



## Odisha State Health & Family Welfare Society

Dept. of Health & Family Welfare, Govt. of Odisha  
Annex Building of SIH&FW, Nayapalli, Unit-8, Bhubaneswar-751012  
Phone/Fax: 0674- 2392479/80/88



Advt. No. 42/18

Date: 25.09.2018

### **Proposals invited from credible NGOs/Trusts for management of UPHC in KFA**

OSH&FW Society invites applications from credible NGOs/Trusts for management of Urban PHC under National Health Mission. The organizations interested for partnership should have been registered for five years under the Society Registration Act / Indian Trust Act as detailed in the relevant para on eligibility criteria incorporated in the ToR (Terms of Reference).

The filled up and signed applications complete in all respect and attached with the relevant documents contained in a sealed envelope should reach the office of CDM & PHO cum District Mission Director on or before dt. **11.10.2018 by 05.00 pm** of the last day either by regd. or speed post only. The cover of the envelope should be superscribed with the nomenclature "**Application for Management of UPHC**" in (city/...town). The format of application as prescribed and the Terms of Reference are available on the Website [www.nrhmorissa.gov.in](http://www.nrhmorissa.gov.in). Incomplete applications /applications received in open envelope/ applications from NGOs who are otherwise blacklisted will be rejected. Further the authority reserves the right to reject any application without assigning any reason there to. No personal inquiry shall be entertained.

Sd/-  
Mission Director  
NHM, Odisha

# Term of Reference (ToR)

## Part-I

### Introduction:

NUHM framework mandate for Urban Primary Health Centre (UPHC) in every 50,000 urban population. This will be achieved by both adapting/upgrading the existing facilities and adding new ones. The geographical and social distribution of UPHCs within the city will maximize access for the urban poor. The UPHC should address the health needs of the urban poor, unorganized workers, including both in notified and non-notified slums and people living in the urban areas also.

It will be the explicit mandate of the UPHC to provide priority services to urban poor people, especially those in most difficult circumstances such as street and slum children, the aged, disabled, single women, un-organized workers in unsafe occupations, and survivors of violence. The UPHC will not only integrate RMNCH+A services but also integrate all vertical disease control programs and non-communicable diseases program. It must also cover the preventive, promotive and curative services.

### Objectives of UPHC

- To provide comprehensive primary health care to the urban population in general and particularly the urban poor.
- To achieve and maintain an acceptable standard of quality of care.
- To make the services more responsive and sensitive to the needs of the urban poor.

### A Scope of work in the UPHC in rented building

- 1.1 **Coverage** : Each UPHC covers around 50000 urban population or as per the mapping (it is only be proposed against the new UPHC in the city/town )
- 1.2 **Location of the UPHC:** The UPHC shall be located nearby to the proposed new urban UPHC and should be within 1 km from the proposed new UPHC site. It will be functioning in the rented and Govt. building. Once the building is ready, the UPHC will be shifted to the new building. In case of the non-available of rented building, the Govt. building/community building may be taken for the said purpose and the maintenance cost of the building may be paid from house rent provision in the PIP.
- 1.3 **OPD timing:** As per the Govt. notification no. 5993 dated March 2014, the OPD services will be provided twice in day i.e **(8.00 am to 11.00 am)** morning and **(5.00 pm to 8.00 pm)** in the evening. The notified timings will be strictly followed.
- 1.3 **OPD Consultation:** Free medical consultation will be provided to the patients in the OPD. Provision will be made for two observation beds in the UPHC.
- 1.4 **Specialist OPD services:** The UPHC will provide free consultation on specialist services as per the need. It is proposed to engage O&G, Paediatric specialist, Medicine/Dental/Skin VD/ ENT/ Eye –one day in a week. This service can be extended more days based on the available of resources/need. The specialist will be

available in morning and evening time. The remuneration of the specialists will be paid on monthly basis by the respective UPHC through E Transfer/A/c Payee Cheque. The MO I/C, UPHC will certify the availability of the Specialists in the UPHC for payment.

- 1.5 Diagnostic services:** Basic lab diagnosis/laboratory investigations like general pathology, malaria, dengue, Hemoglobin, Urine albumin and sugar, RPR test for syphilis and Blood Grouping and Rh typing etc. will be provided.
- 1.6 Drugs:** As per the Essential Drug List for the Primary health care services of Govt. of Odisha, free drugs will be available in the UPHC.
- 1.7 Referral services:** Referral services shall be provided as per the provision made in RMNCH+A including Family Planning.
- 1.8. For Outreach services,** there will be one ANM for each 10,000 urban population.

## **B Services under UPHC**

### **1 Clinical/Institution based service**

#### **1.1 Maternal Health**

- Early registration of all pregnancies in the first trimester (before 12th week of pregnancy). However, even if a woman comes late in her pregnancy for registration she should be registered and care given to her according to gestational age. Recording of tobacco use by all antenatal mothers.
- Minimum 4 antenatal checkups and provision of complete package of services during the specialist visit.
- Follow up with high risk cases
- Tracking of left out ANC cases.
- Associated services like providing iron and folic acid tablets, Tetanus Toxoid injection etc. Ensuring at-least 1 ANC preferably the 3rd visit, must be seen by a doctor.
- Counseling services
- Nutrition and health counseling. Brief advice on tobacco cessation if the antenatal mother is a smoker or tobacco user and also inform about dangers of second hand smoke.
- Identification and management of high risk and alarming signs during pregnancy and labour. Timely referral of such identified cases to FRUs/ other hospitals which are beyond the capacity of Medical Officer UPHC to manage.
- Free services under communicable and non-communicable diseases free of cost will be provided in the UPHC.

