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PROJECTS

TWO NEW ESSALUD HOSPITAL CENTERS: PIURA AND CHIMBOTE



PERÚ

Ministerio
de Economía y Finanzas



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Agencia de Promoción de la Inversión Privada - Perú



BICENTENARIO
PERÚ 2021

COUNTRY CHALLENGE:

Provide, through infrastructure, improved health care services for more Peruvians and generate sources of employment.

HOW?:

With integrated, inclusive and sustainable projects such as the Two New ESSALUD Piura and Chimbote hospitals, among others.



PROJECTS

SPECIALIZED HOSPITAL OF CHIMBOTE



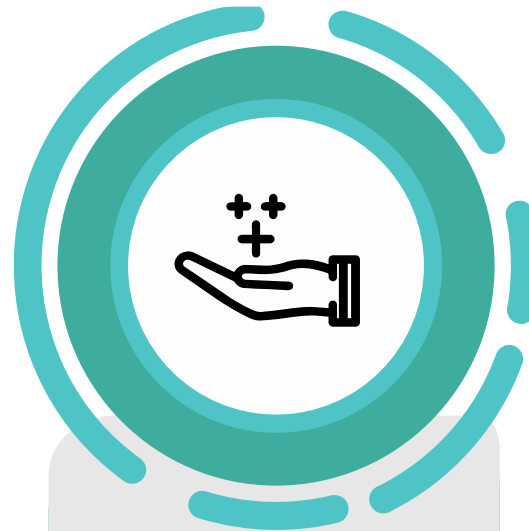
SPECIALIZED HOSPITAL OF PIURA



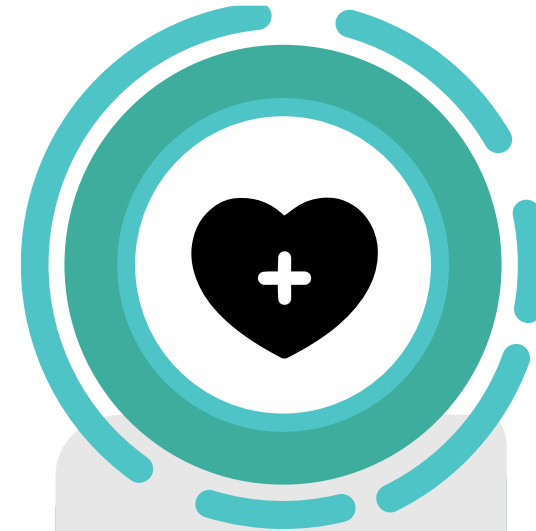
PROJECT OBJECTIVES



Expanded access to specialized hospital services with high standards of services



A lower number of referrals to hospital centers and thus lower transfer costs borne by insured persons



Reduce morbidity and mortality due to severe illnesses and longer life expectancy

DBFOMT SCHEME



Financing,
design and
construction of
infrastructure



Procurement and
replacement of
clinical and non-
clinical equipment



Service
management
(Gray /
Green Coat)

TYPE OF CONTRACT BY SERVICE LEVELS



GRAY COAT SERVICES
(infrastructure maintenance, facilities, equipment and furniture, among others)

GREEN COAT SERVICES
(Gray coat + lab services, hemodialysis, imaging)

White Coat services
(Green Coat + clinical care)

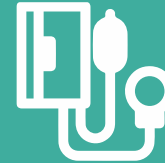


GRAY COAT AND GREEN COAT SERVICES



GRAY COAT SERVICES

1. Clothes and Laundry
2. Food
3. Safety and Security
4. Integral Management and Solid Waste Management
5. Housekeeping, Vector Management and Cleaning
6. Sterilization
7. Information and Communication Technologies Service (ICT) and Provision and Availability of Technological Infrastructure (TI)
8. Maintenance and Operation of the Building, Facilities, Electromechanical Equipment and Furniture associated with the Infrastructure
9. Administration, Procurement, Maintenance and Availability of Equipment
10. Supply logistics (Intra-hospital distribution)



GREEN COAT SERVICES

1. **Kidney unit**
 - Hemodialysis
2. **Clinical Laboratory**
 - Biochemistry
 - Hematology
 - Microbiology
 - Immunology
3. **Diagnostic Imaging (Imaging)**
 - Radiological equipment (both simple and contrasted)
 - Ultrasounds
 - Tomographs (both simple and contrasted)
 - Magnetic Resonances (both simple and contrasted)
 - Mammograms
 - Bone densitometry



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SPECIALIZED HOSPITAL OF PIURA

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REFERENTIAL ARCHITECTURAL PROPOSAL OF THE SPECIALIZED HOSPITAL OF PIURA



At the end of the concession, the estimated number of policyholders benefited will be approx.1,116,559 and provide:



396

thousand
specialized
medical
consultations



16

hospital
discharges



14.5

thousand
surgeries



109

thousand
emergency
services

SPECIALIZED HOSPITAL OF PIURA

PROJECT NAME	"CREATION OF SPECIALIZED HEALTH SERVICES OF THE SPECIALIZED HOSPITAL IN THE PIURA ESSALUD CARE NETWORK, DISTRICT OF VEINTISÉIS DE OCTUBRE, PROVINCE OF PIURA, DEPARTMENT OF PIURA"
Classification	Specialized Hospital.
Location	Department of Piura, Province of Piura, District Veintiséis de octubre. Ubigeo code 200115.
Land Area	50.000 m ²
Construction Surface	66.297m ² .
Target Population	1.116.559 (year 17).
Modality	Public-Private Partnership
Site	It includes the Sub Lot 02, Mz. D, Parcela J, Industrial Zone adjacent to the Extension of Av. Sánchez Cerro, North-West Side, including the district, province and region of Piura, in the District Municipality of 26 de octubre.
Name of Client	EsSalud.
No. Beds	487 total beds (324 hospital beds, 18 isolated beds, 26 ICU beds, 66 NICU beds, 49 emergency beds, and 4 emergency isolated beds).
No. Offices	60 offices and 78 for medical procedures.
Term of the Concession	20 years (3 years pre-operative stage and 17 years operative stage).
Estimated investment	567 million soles (159 million USD) (CAPEX constant figures without VAT).



