

## Request for Quotation for collection of quotes

For Engagement of Private health facility as Hub Site for Pediatric TB services for two districts of Haryana – Hisar and Mewat and two districts of Punjab – Mohali and Hoshiarpur under the Global Fund supported project “Integrated Pediatric TB and Technology-Enabled Active Case Finding (ACF)” implemented by SAATHII and World Health Partners (WHP)

**RFQ Reference No. WHP/SAATHII/PRIVATE\_HUB\_SITE/001/2025**

**Date of Circulation: March 19, 2025**

### Important Timeline

<b>1.</b>	<b>RFQ Circulation Date</b>	<b>March 19, 2025</b>
<b>2.</b>	Last Date of Submission of Quotes	<b>March 26, 2025</b>
<b>3.</b>	Types of Submission	<b>Online</b>
<b>4.</b>	Opening and assessment of Quotations	<b>April 1, 2025</b>
<b>5.</b>	Notification of award	<b>April 7, 2025</b>
<b>6.</b>	Signing of MOU/Agreement	<b>April 10, 2025</b>

- 1. Introduction:** The Integrated Pediatric TB and Technology-Enabled Active Case Finding (ACF) Project, funded by The Global Fund is being implemented by SAATHII as Principal Recipient (PR) and xxx as Sub-Recipient (SR) under the guidance of the Central TB Division (CTD) and State TB Offices. The key purpose of the project is to provide technical assistance to the National TB Elimination Program (NTEP) in seven states to increase the access and availability of pediatric TB services across all levels of health system in both public and private health sector, and identify new TB cases among key vulnerable populations in 42 selected districts using AI technology enabled Handheld X-ray device.
- 2.** World Health Partners (WHP) is a non-governmental organization that sets up programs to bring sustainable healthcare within easy access to underserved and vulnerable communities. It innovatively harnesses already available resources more efficiently by using evidence-based management and technological solutions. WHP is best known for its programs focused on Tuberculosis, primary healthcare, family planning, MNCH, and mental health. The organization uses all available resources--both in the public and private sectors, to ensure that people living in any part of the project area will have access to high-quality treatment.

To support the above-mentioned project, we are inviting quotations for the below-mentioned districts.

Haryana: 2 Districts	
Sr. No.	Intense Districts
1	Hisar
2	Mewat
PUNJAB - 2 Districts	
Sr. No.	Intense Districts
1	Mohali
2	Hoshiarpur

3. **Objective:** The primary objective of this RFQ is to invite quotations from private healthcare facilities (bidding facilities) who can provide pediatric TB services of Chest X-ray (CXR), gastric aspirate, Induced sputum, and Fine needle aspiration cytology (FNAC) to the pediatric children age group 0-14 years. The aim is to engage the private pediatric health-care facility to support the early identification of TB among children.

4. **Scope of services:** The private healthcare facility shall be conducting or willing to conduct gastric aspirate (GA) and induced sputum (IS) as per the process laid out by **NTEP guidelines. (Pulmonary TB algorithm, GA, IS, FNAC SoP and Pediatric lymph node TB algorithm attached in annexure 2 for reference)**

- The private healthcare facility shall have in-house CXR centers and fine needle aspiration cytology services (FNAC) or have a partnered lab to provide the same
- The facility staff shall be trained in collecting samples (GA & IS) and to ensure that the quality and infection control measures are in place.
- The facility shall refer preferably collected GA and IS samples for an investigation to NTEP CBNAAT/TRUNAAT centre.
- CXR and FNAC reports must be issued by qualified professionals (radiologist or pathologist).
- The children (beneficiary) shall be entitled to receive the above-mentioned services anytime during working hours of the facilities.
- The facilities should be registered with Ni-Kshay and have NIKSHAY HF ID, In such a case if the facility is not registered, it is the responsibility of the facility to ensure registration.
- Data management, reporting, and confidentiality shall be adhered by the facilities as per the government norms.
- The beneficiary shall not be charged any co-payment for the above-mentioned four services and acknowledgement of payment free above four services shall be documented at the facility.
- All the children evaluated and diagnosed with TB shall be put on a treatment based on microbiological finding or clinical diagnosis, and those identified non-TB shall be treated as per diagnosis.
- NTEP has public FDC available with weight bands as per national guidelines. For children identified with TB, the public FDC shall be used for the Pediatric TB treatment.