## **1.2 SAB Delivery Services in UPHC with DP**

In some of selected UPHCs, SAB delivery services would be available to minimize normal delivery load at 2nd referral hospital. In such case, JSY benefit will be disbursed to the beneficiaries.

## **1.3 Family Welfare (FW) services**

- Education, Motivation and Counseling to adopt appropriate Family planning methods.
- Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUCD insertions.
- Referral and Follow up services to the eligible couples adopting permanent methods (Tubectomy/Vasectomy)
- Counseling and appropriate referral for couples having infertility.

## **1.4 Management of Reproductive Tract Infection:**

- Sexually Transmitted Infections
- Health education for prevention of RTI/STIs.
- Treatment of RTI/STIs.

## **1.5 Nutrition Services (coordinated with ICDS)**

- Diagnosis and nutrition advice to malnourished children, pregnant women and others.
- Diagnosis and management of anemia and vitamin A deficiency.
- Referral of SAM cases to NRC in the fixed day

## **1.6 Immunization services**

Immunization session will be held on each Wednesday in all the immunization points and hospital. The staff nurse will ensure immunization in the UPHC. The ANM will organize minimum 4 sessions in every Wednesday of the month. They will organize the sessions based on the micro plan developed at the UPHC.

**1.7 Micronutrient (Vitamin A & IFA) management:** Supervised weekly distribution of Iron-Folic with education about the issue and administration of Vitamin A in needy cases.

**1.8 De-worming:** Supervised Bi-annually schedule Prior IEC Siblings of students also to be covered.

## **2 Outreach services**

- Regular immunization in fixed day basis in a fixed site
- UHND in fixed day basis in a fixed site
- Periodic Health checkups and health education activities, awareness generation and Co-curricular activities by MAS and ASHA
- Promotion of Safe Drinking Water and Basic Sanitation through community groups like MAS, Urban ASHA and others
- Chemoprophylaxis for Malaria in high malaria endemic areas for pregnant women as per NVBDCP guidelines.

- Disinfection of water sources and Coordination with Public Health Engineering department for safe water supply by MAS and WKS.
- Promotion of sanitation including use of toilets and appropriate garbage disposal
- Testing of water quality using H2S - Strip Test (Bacteriological).
- Refer to district public health laboratory
- Referral transport to pregnant women and sick neonates
- Promotion of RSBY to BPL families for free treatment of complicated diseases in empanelled health institutions.

## **C National Health Programs**

### **1 Communicable Diseases**

#### **1.1 Revised National Tuberculosis Control Program (RNTCP)**

- Some of the selected UPHCs shall be designated as DOTS Centers to provide treatment as per RNTCP treatment guideline/designated microscopic centre per 1 lakh population as per norm.
- Collection and transportation of sputum samples as per the RNTCP guidelines
- Linkages with private practitioners, ULB members and urban health care providers.
- Sensitization training to AWWs, ASHA and community volunteers for TB suspects, supervision of DOTS, organization of awareness campaigns and over all facilitate implementation of RNTCP activities, etc.

#### **1.2 National Leprosy Eradication Program**

- Health education to community regarding Leprosy.
- Diagnosis and management of Leprosy and its complications including reactions.
- Training of leprosy patients having ulcers for self-care.
- Counseling for leprosy patients for regularity/ completion of treatment and prevention of disability.

#### **1.3 National Vector Borne Disease Control Program (NVBDCP)**

Diagnosis and Management of Vector Borne Diseases is to be undertaken as per NVBDCP guidelines for UPHC:

- Diagnosis of Malaria cases, microscopic confirmation and treatment.
- Cases of suspected Dengue and JE to be provided symptomatic treatment, hospitalization and case management as per the protocols.
- Complete treatment of microfilaria positive cases with DEC and participation in and arrangement for Mass Drug Administration (MDA) along with management of side reactions, if any.

#### **1.4 Integrated Disease Surveillance Project (IDSP)**

- Weekly reporting of epidemic prone diseases in S,P & L forms and SOS reporting of any cluster of cases
- UPHC will collect and analyze data and will report to UCHC/other referral unit.

- Appropriate preparedness and first level action in out-break situations.
- Laboratory services for diagnosis of Malaria, Tuberculosis, and tests for detection of faecal contamination of water (Rapid test kit) and chlorination level.

