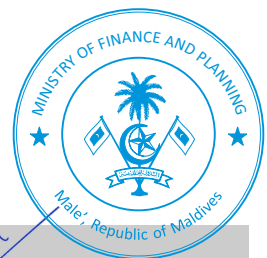


[illegible]

No:	Manage and Operate Cath Lab at Addu Equatorial Hospital (AEH) for a period of 5 years		
Project:	TES/2025/NC-005		
Issued Date	3 rd July 2025		
No. of Pages: -03	BoQ: -00	Drawings: -00	

Please include this amendment when submitting the bid. **بموجب هذا التعديل يجب ان يتضمن المزايد هذا التعديل عند تقديم المزايدة.**

- **Answers for the queries is attached with this Clarification.**



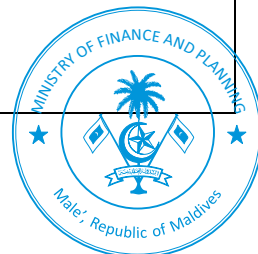
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Name: Fathimath Rishfa Ahmed

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Signature:

#	Query	Response
1	<p>Site & Equipment Rental Fee</p> <p>We kindly request confirmation of the proposed monthly rental fee for the Cath Lab infrastructure and equipment, as this will help us finalize the internal financial planning</p>	<p>As per TOR section 5.11.1, the Site & Equipment Rental Fee is to be deducted from the monthly management fee (5.8). However, the specific rental amount is not provided in the TOR and shall be negotiated during the RFP stage with shortlisted proponents.</p> <p>Reference: TOR Section 5.11.1</p>
2	<p>Procedure-Based Costing</p> <p>We shall be submitting per procedure costing for straight forward CAG, PTCA and Pacemaker Insertion (Temporary and Permanent). Based on the actual procedure done we shall submit the invoice for reimbursement. These cost shall be excluding Radiology, Lab and Pharmacy needed during the stay in ICU and Ward as we assume those services shall be provided by the hospital.</p>	<p>This is acceptable. As per Section 5.12, proponents may propose their own procedure list and package pricing. Additionally, per Section 5.2.15, AEH provides investigations and procedures through national insurance (Aasandha) at no cost to patients. Thus, ICU and lab services provided by AEH are separate from Cath Lab billing.</p>
3	<p>Maintenance (CMC) Contract</p> <p>Since the cath lab machine is owned by AEH, we assume that Comprehensive Maintenance Contract (CMC) will already be in place, thus, we need clarity to budget the same in case we are required to pay for the costs</p>	<p>The Comprehensive Maintenance Contract (CMC) for the Shimadzu Cath Lab system is not currently in place, and this aspect is not explicitly detailed in the TOR. However, since the equipment is owned by AEH, it is confirmed that AEH will take responsibility for maintenance. At present, AEH prefers to maintain the equipment through an Annual Maintenance Contract (AMC) along with breakdown maintenance as required. Therefore, the Service Provider does not need to budget separately for CMC.</p> <p>Reference: Not specifically addressed in the TOR; aligned with Section 5.2.1 (AEH provides a fully operational Cath Lab with all necessary equipment installed).</p>
4	<p>Infrastructure Changes</p> <p>We can only advise on the cost after doing the site inspection. Thus, we propose to keep this agenda open till we conclude on the other items.</p>	<p>This is acceptable. The TOR (Section 5.1.5) permits the service provider to carry out modifications after approval from AEH and at their own cost. Any major cost incurred can be offset through deductions from the rental fee.</p> <p>Reference: TOR Section 5.1.5</p>
5	<p>Post-Procedure Critical Care (ICU/CCU)</p> <p>In cases where patients require CCU or ICU care post-catheterization, we understand that:</p> <ul style="list-style-type: none"> • AEH's ICU will handle patient management in collaboration with our cardiologists, or • The hospital will take over fully according to internal clinical protocols. <p>Please confirm this pathway for post-procedure /Post Cath care.</p>	<p>AEH will support ICU care and in-hospital services. As per Section 5.2.21, AEH permits the use of ICU and inpatient facilities for Cath Lab patients. The cardiologist (from the service provider) will likely remain involved during critical care handover. AEH also has in-house cardiologists and physician teams.</p> <p>Reference: TOR Section 5.2.21</p>



6	<p>Scope of Responsibility – Surgical Referrals</p> <p>We understand that patients entering the Cath Lab fall under our management. Should a CABG or other cardiac surgery be needed, the case will be referred to and handled by AEH or its designated surgical teams.</p>	<p>Yes, in cases where a patient requires advanced cardiac surgical intervention such as Coronary Artery Bypass Grafting (CABG), AEH will facilitate the referral through the national health insurance scheme, Aasandha. The selection of the referral center will be determined based on Aasandha's guidelines and, availability of services. The service provider operating the Cath Lab will not be responsible for managing surgical cases beyond the defined scope and will hand over such cases to AEH for coordinated referral and further management.</p> <p>Reference: TOR Section 5.1.6 — “Any complications arising out of and during the treatments shall be referred to a higher center for management.”</p>
7	<p>Training in Egypt: AEH will cover travel and accommodation; training fees will be negotiated separately in line with tender requirements.</p>	<p>Trainings are expected to be carried out by the Service Provider at their international facilities, preferably high-volume Cath Labs or centers of their own choosing. AEH will not bear the cost of international training, including travel, accommodation, or training fees. These responsibilities fall under the scope of the Service Provider as part of the contractual training obligations for AEH staff.</p> <p>Note: Egypt is not specifically mentioned in the TOR as a required location for training. The Service Provider may choose appropriate training sites that meet the capacity and volume requirements set in the TOR.</p>
8	<p>5.8. Service fee (Management fee for operating Cath-Lab)</p> <p>5.8.1. The management fee for operating the Cath Lab.</p> <p>5.8.2. Service fee per month (management fee)</p> <p>5.8.3. Service fee per year (management fee)</p>	<p>The proponent must propose the monthly and annual management fee as per Section 5.8, to be paid by AEH. The Site & Equipment Rental Fee (5.11.1) will be deducted from this management fee.</p> <p>Reference: TOR Sections 5.8 and 5.11</p>
9	<p>5.1.6. Any complications arising out of and during the treatments shall be referred to a higher center for management. – If AEH will facilitate this or the Proponent needs to manage this?</p>	<p>Yes, as outlined in Section 5.1.6 of the TOR, any complications arising during or after treatment that require transfer to a higher center will be coordinated by AEH. Referrals will be facilitated in alignment with national health insurance schemes, such as Aasandha, and directed to appropriate facilities within the Maldives, such as IGMH or other designated hospitals, depending on service availability. The service provider is not expected to manage such referrals independently.</p> <p>Reference: TOR Section 5.1.6 — “Any complications arising out of and during the treatments shall be referred to a higher center for management.”</p>