* Exchange rate 3.57 according to the Multiannual Macroeconomic Framework (May 2021 - 2024)



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SPECIALIZED HOSPITAL OF CHIMBOTE, HIGHER COMPLEXITY POLYCLINIC AND CONTINGENCY PLAN

REFERENTIAL ARCHITECTURAL PROPOSAL FOR CHIMBOTE SPECIALIZED HOSPITAL



By the end of the concession, the number of insured persons is estimated to be around **531,966**



HOSPITAL



151,000

specialized medical consultations



10,000

hospital discharges



4,500

surgeries



37000

emergency services

POLYCLINIC



120,000

specialized medical consultations



12,000

emergency services

SPECIALIZED HOSPITAL OF CHIMBOTE

PROJECT NAME	"CREATION OF SPECIALIZED HEALTH SERVICES OF THE SPECIALIZED HOSPITAL OF CHIMBOTE IN THE ESSALUD CARE NETWORK OF ANCASH, DISTRICT OF NUEVO CHIMBOTE, PROVINCE OF SANTA, DEPARTMENT OF ANCASH"
Classification	Specialized Hospital.
Location	Department of Ancash, Province of Santa, District of Nuevo Chimbote.
Land Area	Hospital (15.241,21 m ²) Polyclinic (10.000m ²) and Contingency Plan (6.106m ²).
Construction Surface	Hospital (48.250 m ²) and Polyclinic (7454.16m ²)
Target Population	531.966 (year 17).
Modality	Public-Private Partnership
Site	It includes: (i) Hospital: Sub Lot 1 and 2, Mz. B, Programa de Vivienda Sector 74-75 Urb. Buenos Aires, from the district of Nuevo Chimbote, province of Santa and department of Ancash; (ii) Polyclinic: Lot 1 Mz. D9 of the "Paseo del Mar" Urban Rehabilitation Project, Urb. Buenos Aires, from the district of Nuevo Chimbote, province of Santa and department of Ancash; and Contingency Plan]: Mz. T 5, Lot 5 Urb. Bellamar.
Name of Client:	EsSalud.
No. Beds	241 total beds (161 hospital beds, 9 isolated beds, 16 ICU beds, 33 NICU beds, and 22 emergency beds.
No. Offices	37 offices and 27 procedural topics.
Term of Concession	20 years (3 years pre-operative stage and 17 years operative stage).
Estimated Investment	431 million of soles (121 million USD) (CAPEX constant figures without VAT).



* Exchange rate 3.57 according to the Multiannual Macroeconomic Framework (May 2021 - 2024)



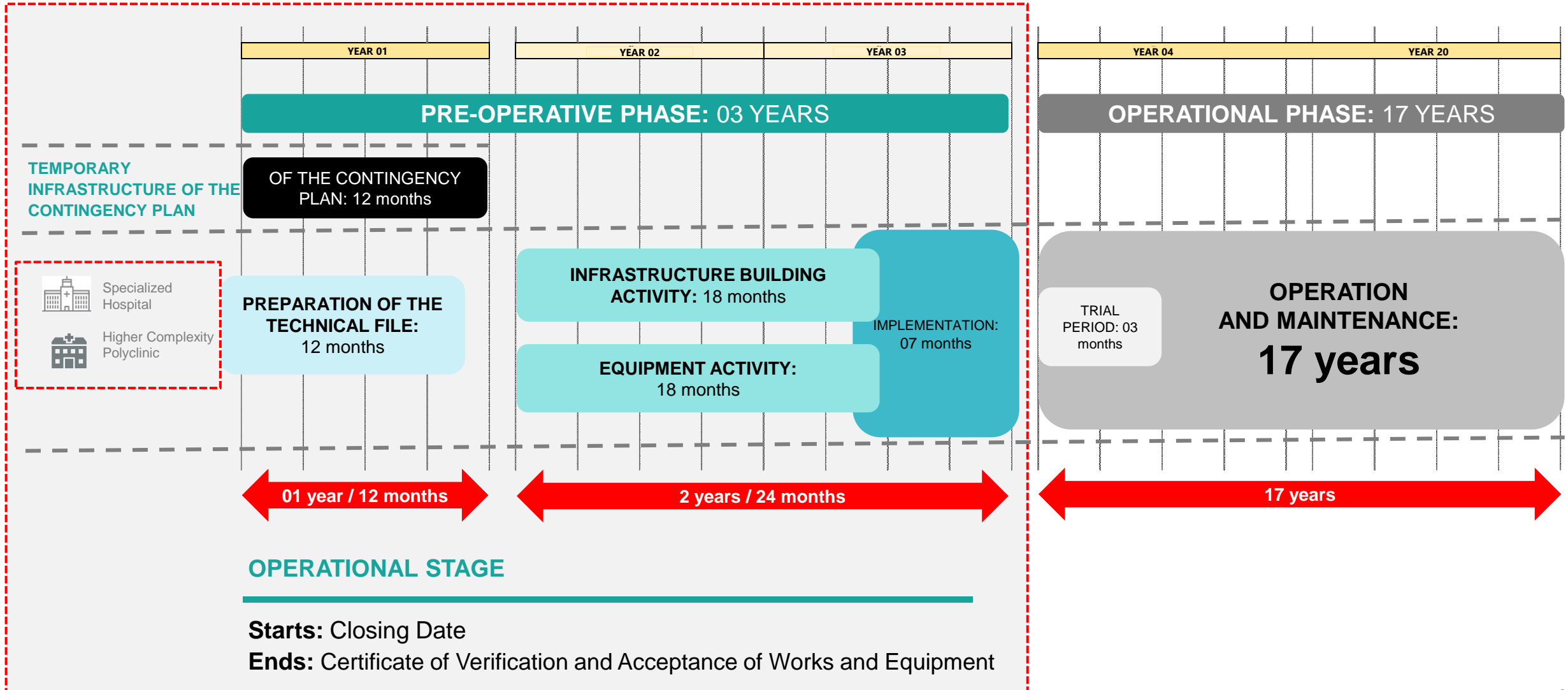
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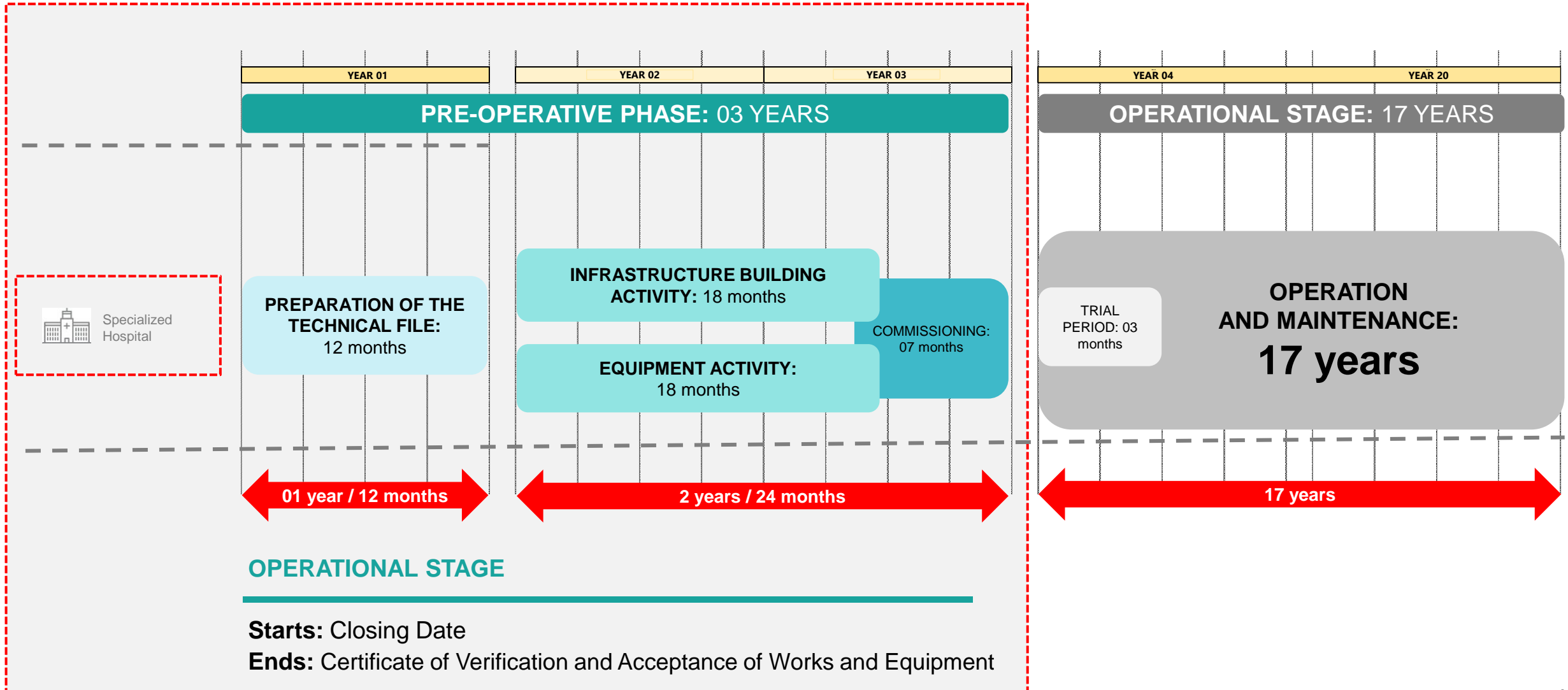
PRE-OPERATIVE PROCESS