### **1.5 HIV/AIDS**

- Referral of HIV/AIDS cases to UCHC/Referral hospital/ART/FICTC to UCHC for treatment.
- IEC activities to create awareness on prevention and control of HIV/AIDS.
- Training will be conducted by OSACS

## **2 Non-communicable Diseases (NCDs)**

### **2.1 Prevention, Promotion and Health Counseling**

- Health promotion for behavior change and communication
- Opportunistic screening for Diabetes and Hypertension using glucometer kits and BP measurement
- Clinical diagnosis and treatment of common CVDs including Hypertension and Diabetes
- Identification of early warning signals of common cancer
- Early diagnosis of COPD
- Detection of Breast/Cervical cancer/oral cancer
- Early diagnosis of mental health disorders
- Early diagnosis of blindness ( cataract and night blindness)
- Early diagnosis of sickle Cell Anemia, Thalassemia, Fluorosis, IDD, etc.
- Identification of suspicious cancer cases through camp approach and in PPP mode
- Referral cases to UCHC/Referral hospitals

### **2.2 Treatment**

- Diabetes
- Hypertension
- Treatment of blindness (night blindness)
- Treatment of other allergic pulmonary conditions

### **2.3 IEC/BCC**

Display of IEC materials on NCDs, advocacy campaigns, leaflets, wall writings, hoardings, etc.

## **D Training**

- Imparting training to UPHC staff in basic health care.
- Orientation training of health workers in various National Health Programs including RCH, Adolescent health services and immunization
- Skill based training to Urban ASHAs MAS and RKS
- Initial and periodic Training of paramedics in treatment of minor ailments.
- All health staff of UPHC would be trained in IMEP.
- Whenever new/higher responsibility is assigned or new equipment/technology is introduced, there must be provision of training.

- Trainings in minor repairs and maintenance of available equipment
- Training of paramedics in indenting, forecasting, inventory and store management
- Development of protocols for equipment (operation, preventive and breakdown maintenance).
- Periodic skill development training of the staff of the UPHC in the various jobs/responsibilities assigned to them.

## **E Basic Laboratory and Diagnostic Services**

### **Essential Laboratory services including**

- Routine urine, stool and blood tests (Hb%, platelets count, total RBC, WBC, bleeding and clotting time).
- Diagnosis of RTI/STDs with wet mounting, Grams stain, etc.
- Sputum testing for mycobacterium (as per guidelines of RNTCP).
- Blood smear examination malarial
- Blood for grouping and Rh typing
- Blood sugar testing
- Cervical cancer test
- RDK for Pf malaria in endemic areas.
- Rapid tests for pregnancy/NISHAYA Kit
- RPR test for Syphilis/YAWS surveillance
- Rapid test kit for fecal contamination of water
- Blood Sugar.

**Validation of reports:** Periodic validation of laboratory reports should be done with external agencies like UCHC/Medical colleges for Quality Assurance.

## **F Record of Vital Events and Reporting**

- Recording and reporting of Vital statistics including births and deaths.
- Maintenance of all the relevant records concerning services provided in UPHC.
- Maternal Death Review (MDR)

## **G UPHC Infrastructure**

The UPHC in the rented and Govt. accommodation should have the details are as follows:

### **UPHC Building**

#### **Location**

It should be located within 1km from the proposed new sites for establishment of the UPHC. The building should have facilities for electricity, all weather road communication, adequate water supply and telephone. UPHC should be away from garbage collection, cattle shed, water logging area, etc. UPHC shall have proper boundary wall and gate.

### **Sign-age**

The building should have a prominent board displaying the name of the Centre in the local language at the gate and on the building. UPHC should have pictorial, bilingual directional and layout sign-age of all the departments and public utilities (toilets, drinking water). Prominent display boards in local language providing information regarding the services available/user charges/fee and the timings of the centre. Relevant IEC material shall be displayed at strategic locations. Citizen charter including patient rights and responsibilities shall be displayed at OPD and Entrance in local language.

**Firefighting equipment** – fire extinguishers, sand buckets etc. should be available and maintained to be readily available when needed. Staff should be trained in using firefighting equipment.

All UPHCs should have Disaster Management Plan in line with the City Disaster management Plan. All health, staff should be trained and well conversant with disaster prevention and management aspects. Surprise mock drills should be conducted at regular intervals.

### **Rooms in the rented /govt. building**

- There should be adequate space like 5 rooms for OPD consultation, laboratory, drugs dispensing, specialist consultation, general store, office room, observation room etc.
- This should have adequate space and sitting arrangements for waiting attendants/patients as per patient load.
- Minimum 2 toilets should be in the rented space.
- The walls should carry posters imparting health education.
- Toilets with adequate water supply separate for males and females should be available.
- Waiting area should have adequate number of fans, coolers, benches or chairs.
- Safe Drinking water should be available in the patient's waiting area.
- There should be proper notice displaying departments of the centre, available services and names of the doctors, users' fee details and list of members of the Rogi Kalyan Samiti/ Hospital Management Committee.
- A locked complaint/suggestion box should be provided and it should be ensured that the complaints/suggestions are looked into at regular intervals and addressed.
- The surroundings should be kept clean with no water logging and vector breeding places in and around the centre.

### **Other amenities**

Adequate water supply and water storage facility (over head tank) with pipe water should be made available. Alternative power backup (inverter/generator) should be available in the UPHC and proper lighting arrangement should be made within the UPHC area.

### **Computer**

Each UPHC should have computer with Internet connection for Management Information System (MIS) purpose.



