



Chief District Medical & Public Health Officer,  
Keonjhar, Odisha

RFP No: 4518 /2023

Date: 22.09.2023

**REQUEST FOR PROPOSAL**

**Operationalization of Mobile Medical Units (MMU) in Keonjhar, Odisha under DMF, Keonjhar**

Chief District Medical & Public Health Officer (CDM&PHO), Keonjhar, Govt. of Odisha, invites sealed proposals from eligible bidders for “**Operationalization of Mobile Medical Units (MMU) in Keonjhar, Odisha under DMF, Keonjhar**”

Bidders fulfilling the prescribed eligibility criteria of the RFP can access and download the complete RFP Document and other details from <https://kendujhar.nic.in>

The major events under the bid process are:

Sr. No.	List of Key Events	Critical Dates
1	Date of Issue of RFP	22.09.2023
2	Deadline for Submission of Pre-Proposal Query	30.09.2023 on 'dpmu.nhmkeonjhar@gmail.com'
3	Issue of Pre-proposal Clarifications	04.10.2023 via online mode on www.kendujhar.nic.in
4	Last Date for Submission of Bid	16.10.2023 before 12.30 PM
5	Date of Opening of Technical Bid	16.10.2023 at 04.00 PM
6	Date of Technical Presentation	18.10.2023 at 04.00 PM of only those Bidders who qualify in the Stage I of the evaluation {Pre-qualification Criteria}
7	Date of Opening of Financial Bid	Shall be communicated to the qualifying bidders via email

The proposal complete in all respects must reach the undersigned by **Speed Post/Registered Post / Courier** only latest by **16.10.2023 before 12.30 PM** in a sealed envelope clearly mentioning on the top of it “**Operationalization of Mobile Medical Units (MMU) in Keonjhar, Odisha under DMF, Keonjhar**”. The proposals received beyond the last date and time will be rejected. The authority reserves the right to reject any/ all proposals without assigning any reason thereof.

**Address for Submission of Proposal:**

Chief District Medical & Public Health Officer (CDM&PHO), Keonjhar,  
District Headquarter Hospital, Keonjhar, Odisha – 758001

## **Request for Proposal**

### **Operationalization of Mobile Medical Units (MMU) in Keonjhar, Odisha under DMF, Keonjhar**



**Chief District Medical & Public Health Officer (CDM&PHO),  
Keonjhar  
Government of Odisha**

**September 2023**

## Contents

Disclaimer .....	6
Section I: Letter of Invitation and Factsheet .....	7
1. Letter of Invitation .....	7
2. Bidder Data and Factsheet .....	8
Section II: Instructions to the Bidders.....	9
1. Pre-Qualification Criteria.....	9
2. Documents / Formats for submission along with Technical Proposal.....	10
3. Bid Processing Fee.....	11
4. Earnest Money Deposit (EMD) .....	11
5. Validity of the Proposal .....	12
6. Pre-Proposal Queries .....	12
7. Submission of Proposal.....	13
8. Opening of the Proposal.....	14
9. Evaluation of Proposal .....	15
10. Evaluation of Financial Proposal .....	17
11. Contract Negotiation.....	17
12. Award of Contract.....	18
13. Performance Bank Guarantee (PBG).....	18
14. Conflict of Interest .....	19
15. Disclosure .....	19
16. Anti-corruption Measure.....	19
17. Language of Proposals .....	20
18. Cost of Bidding.....	20
19. Legal Jurisdiction.....	20
20. Governing Law and Liquidate Damages .....	20
21. Confidentiality .....	21
22. Amendment of the RFP Document.....	21
23. Client's right to accept any proposal, and to reject any or all proposal/s .....	21
24. Copyright, Patents and Other Proprietary Rights.....	21
25. Force Majeure .....	21
26. Settlement of Disputes .....	22
27. Disqualification of Proposal.....	22
28. Compliance to the Statutory and Legal Requirements.....	23
29. Compliance to Minimum Wages Act and Other Statutory Requirements .....	23
30. Damages for Mishap/Injury .....	23

Section III: Terms of Reference .....	24
1. Introduction.....	24
2. Objectives .....	25
3. Scope of Work and Functioning .....	25
4. Suggested Package of Services to be provided in MMUs .....	28
5. Technical Specifications .....	29
6. Human Resources for MMUs .....	37
7. Duties and Responsibilities of the Staff of the MMU.....	39
8. Details of Patient Data for Examination .....	41
9. Coverage of Services .....	41
10. Detailed Project Execution Plan .....	42
11. Responsibility of the Selected Bidder.....	42
12. Criteria for Planning of Points of Service Delivery i.e., Camps.....	44
13. Project Duration.....	45
14. Inspecting, Testing and Quality Control.....	45
15. Steps for Project Implementation.....	46
16. Responsibilities of CDM&PHO Keonjhar.....	46
17. Responsibilities of DMF Keonjhar .....	47
18. Monitoring and Evaluation .....	47
19. Reporting Arrangements.....	47
20. Termination of the Project and MOU .....	48
Section IV: Technical Proposal Submission Forms.....	49
Tech - 1 Covering Letter.....	49
Tech 2: Bidder's Organization (General Details) .....	50
Tech 3: Bidders Financial Details.....	51
Tech 4: Format for Power of Attorney.....	52
Tech 5: Bidders Past Experience Details .....	53
Tech 6: Declaration of Conflict of Interest and Activities.....	54
Tech 7: Comments and Suggestions on the Terms of Reference / Scope of Work and Counterpart Staff and Facilities to be provided by the Client.....	55
Tech 8: Description of Approach, Methodology and Workplan to Undertake the Assignment.....	56
Tech 9: Proposed Plan to Carry out the Assignment .....	57
Tech 10: Non-Consortium Declaration.....	58
TECH 11: Affidavit Format for Not Blacklisting.....	59
Section V: Financial Proposal Submission Forms.....	60
FIN 1: Covering Letter.....	60
Section VI: Annexures.....	61
Annexure I: Bid Submission Checklist.....	61

Annexure II: Performance Bank Guarantee Format .....	63
Annexure III: List of Block-wise Healthcare Facilities .....	64
Annexure IV: Approximate List of Medicines, Drugs and Consumables to be made available in MMU 74	
Annexure V: Approximate List of Consumables to be available in MMU .....	80
Annexure VI: Proposed Specifications for Fabrication of MMUs .....	81
Annexure VII: Proposed Vehicle Design Plan.....	87
Annexure VIII: Proposed Monthly Reporting Formats .....	89
Annexure IX: Proposed Daily Reporting Format for Each MMU.....	90
Annexure X: List of Mining Affected Villages in Keonjhar, Odisha .....	91
Annexure XI: Definitions and Acronyms .....	107

### **Disclaimer**

This Request for Proposal (RFP) is issued by the Chief District Medical and Public Health Officer, Keonjhar, Odisha, hereinafter referred to as CDM&PHO Keonjhar, Government of Odisha.

While the information in this RFP has been prepared in good faith, it does not support to be comprehensive or to have been independently verified. Neither CDM&PHO Keonjhar, Odisha nor any of its officers or employees, nor any of their advisers nor consultants accept any liability or responsibility for the accuracy, reasonableness or completeness of, or for any errors, omissions or misstatements, negligent or otherwise, relating to the proposed assignment, or makes any representation or warranty, express or implied, with respect to the information contained in this RFP or on which this RFP is based or with respect to any written or oral information made or to be made available to any of the recipients or their professional advisers and, so far as permitted by law and except in the case of fraudulent misrepresentation by the party concerned, and liability therefore is hereby expressly disclaimed.

The information contained in this RFP is selective and is subject to updating, expansion, revision, and amendment at the sole discretion of the CDM&PHO Keonjhar, Odisha who is the Client. It does not claim to contain all the information that a recipient may require for the purposes for deciding for participation in this selection process. Each bidder must conduct its own analysis of the information contained in this RFP, to correct any inaccuracies therein and is advised to carry out its own investigation into the proposed assignment, the regulatory regime which applies thereto and by and all matters pertinent to the project and to seek its own professional advice on the legal, financial, and regulatory consequences of entering into any agreement or arrangement relating to the project.

This RFP includes certain statements, information, projections, and forecasts with respect to the proposed assignment. Such statements, information, projections, and forecasts reflect various assumptions made by the management, officers, and employees of the CDM&PHO Keonjhar, Odisha / Client, which (the assumptions and the base information on which they are made) may or may not prove to be correct. No representation or warranty is given as to the reasonableness of forecasts or the assumptions on which they may be based and nothing in this RFP is, or should be relied on as, a promise, representation, or warranty.

CDM&PHO Keonjhar, Government of Odisha shall be the sole and final authority with respect to selection of an Agency for the purpose through this RFP.

## Section I: Letter of Invitation and Factsheet

### 1. Letter of Invitation

**RFP No:**

**Dated:**

**Name of the Assignment: Operationalization of Mobile Medical Units (MMU) in Keonjhar, Odisha under DMF, Keonjhar.**

1. The “Chief District Medical and Public Health Officer, Keonjhar” Government of Odisha (The Client) invites sealed proposal from eligible bidder under the process for “**Operationalization of Mobile Medical Units (MMU) in Keonjhar, Odisha under DMF, Keonjhar**” More details on the proposed study are provided at Section-3: Terms of Reference (ToR) of this RFP Document.
2. A bidder will be selected under QCBS Selection procedure as prescribed in the RFP Document in accordance with the procedures prescribed herewith circulated vide Office Memorandum No. 37323/F, Dated: 30.11.2018 of Finance Department, Govt. of Odisha.
3. The proposal, complete in all respect as specified in the RFP Document must be accompanied with a non-refundable amount of INR. 10,000/- (Rupees Ten Thousand only) towards Bid Processing Fee and a **Refundable amount towards EMD of INR 10,00,000/- (Rupees Ten Lakhs only)** in form of **Demand Draft (DD) in favour of “CDMO, Keonjhar, DMF”** drawn from any Scheduled/Nationalized Bank and payable at Keonjhar, Odisha failing which the bid will be rejected.
4. The proposal must be delivered at the specified address as per the Bidder Data Sheet by Speed post / Registered Post / Courier only. The Client shall not be responsible for postal delay or any consequence. Submission of proposal through any other mode will be rejected.
5. The last date and time for submission of proposal complete in all respects is Dt. 16.10.2023 before 12.30 PM and the date of opening of the technical proposal is 16.10.2023 at 04.00 PM in the presence of the bidder’s representative at the specified address as mentioned in the Bidder Data Sheet. Representatives of the bidders may attend the meeting with due authorization letter on behalf of the bidder.
6. This RFP includes following sections:
  - a. Letter of Invitation [Section – I]
  - b. Instructions to the Bidder [Section – II]
  - c. Terms of Reference [Section – III]
  - d. Technical Proposal Submission Forms [Section – IV]
  - e. Financial Proposal Submission Form [Section –V]
  - f. Annexure [Section – VI]
7. While all information/data given in the RFP are accurate within the consideration of scope of the proposed assignment to the best of the Client’s knowledge, the Client holds no responsibility for accuracy of information, and it is the responsibility of the bidder to check the validity of information/data included in this RFP. The Client reserves the right to accept / reject any / all proposals / cancel the entire selection process at any stage without assigning any reason thereof.

