under a separate envelope.

We hereby declare our Confirmation of acceptance of the Conditions of Contract mentioned in the RFP document under reference cited above.

We hereby declare that all the information and statements made in this Proposal are true and accept that any of our misrepresentations contained in it may lead to our disqualification.

Our proposal shall be binding upon us for a period of 180 days from the date of bid opening, subject to the modifications resulting from Contract negotiations you may subsequently carry out with us to accept our bid. If we are assigned the work during the period of validity of the Proposal, we undertake to carry out the same as per the terms and conditions of this tender document.

**I hereby declare that my company has not been debarred / black listed by any Government/ Semi Government organizations. I further certify that I am the competent authority in my company authorized to make this declaration.**

We understand you are not bound to accept any Proposal you receive.

Yours sincerely,

Authorized Signatory *[In full and initials]*: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

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

(Organization Seal)

**FORM – T2***(to be furnished in the technical proposal)***PROFILE OF THE AGENCY**

|                                                                                                                                                           |                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of the Agency                                                                                                                                        |                                                                                                                                                       |
| Office Address                                                                                                                                            |                                                                                                                                                       |
| Status of the Agency (Whether registered under Company / Firm / Society / Trust)                                                                          |                                                                                                                                                       |
| Name of the Chief Executive and authorized signatory                                                                                                      |                                                                                                                                                       |
| Telephone Nos.: Landline                                                                                                                                  |                                                                                                                                                       |
| Mobile                                                                                                                                                    |                                                                                                                                                       |
| Fax                                                                                                                                                       |                                                                                                                                                       |
| Email id (Official email id for correspondence if any)                                                                                                    |                                                                                                                                                       |
| Date of Establishment                                                                                                                                     | (furnish copy of the Registration Certificate of the Agency)                                                                                          |
| GST Registration No.                                                                                                                                      | (furnish copy of the GST Registration of the Agency)                                                                                                  |
| EPF Registration No.                                                                                                                                      | (furnish copy of the EPF registration certificate of the Agency)                                                                                      |
| ESI Registration No.                                                                                                                                      | (furnish copy of the ESI registration certificate of the Agency)                                                                                      |
| Income Tax No. (PAN)                                                                                                                                      | (furnish copy of the PAN)                                                                                                                             |
| No. of branch offices in Odisha with location details                                                                                                     |                                                                                                                                                       |
| Bank Details of the Bidder: The bidders have to furnish the Bank Details as mentioned below for return of EMD / Payment for services if any (if selected) | a. Name of the Bank :<br>b. Name of the Account & Full address of the Branch concerned<br>c. Account no. of the bidder :<br>d. IFS Code of the Bank : |

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

(Organization Seal)



**FORM T3***(to be furnished in the technical proposal)***ANNUAL AVERAGE TURN OVER STATEMENT***(To be furnished in the **letter head** of the Chartered Accountant)*

The Annual Turnover of M/s \_\_\_\_\_ for the last 3 financial years are given below and certified that the statement is true and correct.

| Sl.                                   | Financial Year | Turnover in Rs. |
|---------------------------------------|----------------|-----------------|
| 1                                     | 2020-21        |                 |
| 2                                     | 2021-22        |                 |
| 3                                     | 2022-23        |                 |
| <b>Average Annual Turnover in Rs.</b> |                |                 |

\*Provisional audited statement shall not be considered.

Date:

Signature of Chartered Accountant

Place:

(Name in Capital)

Seal

**Membership No.:**

**UDIN:**

**Note:**

- 1) To be issued in the **letter head** of the Chartered Accountant with membership No. & UDIN.
- 2) Also attach photocopies of the audited P/L account of **each year** highlighting the **turnover** in support of that.

**FORM T4A***(to be furnished in the technical proposal)***PAST EXPERIENCE IN HOUSEKEEPING SERVICES***(Attach separate sheets if the space provided is not sufficient)***[This format is required for assessment no. of years of experience in Housekeeping Services]**

| Sl.  | Name /of the contracting authority for which Housekeeping Services assignments were undertaken | Date of award of Assignment | Date of completion of assignment | Value of the Assignment | Designations of the Manpower deployed | Work Order / Contract enclosed (Yes / No) | Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed |
|------|------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|-------------------------|---------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------|
| 1    |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 2    |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 3    |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 4    |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 5    |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 6    |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 7    |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 8    |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 9    |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 10   |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 11   |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 12   |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 13   |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| 14   |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |
| .... |                                                                                                |                             |                                  |                         |                                       |                                           |                                                                                                |

Authorized Signatory/Signature *[In full and initials]*: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

(Organization Seal)