## **H Staff of UPHC (non DP)**

- Medical Officer 1
- Staff Nurse 2
- Lab. Tech. 1
- Pharmacist 1
- Attendant/ support staff 2
- Data Assistant cum Accountant 1
- Part time specialists 3

(Additional manpower if approved by Govt./ NHM)

Regarding selection of manpower in the UPHC, a committee under the chairpersonship of ADUPHO/ DPHO will be examined the applications and selects the candidate as per the merit list.

### **Staff for Outreach Services**

As per the mapping, the ANM five (5) in numbers (virtual sub-centre) attached to UPHC will be organising outreach camps/programs in their catchment area, i.e., 10000 urban population each. The ANM will report to MO (I/C) of the concerned UPHC.

## **I Rogi Kalyan Samiti (RKS)**

The Rogi Kalyan Samiti (RKS) will be formed at each UPHC as per the approved guideline. The Chief Functionary of the agency managing the UPHC may be added as Member in GB and EB as special invitee. The respective RKS of UPHCs in the targeted facility will be provided with Annual Untied Fund for meeting urgent discreet needs. Separate RKS guidelines have been communicated for effective functioning of RKS at health institution level. Fund provision is given below;

Norms	Amount
UPHC running in rented building	Rs. 1.00 lakh

The amount can be modified by GOI.

## **J Infection Management and Environment Plan (IMEP) at UPHC**

The infection management at UPHC level will be carried out as per the provision under IMEP guidelines prepared by Health & Family Welfare Department, Government of Odisha. Some of the key activities are as follows.

- Procurement of logistics like Bins, Wheel borrow, consumables. Strategic points may be identified where BMW is generated. The recurring expenditures for procurement of logistics may be met from RKS fund.
- Signage
- Containment area development plan
- Authorization from OPCB

- Review cum coordination meeting
- Sanitation committee

## **K Quality Assurance**

Standard Quality Treatment Protocol will be followed as per the Government norms.

## **L Social audit**

To ensure accountability, the Citizen's Charter should be made available in the UPHC. Every UPHC should have a Rogi Kalyan Samiti for improvement of the management and service provision of the UPHC. The Samiti is the appropriate authority to generate its own funds (through users' charges, donation etc. and utilize the same for service improvement of the UPHC. The State Health Society/ City Health Mission/City Health Society/District Health Society / Rogi Kalyan Samiti & others should also monitor the functioning of the UPHCs.

## **M Statuary and Regulatory Compliance**

Clinical establishment Act will be followed to address the statutory and regulatory compliance.

## **N Monitoring & Evaluation**

Monthly review meeting of the ANMs will be conducted under the chairperson/chairmanship of MO (I/C). The report of the virtual sub-centre shall be compiled and consolidated. The monthly report of the U-PHC will be submitted in the prescribed format by 1<sup>st</sup> week of each month to CHC/District/City with a copy to DPMU/CPMU.

The UPHC may submit the reports as per the details given below;

- Monthly HIMS
- Monthly medicine indent
- Monthly report of communicable and non-communicable disease
- Monthly report of vital statistic
- Monthly UHND report
- Monthly status report of MAS
- Monthly status report of ASHA
- Monthly FMR
- Weekly report of Fixed Day Services (FDS), IDSP, Malaria
- Annual Medial Statement ( AMS)
- Annual Administrative Report

The MO (I/c) should visit at least 5% of UHND sites in each month

- Monitoring and supervision of activities of ANM through regular meetings/periodic

- Monitoring of all National Health Programs by Medical Officer
- Monitoring of MAS, Urban ASHAs by LHV and ANM activities

**Internal Mechanisms:**

- Record maintenance, checking and supervision.
- Medical Audit
- Death Audit
- Patient Satisfaction Surveys: For OPD patients.
- Evaluation of Complaints and suggestions received

**External Mechanisms:** Monitoring through the State Health Society/ City Health Mission/City Health Society/District Health Society /Rogi Kalyan Samiti /Community monitoring framework. (as per guidelines of GOI/State Government).

**PART- II**  
**Management of UPHC in KFA through outsourcing mode**

**1. Strategy of Operation**

- The UPHC may be managed by the NGOs/private agency under partnership mode till further decision.
- The Doctors and other required paramedical staff shall be appointed by the implementing Agency as per the norm in consultation with the ADUPHO/DPHO. Personnel engaged by the Agency will be the sole responsibility of the Agency and would have no claim at any time whatsoever, by virtue of their contract with the Agency or for any other reason, for being absorbed into Government service/NHM at a later date.

**2. Duration of the project**

The duration of the project shall be initially till **31<sup>st</sup> March 2019**. However, the project may be extended subject to the fund provision by MoH&FW, GoI in NUHM PIP and satisfactory performance of the NGO in operation & management of the project. The project will be continued maximum to completion of new building and shifting to the place.

**3. Number of UPHC to be functional in rented building**

**Name of the city/town      No of UPHC**

**Rourkela                                      : 1 UPHC**

**Puri    : 1 UPHC**

**Jatani (Khordha)                         : 1 UPHC**

The city health society in case of corporation city and District Health Society in case of other city will allocate the areas and UPHC to the NGOs

**4. General terms & conditions**

1. The Agency will engage its own manpower in the UPHC in KFA as per the UPHC staffing norm in consultation with the ADUPHO/DPHO.
2. The Agency shall open and maintain a separate saving bank account in respect of the grants released for the project.
3. The Agency has to submit required statutory reports in standardized reporting formats to the CHS/ZSS/NHM.
4. The amount of grant should be utilised only for the purpose for which it is sanctioned and the unspent balance of the grants shall be refunded after the close of the financial year.