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PRE-OPERATIVE PHASE (PROCESSES-CHIMBOTE)



PREOPERATIVE PHASE (PROCESSES-PIURA)





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LEVELS OF SERVICE

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HOSPITAL SERVICES FOR PIURA AND CHIMBOTE

ES

INDICATORS

110

NSP

PARTIAL
SERVICE
LEVEL

13

NSG

GLOBAL
SERVICE
LEVEL

1

HOSPITALS AREAS

Semi-critical Areas:

Areas where patients with a medium or low level of risk/dependence are treated or where less invasive or non-invasive procedures are carried out, which imply a medium or low risk to the patient's health.-6



Critical Areas:

Areas where patients with a high risk/dependency are treated or where invasive procedures are carried out that may cause a high risk to the patient's health.

Non-critical Areas or Low-risk Areas:

Areas where patients are not treated; therefore, it does not imply a risk to the patient's health. They can be: indoors or outdoors.



Critical areas:
more demanding indicators than those of non-critical areas

RESULTS OF SERVICE LEVELS

ACRONYM	NAME OF SERVICE	Nº OF INDICATORS	WEIGHING FACTOR WITHIN THE GLOBAL SERVICE LEVEL
AL	FOOD SERVICE	8	9,00%
RYL	CLOTHING AND LAUNDRY MANAGEMENT SERVICE	6	6.00%
AYL	VECTOR MANAGEMENT, CLEANING AND HOUSEKEEPING SERVICE	10	8,00%
SYV	SAFETY AND SECURITY SERVICE	3	4.00%
GRS	COMPREHENSIVE MANAGEMENT AND SOLID WASTE MANAGEMENT SERVICE	8	2.00%
EE	STERILIZATION SERVICE	6	7.00%
TIC	INFORMATION AND COMMUNICATION TECHNOLOGIES AND PROVISION AND AVAILABILITY OF TECHNOLOGICAL INFRASTRUCTURE SERVICE	13	4.00%
MOE	MAINTENANCE AND OPERATION OF BUILDING, FACILITIES, ELECTROMECHANICAL EQUIPMENT AND FURNITURE ASSOCIATED WITH INFRASTRUCTURE SERVICE	16	19.00%
MEM	ADMINISTRATION, PROCUREMENT, MAINTENANCE AND AVAILABILITY OF THE EQUIPMENT SERVICE	11	17.00%
HEM	HEMODIALYSIS SERVICE	8	8,00%
LAB	CLINICAL PATHOLOGY SERVICE: LABORATORY	9	7.00%
IMG	IMAGING SERVICE	7	6.00%
LOG	LOGISTICS SERVICE	5	3.00%
	TOTAL	110	100.00%

$$NSG_i = \sum_{i=1}^{13} NSP_{n_i} \times FP$$

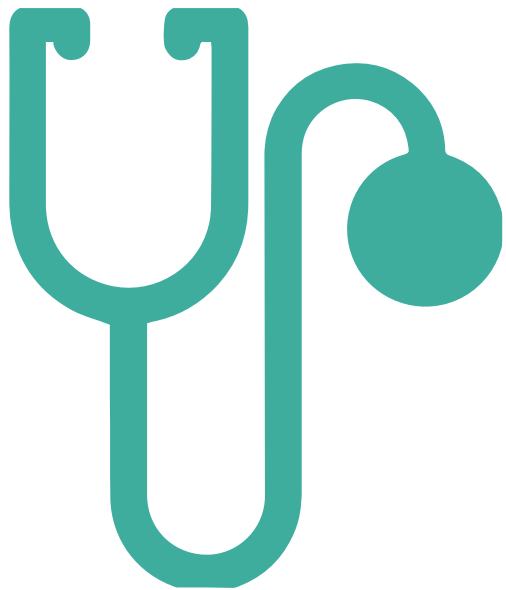
EXAMPLE OF LABORATORY SERVICE INDICATORS

Laboratory Service Indicators	Weighting
LAB_1 : Waiting time for sampling	10.00%
LAB_2 : Compliance with analytical equipment measurement standards according to the calibration program	14.00%
LAB_3 : Percentage of compliance with internal quality controls, according to the established acceptance and rejection criteria	11.00%
LAB_4 : Percentage of analytes that meet the minimum quality requirements established by the system defined in the POA	12.00%
LAB_5 : Compliance of external quality controls through external quality assessment program (EEC)	13.00%
LAB_6 : User satisfaction with the laboratory service	7.00%
LAB_7 : Delivery times of laboratory test results	10.00%
LAB_8 : Availability of laboratory service for Scheduled Tests	11.00%
LAB_9 : Notice of alert values to the treating physician	12.00%
Total Laboratory Service	100.00%