-S/D

**Chief District Medical and Public Health Officer,  
Keonjhar, Odisha**

## 2. Bidder Data and Factsheet

Sr. No.	Particular	Details
1	Name of the Client / Contact Person / Address for Submission of Proposal	Chief District Medical & Public Health Officer (CDM&PHO), Keonjhar, District Headquarter Hospital, Keonjhar At/Post: District Keonjhar, Odisha – 758001 Email: <a href="mailto:dpmu.nhmkeonjhar@gmail.com">dpmu.nhmkeonjhar@gmail.com</a>
2	Method of Selection	Quality and Cost Based Selection (QCBS) Method (80:20)
3	Availability of RFP Document	<a href="https://kendujhar.nic.in">https://kendujhar.nic.in</a>
4	Date of Issue of RFP	22.09.2023
5	Deadline for Submission of Pre-Proposal Query	30.09.2023 on 'dpmu.nhmkeonjhar@gmail.com'
6	Issue of Pre-proposal Clarifications	04.10.2023 via online mode on <a href="http://www.kendujhar.nic.in">www.kendujhar.nic.in</a>
7	Last Date for Submission of Bid	16.10.2023 before 12.30 PM
8	Date of Opening of Technical Bid	16.10.2023 at 04.00 PM
9	Date of Technical Presentation	18.10.2023 at 04.00 PM of only those Bidders who qualify in the Stage I of the evaluation {Pre-qualification Criteria}
10	Date of Opening of Financial Bid	Shall be communicated to the qualifying bidders via email
11	Place of Opening of Proposal	NHM Conference Hall, District Headquarter Hospital, Keonjhar – 758001
12	Mode of Submission	Speed Post / Registered Post / Courier only to the address as specified above during the office hour only. Submission of bid through any other mode and late bid will be rejected
13	Bid Processing Fee (Non-Refundable)	INR10,000/- (Rupees Ten Thousand only) (including GST) in the form of demand draft (DD) drawn in favour of "CDMO, Keonjhar, DMF" drawn in any Nationalized / Scheduled Bank payable at Keonjhar. The bid processing fee shall be submitted along with the 1 <sup>st</sup> Inner Envelope of the Technical Proposal.
14	Earnest Money Deposit (EMD) (Refundable)	INR 10,00,000/- (Rupees Ten Lakhs only) in the form of demand draft drawn in favour of "CDMO, Keonjhar, DMF" drawn in any Nationalized / Scheduled Bank payable at Keonjhar. The EMD shall be submitted along with the 1 <sup>st</sup> Inner Envelope of the Technical Proposal.
15	Performance Bank Guarantee	3% of the entire contract value
16	Name of the Project	Operationalization of Mobile Medical Units (MMU) in Keonjhar, Odisha under DMF, Keonjhar

NOTE:

- The Client reserves the right to change any schedule. Please visit the website '<https://kendujhar.nic.in>' regularly for the same.
- Proposals must be submitted before the date, time and venue mentioned in the Factsheet through Speed/Registered Post / Courier. Proposals that are received after the deadline will not be considered.

-S/D

Chief District Medical and Public Health Officer,  
Keonjhar

## Section II: Instructions to the Bidders

### 1. Pre-Qualification Criteria

Before opening and evaluation of the technical proposals, each bidder will be assessed based on the following pre-qualification criteria. The bidder is required to produce the copies of the required supportive documents / information as part of their technical proposal failing which the proposals will be rejected.

Sr. No.	Basic Requirement	Specific Requirement	Documents Required*
1	Registration	The Agency shall be organization registered under registered under Indian Companies Act, 1956/2013 or a Society registered under The Societies Registration Act, 1860 or a Trust registered under the Indian Trusts Act, 1882 or a Partnership Firm registered under the Indian Partnership Act, 1932 or a Limited Liability Partnership registered under The Limited Liability Partnership Act, 2008.	<ul style="list-style-type: none"> <li>• Copy of Registration/ Certificate of Incorporation</li> <li>• PAN Document</li> <li>• GST Certificate</li> </ul>
2.	Operation	The Agency shall have been in operations for the past three (3) years as on the date of submission of the RFP and filed ITRs for the last 3 FYs i.e., 2019-20, 2020-21 and 2021-22.	<ul style="list-style-type: none"> <li>• Last three FY's Audited Financial Statement duly signed by a Chartered Accountant for 2019-20, 2020-21 and 2021-22</li> <li>• Original TECH 3.</li> </ul>
3	Turnover	The Agency shall have an average turnover of minimum <b>INR 5.00 Crore (INR. Five Crores)</b> over the last three financial years (FY 2019-20, 2020-21 and 2021-22).	<ul style="list-style-type: none"> <li>• Photocopy of Certificate from statutory auditor / Audited financial statements for the three previous financial years ending March 2022 i.e., FY 2019-20, 2020-21 and 2021-22.</li> <li>• Original TECH 3.</li> </ul>
2	Previous Work Experience	The Bidders having cumulative work experience in operations of atleast Five (5) number of any of the following in the last 3 years preceding the ADD: <ul style="list-style-type: none"> <li>• Mobile Medical Van (MMV)</li> <li>• Mobile Medical Unit (MMU)</li> <li>• Mobile Health Unit (MHU)</li> <li>• Mobile Exercise Unit</li> <li>• Mobile Clinic</li> <li>• Advance Life Support (ALS) Ambulance with a Call enter</li> </ul>	Copies of Work Orders / Sanction Orders / MOUs/ Engagement Letters / Completion Certificates or CA certified certificates / equivalent documentary evidence should be provided as proof. Documents in other languages should be supplemented by an English translated copy along with original TECH 5.

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

4	Blacklisting	Applicant/Bidder should not be blacklisted by any Central/State Government/Public Sector Undertaking / Judicial pronouncement in India.	Notarized declaration as per TECH 11
5	Authorized Representative	A Power of Attorney in the name of the person signing the proposal.	Original Power of Attorney, notarized on INR 100/- Bond paper as per TECH 4
6	Exclusion of Consortium	No consortium / JVs / Associations/ Single proprietorship / subcontracting shall be allowed under this project.	Declaration of submitting as independent Agency from the Authorized Signatory as per TECH 10
7	Bid Processing Fee (Non-Refundable)	INR 10,000/- (Rupees Ten Thousand only) in the form of demand draft (DD) drawn in favour of “CDMO, Keonjhar, DMF” drawn in any Nationalized / Scheduled Bank payable at Keonjhar.  The bid processing fee shall be submitted along with the 1 <sup>st</sup> Inner Envelope of the Technical Proposal.	Cost of Tender/ Tender Fee in form of DD
8	Earnest Money Deposit (EMD) (Refundable)	INR 10,00,000/- (Rupees Ten Lakhs only) in the form of demand draft drawn in favour of “CDMO, Keonjhar, DMF” drawn in any Nationalized / Scheduled Bank payable at Keonjhar.  The EMD shall be submitted along with the 1 <sup>st</sup> Inner Envelope of the Technical Proposal.	Earnest Money Deposit Fee in form of DD
<p><b>Note*:</b></p> <p>i. The photocopies of documents submitted towards Pre-qualification criteria are to be substantiated through production of originals, whenever asked for / whenever required.</p> <p>ii. If any of the above original documents are not produced whenever asked for/ required, the proposals shall be rejected and termed as non-responsive, at any time of the evaluation till issuance of Letter of Intent / Supply Order / Signing of MOU.</p> <p>iii. Bidders should submit the required supporting documents as mentioned above. Bids not conforming to the eligibility criteria and non-submission of required documents as listed above will lead to rejection of the bid.</p> <p>iv. Submission of forged documents will also result in rejection of the bid. Bidders are advised to study all instructions, forms, terms &amp; conditions, and other important information as mentioned in the RFP Document.</p> <p>v. The proposal must be complete in all respect, indexed, pages numbered and spiral bound. Each page should be numbered and signed (in full) by the authorized representative (as per TECH 4). A table of content, enumerating the page numbers of each document should be mentioned at the start of each proposal.</p> <p>vi. Client at it's own discretion reserves the right to ask for clarifications/supporting documents at any time during evaluation. Additional time may be given for submission of documents. This will remain at discretion of client.</p>			

**2. Documents / Formats for submission along with Technical Proposal**

The bidder must furnish the following documents duly signed in along with their Technical Proposal:

1. Filled in Bid Submission Check List in Original (Annexure-I)
2. Covering letter (TECH – 1) on bidder's letterhead requesting to participate in the selection process.

3. Bid Processing Fee & EMD as applicable.
4. Copy of Certificate of Incorporation/ Registration.
5. Copy of PAN.
6. Copy of Goods and Services Tax Identification Number (GSTIN).
7. General Details of the Bidder (TECH – 2).
8. Financial Details of the bidder (TECH – 3) along with all the supportive documents as applicable duly signed as per the instruction (Copies of IT Return for the last three Financial years i.e., FY 2019-20, 2020-21 and 2021-22, Turnover Certificate from Chartered Accountant / Statutory auditor / Photocopy of Audited financial statements: P/L and Balance Sheet).
9. Power of Attorney (TECH – 4) in favour of the person signing the bid on behalf of the bidder / TSP.
10. List of completed assignments of similar nature (Past Experience Details, TECH – 5) along with copies of contracts / work orders / completion certificate from previous Clients.
11. Self-Declaration regarding Conflict of Interest (TECH - 6)
12. TECH - 7 till TECH -11 (coloured PPT as per Tech 8 and 9).
13. Note:
  - i. Bidders should submit the required supporting documents as mentioned above. Bids not conforming to the eligibility criteria and non-submission of required documents as listed above will lead to rejection of the bid.
  - ii. Submission of forged documents will also result in rejection of the bid. Bidders are advised to study all instructions, forms, terms & conditions, and other important information as mentioned in the RFP document.
  - iii. The photocopies of documents submitted for Technical Proposal are to be substantiated through production of originals, whenever asked for/ whenever required. If any of the above original documents are not produced whenever asked for/ required, the proposals shall be rejected and termed as *non-responsive, at any time during evaluation till issuance of Supply Order / signing of MOU.*
  - iv. The proposal must be complete in all respect, indexed, pages numbered and spiral bound. Each page should be numbered and signed (in full) by the authorized representative (as per TECH 4). A table of content, enumerating the page numbers of each document should be mentioned at the start of each proposal.

### **3. Bid Processing Fee**

The bidder must furnish as part of technical proposal, the required bid processing fee amounting to INR 10,000/- (Ten Thousand Rupees Only) in shape of DD from any Nationalized / Scheduled Bank in favour of "CDMO, Keonjhar, DMF". Proposals received without bid processing fee will be out rightly rejected.

### **4. Earnest Money Deposit (EMD)**

1. The bidder must furnish as part of the technical proposal, an Earnest Money Deposit (EMD) amounting to INR 10,00,000/- (Rupees Ten Lakhs only) in shape of DD from any scheduled/nationalized bank in favor of "CDMO, Keonjhar, DMF" payable at Keonjhar.