## 5. Eligibility Criteria

- The facility should be located in the district headquarters or a major town in the district
- The facility shall be conducting or willing to conduct GA and IS procedure
- The facility shall be willing to send the samples to the government NAAT centre for TB diagnosis, preferably.
- The facility has a qualified full-time/consultant pediatrician in-house
- History of notified pediatric TB cases in Nikshay
- The private healthcare facility shall have in-house CXR centers and fine needle aspiration cytology services (FNAC) or if they don't have in-house CXR or FNAC services, the facility should have a partnered lab to provide the same.
- The pediatrician, radiologist, and pathologist shall be registered with the Medical Council of India (MCI) or equivalent authority and shall have renewed registration of professional credentials.
- The facilities must maintain all necessary certifications and accreditations required to operate as a private healthcare facility, CXR centre, and pathology centre.
  - **Private healthcare facility**
    - Registration of healthcare facility with local authorizing agency
  - **CXR centre**
    - AERB
    - Local government registration
  - **Pathology centre**
    - Registration with local authorizing agency

A declaration by the private hospital has to be submitted expressing their interest to partner for this project, if all services are available working under one roof. In case of CXR or FNAC services not being available in-house, a joint declaration from the partnership CXR and FNAC pathology lab also to be attached. In case of CXR/FNAC being bundled as a single contract, the declaration should also mention whether the payment will be to the main private pediatric Hub site alone, or separate payments to be made to the respective CXR and FNAC centres. It's the choice of the parent pediatric hub site for the decision on the payment.

The declaration should also include maintaining the documents:

1. Presumptive TB register that explains the details of children who received the services
2. Prescription/referral format for CXR, FNAC, GA and IS details with declaration by the patient in the same format that those mentioned GA, IS, CXR and FNAC services are received free of cost
3. CXR film (hard or soft copy) and CXR report as per the generally accepted template. CXR report should be signed by a qualified professional.

4. FNAC report as per the generally accepted template, should be signed by a qualified professional.
5. Invoice to be raised on monthly basis for claiming the cost reimbursement
6. A separate file with all these documents kept for ease of monitoring the records and payments

**6. Submission of quotation:** Interested bidders are requested to submit their quotes in **Annexure-1:**

- The technical quotation must contain the following:
  - Willingness to conduct GA and IS procedure
  - Working hours of the healthcare facility
  - Registration, and certification of facilities and professionals
  - 3Declaration (self) or partners declaration (in case of CXR and FNAC services available outside)
- Financial quotation
  - Per service cost of GA, IS, CXR, and FNAC separately

**\*\* Proforma attached in Annexure 1 to submit the documents**

**7. Duration of Contract:** The contract will be initially for 12 months, and, extendable till March 2027, subject to the annual renewal based on performance and availability of budget.

**8. Evaluation Criteria:** cost quoted for GA, IS, CXR, and FNAC separately

**9. Expected Partnership details:**

- The procurement unit will consider a district as a unit.
- Facilities selected will be considered for a contract based on eligibility and evaluation. They have to be located preferably in at least 2-3 towns or more in a district so that they are available in at least two geographies in a district. This number will change based on the need identified as the project implementation evolves.

**10. Terms and conditions of the contract:**

The following are the terms and conditions that will be mentioned in the contract. The facility which is interested to submit the quotes shall understand the following terms and conditions.

1. Monthly invoices has to be raised by the facility and submitted to the district project team by 5<sup>th</sup> of every month, and payments will be made within 2 weeks after receiving of valid invoice
2. Payment will be made as per the agreed rate on submitting the valid invoice and supporting documents. It is advisable to have a partnership with the lab for CXR and FNAC in absence of in-house service by the facility and payment made to the parent/main pediatric facility for all services offered. Payment will be by account transfer only and no cash payment will be made.  
In case of separate payments to FNAC and CXR centres, it should be mentioned in the declaration at the time of quotation submission. It should be part of the contract as well.