$$NSP_{LAB} = (LAB_1 \times 0.100) + (LAB_2 \times 0.140) + (LAB_3 \times 0.110) + (LAB_4 \times 0.120) + (LAB_5 \times 0.130) + (LAB_6 \times 0.070) + (LAB_7 \times 0.100) + (LAB_8 \times 0.110) + (LAB_9 \times 0.120)$$

GLOBAL SERVICE LEVEL

The Global Service Level NSG corresponds to the total performance of the Concessionaire in a specified period and is composed of the weighted sum of each of the Partial Service Levels NSP, that is, the Partial Service Level multiplied by the weighting or importance within the NSG.



$$NSG_i = \sum_{s=1}^{13} NSPn_i \times FP$$

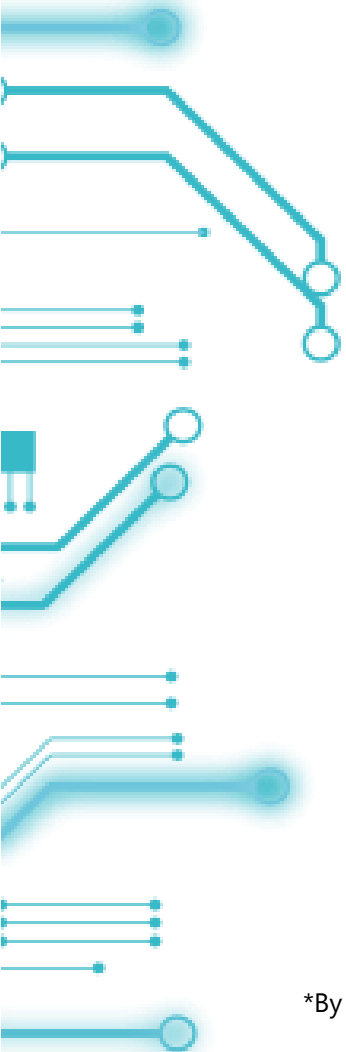
NSG_i : Monthly Global Service Level in period i

$NSPn_i$: Monthly Partial Service Level in period i

FP : Weighting Factor

s : Number of services delivered in the PPP Contract

COMPUTER SYSTEM FOR COMPREHENSIVE MANAGEMENT (SIGI*) OF SERVICE LEVELS



The Concessionaire must, at its own expense, cost and responsibility, make available a Computer System for the Integral Management of Service Levels to **ESSALUD** that allows auditing, coordinating, registering and obtaining information in real time from all the systems and processes associated with the operational functioning, as well as verifying the conditions of provision and operation of the services listed in the PPP Contract.

This system will be the main tool that **ESSALUD** will have to meet the information needs for the control, confirmation, verification and inspection of the Service Levels, granted by the Concessionaire, during the term of the PPP Contract.

*By its acronym in Spanish



The SIGI Users will be the personnel with the necessary credentials "to supervise and upload information in the SIGI".