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

2. If the bidder is registered with Micro and Small Enterprises (MSEs) as defined in MSE Procurement Policy issued by Department of Micro, Small and Medium Enterprises (MSME) then to avail its benefits related to RFP, necessary documents shall be submitted along with technical bid documents.
3. The EMD of unsuccessful bidders shall be refunded after finalization of selection process and award of contract.
4. The EMD of the successful bidder will be released only after furnishing of the required Performance Bank Guarantee (PBG) and signing of the contract.
5. The EMD will be forfeited on account of the following reasons:
  - i. Bidder withdraws its proposal during the bid validity period as specified in RFP.
  - ii. Bidder does not respond to requests for clarification of its proposal.
  - iii. Bidder fails to provide required information during the evaluation process or is found to be non-responsive or has submitted false information in support of its qualification.
  - iv. If the bidder fails to:
    - a. Provide any clarifications to the Client.
    - b. Agree to the decisions of the contract negotiation meeting.
    - c. Sign the contract within the prescribed time period. Furnish required Performance Bank Guarantee in time.
  - v. Any other circumstance which holds the interest of the Client during the overall selection process.

**5. Validity of the Proposal**

Proposals shall remain valid for a period of **180 (One Hundred Eighty Days)** from the date of opening of the Technical Proposal. The Client reserves the rights to reject a proposal valid for a shorter period as non-responsive and will make the best efforts to finalize the selection process and award of the contract within the bid validity period. The bid validity period may be extended on mutual consent.

**6. Pre-Proposal Queries**

1. Bidders can submit their queries in respect of the RFP and other details if any, to the client i.e., CDM&PHO Keonjhar through e-mail at **dpmu.nhmkeonjhar@gmail.com** till the date mentioned in the Bidders Datasheet and Factsheet in Section 1.2.
2. Clarifications to the above will be uploaded in **https://kendujhar.nic.in** for the purpose of preparation of the proposal.
3. Request for alternation / change in existing terms and conditions of the RFP shall not be considered / entertained.
4. The queries shall necessarily be submitted in the following format:

Page No.	Section No.	Content of RFP requiring clarification	Change/clarification requested	Remarks

5. Client shall not be responsible for ensuring that the Applicant's queries have been received by them.
6. Any requests for clarifications post the indicated date and time may not be entertained by the Client.
7. The purpose of query clarification is to provide the Applicants with information regarding the RFP, project requirements, and opportunity to seek clarification regarding any aspect of the RFP and the project.
8. However, the Client reserves the right to hold or re-schedule the process.
9. Responses to Queries and Issue of Corrigendum:
  - a. The Authorized Representative of the Client will endeavour to provide timely response to the queries. However, no representation or warranty as to the completeness or accuracy of any response made in good faith, nor does undertake to answer all the queries that have been posed by the Applicants.
  - b. At any time prior to the last date for receipt of Proposals, the Client may, for any reason, whether at its own initiative or in response to a clarification requested by a prospective Applicant, modify the RFP Document by a corrigendum.
  - c. The Corrigendum (if any) and clarifications to the queries from all Applicants will be uploaded on the website <http://kendujhar.nic.in>. Any such corrigendum shall be deemed to be incorporated into this RFP.
  - d. To provide prospective Applicants reasonable time for taking the corrigendum into account, the Client may discretionally extend the last date for the receipt of Proposals.

## **7. Submission of Proposal**

Bidder must submit their proposals by **Registered Post / Speed Post / Courier only** to the specified address on or before the last date and time for submission of proposals as mentioned in Bidder Data Sheet. The Client will not be responsible for postal delay / any consequence in receiving of the proposal. The proposal must be submitted in two parts. Each part should be separately bound with no loose sheets. Each page of the two parts should be page numbered and in conformation to the eligibility qualifications and clearly indicated using an index page. The Client will not consider any proposal that arrives after the deadline as prescribed in the Bidder Data Sheet. Any Proposal received after the deadline will be out rightly rejected by the Client.

The procedure for submission of the proposal is described below:

### **1. Technical Proposal (Original):**

The envelope containing technical proposal shall be sealed and superscripted as “*Technical Proposal – Operationalization of Mobile Medical Units (MMUs) in Keonjhar, Odisha under DMF, Keonjhar*” and to be furnished inside one envelope. The duly filled-in technical proposal submission forms, with all the supportive documents and information must be furnished as part of technical proposal.

**2. Financial Proposal (Original):**

The envelope containing financial proposal shall be sealed and superscripted as “*Financial Proposal – Operationalization of Mobile Medical Units (MMUs) in Keonjhar, Odisha under DMF, Keonjhar*”. The duly filled-in financial proposal submission forms should contain the detail price offer for the proposed assignment and to be furnished as per the prescribed format only.

The "**Technical Proposal**" and "**Financial Proposal**" must have to be submitted in two separate sealed envelopes (with respective marking in bold letters) along with the prescribed formats/information mentioned in the RFP Document. The first envelope must be marked as "**TECHNICAL PROPOSAL - Operationalization of Mobile Medical Units (MMUs) in Keonjhar, Odisha under DMF, Keonjhar**".

The second envelope must be marked as “**FINANCIAL PROPOSAL - Operationalization of Mobile Medical Units (MMUs) in Keonjhar, Odisha under DMF, Keonjhar**” and it should contain Financial Proposal only. Both the above envelopes must be sealed and placed inside a third main envelope with proper labelling of following information in bold:

**NAME OF THE ASSIGNMENT:**

**RFP NUMBER AND DATE:**

**DEADLINE FOR SUBMISSION OF BID:**

**NAME OF THE BIDDER:**

**ADDRESS OF THE BIDDER:**

**CONTACT NUMBER OF THE BIDDER:**

**EMAIL ID OF THE BIDDER:**

*Any deviation from the prescribed procedures / information / formats / conditions shall result in outright rejection of the proposal. All the pages of the proposal must be sealed and signed by the authorized representative of the bidder. Bids with any conditional offer shall be out rightly rejected. All pages of the proposal must have to be sealed and signed by the authorized representative of the bidder. Any conditional bids will be rejected.*

**8. Opening of the Proposal**

The FIRST ENVELOPE containing **TECHNICAL PROPOSAL** will be opened in the initial stage by the Client in presence of the bidder’s representatives at the location, date specified in the Bidder Data Sheet. The Client will constitute a Consultant Evaluation Committee (CEC) to evaluate the proposals submitted by bidders. Only one representative with proper authorization letter from the participating bidder will be allowed to attend the bid opening meeting. The SECOND ENVELOPE containing **FINANCIAL PROPOSAL** only of the technically qualified bidders will be opened after completion of technical evaluation stage. The date for opening of the financial proposal will be intimated accordingly to the technically qualified bidders well in advance.

## 9. Evaluation of Proposal

A Three stage evaluation process will be conducted as explained below for evaluation of the proposals:

**1. Preliminary Evaluation (1<sup>st</sup> Stage) \*:** Preliminary evaluation of the proposals will be done to determine whether the proposal complies with the prescribed eligibility condition and the requisite documents / information have been properly furnished by the bidder or not. Submission of following documents / information will be verified:

1. Filled in Bid Submission Check List in Original (Annexure-I)
2. Covering letter (TECH 1) on bidder's letterhead requesting to participate in the selection process
3. Bid Processing Fee and EMD as applicable
4. Copy of Certificate of Incorporation/ Registration.
5. Copy of PAN
6. Copy of Goods and Services Tax Identification Number (GSTIN)
7. General Details of the Bidder (TECH 2).
8. Financial Details of the bidder (TECH 3) along with all the supportive documents as applicable duly signed as per the instruction (Copies of IT Return for the last three Financial years i.e., FY 2019-20, 2020-21 and 2021-22, Turnover Certificate from Chartered Accountant / Statutory auditor / Photocopy of Audited financial statements: P/L and Balance Sheet).
9. Power of Attorney (TECH 4) in favour of the person signing the bid on behalf of the bidder.
10. List of completed assignments of similar nature (Past Experience Details, TECH 5) along with copies of contracts / work orders / completion certificate from previous Clients.
11. Self-Declaration on Conflict of Interest (TECH 6).
12. Duly filled in Technical Proposal Forms (TECH 7 to 11 along with coloured PPT as per Tech 8 and 9).
13. All the pages of the proposal and enclosures/attachments are signed by the authorized representative of the bidder.

\*Bids not complying to any of the above requirement, will be out rightly rejected at the discretion of the Client's authority.

**2. Technical Evaluation (2<sup>nd</sup> Stage):** Technical proposal will be opened and evaluated of only those bidders who qualify the preliminary evaluation stage. Detailed evaluation process as per the following parameters will be adopted for proposal evaluation:

Sr. No.	Criteria	Maximum Marks
<b>1</b>	<b>Turnover</b>	<b>10 Marks</b>
<b>1.1</b>	Average annual turnover of the last three financial years, i.e., FY 2019-20, 2020-21 and 2021-22 Scoring Criteria <ul style="list-style-type: none"> <li>• INR 5.00 crore to INR 20.00 crores = 3 Marks</li> <li>• INR 20.01 crores to INR 35.00 crores = 5 Marks</li> <li>• INR 35.01 crores to 50.00 crores = 7 Marks</li> </ul>	10 Marks (original copy of TECH 3)

	<ul style="list-style-type: none"> <li>• INR 50.01 crores and above = 10 Marks</li> </ul>	
<b>2</b>	<b>Experience of the Agency</b>	<b>50 Marks</b>
2.1	<p>Number of operational/completed cumulative units of Mobile Medical Van (MMV) / Mobile Medical Unit (MMU) / Mobile Health Unit (MHU) / Mobile Exercise Unit / Mobile Clinics / Advance Life Support (ALS) Ambulance with a call centre etc in the past 10 years till the bid application due date (ADD)</p> <p>(Marks awarded will be dependent on the summation of number of work orders, i.e., <math>P = P1 + P2 + P3 + \dots + Pn</math>)</p> <p>Scoring Criteria</p> <ul style="list-style-type: none"> <li>• 5 units to 10 units = 10 Marks</li> <li>• 11 units to 15 units = 20 Marks</li> <li>• 16 units to 20 units = 30 Marks</li> <li>• 21 units to 25 units = 40 Marks</li> <li>• More than 25 units = 50 Marks</li> </ul>	50 Marks (TECH 5)
<b>3</b>	<b>Technical Presentation</b>	<b>40 Marks</b>
3.1	<p><b>Presentation on Approach, Methodology and Work Plan</b></p> <ul style="list-style-type: none"> <li>• Understanding of the Need / Demand of the Project / Assignment, Challenges and Risk Mitigation Strategies (10 Marks)</li> <li>• Approach, Methodology, Work Plan, Scheduling of camps, routing, patient management, awareness creation activities/strategies, Unique Selling Proposition / Additional Software / Features, Additional Services, Demonstration of application software, with features such as biometric registration of patients with capture of socio demographic details, data capture of patient vitals, laboratory test results, drugs dispensing, vehicle tracking, patient follow-up and referral, HMIS dashboard for view of the officials and authorities, etc (30 Marks)</li> </ul>	40 Marks (TECH 8 and 9)
	<b>Total (1+2 +3)</b>	<b>100 Marks</b>
<p><b>4. Note:</b></p> <ol style="list-style-type: none"> <li>1. The minimum qualifying Score is: 80 from 100 Marks i.e., 80%.</li> <li>2. All the claims shall be mandatorily substantiated via submission of all the supporting photocopies of relevant documents as per TECH 5.</li> <li>3. Photocopies of work orders / experience certificates from the clients / agreement etc must be submitted as a proof for each assignment. No assignment should be repeated across various categories of evaluation parameters. Ongoing assignments will be considered for evaluation only if 6 months of the project period have elapsed.</li> <li>4. Valid certificate means the certificates should be valid on the date of opening of technical bid.</li> <li>5. Client at it's own discretion reserves the right to ask for clarifications/supporting documents at any time during evaluation. Additional time may be given for submission of documents. This will remain at discretion of client.</li> </ol>		

**3. Financial Evaluation (3<sup>rd</sup> Stage):** The Financial Proposals of only those applicant firms, qualifying the technical evaluation i.e., the 2<sup>nd</sup> stage who are scoring atleast 80 marks from 100 total marks only, shall be considered for opening of financial proposals. The financial proposals shall be opened in the presence of the bidder's representative who wishes to attend the meeting with proper authorization letter. The name of the bidder along with the quoted financial price will be announced during the meeting.