**FORM T4B***(to be furnished in the technical proposal)***PAST EXPERIENCE IN MECHANIZED HOUSEKEEPING SERVICES(AT HOSPITALS) DURING THE FINANCIAL YEARS MENTIONED BELOW****(attach separate sheets if the space provided is not sufficient)****Experience in Hospitals (Minimum 30 bedded)****F.Y. 2020-21**

| Sl. | *Name of the contracting authority for which Housekeeping Services assignments were undertaken | Date of award of Assignment | Date of completion of assignment | Value of the Assignment | No. of Hospitals (30 bed or more) covered under the contract (in case a number of hospitals are covered under one contract | *No. of Beds in the hospital | ***No. of personnel deployed (Housekeeping services only) | Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed |
|-----|------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1   |                                                                                                |                             |                                  |                         |                                                                                                                            |                              |                                                           |                                                                                                |
| 2   |                                                                                                |                             |                                  |                         |                                                                                                                            |                              |                                                           |                                                                                                |
|     |                                                                                                |                             |                                  |                         |                                                                                                                            |                              |                                                           |                                                                                                |
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**F.Y. 2021-22**

| Sl. | *Name of the contracting authority for which <b>Mechanized</b> Housekeeping Services assignments were undertaken | Date of award of Assignment | Date of completion of assignment | Value of the Assignment | No. of Hospitals (30 bed or more) covered under the contract (in case a number of hospitals are covered under one contract | *No. of Beds in the hospital | ***No. of personnel deployed (Housekeeping services only) | Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed |
|-----|------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1   |                                                                                                                  |                             |                                  |                         |                                                                                                                            |                              |                                                           |                                                                                                |
| 2   |                                                                                                                  |                             |                                  |                         |                                                                                                                            |                              |                                                           |                                                                                                |
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**F.Y. 2022-23**

| Sl. | *Name of the contracting authority for which <b>Mechanized</b> Housekeeping Services assignments were undertaken | Date of award of Assignment | Date of completion of assignment | Value of the Assignment | No. of Hospitals (30 bed or more) covered under the contract (in case a number of hospitals are covered under one contract) | *No. of Beds in the hospital | ***No. of personnel deployed (Housekeeping services only) | Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed |
|-----|------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1   |                                                                                                                  |                             |                                  |                         |                                                                                                                             |                              |                                                           |                                                                                                |
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- \* Please furnish the **Contract copies** of the works executed in support of the information mentioned above **alongwith the performance certificate** if any of the client, **serially** in the **same order** as mentioned in the above format for ease of scrutiny. Mechanized Cleaning system undertaken should be mentioned in the relevant work order / contract / copies / certificate from the client.
- \*\* No. of Bed in the concerned Hospital should be clearly mentioned in the the relevant work order / contract copies / letter from the concerned hospital.
- \*\* No. of Housekeeping personnel deployed should be clearly mentioned in the relevant work order / contract copies / performance Certificates

**FORM T4C***(to be furnished in the technical proposal)*

**PAST EXPERIENCE IN MECHANIZED HOUSEKEEPING SERVICES FOR ORGANIZATIONS (OTHER THAN HOSPITALS) DURING THE FINANCIAL YEARS MENTIONED BELOW**  
**(attach separate sheets if the space provided is not sufficient)**

**F.Y. 2020-21**

| Sl. | *Name of the contracting authority for which Mechanized Housekeeping Services assignments were undertaken | Date of award of Assignment | Date of completion of assignment | Value of the Assignment | No. of Organizations covered under the contract (in case a number of organizations are covered under one contract) or else mention 1. | **No. of personnel deployed (Housekeeping services only) | Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed |
|-----|-----------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1   |                                                                                                           |                             |                                  |                         |                                                                                                                                       |                                                          |                                                                                                |
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**F.Y. 2021-22**

| Sl. | *Name of the contracting authority for which Mechanized Housekeeping Services assignments were undertaken | Date of award of Assignment | Date of completion of assignment | Value of the Assignment | No. of Organizations covered under the contract (in case a number of organizations are covered under one contract) or else mention 1. | **No. of personnel deployed (Housekeeping services only) | Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed |
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| 1   |                                                                                                           |                             |                                  |                         |                                                                                                                                       |                                                          |                                                                                                |
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**F.Y. 2022-23**

| Sl. | *Name of the contracting authority for which Mechanized Housekeeping Services assignments were undertaken | Date of award of Assignment | Date of completion of assignment | Value of the Assignment | No. of Organizations covered under the contract (in case a number of organizations are covered under one contract) or else mention 1. | **No. of personnel deployed (Housekeeping services only) | Page no (s) in your bid where the copies of the relevant work order / contract is (are) placed |
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| ..  |                                                                                                           |                             |                                  |                         |                                                                                                                                       |                                                          |                                                                                                |

\* Please furnish the **Contract copies** of the works executed in support of the information mentioned above **alongwith the performance certificate** if any of the client, **serially** in the **same order** as mentioned in the above format for ease of scrutiny. Mechanized Cleaning system undertaken should be mentioned in the relevant work order / contract / copies / certificate from the client.

\*\* No. of Housekeeping personnel deployed should be clearly mentioned in the relevant work order / contract copies / Performance Certificates

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

(Organization Seal)

**Form T5***(to be furnished in the technical proposal)***Format for Power of Attorney for Signing of Proposal***(On a Stamp Paper of relevant value)***Power of Attorney**

Know all persons by these presents, We.....(name and address of the registered office) do hereby 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 Housekeeping Services at District health institutions including signing and submission of all documents and providing information / responses to the District / Institution Authority, representing us in all matters before District / Institution authority and generally dealing with District / Institution authority 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 \_\_\_\_\_ 2024

For \_\_\_\_\_

(Name, Designation and Address)  
Accepted

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

**Note:**

- i. *To be executed by the Chief of the Agency.*
- ii. *The mode of execution of the Power of Attorney should 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 should be under common seal affixed in accordance with the required procedure.*
- iii. *In case an authorized Director of the agency signs the proposal, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney.*