5. The Agency will submit quarterly statement of expenditure (SoE) and progress report to the CHS/ZSS with a copy to NHM. At the end of the project year, the Agency shall furnish annual report of the project along with audited reports.
6. The Agency will give a certificate of undertaking during the application and also along with MoU that the organization has not been blacklisted by Government or any Govt. Agencies.
7. The Agency will give another certificate of undertaking during the application and also along with MoU that any office bearer on behalf of the organization has not convicted by any court of law in India or abroad for any criminal offence.
8. The Agency has to ensure to provide primary health services as per the UPHC operational guideline.
9. The Agency will cooperate and collaborate in implementation other National Disease Control Programs in the project area.
10. After closure of the project, the Agency required to handover the detail assets, records etc created out of the project cost to CHS/ZSS.

## 5. Deliverables

The Agency has to ensure achievement of following deliverables during operation & management of the project;

1. effectively management of the UPHC as per the norms and standard
2. perform the assignment /task in the schedule time

## 6. Eligible criteria of the NGO for making partnership for this project

1. **Registration:** Five years under the Society Registration Act / Indian Trust Act. Registration under section 12-A of Income Tax Act 1961 for exemption, if the Agency is a non-profit organization.
2. **Experience:** Minimum five years proven field level experience in H&FW programmes or any Social Development Sectors. Advantages will be given to NGOs having experience in operation of Urban PHC/ PHC (N)/ bedded hospital/ Clinics established under clinical establishment act with Govt./ other development agency funding support.
3. **Assets:** Minimum fixed assets of rupees eight lakhs in the name of the Agency in terms of land / building / assets.
4. **Turnover:** Minimum of rupees twenty lakhs as per the last financial year (2017-18) balance sheet.
5. **Not been blacklisted** or placed under funding restriction by any Government or Govt. Agencies.
6. Any office bearer on behalf of the organization should not be convicted by any court of law in India or abroad for any criminal offence.

7. **Adverse report** against any Agency from the District / NHM / any Govt. Departments or partnership has been discontinued due to poor performance in implementation of any PPP projects under NHM identified during external evaluation shall not be eligible.

## **7. Selection criteria of the NGO for the project**

The following process shall be followed in the selection of partner NGO for the project;

- (a) Wide advertisement in leading national/ state newspapers at National/ State level.
- (b) Desk appraisal of the applications /proposals by a committee at the District level
- (c) District level committee will fix up a suitable date for verification of the documents/ records submitted by the NGO/ Trust and finalize the score sheet based on assessment.
- (d) District NGO Committee headed by Collector & DM to finalise the NGO based on the assessment score sheet & credibility of the NGO and further recommendation to State NGO Committee.
- (e) State Scrutiny Committee will scrutinize the recommendation of the District NGO Committee and endorsed to the State NGO Committee for decision, if proper process during selection has been followed at the District level.
- (f) The State NGO Committee of OSH&FWS will decide on final approval.
- (g) District may keep a panel list of the NGOs, secured cut off mark i.e minimum 50% during the selection.
- (h) One UPHC will be allowed to one NGO in city against the advertisement.
- (i) Weightage shall be given to local NGO based on their working experience in the district.
- (j) Any NGO can apply for any district.

## **8. Monitoring Mechanism**

1. A system of ongoing monitoring shall be done by CHS/ZSS to assess the performance of the partner Agency and impact of the service.
2. The CHS/ZSS will organize review meeting of all projects in every month.

## **9. Willingness of Allopathic Doctor**

The interest agency apply for the project are required to submit a willingness certificate of an Allopathic Doctor to work in the UPHC with the application form which is mandatory, falling which the application shall be rejected. The concerned Doctor should not the hold any office bearer position of the same organization.

## 10. NHM, Odisha may review/organize evaluation of the project, as and when required **Withdrawal of partnership**

In case of failure to comply with terms and condition of the MoU, City Health Society/District Health Society /NHM may suspend or cancel the MoU signed for the project. Similarly, CHS/DHS or NGO shall have the right to terminate the MoU at any time with **thirty days notice** in writing indicating reasons for the same to the other party. The Govt./NHM/CHS reserves the right to cease the operation of the bank account in which grant under this scheme credited by giving direction directly to the Banker. Govt. /NHM/CHS have the right to stop the funding to the NGO at any time without assigning any reason.

## 11. Grievance redressal Mechanism;

All the grievances relating to partnership programme shall be resolved at the level of District NGO Committee headed by the Collector & Dist. Magistrate at District level.

## 12. Application procedure

The interested and eligible NGOs may submit their application with necessary relevant signed documents in the prescribed application format (enclosed) only to the CDM & PHO cum District Mission Director, NHM of concerned district where the project is required through speed post/registered post only before dt. **11.10.2018 by 5.00 P.M.** **The close envelope clearly leveled Application for Management of UPHC in city/ town.** Applications received after the due date or in an open envelope or lack of required information's shall be rejected. No personal enquiry shall be entertained. The application should be submitted to respective district as per the details given below.