## 10. Evaluation of Financial Proposal

1. QCBS method will be followed during the overall selection process. The financial bids of technically qualified bidders will be opened on the prescribed date in the presence of bidder's representatives.
2. Financial Proposals of only those applicant Agencies who are technically qualified (i.e., obtain minimum 80 marks in Technical Evaluation) shall be opened.
3. The financial bid will be opened only of the shortlisted/qualified bidders. Accordingly, the financial score (F) for each of these shortlisted/qualified bidders will be calculated. The lowest bidder would be awarded a financial score of 100. The Cumulative score (C) will be evaluated based on the following ratio 80 (T): 20 (F).

<b>Financial score (F)</b>	<b>:</b>	<b>(Lowest price quote/Price quote of the bidder) *100</b>
<b>Cumulative score (C)</b>	<b>:</b>	<b>{80 *(T) + 20* (F)}/100</b>

4. The bidder getting highest Cumulative score (C) based on technical and financial evaluation will be awarded the contract.
5. For the purpose of evaluation, the total evaluated cost shall be inclusive of all taxes & duties for which the Client shall make payment to the Agency including overhead expenses.

## 11. Contract Negotiation

1. Negotiations will be held (if necessary) at the office of CDM&PHO Keonjhar. The invited Agency will, as a pre-requisite for attendance at the negotiations, confirm availability of all Professional staff. Failure in satisfying such requirements may result in the Client proceeding to negotiate with the next-ranked Agency. Representatives conducting negotiations on behalf of the Agency must have written authority to negotiate and conclude a Contract.
  1. Technical Negotiations: Negotiations will include a discussion of the Technical Proposal including the proposed technical approach and methodology, work plan, organization and staffing, and any suggestions made by the selected Agency to improve the Terms of Reference. The Client and the selected Agency will finalize the Terms of Reference, staffing schedule, work schedule, liquidated damages, and reporting etc. These documents will then be incorporated in the Contract as "Description of Services". Special attention will be paid to clearly defining the inputs and facilities required from the Client to ensure satisfactory implementation of the assignment. The Client shall prepare minutes of negotiations which will be signed by the Client and the selected Agency.
  2. Financial Negotiations: After the technical negotiations are over, financial negotiations will be carried out to discuss any changes in financials due to change in scope of work or due to clarification on any aspect of the technical proposal during the technical negotiations. Under ordinary circumstances, the financial negotiation shall not result

in any increase in the proposed budget. However, in case of exceptional reasons/circumstances, the client may consider an increase/modification in the budget.

2. Conclusions of Negotiations: Negotiations will conclude with a review of the draft Contract. To complete negotiations the Client and the selected Agency will initial the agreed Contract. If negotiations fail, the Client will invite the next-ranked Agency to negotiate a Contract.

## **12. Award of Contract**

1. After completion of the contract negotiation stage, the Client will notify the successful bidder in writing by issuing a proposal for letter of intent (LOI) / award of contract / offer letter for signing the contract
2. The successful bidders shall be asked to sign the contract after submission of PBG and fulfilling all formalities within 15 days of issuance of the LOI / award of contract / offer letter.
3. The Client shall notify all other bidders about the result of the selection process.
4. After signing of the contract, no variation or modification of the terms of the contract shall be made except by written amendment signed by both the parties.
5. The contract shall be valid for Three (3) years i.e., Thirty-six Months from the date of effectiveness of the contract.
6. The contract can be extended for next Two (2) years ie Twenty-four months, subject to satisfactory performance as determined by the Client and as mutually agreed by both the parties.

## **13. Performance Bank Guarantee (PBG)**

1. Within Seven (7) working days of notifying the acceptance of a proposal for award of contract/ LOI, the qualified bidder shall have to furnish a Performance Bank Guarantee amounting to **3% of the contract value** from a Scheduled / Nationalized Bank situated in Sundargarh in favour of “**CDMO, Keonjhar, DMF**”, as per the format at Annexure- II, for a period of **Ninety (90) days** beyond the entire contract period (i.e., PBG must be valid from the date of effectiveness of the contract to a period of **90 days** beyond the contract period) as its commitment to perform services under the contract.
2. The bank guarantee must be submitted after award of contract/LOI but before signing of contract. The successful bidder must renew the bank guarantee on same terms and conditions for the period up to contract including extension period, if any.
3. Performance Bank Guarantee would be returned only after successful completion of tasks assigned to the selected Agency, and only after adjusting/recovering any dues recoverable/payable from/by the selected Agency on any account under the contract.
4. Failure to comply with the requirements shall constitute sufficient grounds for the forfeiture of the PBG. The PBG shall be released immediately after three months of expiry of contract provided there is no breach of contract on the part of the qualified bidder. No interest shall be paid on the PBG.
5. On submission of this performance guarantee and after signing of the contract, demand draft submitted towards EMD would be returned in original. The format for the Performance Bank Guarantee is provided in Annexure II.

#### **14. Conflict of Interest**

Conflict of interest exists in the event of:

1. Conflicting assignments, typically monitoring and evaluation/environmental assessment of the same project by the eligible bidder.
2. Consultants, agencies, or institutions (individuals or organizations) who have a business or family **relation with the Client directly or indirectly.**
3. Practices prohibited under the anti-corruption policy of the Government of India and Government of Odisha. The bidders are to be careful so as not to give rise to a situation where there will be any conflict of interest with the Client as this would amount to their disqualification and breach of contract.

#### **15. Disclosure**

1. Bidders have an obligation to disclose any actual or potential conflict of interest. Failure to do so may lead to disqualification of the bidder or termination of its contract.
2. Bidders must disclose if they are or have been the subject of any proceedings (such as blacklisting) or other arrangements relating to bankruptcy, insolvency, or the financial standing of the Bidder, including but not limited to appointment of any officer such as a receiver in relation to the Bidder's personal or business matters or an arrangement with creditors, or of any other similar proceedings.
3. Bidders must disclose if they have been convicted of, or are the subject of any proceedings relating to:
  - i. a criminal offence or other serious offence punishable under the law of the land, or where they have been found by any regulator or professional body to have committed professional misconduct.
  - ii. corruption including the offer or receipt of an inducement of any kind in relation to obtaining any contract.
  - iii. failure to fulfil any obligations in any jurisdiction relating to the payment of taxes or social security contributions.

#### **16. Anti-corruption Measure**

1. Any effort by Bidder(s) to influence the Client in the evaluation and ranking of financial proposals, and recommendation for award of contract, will result in the rejection of the proposal.
2. A recommendation for award of Contract shall be rejected if it is determined that the recommended bidder has directly, or through an agent, engaged in corrupt, fraudulent, collusive, or coercive practices in competing for the contract in question.
3. In such cases, the Client shall blacklist the bidder either indefinitely or for a stated period, disqualifying it from participating in any related bidding process for the said period.

## **17. Language of Proposals**

The proposal and all related correspondence exchanged between the bidder and the Client shall be written in the **English** language. Supporting documents and printed literature that are part of the proposal may be in another language provided they are accompanied by an accurate translation of the relevant passages in English with self- certification for accuracy, in which case, for the purposes of interpretation of the Proposal, the translated version shall govern.

## **18. Cost of Bidding**

The Bidder shall bear all costs associated with the preparation and submission of its proposal. The Client shall not be responsible or liable for those costs, regardless of the conduct or outcome of the bidding process. Bidder/s is/are not allowed to submit more than one proposal under the selection process. Alternate bids are also not allowed.

## **19. Legal Jurisdiction**

All legal disputes are subject to the jurisdiction of District Civil Court of Keonjhar only.

## **20. Governing Law and Liquidate Damages**

The schedule given for delivery is to be strictly adhered to in view of the strict time schedule. Any unjustified and unacceptable delay in delivery shall render the bidder liable for liquidated damages and thereafter the Client holds the option for cancellation of the contract for pending activities and complete the same from any other Agency. The Client may deduct such sum from any money from their hands due or become due to bidder. The payment or deduction of such sums shall not relieve the bidder from his obligations and liabilities under the contract. The rights and obligations of the Client and the bidder under this contract will be governed by the prevailing laws of Government of Odisha. In addition, the PBG amount shall also be forfeited. The decision of the authority placing the contract, whether the delay in development has taken place on account of reasons attributed to the bidder shall be final.

1. Failure on bidder's part to furnish the deliverables as per the agreed timeline shall enforce a penalty **@ 0.5% per week subject to maximum of 10% of the total contract value.**
2. **25% penalty deduction may be done from the subsequent monthly bill payment** if any batch of medicines or consumables are found damaged / expired medicines / less than 2 months for expiry during random inspection by the authorized officials from the client. All the medicines or consumables in that batch shall be replaced by the selected agency at their own cost.
3. In the event of being failure to provide service in medical camp on any scheduled working day due to any reason whatsoever or without prior intimation, a penalty deduction of **@ Rs.10,000.00 per day** shall be made from the monthly bill. The absence from the camp / failure to provide service in medical camp shall not exceed Ten Days in any one year of operation within the contract period. A year shall be considered for a period of continuous 365 days in this regard from the commencement of work.

4. In the event of being failure to provide minimum number of patients per day / minimum number of Posts/camps per month, without justified explanation or reason whatsoever, a penalty deduction of @ **Rs.10,000.00 per day** shall be made from the monthly bill.

## **21. Confidentiality**

Information relating to evaluation of proposals and recommendations concerning awards shall not be disclosed to the bidders who submitted the proposals or to other persons not officially concerned with the process, until the publication of the award of contract. The undue use by any Bidder of confidential information related to the process may result in rejection of its proposal and may be subject to the provisions of the Client's antifraud and corruption policy. During the execution of the assignment except with prior written consent of the Client, the Bidder or its personnel shall not at any time communicate to any person or entity any confidential information acquired in the course of the contract.

## **22. Amendment of the RFP Document**

At any time before submission of proposals, the Client may amend the RFP by issuing an addendum through NIC Keonjhar website. Any such addendum will be binding on all the bidders. To give bidders reasonable time in which to take an addendum into account in preparing their proposals, the Client may, at its discretion, extend the deadline for the submission of the proposals.

## **23. Client's right to accept any proposal, and to reject any or all proposal/s**

**The Client reserves the right to accept or reject any proposal, and to annul or amend the bidding / provide additional time period for submission of missing documents / selection / evaluation process and reject all proposals at any time prior to award of contract award, without assigning any reason there of and thereby incurring any liability to the bidders.**

## **24. Copyright, Patents and Other Proprietary Rights**

CDM&PHO Keonjhar, Government of Odisha shall be entitled to all intellectual property and other proprietary rights including but not limited to patents, copyrights, and trademarks, about Documents and other materials which bear a direct relation to or are prepared or collected in consequence or during the execution of this contract. At the Client's request, the Bidder shall take all necessary steps to submit them to the Client in compliance with the requirements of the contract.