**FORM T6***(to be furnished in the technical proposal)*

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

**Affidavit**

I, representing M/s. .... (the name of the agency with address of the registered office) hereby certify and confirm that we or any of our promoter(s) / Director(s) are not barred by Department of Health & FW, Govt. of Odisha/ or any other entity of GoO or blacklisted by any State Government or Central Government / Department / Organization in India from participating in Tenders as on the \_\_\_\_\_ (Date of Signing of this proposal). I certify that our organization have not committed any offence under the Prevention of Corruption Act, 1988 or the Indian Penal Code or any other law for time being in force, for causing any loss of life or property or causing a threat to public health as part of execution of public procurement contract.

We further confirm that, our proposal 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 agreement period.

Dated this .....Day of ....., 2024

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

(Organization Seal)



**FORM T7***(to be furnished in the technical proposal)***Anti Collusion Certificate**

We hereby certify and confirm that in the preparation and submission of our Proposal for Housekeeping Services at health institutions under this RFP Reference No. \_\_\_\_\_, 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 \_\_\_\_\_, 2024

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

(Organization Seal)

## **FORMATS**

### **Housekeeping Services at Govt. Health Institutions**

#### **FINANCIAL PROPOSAL**

**Check List (Financial Proposal)**

Please check whether the following Forms have been enclosed in the respective cover, namely  
**Cover B: Financial Proposal**  
*(please arrange the documents serially in the following order)*

- |    |         |        |                      |
|----|---------|--------|----------------------|
| 1. | Form F1 | Yes/No | <input type="text"/> |
| 2. | Form F2 | Yes/No | <input type="text"/> |

**FORM F-1**

(To be submitted with Financial Proposal)

To

The Chief District Medical &amp; Public Health Officer, Bargarh

Re.: RFP Reference no. \_\_\_\_\_ dated \_\_\_\_\_  
(pl. mention the RFP reference no. mentioned in the RFP document)

**Sub: Request for Proposal for Housekeeping Services at Govt. Health Institutions**

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 offer the services 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 the performance security deposit at the time of execution of the formal agreement
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 agreement is signed, this offer together with your written acceptance thereof shall constitute a binding contract between me/us and the District Authority.
6. We submit the Schedule of Prices as appended herewith.

Encl: Schedule of Prices (Form F1 &amp; F2)

Yours sincerely,

Authorized Signatory [In full and initials]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

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

(Organization Seal)

**FORM F-2**

(To be submitted with Financial Proposal)

**Price Format for the Housekeeping Services**

Name of the District /Other Institution: \_\_\_\_\_

| Sl.      | Particulars                                                   | Monthly Cost per Personnel (Rs.) exclusive of GST    |                                  |                                    |                                    | **No. of Personnel | Total Cost / Month (Rs.)<br>(exclusive of GST)<br>(up to two decimal places only) |
|----------|---------------------------------------------------------------|------------------------------------------------------|----------------------------------|------------------------------------|------------------------------------|--------------------|-----------------------------------------------------------------------------------|
|          |                                                               | *Take home Remuneration / Month<br>(30 days Service) | EPF<br>(Employer's share of 13%) | ESI<br>(Employer's share of 3.25%) | Total<br>(per personnel per Month) |                    |                                                                                   |
| <b>1</b> | <b>Human Resource (HR)</b>                                    | a                                                    | b                                | c                                  | d = a+b+c                          | e                  | f = d x e                                                                         |
| 1.1      | Remuneration of <b>Supervisor</b> (Skilled)                   |                                                      |                                  |                                    |                                    |                    |                                                                                   |
| 1.2      | Remuneration of <b>Sanitary Worker</b> (Semi-Skilled)         |                                                      |                                  |                                    |                                    |                    |                                                                                   |
| 1.3      | Remuneration of <b>Electrician</b> (Skilled)                  |                                                      |                                  |                                    |                                    |                    |                                                                                   |
| 1.4      | Remuneration of <b>Plumber</b> (Skilled)                      |                                                      |                                  |                                    |                                    |                    |                                                                                   |
| 1.5      | Remuneration of <b>Multi-skilled Attendant</b> (Semi-Skilled) |                                                      |                                  |                                    |                                    |                    |                                                                                   |
| 1.6      | Remuneration of <b>Gardener</b> (Semi-Skilled)                |                                                      |                                  |                                    |                                    |                    |                                                                                   |
| <b>2</b> | <b>Total HR Cost / Month</b><br>[f of 1.1 to f of 1.6]        |                                                      |                                  |                                    |                                    |                    |                                                                                   |

|          |                                                                                        |                                    |
|----------|----------------------------------------------------------------------------------------|------------------------------------|
| <b>3</b> | <b>Service Charge***</b>                                                               |                                    |
| 3.1      | Service Charge (in %)<br>[for example, 3.85%, 4%, 4.5%<br>etc. and not in amount]      | (up to two decimal<br>places only) |
| 3.2      | Service Charge(Amountcalculated<br>in Rs. based on the above %)                        | (up to two decimal<br>places only) |
| <b>4</b> | <b>Total Cost per Month (f of Sl. 2<br/>+ f of Sl. 3.2) (exclusive of<br/>GST****)</b> | (up to two decimal places only)    |

