



Batas Foundation

Tilganga-Kathmandu Nepal

REQUEST FOR QUOTATION (RFQ)

Batas Foundation is an independent NGOs working in Humanitarian Response, Sustainable Livelihood, WASH, Education & Employability and Entrepreneurship since 2008; executing various self-funded and international funded projects in various districts in Nepal.

Batas Foundation in partnership with **Islamic Relief worldwide Nepal** and financial assistance from **The Swedish International Development Agency (SIDA)** and **Islamic Relief Germany** has been implementing Emergency Humanitarian Response to COVID second wave in selected Banganga Municipality and Suddhodhan Rural Municipality of Kapilvastu and Rohini; Omsatiya & Siyari Rural/Municipalities of Rupendehi districts, province 5, Nepal. The project, intends to strengthen public health care system by supporting medical equipment and supplies; WASH support and facilities including meeting food needs of most vulnerable daily wage earners.

Batas Foundation takes this opportunity to request you to quote the prices for the **‘Medical Equipment and Supplies’** for the vulnerable families affected by Covid-19 restrictions and loss of daily work.

Company Name & Address:

RFQ Date:

Company Owner full Name:

Owner Contact Number:

Company Representative Name & Contact Number:

Please ensure following while filling up the forms:

- Include the price inclusive of government taxes.
- **Please do not cross anything filled up by you** – if required after making changes please sign aside where correction was made.
- **Vendor can quote price of additional brand items with similar specification in remarks column.**
- For detail, please refer to terms and conditions mentioned in section **Terms & Conditions** in Page 12.

List of Medical Equipments

Note: Please quote the price inclusive of VAT

SN	Item name	Technical Specification	Unit	QTY	Rate	Total Amount	Delivery time/Delivery Charges	Fitting & Installation Cost (Technical Cost)
1	Sanitizer (500ml)	GENERAL SPECIFICATION • Bottle of 500ml, at least 80% ethanol or 75% isopropyl alcohol (v/v), like Dettol	Bottle	200				
2	Oxygen Concentrator (10l)	GENERAL SPECIFICATION • Flow rate: 10 Ltr • Sound level: less than = 45/ more db. • concentration: 93(+/-)3 % • outlet pressure: 0.04 - 0.08 MPA • should have portable and light weighted • Warranty periods: 2 hrs. • voltage :220-240VAC, 50/60HZ • Certificates: CE/ISO Certified	Pcs	2				
3	Liquid Soap (500ml)	GENERAL SPECIFICATION • Kills 90% germs, PH Balanced with good fragrance, Anti-Bacterial, 500 ml bottle	Bottle	190				
4	Hand wash soap	GENERAL SPECIFICATION • No impurities, Fatty Acid (70% max), Moisture (20% max), 100 gm, Individually packed	Bar	500				
5	Utility Gloves	GENERAL SPECIFICATION • Abrasion, Cut, Tear & Puncture Resistance ; Rubber Gloves • Size: Large	Pairs	100				
6	Digital Thermometer	GENERAL SPECIFICATION • Digital Thermometer with battery set	Pcs	300				

7	Thermal Gun	<p>GENERAL SPECIFICATION</p> <ol style="list-style-type: none"> 1. Measures body temperature from 89.6°F to 108.5°F (32.0°C to 42.5°C) without contact 2. Accurate to 0.5°F (0.3°C) with 0.1°F/°C resolution 3. Adjustable alarm alerts user visually and audibly when temperature exceeds programmed limit 4. Optimum measurement distance of 1.9" to 5.9" (5 to 15cm) 5. Measures surface temperature from 32°F to 140°F (0.0°C to 60.0°C) 6. Fast response (0.5 seconds) 7. Simply press the trigger and read temperature on the large backlit LCD display 8. Memory stores up to 32 readings for easy recall 9. Powerful battery backup 	Pcs	25				
8	ICU bed mattress (Single)	<p>GENERAL SPECIFICATION</p> <ul style="list-style-type: none"> • Shall provide with one, three section mattress of single ICU bed, High density PU foam with anti-microbial agent incorporated. Thickness: 12 cm 	Pcs	60-75				
9	Ventilator	<p>1. Description of Function</p> <p>1.1. Mechanical ventilator is used in the treatment of patients who are unable to breathe on their own effort. A mechanical ventilator pushes airflow into the patient's lungs to help them. Generally, it is used in Intensive Care Units (ICUs) and Critical Cares etc.</p> <p>1.2. ICU Ventilator must have suitable facility for complete patient monitoring for different age groups</p>	Set	1				