3. The contract can be terminated by either party with a one month notice, based on mutual agreement, and any other reasons such as- for the delay in service, quality of service, and non-compliance to registration/ certification or delay in payments.
  - a. **Termination at Will.** WHP may terminate this Contract in whole or in part for any reason upon thirty (30) days prior written notice to private hub site.
  - b. **Termination for Cause.** WHP may terminate this Contract if Service Provider commits a material breach of any obligation, condition, representation and/or warranty of this Contract and fails to cure such breach within ten (10) days after receipt of written notice from SR alleging such breach. Any such notice of breach must specify in detail the nature of the alleged breach. Termination shall take effect immediately upon provision of written termination following any such failure to cure the said breach.
  - c. **Termination in Event of Force Majeure.** WHP may terminate this Contract upon the provision of thirty (30) days' prior written notice in the event Service Provider's performance is affected by a continuous Force Majeure event exceeding sixty (60) days.
  - d. **Termination Directed by Funder.** Service Provider acknowledges and agrees that funding for Pediatric projects is contingent upon financial support from its funders. Consequently, this Contract may be terminated by WHP upon the provision of written notice of termination to Service Provider in the event that:
    - (a) funding is not provided, is withdrawn, or is discontinued by SR funder(s) under the applicable award
4. WHP reserves the right to invite fresh bids with or without amendment of the RFQ at any stage or to terminate at any time the entire bidding/selection process without any liability or any obligation to any of the Bidders and without assigning any reason whatsoever.
5. The private healthcare facility shall not have a conflict of interest that affects the RFQ process. Any private healthcare facility found to have a Conflict of Interest shall be disqualified.
6. All private healthcare facilities are required to submit their quotation in accordance with the terms outlined in this RFQ.
7. Notwithstanding anything to the contrary contained in this RFQ, the detailed terms specified in the agreement shall have an overriding effect.
8. The quotes must be submitted no later than the end date and time indicated on the RFQ.
9. The payments are subject to Indian Govt. law under GST and TDS. The applicable TDS will be calculated at the time of payment for invoices raised by the private hub site and shall be paid by WHP directly to the Indian Tax authorities.

## 11. Deadline for submission

- All quotations should be submitted by or before the quotes submission deadline as mentioned under the important timeline, in this RFQ.
- Quotes can be mail to [purchase@whpindia.org](mailto:purchase@whpindia.org) with mentioned the subject line :-  
**"RFQ Reference No. WHP/SAATHII/PRIVATE\_HUB\_SITE/001/2025"**