(Pl. go through the **Notes** mentioned below carefully before quoting the rates, total no. of Personnel)

**Note:**

- \* The **monthlytake home remuneration** must be based as per **minimum wages** act vide the **latest notification** (as on the date of tender submission) issued by **Labour Commissioner, Odisha** for **Skilled** and **HighSkilled** personnel. This should take into account 30 days service of housekeeping personnel / month required at the health institutions as housekeeping operation shall be required round the clock in a day and also to arrive at a total cost for evaluation purpose based on the quoted price of all bidders in an equitable platform. There must not be **any compromise** on the **take home remuneration** mentioned above.
- \*\* **The total no. of housekeeping personnel** required for the District / Other institution is mentioned at **Section-6 (Column c toh)**. The bidders are requested to go through the **Section-6 (Column c toh)** carefully required by the District / other Institution and according put the **total no. of personnel figure** in the **column 'e'** against Sl. No.1.1 to 1.6 of Form F2.
- \*\*\* The bidders are required to quote the **service charge in % and figures** as mentioned in 3.1 & 3.2 respectively of the price format mentioned above. The **service charge %** shall be quoted by taking into account the **management** of all deployed personnel **including deployment of one housekeeping manager** as mentioned in clause 3.4.9.all statutory requirement, provisioning of all mechanized cleaning equipment with equipment consumable if any & tools as mentioned in clause 3.3.1 (except cleaning consumables a mentioned in clause 3.3.2), uniform, training and other requirement for housekeeping personnel mentioned of the Terms of Reference (Section 3), overhead, profit etc.The **minimum service charge** shall be **3.85%** of the **total HR Cost** (excluding GST) mentioned in Sl. 2 (column f under Sl. No.2). The **service charge** should not **exceed 7%**. If a bidder quote service charge **less than 3.85% or more than 7%**, it will be treated as **non responsive** and shall be **disqualified**.
- \*\*\*\* GST shall be **paid extra** on the total cost per month mentioned in Sl. No. 4. GST shall be applicable as per the prevailing rate of GST act.

Date :

Authorized Signature

Place :

Full Name :

Organization Seal

**Annexure - I****AGREEMENT**

(\*On a Stamp Paper of Rs.100/-)

*Reference:*

- (i) RFP Reference No \_\_\_\_\_ dated \_\_\_\_\_ and subsequent Amendment / Pre-bid clarification issued by the Tender Inviting Authority
- (ii) Service provider's bid submitted dated \_\_\_\_\_

1. An agreement made on the \_\_\_\_\_ day of \_\_\_\_\_ 2023  
BETWEEN.....

2. (hereinafter called "the approved service provider", which expression shall, where the context so admits, be deemed to include his heirs successors executors and administrators) of the **one part** AND the CDM& PHO, ..... District, Odisha / Director,...../ Superintendent, .....(name of Institution) (hereinafter called "the District Authority" which expression shall, where the context so admits be deemed to include his/her successors in office and assigns) of the **other part**.

3. Whereas the approved service provider has agreed with the District Authority / Institution to manage the Housekeeping Services in the Health Institutions in the manner set forth in the terms of the **Request for Proposal (RFP) reference no.** \_\_\_\_\_ And whereas the approved service provider has deposited a sum of Rs.....(Rupees.....) only in the form of ..... as Performance Security of the project.

4. Name of the Health Facilities of the District to be covered under Housekeeping Services:

- i)
- ii)
- iii)

**5. NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:**

(a) The following documents shall be deemed to form part of and be read and constructed as Integral part of this Agreement, viz.:

- i) Terms & conditions of the RFP reference no. cited above
- ii) Terms of Reference of the RFP reference no. cited above.

- iii) Amendment / Clarification to Pre-bid queries of the RFP reference no. cited above
- (b) The approved service provider shall be paid at the rate as offered by them in the financial proposal towards monthly cost of the housekeeping & cleaning Services as mentioned below:
- i) Per Sanitation Worker /month : Rs. \_\_\_\_\_/month,  
No. of Sanitation Worker / Month: \_\_\_\_\_
  - ii) Per Sanitation Supervisor/month : Rs...../month  
No. of Sanitation Supervisor / Month: \_\_\_\_\_
  - iii) Per Plumber/month : Rs...../month  
No. of Plumber / Month: \_\_\_\_\_
  - iv) Per Electrician / month : Rs...../month  
No. of Electrician / Month: \_\_\_\_\_
  - v) Per Attendant / month : Rs...../month  
No. of Attendant / Month: \_\_\_\_\_
  - vi) Per Gardener/ month : Rs...../month  
No. of Gardener / Month: \_\_\_\_\_
  - vii) Total HR Cost (exclusive of GST): \_\_\_\_\_
  - viii) % of Service Charge : \_\_\_\_\_% of the total HR Cost (exclusive of GST)
  - ix) Total Cost per Month (HR Cost + Service Charge) (exclusive of GST): \_\_\_\_\_
  - x) GST (%): \_\_\_\_\_
- (c) In consideration of the payment to be made by the District Authority / Institution as above, the approved service provider will duly implement the project in the manner set forth in the terms of the RFP.
- (d) The terms & conditions and terms of reference of the RFP appended to this agreement will be deemed to be taken as integral part of this agreement and are binding on the parties executing this agreement.
- (e) Following documents / letters /correspondence undertaken between the parties shall also form part of this agreement :