## **25. Force Majeure**

For purpose of this clause, "Force Majeure" means an event beyond the control of the Agency and not involving the Agency's fault or negligence and not foreseeable. Such events may include, but are not restricted, wars or revolutions, fires, floods, riots, civil commotion, earthquake, epidemics such as covid or other natural disasters and restriction imposed by the Government or other bodies, which are beyond

the control of the Agency, which prevents or delays the execution of the order by the Agency. If a Force Majeure situation arises, the Agency shall promptly notify Client in writing of such condition, the cause thereof and the change that is necessitated due to the condition. Until and unless otherwise directed by the Client in writing, the Agency shall continue to perform its obligations under the contract as far as is reasonably practical and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event. The Agency shall advise Client in writing, the beginning, and the end of the above causes of delay, within seven days of the occurrence and cessation of the Force Majeure condition. In the event of a delay lasting for more than one month, if arising out of causes of Force Majeure, Client reserves the right to cancel the contract without any obligation to compensate the Agency in any manner for whatsoever reason.

## **26. Settlement of Disputes**

The Client and the Agency shall make every effort to resolve amicably, by direct informal negotiation, any disagreement or dispute arising between them under or arising from or in connection with the Contract within Thirty (30) days from the commencement of such informal negotiation. All dispute resolution proceedings shall be held at Keonjhar, Odisha, and the language of such proceedings and that of all documents and communications between the parties shall be in English. District Magistrate and Collector -cum- Chairman and Managing Trustee DMF Keonjhar, Govt of Odisha shall be the final authority to resolve the dispute arising between and the Client and the Selected Agency.

## **27. Disqualification of Proposal**

The proposal is liable to be disqualified in the following cases as listed below:

1. Proposal submitted without Bid Processing Fee & EMD as applicable.
2. Proposal not submitted in accordance with the procedure and formats as prescribed in the RFP.
3. During validity of the proposal, or its extended period, if any, the bidder increases the quoted prices.
4. Proposal is received in incomplete form.
5. Proposal is received after due date and time for submission of bid.
6. Proposal is not accompanied by all the requisite documents / information.
7. Bids with any conditional technical and financial offer.
8. If the bidder provides any assumptions in the financial proposal or qualifies the commercial proposal with its own conditions, such proposals will be rejected even if the commercial value of such proposals is the lowest / best value.
9. Proposal is not properly sealed or signed.
10. Proposal is not conforming to the requirement of the scope of the work of the assignment.
11. Bidder tries to influence the proposal evaluation process by unlawful/corrupt/fraudulent means at one or any point of time during the bid process.
12. If, any of the bid documents, excluding the commercial bid, submitted by the bidder is found to contain any information on price, pricing policy, pricing mechanism or any information indicative

of the commercial aspects of the bidders or any person acting on its behalf indulges in corrupt and fraudulent practices.

13. Any other condition / situation which holds the paramount interest of the Client during the overall section process.

## **28. Compliance to the Statutory and Legal Requirements**

1. The Service provider shall comply with all the provisions of Minimum Wages Act, Contract Labour (Regulation & Abolition) Act, 1970 and other applicable labor laws.
2. The Service provider shall also comply with all other statutory requirements including but not limited to provisions regarding medical education and eligibility criteria of human resources deployed by the Service provider for providing the services, biomedical waste management, biosafety, occupational and environmental safety.
3. The overall legal responsibility of provision of services under this scope of services lies with the Service Provider.
4. The Service provider shall maintain confidentiality of medical records and shall make adequate arrangement for cyber security.

## **29. Compliance to Minimum Wages Act and Other Statutory Requirements**

1. The Service provider shall comply with all the provisions of Minimum Wages Act and other applicable labor laws.
2. The Service provider shall also comply with all other statutory provision including but not limited to provisions regarding medical education and eligibility criteria of human resources deployed by the Service provider for providing the services, biomedical waste management, bio-safety, occupational and environmental safety.
3. The overall legal responsibility of provision of medical care in the MMU lies with the selected Bidder.
4. The Service provider shall maintain confidentiality of medical records, strict adherence to relevant government data protection of data security and confidentiality laws etc and shall make adequate arrangement for cyber security.

## **30. Damages for Mishap/Injury**

1. The Service provider shall be fully responsible damages of any kind or for any mishap/injury/ accident caused to any personnel/property of the Service provider while performing the duty, scope of services etc.
2. All liabilities, legal or monetary, arising in that eventuality shall be borne by the service provider/ Agency.
3. The service provider shall keep the Client indemnified against damages from all of the above mishaps/injuries/accidents.

### **Section III: Terms of Reference**

#### **1. Introduction**

Keonjhar, an administrative district of Odisha since 1<sup>st</sup> January 1948, is one of the major minerals producing districts. Covering a geographical area of 8,303 sq kms, the Keonjhar District is bounded by Mayurbhanj District and Bhadrak District to the east, Jajpur District to the south, Dhenkanal District and Sundargarh District to the west and West Singhbhum district of Jharkhand State to the north. Keonjhar district in Odisha comprises of 3 subdivisions namely Keonjhar Sadar, Champua and Anandpur and 13 Blocks with the district headquarter is at Keonjhar.

The district Keonjhar is a part of Northern Odisha High lands division and is apportioned into three parts which comes under three sub micro regions. These include Kendujhar plateau, Kendujhar forested up lands and Anandapur plain. Areas of P.S. Joda, Champua, Barea, Patana, Kendujhar Sadar, Ghatgaon, Pandapada, Harichandanpur, Daitari, Sainkul, Anandapur & Soso are covered under Kendujhar Plateau and Kendujhar up lands sub-micro region whereas areas of Sainkul, Anandapur, Soso and Daitari are covered under Anandapur plain region. The difficult, hilly terrain, tribal dominance, dense forests etc, all these factors in Keonjhar, contribute for access to healthcare difficult; and the tribal, mining affected population dependent on healthcare facilities in other districts. Health is not everything but everything else is nothing without health.

Keonjhar currently has about 456 Healthcare facilities, which include the Sub-centres (351), Urban Sub Centres (12), Primary Health Centres (66), Urban Primary Health Centre (3), Community Health Centres (17), Sub-divisional Hospital (2) and District Headquarter Hospital (1) providing primary and secondary healthcare services only. A 500 bedded Medical College & Hospital shall be operationalized soon. The various programmes run under National Health Mission (NHM) are a commitment to provide affordable, accessible and quality health services to all. The NHM has a mandate to reach everyone, particularly the vulnerable and marginalized in the rural areas.

While endeavour is in process for meeting these commitments, there are population sub groups in various, inaccessible areas, mining areas, rural tribal dominated areas where the success has been only partial. Such population and communities often stay out of the coverage area of fixed facilities and are out of the gaze of mainstream services.

Hence, District Administration Keonjhar and Chief District Medical & Public Health Officer (CDM&PHO) Keonjhar, attempts to operationalize Thirteen (13) Mobile Medical Units (MMUs) for delivering healthcare services at the door steps to the communities and population aboding in the dense, difficult terrains of Keonjhar, Odisha.

## **2. Objectives**

1. Provide healthcare to the remotest, farthest, rural populace of Keonjhar, Odisha
2. Make available a range of health care services for populations living in remote, inaccessible, un-served and underserved areas in order to bring the healthcare service delivery to the doorsteps of these populations.
3. Cater to the healthcare needs of the urban poor and vulnerable population in areas where there is no healthcare infrastructure.
4. Bring an improvement in the health seeking behaviour of the tribal, rural population.
5. Enhance early screening, testing, treatment and referral of the required patients to the nearby healthcare facilities.
6. Provide a range of preventive, promotive and curative quality healthcare services, and enable referrals so as to benefit the most marginalized and those living in inaccessible areas.
7. Meet the technical and service quality standards for a Primary Health Centre through provision of a suggested package of services.

## **3. Scope of Work and Functioning**

The primary obligation of the Selected Bidder shall be to procure, equip and operate the Thirteen (13) Mobile Medical Units (MMUs) to provide Primary, and selected Secondary Healthcare and Occupational Diseases Screening Health Services; ensuring that MMU:

1. Is fully equipped with equipment's listed in the below paras for Technical Specifications.
2. Is manned by adequate certified, qualified manpower resources as per the requirement enumerated in below paras for Human Resources.
3. The MMUs are provided with necessary fuel and other necessities for carrying on operations on regular basis.
4. That the MMUs have adequate stock of drugs, medicine, kits, reagent consumables (with atleast 3 months duration before the expiry date) as per mentioned in below paras for Technical Specification.
5. The MMU shall encompass the following services:
  1. Focus on Maternal and Child Health, Communicable and Non-Communicable diseases, General Minor Ailments etc. and aligned with State / National Health Programme.
  2. The major focus shall be as under besides covering the disease / health in general.
  3. Screening, treatment, referral of Occupational, Respiratory, Non-Communicable Diseases (NCDs) especially related to mining affected areas
  4. Treatment of Minor Ailments, Skin Infections & Minor Injuries
  5. Communicable Diseases – ARI / Pneumonia, COVID-19, Measles, TB, Malaria, Filaria, Leprosy etc.
  6. Pregnant Women – Ante Natal & Post Natal check-ups
  7. Malnutrition and Vitamin deficiencies
  8. Anaemia and Worm Infestations
  9. Respiratory & Cardiac Ailments – Hyper-Tension

10. Diarrheal Diseases
  11. Cataract, Mental Illness, Tobacco and Other Addiction Problems
  12. First-Aid and referral of Dog Bite & Snake-Bite cases
  13. Detailed list of suggested service package to be provided in MMUs is elaborated in following paras.
6. Integrating with existing services: The present structures of HWCs/PHCs/CHCs/SDHs/DHH shall be used for referral of cases required for further diagnosis / treatment. With the support of BPMs/MOICs/MSs/BDOs, Special Medical Camps, once in a month may be conducted at the MMU service delivery points by inviting the Super-specialists and Specialists Doctors from these Hospitals.
  7. IEC / Awareness programmes to be conducted for the following:
    1. Occupational, Respiratory Diseases especially associated with mining industries such as silicosis, asbestosis, Lung Cancer, Asthma, COPD, Tuberculosis etc
    2. HIV / AIDS
    3. Malnutrition, Correct nutritional intake and practices
    4. Diabetes
    5. Hyper-Tension and Ischemic Heart Disease (IHD)
    6. Other Non-Communicable Diseases (NCDs) and Cancers such as Oral Cancer, Stomach Cancer, etc
    7. Water-borne diseases
    8. Vector-borne Diseases (Malaria, Filariasis, Dengue, etc.)
    9. Anaemia, Haemophilia, Sickle Cell Anaemia and other Blood Borne Diseases prevalent in Keonjhar
    10. Hygiene & Sanitation
    11. Immunization
    12. Mother & Child Health
    13. Snakebite
    14. Addiction Problems (Tobacco, Alcohol, Drugs)
    15. Improvement in the Health Seeking Behaviour
    16. Awareness Programme to be continued through Information Education Communications (IEC) and Audio-Visual Aids everyday while running the camp.
    17. Atleast once in a month a Mega-Health Camp shall be organized involving Five to Six Villages in a convenient location and on a pre-fixed date after wide publicity regularly during the routine village health camps.
  8. Number of MMUs: Currently, Thirteen (13) MMUs shall be deployed by the selected Agency in Keonjhar, Odisha. The distribution of each MMU shall be as follows:
    1. One (1) for each of the Thirteen (13) Blocks of Keonjhar District, Odisha.
    2. The number of MMUs, apart from these Thirteen (13); are subject to vary depending on the need for coverage of the populace of the district for the service provisions of the healthcare services.