**For Rourkela city** - CDM & PHO cum District Mission Director, NHM, Sundargarh district

**For Puri city** - CDM & PHO cum District Mission Director, NHM, Puri district



**For Jatani city** - CDM & PHO cum District Mission Director, NHM, Khordha district

## 13. Documents to be submitted with the application

- (a) Proposal for management of UPHC.
- (b) Self certified copy of the Society registration /Indian Trust Act certificate.
- (c) Self certified copy of the 12-A registration certificate.
- (d) Self certified copy of the 80- G registration certificate (if available).
- (e) Self certified copy of the Audit report for last three financial years (2015-16, 2016-17 & 2017-18)
- (f) Self certified copy of the last three years annual reports (2015-16, 2016-17 &

- 2017-18).
- (g) Proof of infrastructure, land and building of minimum 8 lakhs as fixed assets in the name of the NGO and minimum of Rs. 20 lakhs turnover as per last balance sheet of 31/3/2018 (self certified copy).
  - (h) Bye law and memorandum of the NGO (self certified copy).
  - (i) Grant letters received from different organizations /Govt etc. (self certified copy).
  - (j) Experience on Health and Family Welfare & other social development Program with the support of Govt./ Donor Agencies (attach the agreement/MoU documents with self certification).
  - (k) Undertaking by the Agency that not been blacklisted or placed under funding restriction by any Government or Govt. Agencies.
  - (l) Undertaking of the NGO that; any office bearer on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence.
  - (m) Undertaking of the NGO that; has not been blacklisted by any Government (State or Central) Department or Agency in India, which is in force during the currency of the contract.
  - (n) Copy of the award received from any Govt. for significant contribution in development of social sector.
  - (o) Copy of the willingness of doctor (allopathic). The doctor should not the office bearers of the organization.
  - (p) Copy of the proof of the management of hospital ( in case of hospital manage by the agency )
  - (q) Copy of the staff details with their name, qualification and designation
  - (r) Copy of Bank pass book



	<b>APPLICATION FORM FOR OPERATION &amp; MANAGEMENT OF URBAN PHC IN PARTNERSHIP MODE</b>	
	Name of the City _____ Name of the District _____	

1	<b>Name of the Organization.</b>	
2	<b>Registered Office address with phone, fax number and email ID</b>	
3	<b>Name of the Chief Functionary with Mobile number.</b>	
4	<b>Detail address with phone number of the District Office for which funding seeking.</b>	
5	<b>Year of operation of the activities in the District for which funding seeking.</b>	
6	<b>Which year the organisation has received 1<sup>st</sup> grant from Govt./Non-Govt. (attach copy)</b>	
7	<b>a. Date &amp; year of society registration under Society Registration Act / Indian Trust Act (Attach copy)</b> <b>b. Act under which registered</b>	
8	<b>Year of 12 A registration (Attach copy)</b>	
9	<b>a. Whether registered under 80 G (Attach copy)</b> <b>b. Whether FCRA registered organization. If available (Attach copy of the registration)</b>	Yes / No Yes / No

10	<b>Bank details (account number and address)</b>	
11	<b>PAN Number ( Attach photocopy)</b>	Yes / No

**12. Financial turn over**

Year	Income (Rs.)	Expenditure (Rs.)	Fixed asset as per the balance sheet (Rs.)
2015-16			
2016-17			
2017-18			

**13. Experience in H&FW Programme or any other Social Development Program out of Govt. funding support**

Name of the program	Supported by	Programme duration (from-to)	Operational area	Project cost	Remark

(Attach copy of the Agreement/MoU to assess the duration of project)

**14. Experience in H&FW Programme or any other Social Development Programme out of funding support from any other Development Agencies/UN Agencies/Corporate etc.**

Name of the program	Supported by	Programme duration (from-to)	Operational area	Project cost	Remark

(Attach copy of the Agreement/MoU to assess the duration of project)

**15. Experience in management of Urban PHC/ PHC (N)/ bedded hospital/ Clinics established under clinical establishment act with Govt./ other development agency funding support.**

Name of the program	Supported by	Programme duration( from-to)	Project cost	Remark

(Attach copy of the Agreement/MoU to assess the duration of project)

**16. Detail project proposal for UPHC operation & management:**

**17. Staff position of the organization as on 31/03/2018:**

Staff categories	Full time ( Number)	Part time ( Number )
Doctor		
Paramedical		
Office staff		
Field staff		

**18. Undertaking of the NGO that; any office bearer on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence.**

**19. Undertaking of the NGO that; has not been blacklisted by any Government (State or Central) Department or Agency in India, which is in force during the currency of the contract.**

**20. Any other information:**

**Declaration:**

I hereby certify that, I have read the rules and regulation of the Scheme/Project and the above information furnished is true to the best of my knowledge and belief.