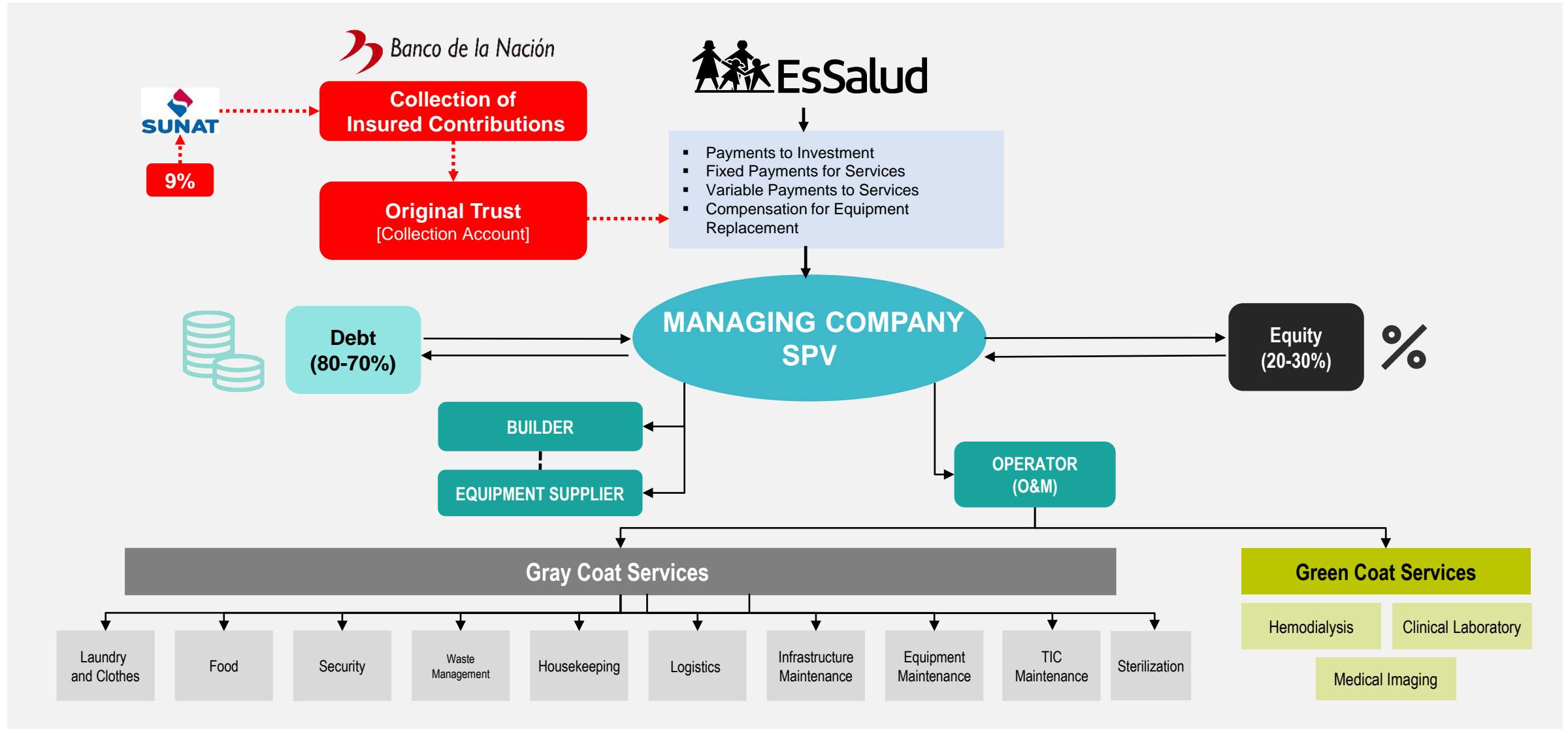


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METHOD OF PAYMENT

GENERAL STRUCTURE OF THE TRANSACTION



PAYMENT SCHEME FOR SPECIALIZED HOSPITALS OF PIURA AND CHIMBOTE PROJECTS

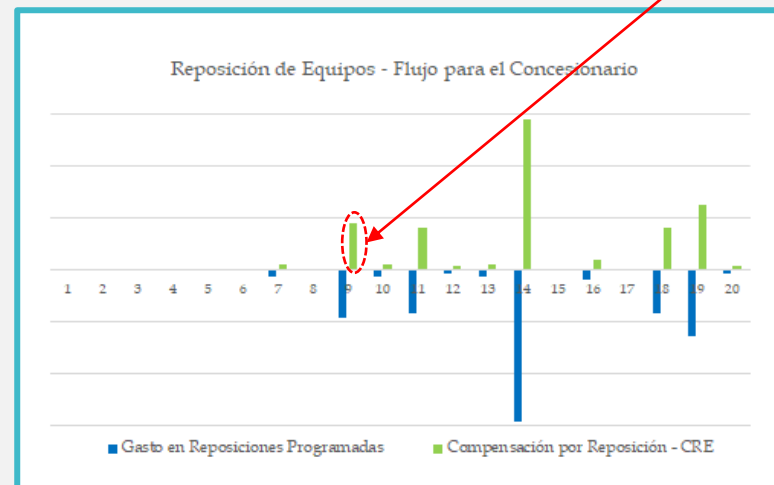
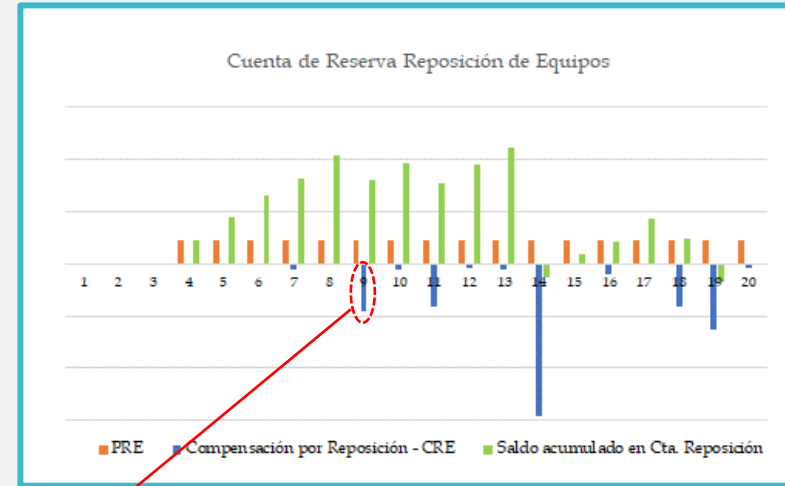
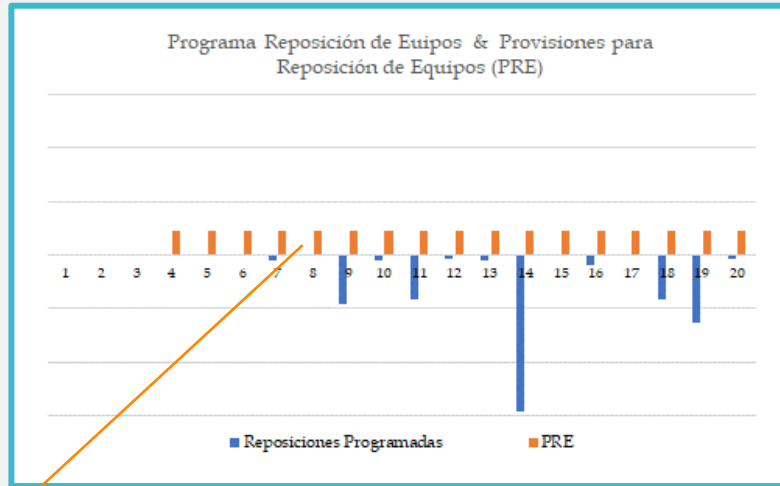
- 
INVESTMENT COMPENSATION (CEAI*) FOR 17 YEARS
- 
COMPENSATION FOR SERVICES (CEASF* FIXED PART AND CEASV* VARIABLE PART) FOR 17 YEARS
- 
COMPENSATION FOR EQUIPMENT REPLACEMENT (CRE*)



1 year (engineering studies + financial closing) + 2 years (construction) = Pre-operative stage. (3 years)

*By its acronym in Spanish

OPERATION EXAMPLE OF THE EQUIPMENT REPLACEMENT AND COMPENSATION FOR THE CONCESSIONAIRE ACCOUNT



Periodic provisions to the equipment replacement account.

The amount of the provision is bid by the proponent as part of its Financial Offer.

The value of the offered PRE is annually updated by the variation of the IPC and the variation of the exchange rate by 5% and 95%, respectively.

From the equipment replacement account, periodically equipped with PRE, a payment is made to the Concessionaire for the expense incurred by the latter, at each opportunity, in the equipment replacement.