| District Authority                                  | Approved Service Provider                            |
|-----------------------------------------------------|------------------------------------------------------|
| (a) Request for proposal and any amendment thereof. | a) Proposal Submitted in response to RFP             |
| (b) Office Order subsequent to RFP                  | b) SOPs in respect to Housekeeping Service Operation |



|  |  |
|--|--|
|  |  |
|--|--|

## 6. Payment

(a) The District / Institution Authority does hereby agree that if the approved service provider shall duly implement the project in the manner aforesaid, observe and keep the said terms and conditions, the District / Institution Authority will pay or cause to be paid to the approved service provider at the time and in the manner set forth in the said terms.

(b) The mode of payment is as specified below:

The payment shall be paid on a monthly basis upon submission of bill **monthly basis** upon submission of bill with attendance chat of the deployed manpower. The bills should be in the name of the concerned authority of the District / Institution.

## 7. Operational Parameter and Penalty

The successful bidder has to operate the Housekeeping Services with quality service as mentioned in the terms of reference. Penalties shall be imposed on the agency in case of any deviation found in discharging of services. The penalties shall be imposed as specified clause 4.6 of the RFP (Terms & condition)

## 8. Period of Engagement/Duration of Contract

The engagement of the agency shall be for a period of three years from the date of signing of contract. However, the agreement with the agency shall be signed **initially for a period of one year** from the date of signing of the contract, which shall be **renewed on a yearly basis** based on satisfactory service of the Service Provider as per due assessment.

## 9. Schedule of Implementation

The agency is required to set up the Housekeeping & Cleanliness Services with all personnel within 30 days of signing the contract.

## 10. Termination /Suspension of Agreement

The District Authority / Institution may by a notice in writing, suspend the contract if the selected agency fails to perform any of his obligations including carrying out the services, provided that such notice of suspension shall specify the nature of failure, and shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.

The District Authority / Institution after giving 30 days clear notice in writing expressing the intension of termination by stating the ground/grounds on the happening of any of the events (as mentioned below), may terminate the agreement after giving reasonable opportunity of being heard to the service provider :

- a) If the service provider do not remedy a failure in the performance of his obligations within 15 days of receipt of notice or within such further period as the District Authority / Institution have subsequently approve in writing.
- b) If the service provider becomes insolvent or bankrupt.
- c) If, as a result of force majeure, the service provider is unable to perform a material portion of the services for a period of not less than 60 days: or
- d) If, in the judgment of the District Authority / Institution, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.

#### 11. Settlement of Dispute

If any dispute with regard to the interpretation, difference or objection whatsoever arises in connection with or arises out of the agreement, or the meaning of any part thereof, or on the rights, duties or liabilities of any party, the same shall be referred to Committee constituted at the District level for decision.

#### 12. Jurisdiction of Court

Legal proceedings if any shall be subject to the \_\_\_\_\_ District (*name of the District / place of the Institution*) jurisdiction only.

In witness whereof the parties hereto have set their hands on the .....day of.....2024.

Signature of the Approved Service Provider

Signature of CDM& PHO / Director/  
Superintendent

**Date:**

**Date:**

**1.Witness**

**1. Witness**

**2.Witness**

**2. Witness**

## Annexure-II

Score Card of Housekeeping & Cleanliness Services for Performance Review

| Ref. No. of Kayakalp Document/ NQAS/ Other allotted number | Criteria *                                                                 | Assessment Method | Means of Verification                                                                                                           | Compliance | Score Secured |
|------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------|------------|---------------|
|                                                            | <b>Sanitation &amp; Hygiene</b>                                            |                   |                                                                                                                                 |            |               |
| <b>A1</b>                                                  | <b>Staff management</b>                                                    |                   |                                                                                                                                 | <b>5</b>   |               |
| <b>A.1.1</b>                                               | % of staff recruited as per contract                                       | SI/ RR            | HR documents                                                                                                                    | 2          |               |
| <b>A.1.2</b>                                               | No of staff turnover per month (Standard <10%)                             | RR                | HR documents                                                                                                                    | 2          |               |
| <b>A.1.3</b>                                               | % of staff immunized for hepatitis B                                       | SI/ RR            | Immunization Register                                                                                                           | 1          |               |
| <b>A2</b>                                                  | <b>Capacity building</b>                                                   |                   |                                                                                                                                 | <b>4</b>   |               |
| <b>A.2.1</b>                                               | % of staff provided induction training                                     | SI/ RR            | Training Documents                                                                                                              | 2          |               |
| <b>A.2.2</b>                                               | % of staff provided Refresher Training                                     | SI/ RR            | Training Documents                                                                                                              | 2          |               |
| <b>B1</b>                                                  | <b>Cleanliness of Circulation Area</b>                                     |                   |                                                                                                                                 | <b>5</b>   |               |
| <b>B1.1</b>                                                | No dirt/Grease/Stains in the Circulation area                              | OB                | Check that floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc. | 1          |               |
| <b>B1.2</b>                                                | No Cobwebs/Bird Nest/ Dust on walls and roofs of corridors                 | OB                | Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.                    | 1          |               |
| <b>B1.3</b>                                                | Corridors are cleaned at least twice in the day with wet mop               | SI/RR             | Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records                                       | 1          |               |
| <b>B1.4</b>                                                | Corridors are rigorously cleaned with scrubbing / flooding once in a month | SI/RR             | Ask the staff about cleaning schedule and activities                                                                            | 1          |               |
| <b>B1.5</b>                                                | Surfaces are conducive of effective cleaning                               | OB                | Check if surfaces are smooth enough for cleaning                                                                                | 1          |               |