**Signature of Chief Functionary with seal**

**Name of the Chief Functionary\_\_\_\_\_**

**NB:**

- 1. Incomplete applications will be rejected.**
- 2. Each page of the proposal document should be signed by the Chief Functionary or his/her authorize of the Agency.**

**Budget:**

SI No	Particulars	Unit of measure	Unit cost excluding PI	Cost Estimate per UPHC (Annually) (Rs.)
<b>I</b>	<b>Manpower cost</b>			
1	Medical Officer I/C (1)	Per month	50,400	6,04,800
2	MO (Part time)	Per month	30000	3,60,000
3	Staff Nurse (2)	per month	12978	3,11,472
4	Lab Technician (1)	Per month	10311	1,23,732
5	Pharmacist (1)	Per month	10311	1,23,732
6	Support Staff (2) (payment as per labour act) : No PI applicable	Per month	8415	2,01,960
7	Data Assistant cum Accountant	Per month	8820	1,05,840
	<b>Sub Total (I)</b>			<b>18,31,536</b>
<b>II</b>	<b>Medicine cost</b>			0
	<b>Sub Total (II)</b>			<b>0</b>
<b>III</b>	<b>Contingency</b>			
1	Office Expenses	Per month	5000	60,000
2	Mobility Support	Per month	2000	24,000
3	House Rent	Per month	15000	1,80,000
	<b>Sub Total (III)</b>			<b>2,64,000</b>
	<b>Total (I+II+III)</b>			<b>20,95,536</b>
<b>IV</b>	Management cost to NGOs/MC			1,75,000
<b>Grand Total</b>				<b>22,70,536</b>

**Annexure II:** List of Suggested Equipment's and Furniture including Reagents and Diagnostic Kits for UPHC

## **Essential**

1. Equipment for New Born Care and Neonatal
2. IUCD insertion kit.
3. Equipment/reagents for essential laboratory investigations.
4. Refrigerator.
5. ILR (Small) and DF (Small) with Voltage Stabilizer.
6. Cold Boxes (Small & Large): Small- one, Large –two.
7. Vaccine Carriers with 4 Icepacks: Two per SC(maximum 2 per polio booth) + 1 for PHC.
8. Spare ice pack box: 8, 25 & 60 ice pack boxes per vaccine carrier, Small cold box & large cold box respectively.
9. Waste disposal twin bucket, hypochlorite solution/bleach: As per need.
10. Freeze Tag: 2 per ILR bimonthly.
11. Ice box.
12. Computer with accessories including internet facility.
13. Binocular microscope.
14. Equipment under various National Programmes.
15. Adult weighing scale.
16. Baby weighing scale.
17. Height measuring Scale
18. Sponge holding forceps – 2.
19. Vulsellum uterine forceps – 2.
20. Tenaculum uterine forceps – 2
21. Torch without batteries – 2.
22. Battery dry cells 1.5 volt (large size) – 4.
23. Bowl for antiseptic solution for soaking cotton swabs.
24. BMW & IMEP facility as per norm.
25. Kits for testing residual chlorine in drinking water.
26. H<sub>2</sub>S Strip test bottles.
27. Head Light
28. Ear specula.
29. B.P. Apparatus table model – 2.
30. Stethoscope – 2.
31. Artery Forceps-6
32. Eles forceps-6
33. Needle Holder-4
34. Cutting needles of different Sizes- Small, Medium, Big-6
35. Suturing materials silk
36. Scissors- 2 pairs
37. Stitch Cutter-2
38. Toothed forceps-6
39. Plain forceps - 6
40. Tooth extractor Universal - 1
41. Mouth gag - 1
42. Gastric tube for waxing-6
43. Needle Cutter of different Sizes-6

## **Desirable**

1. Room Heater/Cooler for immunization clinic with electrical fittings as per need.
2. Ear Syringe.

3. Otoscope.
4. Nebuliser – 1

### **List of equipment for Pap smear**

1. Cusco's vaginal speculum (each of small, medium and large size)
2. Sim's vaginal speculum – single & double ended -(each of small, medium and large size)
3. Sterile Gloves
4. Sterilised cotton swabs and swab sticks in a jar with lid
5. Kidney tray for keeping used instruments
6. Bowl for antiseptic solution
7. **Antiseptic solution:** Chlorhexidine 1% or Cetrimide 2% (if povidone iodine solution is available, it is preferable to use that)
8. Cheatle's forceps
9. For vaginal and Pap Smears:
10. Clean slides with cover slips
11. Cotton swab sticks
12. KOH solution in bottle with dropper
13. Saline in bottle with dropper
14. Ayre's spatula
15. Fixing solution/hair spray

### **Requirements of the laboratory**

#### **Essential**

#### **Reagents**

1. Uristix for urine albumin and sugar analysis
2. ABO & Rh antibodies
3. Gram's iodine
4. Crystal Violet stain
5. PH test strips
6. RPR test kits for syphilis
7. H<sub>2</sub>S Strip test kits for faecal contamination of drinking water
8. Test kits for estimation of residual chlorine in drinking water using orthotoluidine reagent
9. 1000 Nos Whole Blood Finger Prick HIV Rapid Test and STI Screening Test each.
10. 1% hypo chloride solution

#### **Essential**

#### **Glassware and other equipment:**

1. Colorimeter
2. Test tubes
3. Pipettes
4. Glass rods
5. Glass slides
6. Cover slips
7. Differential blood cell counter (Desirable)
8. Glucometer (Desirable)

### **List of Furniture at UPHC**

The list is indicative and not exhaustive. The Furniture/fittings and Medical and Surgical items are to be provided as per need and availability of space and services provided by the PHC.