AVAILABILITY PAYMENTS AND HOSPITAL SERVICES

The payments for service is made in a monthly basis, and are subject to deductions for poor service, according to the following formulation that applies in the service provision period **i** of the calendar year **t**:


$$CEM_{m,t} = CEMS_{m,t} + CRE_{m,t}$$
$$CEMS_{m,t} = CEMI_{m,t} + (CEMSF_{m,t} + CEMSV_{m,t})(1 - DMCES_{m,t})$$

- $CEM_{m,t}$: Economic Compensation in the provision period of the month m of the calendar year t.
- $CEMS_{m,t}$: Economic Compensation for the Service in the provision period of the month m of the calendar year t.
- $CRE_{m,t}$: Compensation for Equipment Replacement in month m of the Calendar Year t
- $CEMI_{m,t}$: Economic compensation associated with the investments corresponding to the availability of the Hospital, in the month m of the calendar year t
- $CEMSF_{m,t}$: Fixed Economic Compensation for the provided Services, in the month m of the Calendar Year t.
- $CEMSV_{m,t}$: Variable Economic Compensation for the provided Services, in the month m of the Calendar Year t.
- $DMCES_{m,t}$: Deduction based on the Service Level achieved in the month of service provision m of the Calendar Year t.

$$NS = (0.09 \times AL) + (0.06 \times RYL) + (0.08 \times AYL) + (0.04 \times SYV) + (0.02 \times GRS) + (0.07 \times EE) + (0.04 \times TIC) + (0.19 \times MOE) + (0.17 \times MEM) + (0.08 \times HEM) + (0.07 \times LAB) + (0.06 \times IMG) + (0.03 \times LOG)$$



$DMCES_{i,t}$: Deduction, in fraction, for poor performance in the provision of services, determined as $(100 - NSG) / 100$


$$CEMS_{m,t} = CEMI_{m,t} + (CEMSF_{m,t} + CEMSV_{m,t})(1 - DMCES_{m,t})$$

TERMINATION AND SETTLEMENT



The Contract terminates due to: Expiration of the established Term, which does not give the right to additional compensation, Early Termination by Mutual Agreement, by the Concessionaire or by the Grantor, giving the right to different compensations.



The values to be settled will be, as a maximum, the Book Value of the Assets (Supreme Decree No. 059-96-PCM): If it occurs during the Pre-operative Phase, it will be at the value of the effectively built assets and if it is in the Operational Phase, at the accounting of Assets, as maximum.



Settlement for the concessionaire breach, force majeure or application of the anti-corruption clause:

- ⦿ The settlement amount must not be greater than the Book Value of the assets.
- ⦿ If the termination is due to the non-compliance of the Concessionaire, 90% of the obtained value will be paid
- ⦿ If the termination is due to the application of the Anti-Corruption Clause, 80% of the obtained value will be paid
- ⦿ The Grantor may choose to make the payment in monthly installments.



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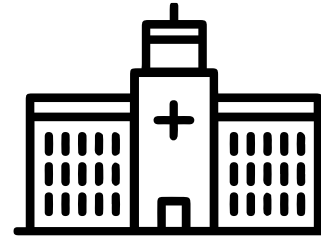
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BIDDING DOCUMENTS

GENERAL ASPECTS

The purpose of this call for bids is to select a natural or legal person, national or foreign, or Consortium, that will form the concessionaire company, in charge of the design, financing, construction, equipment provision, operation and maintenance of the projects:

- “Creation of the Specialized Hospital of the Ancash Healthcare Network - ESSALUD in the district of Nuevo Chimbote, province of Santa, department of Ancash”.
- “Creation of the Specialized Hospital of the Piura Healthcare Network - ESSALUD in the district of Veintiséis de Octubre, province of Piura, department of Piura”.



The following may not be Bidders, directly or indirectly:

The ones who are found within the scope of Article 1366 of the Civil Code;

Persons with impediments in accordance with the provisions of the Law of State Contracts;

Persons (natural or legal) with impediments established by regulations with the force of law;

The ones, who after having been awarded in Public Private Partnership contracts, would have ceased to be due to their breach of the contract.



LEGAL REQUIREMENTS

Numeral 16.1 of the Bidding documents

- By-law
- Sworn Statement certifying the existence and validity of the Legal Person (PJ)
- In the case of a Consortium, a Sworn Statement certifying the existence, validity and solidarity on the obligations assumed in the Tender.
- Sworn Statement signed by the legal representative of the Bidder, indicating the participation % that corresponds to each of its shareholders or partners.
- Simple copy of the proof of payment of the Participation Right.
- Sworn Statement in which it is declared that the powers are in force.
- Sworn Statement of not being disqualified to contract.
- Sworn Statement where the Bidder declares not having direct or indirect participation in any other Bidder.



TECHNICAL REQUIREMENTS

Numeral 16.1 of the Bidding documents

General requirements of experience in concession of sanitary infrastructure:

- To certify a participation not less than 25% in the society or consortium that has contracted at least 2 projects under the PPP modality or concessions, or long-term private participation schemes or similar that include the design, financing, construction, operation and maintenance for a hospital, with at least one hundred (100) beds and that any of the following services operate: hemodialysis or laboratory or imaging.

Requirement of experience in operation and construction of sanitary infrastructure:

- Experience in operation of 2 or more Hospital Services (Annex 22)
- Experience in the construction of two (2) hospital infrastructure projects, whose simple sum of built area has been at least 40.000 m², provided that at least one of the approved projects has been of at least 20.000 m², and that both are in the operational stage.