| Ref. No. of Kayakalp Document/ NQAS/ Other allotted number | Criteria *                                                                                           | Assessment Method | Means of Verification                                                                                               | Compliance | Score Secured |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------|------------|---------------|
| <b>B2</b>                                                  | <b>Cleanliness of Wards</b>                                                                          |                   |                                                                                                                     | <b>5</b>   |               |
| B2.1                                                       | No dirt/Grease/ Stains/ Garbage in wards                                                             | OB                | Check that floors and walls of indoor department for any visible or tangible dirt, grease, stains, etc.             | 1          |               |
| B2.2                                                       | No Cobwebs/Bird Nest/ Dust/Seepage on walls and roofs of wards                                       | OB                | Check for the roof, corners of ward for any Cobweb, Bird Nest, Dust etc.                                            | 1          |               |
| B2.3                                                       | Wards are cleaned at least thrice in the day with wet mop                                            | OB                | Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records                           | 1          |               |
| B2.4                                                       | Patient Furniture, Mattresses, Fixtures are without grease and dust                                  | OB                | Check for visible dirt, dust, grease etc. Check if the items are wiped/dusted daily                                 | 1          |               |
| B2.5                                                       | Floors, walls, furniture and fixture are thoroughly cleaned once in a week.                          | OB                | Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records if available              | 1          |               |
| <b>B3</b>                                                  | <b>Cleanliness of Procedure Areas</b>                                                                |                   |                                                                                                                     | <b>5</b>   |               |
| B3.1                                                       | No dirt/Grease/ Stains/ Garbage in Procedure Areas                                                   | OB                | Check that floors and walls of Labour room, OT, Dressing room for any visible or tangible dirt, grease, stains etc. | 1          |               |
| B3.2                                                       | No Cobwebs/Bird Nest/ Seepage in OT & Labour Room                                                    | OB                | Check for roof, walls, corners of Labour Room, OT, Dressing Room for any Cobweb, Bird Nest, Seepage, etc.           | 1          |               |
| B3.3                                                       | OT/Labour Room floors and procedures surfaces are cleaned at least twice a day / after every surgery | SI/RR             | Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.                          | 1          |               |

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| B3.4                                                       | OT & Labour Room Tables are without grease, body fluid and dust             | OB                | Check that Top, side and legs of OT Tables, Dressing Room Tables, Labour Room Tables for dirt, dried human tissue, body fluid etc. | 1          |               |
| B3.5                                                       | Floors, walls, furniture and fixture are thoroughly cleaned once in a week. | SI/RR             | Ask cleaning staff about frequency of cleaning day. Verify with Housekeeping records if available.                                 | 1          |               |
| <b>B4</b>                                                  | <b>Cleanliness of Ambulatory Area (OPD, Emergency, Lab)</b>                 |                   |                                                                                                                                    | <b>5</b>   |               |
| B4.1                                                       | No dirt/Grease/Stains / Garbage in Ambulatory Area                          | OB                | Check for floors and walls of OPD, Emergency, Laboratory, Radiology for any visible or tangible dirt, grease, stains, etc.         | 1          |               |
| B4.2                                                       | No Cobwebs/Bird Nest/ Seepage on walls and roofs of ambulatory area         | OB                | Check for roof , walls, corners of OPD, Emergency, Laboratory, Radiology for any Cobweb, Bird Nest, Dust, Seepage, etc.            | 1          |               |
| B4.3                                                       | Ambulatory Areas are cleaned at least thrice in the day with wet mop        | SI/RR             | Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records                                          | 1          |               |
| B4.4                                                       | Furniture, & Fixtures are without grease and dust and cleaned daily         | OB/SI             | Observe and ask the staff about frequency for cleaning                                                                             | 1          |               |
| B4.5                                                       | Floors, walls, furniture and fixture are thoroughly cleaned once in a week. | SI/RR             | Ask staff about schedule of cleaning and verify with records                                                                       | 1          |               |
| <b>B5</b>                                                  | <b>Cleanliness of Auxiliary Areas</b>                                       |                   |                                                                                                                                    | <b>5</b>   |               |