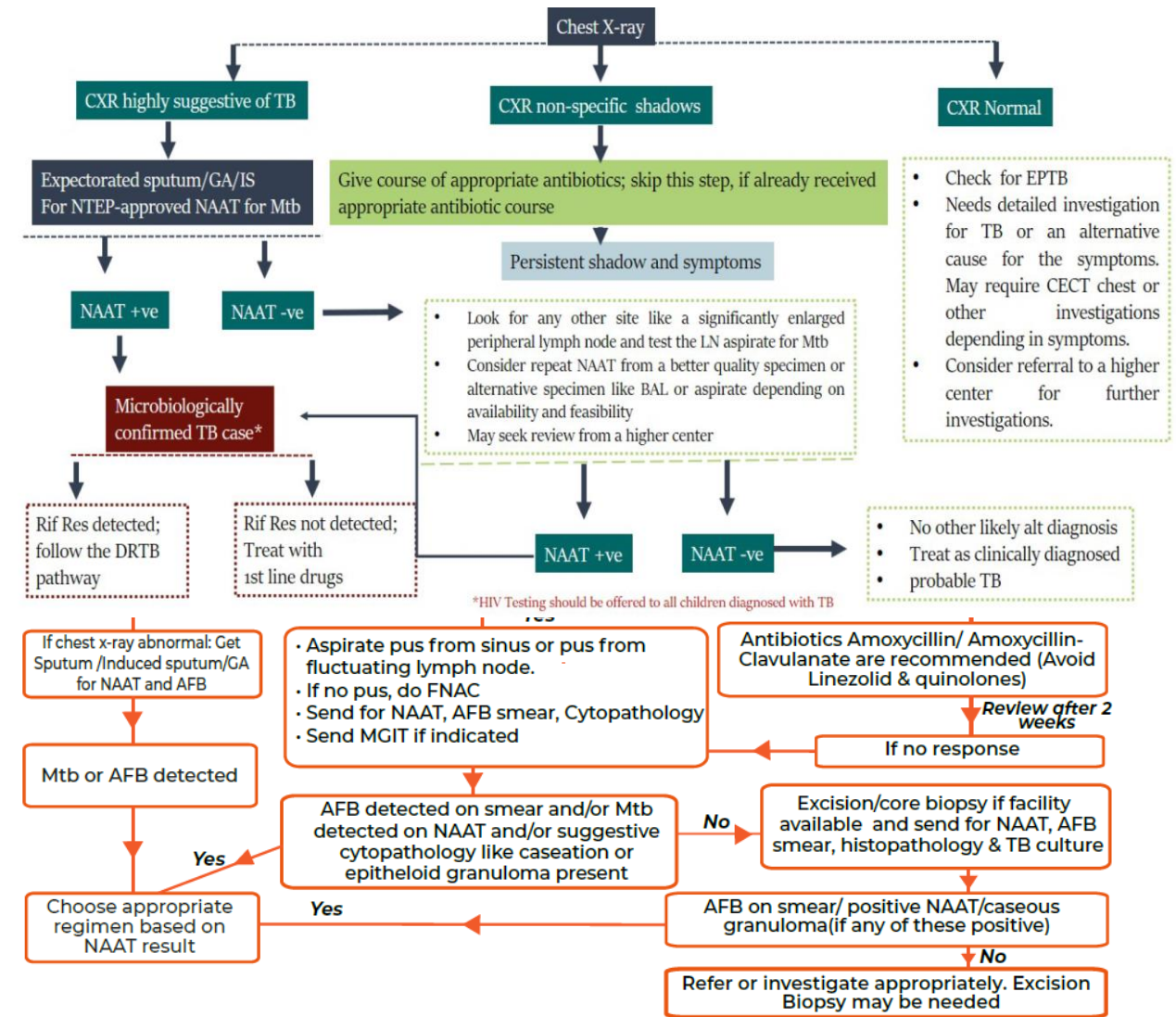
**Annexure 1.**

**Kindly provide the quotation in the below-prescribed format duly stamped and signed by the bidder/private healthcare facility**

<b>Sr. No.</b>	<b>Particulars</b>	<b>Details</b>	<b>Submission status</b>
<b>1</b>	Working hours of the facility	In hour per day	_____ hrs.
<b>2</b>	Registration and certification: <b>Private healthcare facility</b> <ul style="list-style-type: none"> <li>• Details of Registration of healthcare facility with local authorizing agency</li> <li>• Biomedical waste disposal compliance</li> </ul> <b>CXR centre</b> <ul style="list-style-type: none"> <li>• AERB</li> <li>• Local government registration</li> <li>• <b>Digital CXR machine or Conventional CXR machine</b></li> </ul> <b>Pathology centre</b> <ul style="list-style-type: none"> <li>• Details of Registration with local authorizing agency</li> <li>• Biomedical waste disposal compliance</li> </ul>	Attested photocopy need to be submitted by the bidder  Self-Attested photocopy need to be submitted by the bidder  Self-Attested photocopy need to be submitted by the bidder	
<b>3</b>	Per GA cost (Day care procedure)	In Rs. ....( including GST)	
<b>4</b>	Per IS cost (Outpatient procedure)	In Rs. xx x( including GST)	
<b>5</b>	Per FNAC cost	In Rs. ....( including GST)	
<b>6</b>	Per CXR cost (including the CXR film and report to be given to the patient. The project will have a copy of the report, and a soft copy of the CXR film)	In Rs. ....( including GST)	
<b>7</b>	Highest qualification of Pediatrician, radiologist, and pathologist (qualification certificate and registration with MCI or another agency)	Attested qualification and registration certificate photocopy need to be submitted by the bidder	
<b>8</b>	Declaration by the pediatric facility or joint declaration of CXR and FNAC centre if they are located outside the parent pediatric facility.  Declaration explaining the willingness to provide the services as per national pediatric TB guidelines, and if applicable, additional joint declaration by CXR and FNAC centres if any of the services are located outside.  At the time of signing of contract with the selected bidder a suitable contracting document between service providers for these services is required to be furnished by the selected bidder and other service providers,if required.  Willingness to maintain the basic documents mentioned in this request for quote and accessible by the project team		
<b>9</b>	Basic details of the hospital <ul style="list-style-type: none"> <li>• Pediatric OPD per month</li> <li>• Pediatric beds availability</li> <li>• Pediatric IPD per month</li> <li>• No. of pediatricians</li> <li>• Any previous partnerships with the government</li> </ul>		