ENVELOPE No. 1: PRE-QUALIFICATION OF BIDDERS

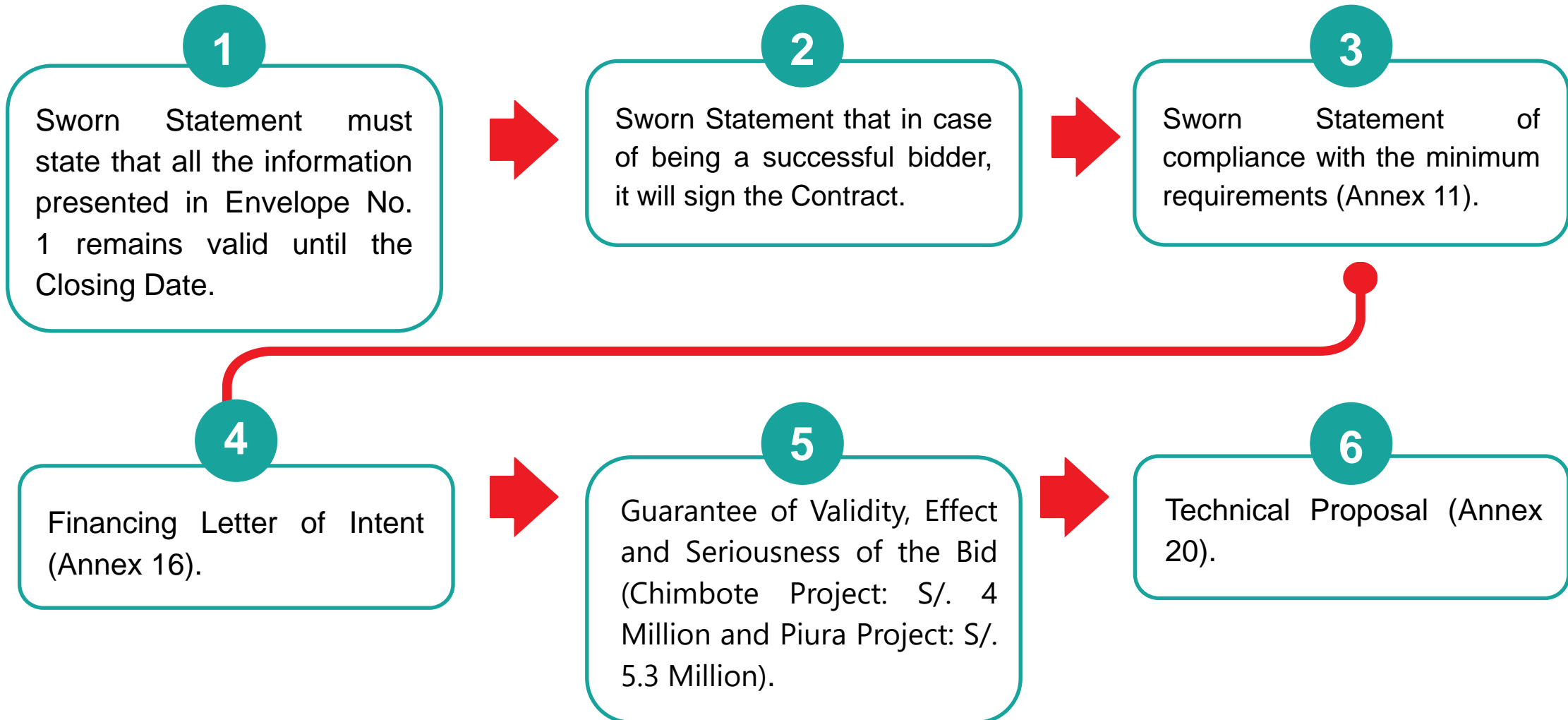


FINANCIAL REQUIREMENTS

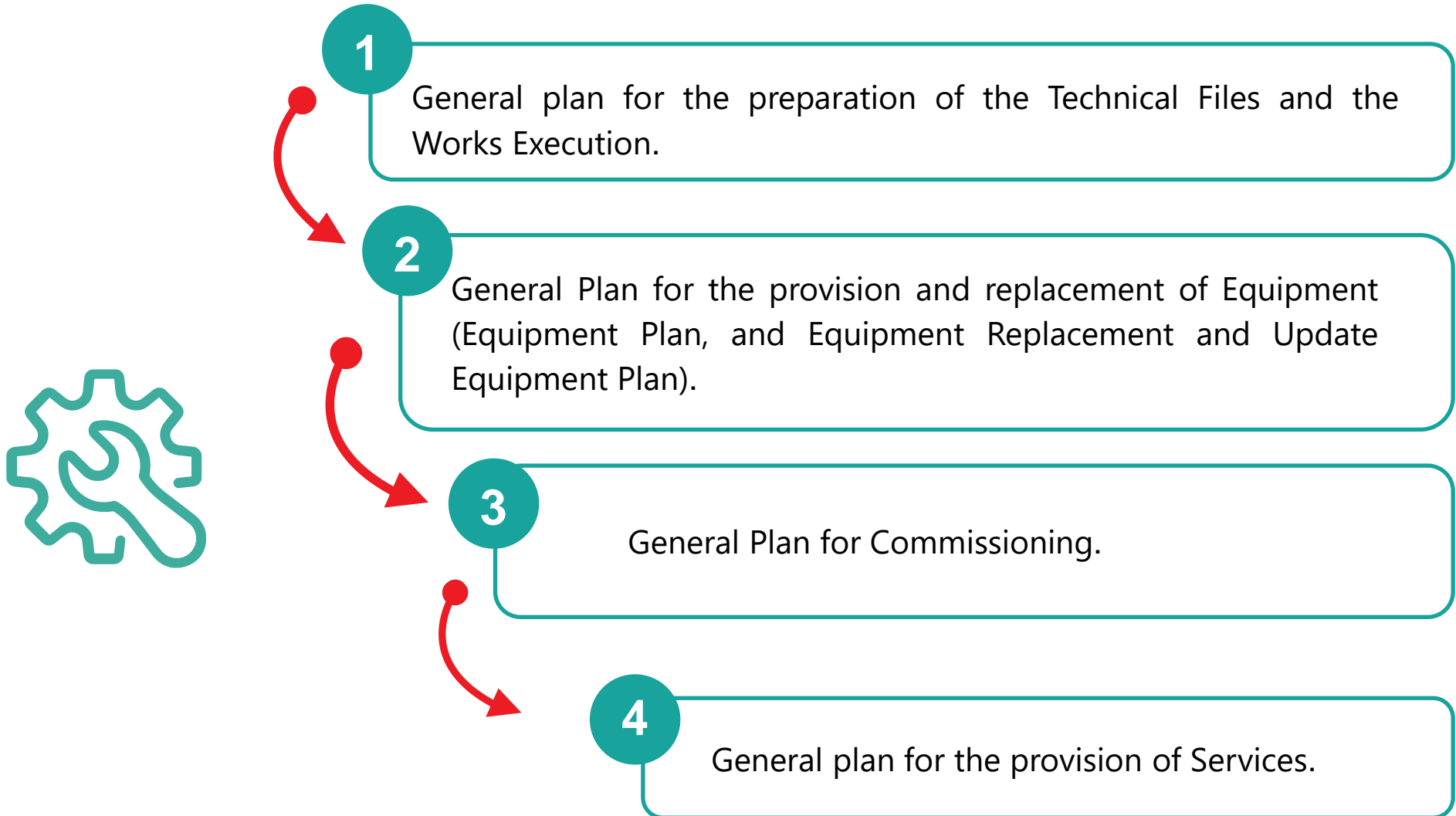
Numeral 16.1 of the Bidding documents

- ⦿ Minimum **net equity** Chimbote Project : S / 85 Million or at the close of the last annual fiscal year immediately prior to the date Envelope N° 1 is submitted.
- ⦿ Minimum **net equity** Piura Project: S / 112 Million or at the close of the last annual fiscal year immediately prior to the date on which Envelope No. 1 is submitted.
- ⦿ If the Bidder of the Chimbote Tender is presented to the Piura Tender or vice versa, it must prove the amount equals the sum of the Minimum Net Equity of both projects