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| B5.1                                                       | No dirt/Grease/ Stains/ Garbage in Auxiliary Area                           | OB                | Check for the floors and walls of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices, for any visible or tangible dirt, grease, stains, etc. | 1          |               |
| B5.2                                                       | No Cobwebs/Bird Nest/ Seepage on walls and roofs of Auxiliary Area          | OB                | Check the roof , walls, corners of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices for any Cobweb, Bird Nest, Seepage, etc.               | 1          |               |
| B5.3                                                       | Auxiliary Areas are cleaned at least twice in the day with wet mop          | SI/RR             | Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.                                                             | 1          |               |
| B5.4                                                       | Furniture & Fixtures are without grease and dust and cleaned daily          | OB/SI             | Observe and ask the staff about frequency for cleaning                                                                                                 | 1          |               |
| B5.5                                                       | Floors, walls, furniture and fixture are thoroughly cleaned once in a month | SI/RR             | Ask staff about schedule of cleaning and verify with records                                                                                           | 1          |               |
| <b>B6</b>                                                  | <b>Cleanliness of Toilets</b>                                               |                   |                                                                                                                                                        | <b>5</b>   |               |
| B6.1                                                       | No dirt/Grease/Stains/ Garbage in Toilets                                   | OB                | Check some of the toilets randomly in indoor and outdoor areas for any visible dirt, grease, stains, water accumulation in toilets                     | 1          |               |
| B6.2                                                       | No foul smell in the Toilets                                                | OB                | Check some of the toilets randomly in indoor and outdoor areas for foul smell                                                                          | 1          |               |
| B6.3                                                       | Toilets have running water and functional cistern                           | OB                | Ask cleaning staff to operate cistern and water taps                                                                                                   | 1          |               |
| B6.4                                                       | Sinks and Cistern are cleaned every two hours or whenever required          | SI/RR             | Ask cleaning staff for frequency of cleaning and verify it with house keeping records                                                                  | 1          |               |

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| B6.5                                                       | Floors of Toilets are Dry                                                                        | OB                | Check some of the toilets randomly for dryness of floors and without residue water accumulation                                                                                                                                        | 1          |               |
| <b>B7</b>                                                  | <b>Use of standards materials and Equipment for Cleaning</b>                                     |                   |                                                                                                                                                                                                                                        | <b>5</b>   |               |
| B7.1                                                       | Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose     | SI/OB/RR          | Check for good quality Hospital cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label. Check with cleaning staff if they are getting adequate supply. Verify the consumption records. | 1          |               |
| B7.2                                                       | Cleaning staff uses correct concentration of cleaning solution                                   | SI/RR             | Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution. Ask them to demonstrate. Verify it with the instruction given solution bottle.                                     | 1          |               |
| B7.3                                                       | Availability of carbolic Acid/ Baciloid for surface cleaning in procedure areas- OT, Labour Room | SI/RR             | Check for adequacy of the supply. Verify with the records of stock outs, if any                                                                                                                                                        | 1          |               |
| B7.4                                                       | Availability of Buckets and carts for Mopping                                                    | SI/RR             | Check if adequate numbers of Buckets and carts are available. General and critical areas should have separate bucket and carts.                                                                                                        | 1          |               |
| B7.5                                                       | Availability of Cleaning Equipment                                                               | SI/OB             | Check the availability of mops, brooms, collection buckets etc. as per requirement. Hospital with a size of more than 300 beds should have mechanized mopping machine.                                                                 | 1          |               |

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| <b>B8</b>                                                  | <b>Use of Standard Methods Cleaning</b>                                           |                   |                                                                                                                                                                                                                                                                                                                 | <b>5</b>   |               |
| B8.1                                                       | Use of Three bucket system for cleaning                                           | SI/OB             | Check if cleaning staff uses three bucket system for cleaning. One bucket for Cleaning solution, second for plain water and third one for wringing the mop. Ask the cleaning staff about the process                                                                                                            | 1          |               |
| B8.2                                                       | Use unidirectional method and out word mopping                                    | SI/OB             | Ask cleaning staff to demonstrate the how they apply mop on floors. It should be in one direction without returning to the starting point. The mop should move from inner area to outer area of the room.                                                                                                       | 1          |               |
| B8.3                                                       | No use of brooms in patient care areas                                            | SI/OB             | Check if brooms are stored in patient care areas. Ask cleaning staff if they are using brooms for sweeping in wards, OT, Labour room. Brooms should not be used in patient care areas.                                                                                                                          | 1          |               |
| B8.4                                                       | Use of separate mops for critical and semi critical areas and procedures surfaces | SI/OB             | Check if cleaning staff is using same mop for outer general areas and critical areas like OT and labour room. The mops should not be shared between critical and general area. The clothes used for cleaning procedure surfaces like OT Table and Labour Room Tables should not be used for mopping the floors. | 1          |               |
| B8.5                                                       | Disinfection and washing of mops after every cleaning cycle                       | SI/OB             | Check if cleaning staff disinfect, clean and dry the mop before using it for next cleaning cycle.                                                                                                                                                                                                               | 1          |               |
| <b>B9</b>                                                  | <b>Monitoring of Cleanliness Activities</b>                                       |                   |                                                                                                                                                                                                                                                                                                                 | <b>5</b>   |               |