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

3. These Thirteen (13) MMUs shall be operationalized in a phased manner. The details are provided in 'Steps for Project Implementation'
9. Duration of Operations of each MMU: The Agency shall operate each MMU from 8.00 AM to 9.00 PM (with 45 mins break for lunch) and ensure uninterrupted services for six days a week. Mobile Medical Units may move to the target point/ point of service deliver / camp -site etc well in advance time, so that it reaches 30 minutes prior to the schedule camp timing.
10. Promotional Information Dissemination:
  1. Adequate promotion of the programme should be undertaken by service provider so that more and more population, residents of the blocks and communities are benefitted.
  2. Area mapping should be done by the service provider for preparation of camp schedule.
  3. Camp schedule should be prepared keeping in view the road conditions, population size etc.; so that the vehicles can be easily taken to the camp site. Such schedule shall be made in consultation with the BDOs/BPMs/MSs/MOICs (Criteria for Planning of Camps has been enumerated in detailed in following paras.)
  4. Camps shall be planned in such manner that each village shall be covered at least twice in 30 days of service. Mobile Health Services will deliver healthcare for minor ailments, communicable diseases, non-communicable diseases and maternal and child health and organize Health Awareness Programmes, Health Camps etc.
  5. **Medical Mobile services will be completely free of cost to all the targeted population, residents of the districts including medicines and diagnostic facilities.**
  6. Service provider may involve all local Panchayati Raj bodies, members of the Village Health, ANM, ASHA, AWW, village school teacher in the camps so that better communication, coordination and support can be assured.
  7. Date of camp and time shall be intimated to all the concerned villages well in advance and utmost care should be taken to maintain regularity in these camps as per the schedule.
  8. Adequate IEC via appropriate means shall be undertaken so that all the potential beneficiaries are aware well in advance about the arrival of MMUs in the respective camp site and about the services provided in the MMUs.
  9. The schedule of camps shall also be available at the Office of BDOs/BPMs/MSs/MOICs so as to facilitate and monitoring of the activity.
  10. The camp schedule should also be displayed at prominent places so that maximum number of patients are benefitted.
  11. Referrals should be made, based on the case, to the nearest appropriate Healthcare Facility (CHCs/SDHs/DHH/DMF Jagruti De-addiction and Rehabilitation Centre etc).

**4. Suggested Package of Services to be provided in MMUs**

1	Maternal Health	Early diagnosis of pregnancy, Early registration, MCH Cards, Birth planning (and counselling mothers and families in remote areas to shift to a facility at least one week before the due date, or to a maternity waiting home (MWH) /Maa Gruha), Regular Ante-natal check-ups; includes Screening for Hypertension, Diabetes, Anaemia, TT Immunization for mother, Iron-folic Acid & Calcium Supplementation, Identification and referral of High Risk Pregnancy, Post Natal Cases, Counselling, support and motivation for institutional delivery, Nutrition, Enabling Take Home Rations (THR) for pregnant woman through Anganwadi Worker
2	Neonatal and Infant Health (0 to 1 year old)	Examination of low birth weight/preterm new born /other high-risk new-borns and management or referral as required), Counselling and support for early Breast Feeding, improved weaning Practices, Identification of congenital anomalies, other disabilities and appropriate referral, Family/community education of Prevention of infections, Complete Immunization, Vitamin A Supplementation, Care of Common illnesses of new born, AGE with mild dehydration, pneumonia case management.
3	Child and, Adolescent Health	Growth Monitoring, Prevention through IYCF counselling, access to food supplementation- convergence with ICDS, De- worming, Immunization- , prompt and appropriate treatment of diarrhoea / ARI, referral where needed, detection of Severe Acute malnutrition (SAM), referral and follow up care for SAM, Prevention of anaemia, use of iodised salt; Prevention of diarrhoea, Pre-school and School Child: Biannual Screening, School Health Records, Eye care, De-worming; Early detection of growth abnormalities, delays in development and disability, Adolescent Health services: personal hygiene, Detection & Treatment of Anaemia and other deficiencies in children and adolescents.
4	Reproductive Health and Contraceptive Services	Identifying eligible couples, and motivating for Family Planning- delaying first child, spacing between two children, Access to spacing methods- OCP, ECP, condoms, IUCD insertion and removal, RTI treatment- Syndromic management/partner treatment, First aid for GBV- link to referral centre and legal support centre / SAKHI Cell - OSCs / Swadhar Greh / Women Help Lines etc.
5	Management of Chronic Communicable Diseases	Tuberculosis; HIV, leprosy, Malaria, Kala-Azar, Filariasis, Other vector borne disease- identification, use of RDT/prompt treatment initiation, vector control measures, Sputum collection for TB, RDK + Lab testing and treatment for all vector borne disease examination, follow up medication compliance, Prevention – mass drug administration in filariasis, immunization for JE.
6	Management of Common Communicable Diseases & Basic OPD care (acute simple illness)	Diagnosis and management of common fevers, ARIs and diarrhoeas, Urinary Tract infections, skin infections. (scabies, abscess), indigestion, acute gastritis. Symptomatic care for aches and pains.
7	Management of Common Non- Communicable Diseases	Undertake screening for over 35 age group (on an annual basis for particular individuals), Opportunistic Screening for diabetes and hypertension, Hypertension / Diabetes mellitus –Medication, follow up diagnostics, refer for specialist consultation and early referral for complications, Silicosis, Fluorosis – follow up care, Diagnosis of common respiratory morbidities (COPD and bronchial asthma) and treatment in all ‘chest symptomatic’, Epilepsy- early case identification, enable specialist consultation through referral.
8	Management of Mental Illness	Community education and Preventive measures against Tobacco use and Substance Abuse, Identification of people for De-Addiction &

		Rehabilitation Centres, Referral of cases with mental illness, follow up medication, counselling/support, Liaison with NCD Cell etc
9	Dental Care	Education on Oral Hygiene & Substance Abuse, in community and schools- recognition of dental fluorosis- Referral for gingivitis, dental caries, oral cancers, Treatment for glossitis, candidiasis, fever blisters, aphthous ulcers.
10	Eye Care/ENT care	In Schools and Educational Institutions: Screening for blindness and refractive errors, Community screening for congenital disorders and referral, Counselling and support for care seeking for blindness, other eye disorders. First aid for nosebleeds, recognizing congenital deafness, other common ENT conditions and referral, Eye care in new born, Screening for visual acuity, cataract and for Refractive Errors, Identification & Treatment of common eye problems- conjunctivitis; spring catarrh, xerophthalmia, first aid for injuries, referral, Management of common colds, Acute Suppurative Otitis media, (ASOM), injuries, pharyngitis, laryngitis, rhinitis, URI, sinusitis etc.
11	Geriatric Care	Management of common geriatric ailments; counselling, supportive treatment, and Pain Management
12	Emergency Medicine	Snake bites, scorpion stings, insect bites, dog bites, Stabilization care in poisoning and referral first aid, trauma of any cause, Minor injury, abscess management etc.

## 5. Technical Specifications

The technical specifications of the Mobile Medical Unit (MMU) shall be in adherence to the following:

1. Long high roof vehicle, mobile medical van, like Traveller / Winger or equivalent with valid registration and other documents as per prevailing norms of State / Central Government.
2. MMU should be equipped with Solar Power / Inverter Battery backup system to supplement audio – visual system, Refrigerator and others.
3. The MMU should be appropriated branded with Logo of DMF, as applicable on both side of the body.
4. Equipped with a GPS based Vehicle Tracking Facility, CCTV Cameras (inside the MMU and at the rear end of the MMU for a clear view of the activities undergoing in the campsite), Dashcam etc. live feed from the CCTVs shall be available on the online applications for the review at the official's user end.
5. Carry IEC material and Audio-Visual Equipment's (minimum 32" LCD screen / monitor, hooding system for providing shelter to 10 – 15 persons) for arranging instant Awareness Programme.
6. Adequate space for storage of medicine and other equipment's.
7. Appropriate size so that it can access into the narrow roads of rural areas.
8. Adequate space for Drug Crates.
9. Adequate space for the Doctors and other staff who can sit comfortably and examine patients within the Unit / Van and must be fitted with Air- Conditioner.
10. Patient bed for examination.
11. Space for 6 – 8 persons to seat while travelling.
12. Wash basin with running water and drain facility.

13. MMU shall have Equipped with the following items in appropriate quantities (list not exhaustive):

1. Microscope with Light source (Binocular)
2. Sterilizer 38 cms with electric drums
3. Dressing Drum (11x9)
4. Weighing Machines Adults Simple
5. Weighing Machines Baby Simple
6. Stethoscope
7. B.P. Apparatus
8. Haemoglobin meter (Manual & digital)
9. Centrifuge machine (mini)
10. Incubator
11. Micro typing Centrifuge
12. Nebulizer
13. Ambu bag Adult
14. Ambu bag Paediatric
15. Laryngoscope Adult
16. Laryngoscope Child
17. Suction apparatus with accessories
18. Torch & spot light
19. Glucometer
20. 12 LED ECG Machine
21. Oxygen cylinder cage
22. Weighing Machine
23. Electric plug point
24. Baby Weighing Machine
25. Digital Thermometer
26. Diagnostic Kits like – RDT Test for Malaria, Hepatitis, Dengue, Typhoid, and VDRL,  
IV Bottle holding hooks
27. Measuring Tape
28. LED Torch / Pen Torch
29. Refrigerator (capacity 50 to 60 litres)
30. Needle cutter (manually operated)
31. Laboratory table- Portable
32. 2 computers- laptop preferred
33. Laser Printer
34. Broadband Internet Data Card
35. Digital camera
36. Speaker
37. Amplifier
38. LCD Projector

39. Water Purifier
40. Foldable Half Bench
41. Foldable seats for staff
42. Waste Collecting bins, as per Biomedical waste Management specifications
43. Stool
44. Cot
45. Examination table
46. Brackets for Oxygen Cylinder with adjustable straps
47. Detachable stretcher
48. Hooks for an intravenous bottle
49. Chairs
50. Generator
51. AC Fan
52. Transfusion Bottle Hook
53. DVD Player
54. Fire Extinguisher
55. View Box
56. Digital clock
57. Height Measurement Instrument
58. Stainless Steel Cabinet
59. Water Storage Tank
60. Extension box
61. Screen (for privacy)
62. Emergency light
63. Soap Container
64. Towel Holder
65. Semi-Auto Haematology analyser (3 part)
66. Test tubes
67. Auto pipettes
68. Ophthalmoscope
69. Auroscope
70. Examination Torch
71. Portable Laboratory unit
72. First Aid Kit
73. Fan for patient
74. Android Tablet with Medical Record Application Software (as per the detail requirements given in MMU Application Software)
75. Inverters and battery.
76. Foldable Tables and Chairs, Anti-skid flooring
77. Non-invasive Hb-meter
78. 3 Lead ECG Machine