ENVELOPE N° 2: NUMERAL 19 OF THE BIDDING DOCUMENTS



ENVELOPE No. 2: TECHNICAL PROPOSAL



ENVELOPE No. 3: ECONOMIC OFFER (ANNEX 15)



1. Annual Economic Compensation for Investment
CEAI _____

2. Annual Provision for Equipment Replacement
PREA _____

3. Annual financial compensation for fixed services
CEASF _____

4. Variable cost of services.

Food _____

Clothes and Laundry _____

Sterilization _____

Waste Management _____

Hemodialysis _____

Laboratory _____

Imaging _____



AWARD TO A BIDDER
Best Economic Proposal



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COMPETITION FACTOR

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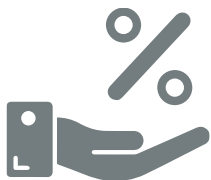
THE COMPETITION FACTOR



The tender is awarded to the bidder who submits the lowest economic offer, since with it, the tender will achieve the highest economic qualification, given by the following formulation:

$$NE_j = \frac{OE_{min}}{OE_j} \times 100$$

The bidder that presents the lowest financial offer will obtain the highest economic qualification, corresponding to 100.



The financial offer of each bidder is a weighting of ten competition factors, including to the investment compensation (CEAI), equipment replacement compensation (CRE), compensation for fixed costs in the provision of services (CEASF), plus the compensation for variable costs in seven services as detailed in the next slide.

THE COMPETITION FACTOR

$$OE_j = \sum_{i=1}^{10} \beta_i \left(\frac{FR_j^i}{FR_{max}^i} \right)$$

Where:

β_i : Weighting of the remuneration factor i (see table).

FR_j^i : Remuneration Factor i offered by the bidder j.

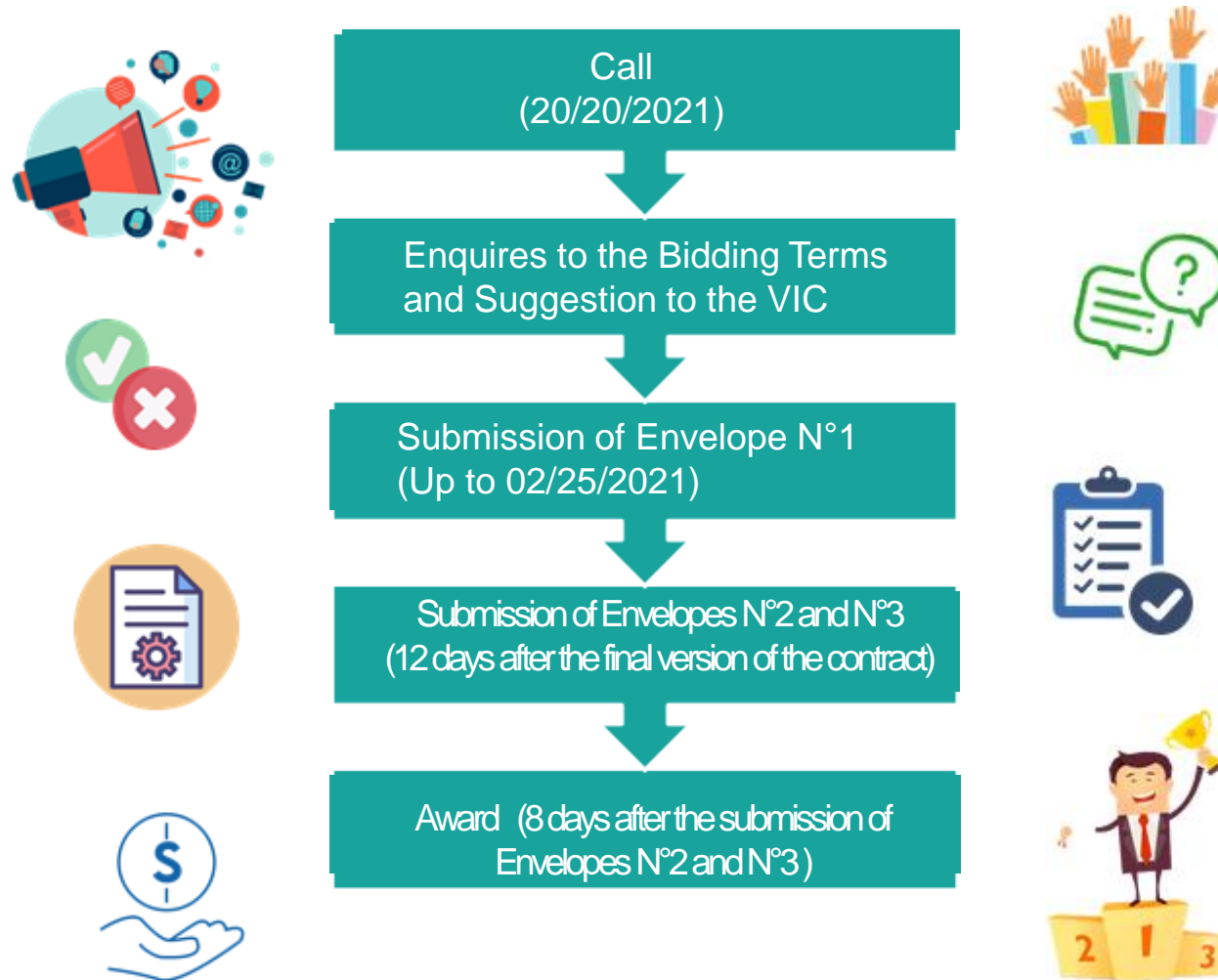
FR_{max}^i : Maximum value that the Remuneration Factor i may take (see table).

OE_j Bidder's Financial Offer j.

i Remuneration factor (Frⁱ)

- 1 CEAI (investment)
- 2 PREA (equipment replacement)
- 3 CEASF (fixed cost of service provision)
- 4 CV Food Service
- 5 CV Clothing and laundry service
- 6 CV Sterilization Service
- 7 CV Waste Management Service
- 8 CV Hemodialysis Service
- 9 CV Laboratory Service
- 10 CV Imaging service

NEXT MILESTONE





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