**Annexure 2: National Pediatric TB guidelines** (<https://tbcindia-wp.azurewebsites.net/guidelines-on-pediatric-tb/>)

## 1. Pulmonary TB algorithm



## 3. GA SoP: Method to collect Gastric Aspirate (GA)

- Explain the procedure and take consent from the parent or guardian
- Patients should be fasting overnight or at least for 4-6 hours prior to the collection procedure. In an admitted child it may be done early in the morning, while the child is still asleep and in bed.
- Place the patient in a supine position and restrain using the long-folded sheets.
- The Feeding / Ryle's tube needs to be placed in the body of the stomach through the nose. The required length of the tube to be inserted can be ascertained by measuring the distance from tip of the nose to the tragus and then from the tragus to the midpoint between xiphisternum and umbilicus. One could make this measurement directly using the tube or else using a measuring tape.
- Apply lubricant jelly to the tube and gently insert the tube through the nose in the direction perpendicular to the face up to the measured length. This can often be assisted by asking the patient to swallow.
- Fix it to the nose with adhesive tape.
- It is important to confirm that the tube is correctly positioned in the stomach. This can be ascertained by pushing some air with a syringe into the tube and simultaneously auscultating for the gush of air over the epigastrium with a stethoscope. In case, the patient starts choking or coughing while inserting the



tube then the tube should be withdrawn and re-inserted after the patient has settled.

- Once the Ryle tube has been inserted into the stomach, its position can be checked by hearing a gush of air over the epigastrium. One can also aspirate the stomach contents to confirm the position.
- If there is no aspirate or the quantity is inadequate, try re-aspiration after shifting the patient in the left and right lateral positions.
- If one still does not get adequate specimen in both supine as well as lateral positions, further aspiration can be retried by shifting the tube a little in or out, in an effort to hit the stomach contents. The repeat aspiration should be done while rotating the patient through supine and lateral positions.
- In case, direct aspiration fails to provide adequate specimen, one should instil about 10 ml normal saline through the tube slowly. Allow it to gravitate on its own.
- After instilling, re-aspirate rotating the patient through supine as well as in left and right lateral positions.
- Repeat these steps till gastric aspirate is obtained
- Collect the aspirate in a sterile container. A specimen is considered adequate if it contains about 10-15 ml of stomach contents.
- After collection of gastric aspirate, gently remove the tube by closing its cap or pinching the tube
- Video for the steps for GA sample collection procedure can be downloaded and viewed at the TBC India website resources; the link to the video is:
- <https://tbcindia.gov.in/index1.php?lang=1&level=2&sublinkid=5305&lid=3415>

#### **4. IS SoP: Method to collect Induced Sputum (IS) and NPA**

- Patient should be fasting for 2-3 hours prior to the collection procedure.
- Explain the procedure and take consent from the parent or guardian.
- Procedure should be performed in a well-ventilated room having an exhaust fan while wearing a N95 facemask
- Baseline values of respiratory rate, pulse rate, chest retractions, wheeze and oxygen saturation should be taken prior to the procedure
- Priming with Salbutamol can either be done through Metered Dose Inhaler (i.e., MDI) or nebulization using either respiratory solution or respule. MDI has an advantage that it takes less time and is as effective as nebulization. However, a nebulization facility is essential to give 3% hypertonic saline.
- MDI: Salbutamol is administered by sequentially giving 2 puffs, i.e., 100 micrograms through MDI with a spacer. This prevents bronchospasm from 3% hypertonic saline nebulization in children predisposed to it.
- Nebulization using respiratory solution or respule: The Neb respirator solution contains 5 mg of Salbutamol per ml. The dosage for administration is 0.15 mg/kg.
- Taking age into consideration, the administered dosage varies. For neb respule, use equivalent doses as a respirator solution. Fill up the required amount of salbutamol from respiratory solution or respule. Load the drug formulation to the nebulization chamber. Add saline if required to ensure that volume of formulation in the chamber is above its minimal fill volume.
- Nebulize with 5 ml of 3% sterile hypertonic saline. Use a sterile commercially available preparation. Nebulization can be done through a jet nebulizer attached to pressurized oxygen or air supply, at the lowest flow rate needed to produce adequate mist which usually is 5 to 7 L per min.