79. Tonometer
  80. Ababa (IPPV)
  81. Foldable Cycle (if required for IEC and reaching out to beneficiaries and patients in case the MMU cannot traverse farther)
14. MMU Application Software Broad Features: The Mobile Medical Unit (MMU) software application should include a front-end interface developed on android platform to capture registration details of beneficiaries, including photograph, demographic & socio-economic information, antenatal, postnatal and neonatal medical details; and chronic disease information. Various Modules required in MMU Application Software are:
1. Route Details / Route Map: Route Details / Schedule Calendar should be viewed by using this module by selecting the required details from the drop-down menu.
  2. Beneficiary Registration - Unique patient ID generation through registration: Demographic details such as name, date of birth, age, etc. along with photo of beneficiary to be captured on beneficiary registration page to generate unique “Beneficiary ID” registration ID and provide the document containing the same to the beneficiary.
  3. Beneficiary Search Page: Detail of beneficiary can be pulled out from “Beneficiary Search” feature for those Beneficiaries who are revisiting to avail MMU services.
  4. Vital Details: Vital details of beneficiary like Temperature, Blood Pressure, immunization for respective beneficiary are to be captured against unique “Beneficiary ID”.
  5. Doctor / Medical Officer Page: In this module, diagnosis details of beneficiary such as CD, NCD, Minor ailments etc. are to be captured for respective beneficiary against unique “Beneficiary ID”.
  6. Laboratory Test Result: Lab results values such Urine - sugar, HB % etc., are to be captured for the respective beneficiary against unique “Beneficiary ID”.
  7. Medicine Dispensed Details: In this module, Drugs dispensed to the beneficiary are to be captured in “Medicines Dispensed Module” for respective beneficiary against unique “Beneficiary ID”.
  8. Consumables Expenditure: In this module, quantity of various consumables used during the service is to be recorded for each session.
  9. Beneficiary History: In this module, beneficiary history details pertaining to previous visit to be viewed such as vitals, Lab tests; Medicines dispensed etc.
  10. Data upload: In Software, data captured for the entire session to be uploaded by a single click at the end of the service session. Data to be stored at a central server.
  11. MMU Staff Attendance: Staff Attendance to be captured on daily basis in “Staff Attendance” module for compliance purpose. In this module, the user needs to select appropriate session, and select the staff ID to capture the attendance for different sessions. Staff IDs are to be automatically displayed in this page after first time registration in admin application.

12. Beneficiary Referral Details: This module should capture the referrals made from MMU Software to any other public health institutions in every session.
13. Reports and Analysis: The Software should support to extract various reports that enable decision making with objective to improve the effectiveness of services. Some of the required reports are:
  - a. Daily SMS report through SMS on mobile numbers
  - b. Monthly Report
  - c. Village wise data
  - d. Patient category wise data
  - e. Gender wise & age wise report
  - f. Disease wise report
  - g. Laboratory test reports
  - h. Patient wise medicine dispensing report
  - i. Any other report as required by the Client.
14. Further, the application software should also comply the following:
  - a. Day wise update to be stored at any data Centre which shall be placed anywhere in India and shall be registered Under 'CDM&PHO Keonjhar, Odisha' so that so that CDM&PHO Keonjhar, Odisha shall own the data.
  - b. After expiry of contract period the vendor shall pass 'Knowledge Transfer' i.e. data, password etc. to the next successful bidder / CDM&PHO Keonjhar, Odisha as an administrator to facilitate the medical treatment continuously.
  - c. Vendor shall provide dashboard facility to the user department so that the user department, can access the system, track the vehicles and generate the requisite report etc. from the supplied system accordingly to the need.
  - d. Vendor shall impart training to the user at CSR department for operation of the system.
15. Proposed MMU Application Software Specifications Broader Requirements:
  1. Registration Process:
    - a. It is desirable that the bidder shall utilise the ABHA<sup>1</sup> (Ayushman Bharat Health Account) registration process to verify, use and store the patient data within the Ayushman Bharat Digital Mission<sup>2</sup> (ABDM) ecosystem.
    - b. This is expected to ensure unique ID for the patient across ecosystem and reduce the burden of maintain data security at end user level.
    - c. This shall also ensure smooth referral to all the healthcare facilities.
    - d. Alternatively, if the agency wished to utilize its own software and data warehousing ecosystem, it must follow Aadhar/Other Govt ID as the primary identifier to store and identify the patient information.

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<sup>1</sup> Ayushman Bharat Health Account <https://healthid.ndhm.gov.in/>

<sup>2</sup> Ayushman Bharat Digital Mission: <https://abdm.gov.in/abdm>

- e. Compliance to HIPAA (Health Insurance Portability and Accountability Act) shall be mandatory.
2. Data Collection and Storage:
    - a. The Agency shall follow the guidelines of Electronic Health Record (EHR)<sup>3</sup> Standards for India for data collection and data storage with latest ISO standards of the standard code defined in the directives.
    - b. The data must be store in a centralised and scalable data warehouse utilising SQL Relational Database architecture as base of data store, along with this the agency can use general purpose storage to store image file with relation to SQL Tables, also can use non-relational document data storage like JSON, XML to store data like prescription, geo location data, patient dynamic details as per visit/consultation
    - c. The location of data storage must be within the land governed by the laws of Government of India
    - d. All sensitive information like Aadhar No, login passwords, critical personal biomarker information should preferably store in encrypted format.
    - e. The Aadhar data storage should ensure Data Vaulting policy as defined by UIDAI
    - f. The image of the Aadhar card if stored in the data warehouse should have masked Aadhar number.
    - g. All the transaction like registration, consultation, lab testing, medicine distribution etc should be Geo-tagged with 10-65m accuracy using GPS system.
    - h. All transaction happened, reversed or cancelled etc with Geo location should be stored in appropriate format so that it built an Audit Trail for projects and should be produced to authorities as when requested.
  3. Data Privacy and Security:
    - a. The front-end application and devices should only be allowed to interact with the centralized server with a Virtual Private Network (VPN) with at least SHA-256 encryption standards or higher. In no condition the data warehouse should be exposed to public domain.
    - b. All the public interfacing portal should use at least TSL v1.3 HTTPS with at least SHA-256 encryption standards
    - c. All end user device used by the agency for data collection, storage and processing must be secured via reputed Security End Points like Symantec, Cisco, Fortinet, Sophos, Seqrite, or equivalents as per the agency choice and business engagements.

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<sup>3</sup> Electronic Health Record. (EHR) Standards for India:

<https://main.mohfw.gov.in/sites/default/files/17739294021483341357.pdf>

- d. The agency should define strong password policy<sup>4</sup> for the user logins as per the guideline of Cert-In, Government of India, preferably using multifactor authentication.
  - e. The end user device used for data collection and processing should have controlled Application installation policy to avoid all unauthorised application which can compromise the data security, along with ensuring the compliance with the directives of Government of India. The policy should be updated and submitted to district administration in the beginning and every closure of financial year.
  - f. The access of using external devices like USB data storage device, programable USB devices etc via physical ports of all end user device should be blocked except device necessary for smooth operation as per requirement.
4. Data Sharing and Ownership:
- a. The Client / DMF Keonjhar / District Administration is the sole owner of the Data and governed by the Rule of Government of Odisha
  - b. In no condition the data can be shared to any outsiders without prior permission of the Client / DMF Keonjhar / District Administration, the violation may result legal action as per laws of land. The dispute will be subject to jurisdiction of Keonjhar District of Odisha.
  - c. The agency is supposed to share detail data to the Client / DMF Keonjhar / District Administration as when asked for monitoring purpose
  - d. Along with the agency must develop Secure MIS portal/Dashboard Portal to track the live location, operational statistics, vehicle movement information, information dashboard for day-to-day monitoring as per the requirement of the Client / DMF Keonjhar / District Administration.
5. Information Security and Audit:
- a. The agency should follow the information security directive released by the Ministry of Electronics and Information Technology and Cert-In, Government of India within the stipulated timeline directed entire tenure of service.
  - b. The agency should ensure that the application ecosystem is Audited by Cert In empanelled auditors to be compliance according to the laws before moving applications to live production. And the audit report needs to be submitted to district administration in beginning of project and end of every financial year.
  - c. The agency is required to follow the guidelines released by Cert-In, Government of India to ensure safety of government owned data.<sup>5</sup>

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<sup>4</sup> CERT-IN Password policy: <https://www.cert-in.org.in/s2cMainServlet?pageid=PUBVLNOTES02&VLCODE=CIAD-2022-0026>

<sup>5</sup> Information Security Guideline  
a. <https://www.cert-in.org.in/PDF/guidelinesgovtentities.pdf>

6. Data Back-up, Integration and Exit strategy:
  - a. The agency must ensure that there must be a data back up system which will dynamically back of the entire data present in the data warehouse every day at the end of day as per Indian standard time and should keep at least back up stored for past 8 days at point of time when asked to produce or restored. This will help restore data in case of ransomware attack or scenario of data getting corrupted.
  - b. The data warehouse architecture should be designed such a way that the data can be migrated to other alternative ecosystem as when required.
  - c. The application should be designed in such a way that it can integrate secure APIs or other data integration methods as when require to other government services and data or similar requirement.
  - d. The agency must lay down an exit strategy to handover the data to district administration or any agency authorised by the district administration using secure and universally accepted methodology and get the strategy approved by district administration.

16. Information and Communication, Technology (ICT) and Reporting:

1. It is imperative from the point of view of effective monitoring of the program, disease management and impact assessment studies that the field transactional data is captured. The availability of near real time data will also facilitate in enhancing the operational efficiency. The beneficiary, utilizing the service, is also benefited by creation & availability of a unique electronic medical / health record (EMR / EHR) and the case history which in other way enhance the quality of service. Accordingly, Health Card with Unified Code Number is to be issued to each patient at every place.
2. The MMU shall be equipped with an Android Tablet loaded with application software to capture the field data of all the beneficiaries' transaction with the MMU.
3. After the day's service is completed, all the data is to be entered into Android Tablet and uploaded to the Central Server on the same day in the evening to enable automated daily reporting through SMS & emails to the identified officials of the Client.

17. Safety Features for the equipment, vehicle and machinery of the MMU:

1. All equipment shall be provided with adequate safety features.
2. The driver's seat should be ergonomically designed, and the cabin shall be air-conditioned and substantially strong to protect operator from dust, heat and noise.
3. All equipment and vehicles shall have Audio Visual Alarm (AVA), rear view camera, proximity detection device, additional warning system for operator's fatigue, rear vision system, efficient brake, turbo charge guard, front and rear light, speed retarder etc.

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b. <https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1936470>

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

4. The transport vehicles shall have limiting speed device and load indicator and recorder. These shall be incorporated with AVA with sound level 5-20% higher than ambient noise level. The AVA should be of IP-67 compliant. Vehicles shall be fitted with Antiskid and Tail end protection system.
5. In case of surface miner there shall be automatic water sprinkling arrangement and suitable firefighting arrangements.
6. All drills shall be with wet drilling system and portable fire extinguisher.