		<p>for the use of intensive care with invasive and non-invasive purpose. It should be useable for Adult, pediatrics. The ventilator should support size of patients (5 KG onwards pediatrics to Adults).</p> <p>2. System Configuration</p> <p>2.1. Must be microprocessor based or computer-controlled Ventilator of latest technology make.</p> <p>2.2. System shall be Turbine based driven ventilator. Should be capable in running with Central O2 gas or Oxygen Gas cylinder supply.</p> <p>2.3. Ventilator should be Cart mounted & mobile on four wheels should be original manufactured. It should be shipped along with ventilator from same port as ventilator.</p> <p>3. Technical Specification</p> <p>3.1. Display:</p> <p>i. Should be at least 12’’ LCD/ TFT inbuilt Color Touch Screen.</p> <p>ii. Should have navigating with a swipe between past, present & Future information or it should have trend saved for future references.</p> <p>iii. The color touch screen should have the facility for tilt, rotate or suitable inclination view for better distance viewing.</p> <p>iv. Must have facility to navigate the users to overcome the problems and facility to instruct the users friendly.</p> <p>v. Must display electrical power source (internal/external) and battery level</p> <p>vi. Must have features of adjustable expiratory and Inspiratory hold, occlusion pressure, NIF & Vital capacity Measurement.</p>						
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		<p>vii. Should be able to measure and display PEEP and trapped volume.</p> <p>viii. Waveforms or Loops: Capable of showing all the set of ventilator parameters, loops of breathing parameters and curves of pressure, flow, frequency, volume etc. on display.</p> <p>ix. With full graphics & mechanics including freezing loops.</p> <p>x. Should have facility of screenshot of waveforms for later analysis or saved trends for future analysis.</p> <p>xi. Inflection Point Measurement: The ventilator's Inflection point maneuver shall calculate Upper Inflection Point (UIP) and Lower Inflection Point (LIP) and display on pressure/volume loop by scrolling through the loop.</p> <p>xii. At least- 4 user selected scalar graphic (flow, pressure and volume over time) should be displayed simultaneously on the screen with set and delivered parameter mentioned. Should at least display 2 loops (user selectable pressure volume, flow volume, pressure flow) and facility of superimposing and saving of more than 4 reference loops available. Should display all waveforms and loops simultaneously.</p> <p>xiii. Must monitor/ display the following set and delivered parameters of ventilator settings</p> <ol style="list-style-type: none"> a. Tidal volume (VT) b. Minute volume (MV) c. Peak, mean and plateau pressure d. PEEP e. I: E Ratio f. Inspiratory Time (TI) g. Rate- total & Spontaneous 						
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		<p>h. Compliance – static & dynamic</p> <p>i. Resistance</p> <p>j. FIO2 set & delivered</p> <p>xiv. Should provide lungs structured function or colored waveform in display in different colors for inspiration, expiration and spontaneous both.</p> <p>xv. Must provide at least 72 hours trending and browsing of monitored parameters.</p> <p>xvi. Patient trigger should be visualized in different colors.</p> <p>Status for indicating ventilation mode battery life, patient data, alarm settings, clock etc.</p> <p>3.2. Modes of Ventilation</p> <p>i. Should support Invasive and Non-Invasive modes of ventilation.</p> <p>ii. Should have facility of Pressure and Volume controlled Mechanism.</p> <p>iii. Assist/ Control (A/C) modes and Synchronous Intermittent Mandatory Ventilation (SIMV) modes in both Pressure and Volume control Modes with built-in provision for Auxiliary Pressure Monitoring.</p> <p>iv. Additional modes: Mandatory or optional</p> <ul style="list-style-type: none"> • APRV (Airway Pressure Release Ventilation), Bilevel with PS • Non-Invasive Positive Pressure Ventilation (NPPV) • Continuous Positive Airway Pressure (CPAP), • Pressure Support Ventilation (PSV)-TS & TV • PRVC (Pressure Regulated Volume Control) or APCV-TC • Volume Support (VS) • Bilevel, Bilevel VG 						
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		<ul style="list-style-type: none"> • VS with PS & Spontaneous breathing trial. • Mention any other advance modes specific to manufacturer if related to COVID 19. <p>3.3 Settings of Ventilator: should be user friendly-cum wheel and touch screen.</p> <ul style="list-style-type: none"> i. Should be programmable in switching mechanism for Adult and Pediatrics purpose. ii. User friendly mechanism providing individual Volume based, Pressure Based and Non-Invasive based modes of ventilation with leak compensation at all user set pressure values. iii. Should have the following range of settings <ul style="list-style-type: none"> a. Tidal Volume: 20-3000 ml b. Respiratory Rate: up to 150 bpm c. PEEP: OFF, 2 to 50 cmH2O d. FIO2: 21-100 % e. Peak Flow: 190 LPM f. Automatic Leak Compensation: Max. 60 l/m g. Flow Trigger: 0.5 -10L/min (or higher) h. Pressure Trigger: -0.5 to -10 cmH2O as selected by the user i. Pressure support: 2- 80 cm H2O j. Inspiratory Time: 0.1 to 10 sec k. CPAP: (0-40 cm H2O or more) l. Adjustable Back-up Apnea ventilation m. I:E ratio: 99:1 to 1:99 & reverse in the same range iv. 100% oxygen for a period of two minutes before disconnection for suctioning or other procedures. v. Must have provision for Automatic Tube Compensation for ET Tube or 						