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| B9.1                                                       | Use of Housekeeping Checklist in Toilets                         | OB/RR             | Check that Housekeeping Checklist is displayed in Toilet and updated. Check Housekeeping records if checklists are daily updated for at least last one month                                                                                                        | 1          |               |
| B9.2                                                       | Use of Housekeeping Checklist in Patient Care Areas              | OB/RR             | Check that Housekeeping Checklist is displayed in OPD, IPD, Lab, etc. Check Housekeeping records if checklists are daily updated for at least last one month                                                                                                        | 1          |               |
| B9.3                                                       | Use of Housekeeping Checklist in Procedure Areas                 | OB/RR             | Check that Housekeeping Checklist is displayed in Labour room, OT Dressing room etc. Check Housekeeping records if checklist are daily updated for at least last one month.                                                                                         | 1          |               |
| B9.4                                                       | A person is designated for monitoring of Housekeeping Activities | SI/RR             | Check if a staff-member from the hospital has been designated to monitor the housekeeping activities and verify them with counter signature on housekeeping checklist.                                                                                              | 1          |               |
| B9.5                                                       | Monitoring of adequacy and quality of material used for cleaning | SI/RR             | Check if there is any system of monitoring that adequate concentration of disinfectant solution is used for cleaning. Hospital administration takes feedback from cleaning staff about efficacy of the solution and takes corrective action if it is not effective. | 1          |               |
| <b>B10.</b>                                                | <b>Drainage and Sewage Management</b>                            |                   |                                                                                                                                                                                                                                                                     | <b>5</b>   |               |

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| B10.1                                                      | Availability of closed drainage system                                             | OB                | Check if there is any open drain in the hospital premises. Hospital should have a closed drainage system. If, the hospital's infrastructure is old and it is not possible create closed draining system, the open drains should properly covered. | 1          |               |
| B10.2                                                      | Gradient of Drains is conducive for adequate for maintaining flow                  | OB                | Check that the drains have adequate slope and there is no accumulation of water or debris in it                                                                                                                                                   | 1          |               |
| B10.3                                                      | Availability of connection with Municipal Sewage System/ or Soak Pit               | OB/SI             | Check if Hospital sewage has proper connection with municipal drainage system. If access to municipal system is not accessible, hospital should have a septic tank with in the premises.                                                          | 1          |               |
| B10.4                                                      | No blocked/ over-flowing drains in the facility                                    | OB                | Observe that the drains are not overflowing or blocked                                                                                                                                                                                            | 1          |               |
| B10.5                                                      | All the drains are cleaned once in a week                                          | SI/RR             | Check with the cleaning staff about the frequency of cleaning of drains. Verify with the records.                                                                                                                                                 | 1          |               |
| <b>F1</b>                                                  | <b>Community Monitoring &amp; Patient Participation</b>                            |                   |                                                                                                                                                                                                                                                   | <b>4</b>   |               |
| F1.2                                                       | Local NGO/ Civil Society Organizations are involved in cleanliness of the hospital | SI                | Discuss with hospital administration about involvement of local NGOs/Civil society                                                                                                                                                                | 1          |               |
| F1.3                                                       | Patients are counselled on benefits of Hygiene                                     | PI                | Check with patients, if they have been counselled for hygiene practices                                                                                                                                                                           | 1          |               |

| Ref. No. of Kayakalp Document/ NQAS/ Other allotted number | Criteria *                                                                                                                    | Assessment Method | Means of Verification                                                                                                                    | Compliance | Score Secured |
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| F1.4                                                       | Patients are made aware of their responsibility of keeping the health facility clean                                          | PI/OB             | Ask patients about their roles& responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed | 1          |               |
| F1.5                                                       | The Health facility has a system to take feed-back from patients and visitors for maintaining the cleanliness of the facility | SI/RR             | Check if there is a feedback system for the patients. Verify the records                                                                 | 1          |               |
| <b>Total ( Kayakalpa)</b>                                  |                                                                                                                               |                   |                                                                                                                                          | <b>63</b>  |               |
| ME D46                                                     | The facility has established procedures for pest, rodent and animal control                                                   | OB                | No stray animal/rodent/birds                                                                                                             | 2          |               |
| <b>Total (NQAS)</b>                                        |                                                                                                                               |                   |                                                                                                                                          | <b>2</b>   |               |
| Other                                                      | Documentation - properly maintained as per ToR                                                                                | RR                |                                                                                                                                          | 2          |               |
| Other                                                      | Modern equipments/ instruments introduced for up keeping of Hospital Building& Premises                                       | OB                |                                                                                                                                          | 2          |               |
| <b>Total (Other)</b>                                       |                                                                                                                               |                   |                                                                                                                                          | <b>4</b>   |               |
| <b>C.1</b>                                                 | <b>Patient satisfaction indicators (in patient &amp; outpatient)</b>                                                          | <b>RR</b>         |                                                                                                                                          |            |               |
| <b>C.1.1</b>                                               | % of people satisfied on cleanliness of the hospital (2 marks if scored $\geq 80\%$ or else 0)                                |                   | Patient Satisfaction Study                                                                                                               | <b>2</b>   |               |
| <b>C.2</b>                                                 | <b>Health care providers satisfaction indicators</b>                                                                          | <b>RR</b>         |                                                                                                                                          |            |               |
| <b>C.2.1</b>                                               | % of Health Care Provider satisfied on cleanliness of the hospital (2 marks if scored $\geq 80\%$ or else 0)                  |                   | Feedback form of Health Care Providers                                                                                                   | <b>2</b>   |               |

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| C.3                                                        | Overall Impression of Head of the Institution on management of services by outsourced agency |                   |                       | 2          |               |
| Grand Total                                                |                                                                                              |                   |                       | 75         |               |