### **Essential Items**

1. Examination table 1
2. Writing tables with table sheets 1
3. Plastic chairs (for in-patients' attendants) 6
4. Armless chairs 16
5. Full size steel almirah 7
6. Table for Immunization/FP/Counselling 1
7. Bench for waiting area 2
8. Wheel chair 1
9. Stretcher on trolley 1
10. Wooden screen 1
11. Foot step 2
12. Stool 2
13. Medicine chest 1
14. Lamp 1
15. Side Wooden racks 2
16. Fan in each room
17. Tube light in each room- CFL, LED
18. Basin 2
19. Basin stand 2
20. Buckets 4
21. Mugs 4
22. LPG stove 1/ Induction heater
23. LPG cylinder 1
24. Dustbin 5- BMW Buckets
25. Coloured Puncture proof bags as per need
26. Generator/Inverter (5 KVA with POL with immunization purpose)
27. Coloured poly bags as per need
28. Generator/Inverter (5 KVA with immunization purpose)

### **Essential Medical/Surgical items**

1. Blood Pressure Apparatus 3(Non-mercury is desirable)
2. Stethoscope 3
3. Tongue Depressor 2
4. Thermometer Clinical 2
5. Hub cutter 2
6. Needle Destroyer 2
7. Instrument trolley 2
8. I V stand 2
9. Macintosh for labour and OT table As per need
10. Red Bags As per need
11. Black bags As per need
12. One observation bed, mattress, bed sheet and pillows

**SCORING SHEET BASED ON THE ASSESSMENT OF THE ORGANISATION ON UPHC**

Name of the Organization :

Name of the City applied for :

Sl.	Areas of assessment	Maximum marks	Marks obtained	MOV
1	<b>Registration &amp; establishment ( 25 marks)</b>			
	a) Society Registration Act/Indian Trust Act/Indian Religious and Charitable Act (5-10 yrs-3 marks, >10 yrs-5 marks)	5		Registration certificate
	b) Registered under 80G (if yes-1 mark, if No-0)	1		80 G regd. certificate
	c) Working experience in the district (completion of minimum one year in project implementation-5 marks, completion of two years-7.5 marks and completion of 3 years & above-10marks)	10		MOU/Sanction order/Agreement
	d) Governance System (Meeting & minutes of the Executive Committee/ Governing body meeting based on bye-law & Memorandum of the society in the last financial year): (Less than 50% meeting-0 mark, 50%-75% meeting - 1 mark , >75% meeting - 2 marks)	2		Proceeding/ Meeting register of GB & EB
	e) Multi State experience in implementation of any social development projects with minimum length of one year.	7		MOU/Sanction order/Agreement
2	<b>Field level Experience (50 marks)</b>			
	a. Experience in H&FW Programme or any other Social Development Programme out of Govt. funding support <b>(maximum 20 marks)</b> (Experience mentioned at 2.c should not be considered while calculating the year of experience) (1-5 yrs-10 marks, >5-10 yrs-15 marks, > 10Years-20 marks)	20		MOU/Sanction order/Agreement
	b. Experience in H&FW Programme or any other Social Development Programme out of funding support from any other Development Agencies/UN Agencies/Corporate etc. <b>(maximum 10 marks)</b> . (Experience mentioned at 2.c should not be considered while calculating the year of experience) (1-3 yrs-5 marks, >3-5 yrs-7.5 marks, > 5Years-10 marks)	10		MOU/Sanction order/Agreement
	c. Experience in management of Urban PHC/ PHC (N)/ bedded hospital/ Clinics established under clinical establishment act with Govt./ other development agency funding support. <b>(Maximum 20 marks)</b> . (completion of one year to two years-5 marks,>2-5 years-10 marks and > 5 years -20marks)	20		MOU/Sanction order/Proof of registration in case of private hospital
3	<b>Financial strength/capacity (20 marks)</b>			
	a. Financial turn over (minimum 20 lakhs as per last audit report - >20-30 lakhs -4 marks, > 30-	10		Audit report of last financial year



	40 lakhs-6 marks, > 40-50 lakhs- 8 marks & >50 lakhs-10 marks)			
	b. Proper maintenance of books of accounts (Assessed through verification)	4		Record/ register verification
	c. Fixed assets in the name of the organization (minimum Rs. 8-10 lakhs assets-4 marks, > 10 lakhs assets-6 marks)	6		Balance sheet & fixed asset register
	<b>Other strength (05 marks)</b>			
	a. Existing staff other than office bearer and project staff in the payroll of the organization (documents to be verified. <b>Maximum-2 marks</b> ). 2-5 staff – 1 mark, >5 staffs– 2 marks)	2		Aquittance & HR documents
4	b. If the organization received any National/ State / District level awards from Govt. or any renowned organization for significant contribution in development of social sector ( <b>maximum-3 marks</b> ). (National level award-3 marks, State level award-2 marks, District level award -1 mark)	3		Award/ Certificate
<b>Total</b>		<b>100</b>		

**Name and Signature of the  
NGO functionary with seal**

**Signature of the appraisers**