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		<p>100 % Automatic Leakage compensation.</p> <p>vi. Rise time 0 – 2 secs in fraction of 0.1 sec or in %age steps which could be manufacturer specific.</p> <p>vii. Apnea time interval setting from backup ventilation when in spontaneous mode.</p> <p>3.4. Alarms</p> <p>i. Must provide for user adjustable alarms and volume for the following with built in default setting</p> <ol style="list-style-type: none"> a. Respiratory/ frequency (high and low) b. Minute volume (high and low) c. Pressure (high and low) d. FiO2 (high and low) e. Tidal Volume (high and low) f. Apnea g. Gas supply failure <p>ii. All Alarms must be self-guiding and be present with possible cause and remedy.</p> <p>iii. Must also have warning alarms of both auditory and visual for the following</p> <ol style="list-style-type: none"> a. Low O2 pressure b. Patient disconnect c. Check sensor on malfunction for flow and O2 sensor d. Low battery e. AC Disconnect <p>iv. Should have provision for record of alarm for at least 72 hours or logbook of 1000 events</p> <p>v. Must have audible alarms of different tones graded for high priority, immediate priority and priority tones with display of the nature of warning being highlighted on the display.</p>						
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		<p>vi. Alarms of importance like disconnection circuit leak or mechanical failure should be activated within 2-3 secs & should be loud and well audible.</p> <p>vii. Should have facility to silence alarms for a period of 2 mins.</p> <p>3.5 Battery Backup for at least 3 hrs. or supplied with external backup.</p> <p>3.6 Should work in low O2 pressure.</p> <p>3.7 Should have facility of Leakage compensation. Tools for lung protective ventilation- both flow and pressure trigger with a permanent biflow and should allow spontaneous breathing in all ventilation modes with the capacity to adjust flow trigger in case of leak</p> <p>3.8 External nebulizer is not accepted. Should have facility to give timed nebulization with its distinct nebulization port synchronized in inspiration.</p> <p>3.9 System should have automatic suction routine facility.</p> <p>3.10 The machine shall have integrated end tidal capnography monitoring for the future upgradability.</p> <p>3.11 Oxygen Sensor & Flow sensor: Make of Paramagnetic O2 sensor , galvanic or equivalent. Should not involve frequent change of flow sensor, O2 sensor or pressure sensor. Life span must of a Oxygen, Flow & Pressure sensor must be at least 6 years.</p> <p>3.12 Ventilator should be compatible with commonly using brands and standard disposable ventilator tubing's with separate inspiratory and expiratory limbs connected with</p>						
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		<p>connectors, with or without water traps and non-invasive ventilation masks available in market. Humidifier assemble must be open system.</p> <p>4. Accessories</p> <p>i. Mechanical Ventilator with 3 meters long power cord with a Rechargeable battery: 1</p> <p>ii. NIV mask with nasal cannula : 10 kit for pediatrics size.</p> <p>iii. HME filters: 50 pcs</p> <p>iv. Autoclaveable circuit: 5 each for pediatrics.</p> <p>v. Test lung: 1 each for pediatrics.</p> <p>vi. Air and O2 high pressure hoses with supply line filters 5 meters</p> <p>vii. Additional expiratory/inspiratory valves: 5 each</p> <p>viii. Reusable and Autoclaveable flow sensors: 5 each</p> <p>ix. O2 sensor to be non-depleting type for cost saving :1 No</p> <p>x. Humidifier & Chamber with heating system: 5 No</p> <p>xi. PM Kit: 3 sets.</p> <p>xii. Patient Circuit Holder: 1</p> <p>5. Tropicalization: As per purchaser's country climate, humidity, altitude, etc.</p> <p>6. Power supply: 220 VAC, 50 Hz. Must be earthing compatible.</p> <p>7 Warranty:</p> <p>7.1 Comprehensive 5 years for machine and 10 years for turbine or Compressor from acceptance confirmation after installation.</p> <p>8 Quality & Standardizations:</p> <p>8.1 Should be approved by CE and USFDA to meet international standards and requirements for safety of patients.</p>						
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	<p>9 Bidder's experience: 9.1 should have minimum 2 years track record of supplying the quoted brand& model in national level.</p> <p>10 Installation: 10.1 Installation including mounting, connections, cabling, commissioning and accessories all complete must be provided free. Bidder should inform the pre-requisites before and after installation of machine.</p> <p>11 User Training: 11.1 Training for users and technical team must be provided.</p> <p>12 Maintenance 12.1 PM schedules: As per regular interval of 4-5 months. 12.2 RM schedules: As per breakdown call as much as immediate action within 24 hrs.</p> <p>13 Documentation 13.1 All CE and USFDA approved certifications and factory authorization letters. 13.2 User manuals and service manual in English. 13.3 List of important spare parts with cost listing. 13.4 List of disposables with costing and listings.</p>						
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Terms & Conditions