- While the child is being nebulized, give a container to the child to collect any expectorated sputum.
- Children may start expectorating while being nebulized with 3% saline. If the sample is adequate, then the procedure may be wrapped here, and the expectorated sample may be sent to the lab for further processing.
- Few children will only produce or bring up saliva on their own after 3% hypertonic saline nebulization. In such situations, one can loosen up secretions and assist a child in secreting sputum by chest percussion. The purpose of chest percussion is to bring the secretions from the peripheral to central airways, from where the child can cough out the secretions.
- Palm of the hands while doing percussion should be made into a cup shape formed by the fingers and the thumb, instead of a flat open hand. This avoids hurting the child. For younger children, it is ideal to percuss with fingers. Movement while doing percussion should be at the wrist and not the elbow or shoulder. For percussion, we must cover all areas of the chest in sitting, supine and prone positions.
- If there is sputum production and child can expectorate, collect this sputum in sterile container
- If still a child is unable to expectorate or if it is a young child who needs assistance to collect secretions, then sputum can be collected by suction through nasopharynx or oropharynx.
- Use sterile mucus extractor or suction trap with the other end of the extractor connected to gentle suction of around 100 cm of water. The catheter is inserted through the nose.
- The length of tube to be inserted is measured from the side of the nose to the angle of the mandible.
- Apply lubricant jelly or wet the tube.
- The catheter is gently inserted into the nose in a direction perpendicular to the face.
- Release suction. As the catheter touches the posterior pharyngeal wall, it can provoke cough. The loosened secretions are brought up with the cough and suction will facilitate its collection in mucus extractor or suction trap.
- In this child, as you can see respiratory secretions have been collected. This should be immediately transported to GeneXpert lab
- Monitor for 30 minutes after the procedure for respiratory complaints like respiratory rate, pulse rate, chest retractions, wheeze etc.
- Fresh sterile disposable tubing and chamber for nebulization should be used for each patient.
- Video for the steps for IS sample collection procedure can be downloaded and viewed at the TBC India website resources; the link to the video is:
- <https://tbcindia.gov.in/index1.php?lang=1&level=2&sublinkid=5305&lid=3415>

## **5. FNAC SoP: Steps for Needle Aspiration of the Lymph Node swelling**

- Explain the procedure and take consent from the parent or guardian
- Place the patient in a supine position and restrain using the long-folded sheets.
- Disinfect the skin at the planned needle puncture site
- Firstly, with alcohol (70%) followed by povidone-iodine and again with alcohol (70%). Between each application, let the area dry.
- The swelling or lymph node should be immobilised in between the fingers of one hand.

- Pass the needle through the skin, avoiding any superficial veins
- Direct the needle towards the centre of the target.
- Precautions must be taken to ensure that the needle tip is not pointing towards the operator's fingers immobilising the lymph node or deep structures below the node.
- Once in the target, the needle tip is moved within the target, while applying suction using 10 or 20 ml syringe.
- Prior to withdrawal of the needle from the swelling, negative pressure must be released.
- Remove the needle from the swelling by pulling straight out so as not to lacerate the skin.
- Remove as much aspirate as possible from the swelling. Aspirate may be taken from multiple swellings and pooled before sending to laboratory for bacteriological confirmation.
- At the end of the procedure, dress the site after applying antiseptic
- Send the aspirated collection to the laboratory for further processing.
- If the aspirate is too small for transferring to a container, then one may collect the material after aspirating and rinsing the syringe using minimal sterile normal saline. Avoid excess dilution with saline as it can lead to false negative results.