1. General

1. The selected vendor has to supply the procured items as per the agreed quantity and quality mentioned in agreement/PO (Further details will mentioned on agreement)
2. Quoted prices for the above description shall be inclusive of govt. taxes and duties as per prevailing Tax Laws of Govt. of Nepal.
3. Quoted prices must be according to the technical specification mentioned in item list.
4. All prices must be quoted in Nepalese rupee (NPR).
5. Payments will made in the form of account pay cheque after completion of delivery, its acceptance and subsequent submission of the invoice to the Rural Development Center Nepal.
6. Bids comparative analysis can be done immediately after minimum bids is collected; Stock verification could be conducted only for the shortlisted suppliers.
7. Batas Foundation reserve the right to reject any or all quotations without assigning any reason thereof.

2. Bid Submission

1. Interested vendor must submit filled RFQ along with below documents:
 - I. Company Profile with client details (similar assignment)
 - II. Company Registration Certificate
 - III. VAT/PAN registration certificate
 - IV. Latest tax clearance certificate
2. Canvassing at any stage of process shall lead to automatic disqualification. The organization reserves all rights to qualify/disqualify application with or without providing any reasons whatsoever. All bids will be treated with the highest confidentiality.
3. Bid received after the deadline will not be considered and only shortlisted firms/suppliers will be called for further process

3. Validity of Bid

Bids shall remain valid for at least 1 month from the date of opening. Last date of submission of Bids is **1st September, 2021, 17:00 hrs** (Nepali Time)

4. Vendor Screening

(Please take note that this information is confidential for vendor screening/verification use only)

Company Full Name : _____

Company Address : _____

Company VAT/PAN Number : _____

Company Owners Full Name : _____

Owners Citizenship Number : _____

Company Contact No. : _____

Company Email Address : _____

Vendor Representative: _____ Vendor Representative Signature and Company Stamp _____

Batas Foundation/ IRW has zero tolerance for corruption & bribery and is committed to listen and Address any violation of rights of aid workers, suppliers, contractors and our beneficiary communities