18. Road Worthiness of MMU Vehicle:

1. All vehicles shall maintain / carry - (a) RC Book, (b) Valid Insurance, (c) Valid Pollution
2. Clearance Certificate, (d) Valid Fitness Certificate, (e) Operation Manual & Maintenance Manual, (f) Any other requirement as per RTO.
3. The selected bidder/vendor shall ensure regular checking, maintenance, and repair of all vehicles and equipment as per best industry practice and keep them in good condition.
4. Record of such activities shall be maintained in a logbook and kept in operator's custody, which shall always be available for inspection by Client.
5. In case of deficiency, the Client shall have the right to prohibit deployment of such vehicle/equipment.

19. Proposed specifications for fabrication of the MMU are provided in Annexure VI. These are desired to be complied with for conversion of base vehicle into MMU.

**6. Human Resources for MMUs**

The following Human Resources shall be provided:

Sr. No.	Positions	Minimum Qualifications	Required Number in Each MMU	Required Number for the District
1	Medical Officer	<ul style="list-style-type: none"><li>• Certified and qualified MBBS, registered with Indian Medical Council (Preferably Female).</li><li>• Minimum of one year of relevant clinical experience.</li></ul>	1	13
2	Nurse / Para-Medical Staff	<ul style="list-style-type: none"><li>• One female nurse, preferably General Nursing and Midwifery (GNM) or Auxiliary Nurse Midwifery (ANM).</li><li>• Trained in diagnostic testing.</li><li>• Registered with the State Medical Council.</li><li>• Minimum of one year of relevant clinical experience.</li></ul>	1	13

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

3	Laboratory Technician	<ul style="list-style-type: none"> <li>• Bachelor in Medical Lab Technology (BMLT) / Diploma in Medical Lab Technology (DMLT).</li> <li>• Trained in diagnostic testing.</li> <li>• Registered the appropriate State Medical Council.</li> <li>• Minimum of one year of relevant clinical experience.</li> </ul>	1	13
4	Pharmacist	<ul style="list-style-type: none"> <li>• Bachelor in Pharmacy (B Pharma) / Diploma in Pharmacy (D Pharma).</li> <li>• Registered the State Pharmacy Council.</li> <li>• Minimum of one year of relevant clinical experience.</li> </ul>	1	13
5	Driver	<ul style="list-style-type: none"> <li>• 10<sup>th</sup> Pass</li> <li>• Holder of HMV driving licence.</li> <li>• Experience of driving HMV for 5 years.</li> <li>• Provide indemnity bond of Accident-free driving in the last three years.</li> </ul>	2	13
6	Community Facilitator / Community Mobilizer	<ul style="list-style-type: none"> <li>• Bachelors in Social Work / Social Science/ Medical Social Work from recognized University.</li> <li>• Atleast two years of work experience in community facilitation, awareness, outreach activities planning, implementation, and management.</li> <li>• Trained in Data entry, record keeping and handling of monitoring software.</li> <li>• Preferably from local area.</li> </ul>	NA	13 (one for each block)
7	MMU District Coordinator / Manager	<ul style="list-style-type: none"> <li>• Master's Degree (or equivalent) in MSC Nursing/ Masters in Medical Social Work/ Masters in Hospital Administration &amp; Management / Healthcare Management / Masters in Public Health/ Master's Degree in Social Work / Social Sciences is essential.</li> <li>• Experience of managing similar projects/ MMUs/ MMVs etc for a minimum period of five years or five years' work experience in project planning, implementation, and management.</li> </ul>	1	1

		<ul style="list-style-type: none"> <li>• Minimum of two years of experience in implementation of similar projects in Trust / Government / PSU healthcare facilities is desirable.</li> <li>• Good knowledge and experience of participatory approaches in program implementation.</li> <li>• Shall be deployed full time in Keonjhar, Odisha.</li> </ul>		
<p>9. Note:</p> <ol style="list-style-type: none"> <li>1. At least One Member of the team must be female either from Sr. No 1 and 2.</li> <li>2. The Bidder must conform to the minimum standards for staff mentioned above.</li> <li>3. The actual number of staff in each category should be decided taking in to account work shifts, staff leave days, absenteeism and public holidays etc., to ensure that the Schedule of Services (as decided in consultation with Officer / Doctor-in-Charge / BPMs / MOICs / MS / BDOs etc for the work) is not disrupted in any way.</li> <li>4. Bidders are required to develop a network of the above-mentioned staff in the area / locality, so that in the absence of any staff member back up personnel may immediately be provided.</li> </ol>				

**7. Duties and Responsibilities of the Staff of the MMU**

**1. Medical Officer**

1. MO will be the in-charge and overall responsible for the effective functioning of the MMU. The other staff of the MMU will work under his/her supervision on a day-to-day basis.
2. In case of referral to the nearest facility, the MO shall maintain suitable records (details, address and the cause of emergency in the register and log book of the vehicle) and issue a clear descriptive referral slips.
3. MO and MOIC of the PHC shall take immediate appropriate actions during outbreaks of diseases and epidemic and inform concerned MS/BPM/CDM&PHO and RCH officer as well as to render assistance as required and feasible.
4. MO shall work in collaboration with the MOIC of nearest PHC under whose area services are being rendered.
5. MO shall work in coordination and cooperation with the health staff of the department, local authorities, Village Health Sanitation and Nutrition Committee (VHSNC) etc.

**2. Staff Nurse/ANM**

1. To assist the MO of the MMU in providing the health care services as listed.
2. To maintain cold chain for vaccines.
3. To carry out all other relevant functions as tasked by the MO of the MMU.

**3. Pharmacist cum Administrative Assistant**

1. To dispense the medicines to the patients prescribed by the MO in the MMU.
2. To take appropriate action for Bio Medical waste management with the MO
3. To maintain all adequate stock, inventory and issue registers.
4. To carry out all other tasks as ordered by the MO of the MMU.

**4. Laboratory Technician**

1. To carry out the diagnostic tests/laboratory tests as per the requirement and feasibility.
2. To work in coordination with RNTCP & NVBDCP for quality monitoring and keep the required documents/records as per program guidelines.
3. To prepare the monthly report and submit to the MMU MO.
4. To carry out all other tasks as ordered by the MO of the MMU.

**5. Community Mobilizer along with ASHAs and VHSNC**

1. Generate awareness regarding the availability of MMU, service provided, frequency of visit and schedule of MMU.
2. Mobilization of patients through home visits and VHSNC meetings
3. Disseminate IEC in coordination with MMU staff and ANM/AWW.
4. Identify Community groups /patients who would particularly benefit from the services of MMU.
5. It is important to have clarity on how to assist the service user to choose between SC/PHC/MMU as site of referral based on what the referral is for, where there is greater assurance of service and how to access.
6. To assist ASHAs/AWWs/ANMS to undertake preliminary screening or bring in suspected case of chronic diseases- e.g. TB, Blindness, HIV, Leprosy, diabetes, Hypertension, asthma, epilepsy, childhood disability, severe malnutrition.
7. To ensure regular follow up of patients who are on long term treatment for chronic diseases.
8. To enable easy access of referral services in emergency cases.

**6. MMU District Coordinator / Manager**

1. Oversee oversees the efficient implementation of the MMU program in compliance with the plans, strategies, protocols and quality standards.
2. Communicate with relevant stakeholders / CDM&PHO / BPMs/ MOICs etc to ensure optimal cross-functional and quality service offerings.
3. Report to the CDM&PHO and CEO DMF regarding the overall effectiveness and efficiency of MMU and related issues, if any.
4. Plan and set MMU operations schedules in coordination with MSs/MOICs/BPMs/BDOs, resource allocation and service offerings.
5. Conduct on-site quality assurance by overseeing MMU activities and checking compliance with relevant policies, procedures, protocols and work ethics.
6. Communicate and spread awareness of the MMU schedule and service offerings.
7. Guide employees and relay relevant knowledge for handling difficult or complex problems.

8. Oversee beneficiary satisfaction results and properly address issues, if any; resolve and/or escalate complaints or disputes as required/necessary.
9. Supervise record keeping and data accuracy while ensuring sensitive data confidentiality and safety.
10. Develop plans to cater to emergencies in coordination with relevant internal and external stakeholders.
11. Track daily, weekly and monthly quantitative and qualitative reports and ensure their accuracy.
12. Develop and communicate periodical progress reports for internal and external stakeholders as necessary.
13. Develop budgets related to the MMU and control expenditure accordingly.
14. Provide leadership and direction within MMU team members towards the achievement of goals and objectives.
15. Ensure the responsibilities and duties of each MMU team member are specified in writing and clearly communicated.
16. Guide, motivate, and evaluate subordinates on their performance, productivity and progress, while identifying training needs of team members to improve efficiency and ensure conformity with the standards.
17. Ensure the MMU team members acquire the required skills and knowledge through appropriate learning and development initiatives/opportunities and programs.

#### **8. Details of Patient Data for Examination**

Following data to be recorded about each patient:

1. Details of Patients demographic data with contact number, address etc
2. Provisional diagnosis and treatment advised
3. Investigation findings
4. Follow up visit information
5. Referral records
6. Antenatal Check-up and follow up
7. Vaccination Status
8. Nutritional/Dietary Habits
9. Patients Socio-Economic Status
10. Annual Income
11. Source of income

#### **9. Coverage of Services**

1. Each MMU shall operate for 6 days a week ie not less than 26 days a month. All maintenance and repair work for the vehicle or equipment should be undertaken as and when required. However, the down -time shall not exceed 8 hours in a span of 30 working days.
2. **Each MMU shall cover atleast 24 Points of Service Delivery (PoSDs) / 24 Camps in every month and cover at least 60 patients per day.**
3. The Posts shall be decided by the Service provider in consultation with the Block Program Officer / Doctor-Incharge / MOICs of CHCs / MS of SDH / CHC etc.
4. Awareness camps/Special Camps / Mega Camps shall be organized in the remaining days of the month with the consent of Block Program Officer / MOICs of CHCs / MS of SDH and DHH etc.

5. It is the responsibility of the bidder to spread awareness and mobilize targeted communities to avail the service on the fixed days of camp when the MMU will visit them.
6. The bidder should ensure that services for clinical, diagnostic and sensitization for health seeking behaviour are rendered in the camp.
7. Adequate publicity should be ensured regarding the camp site and schedule of camp etc. in each village.

#### **10. Detailed Project Execution Plan**

The selected bidder shall Formulate and submit a Detailed Project Execution Plan (DPEP) at the start of the project after the signing of the MOU. The DPEP shall include details regarding:

1. Recruitment, Training Modules and Plan for training of the staff.
2. Implementation schedules for placement of personnel, adoption/development of MIS, and other deliverables under this project.
3. Standard Operating Procedures (SOP) for day-to-day operations, assessments for planning of camps, route planning, geographical terrain assessments, population assessments, data collection, analysis, follow-up of patients, referral services, and other emergency scenarios.
4. Copy of approvals / permissions required under relevant statutes and rules.
5. Formats for registers, MIS, and other related documentation. The format, content, frequency circulation of the MIS should be decided in consultation with the office of the CDM&PHO, Keonjhar.

#### **11. Responsibility of the Selected Bidder**

1. Commence the project within time lines. Operate the project on day to day basis as per the scope of services mentioned above.
2. Procurement of the MMU, equipment's, installation of equipment's and GPS Vehicle Tracking devices and software. The vehicles should not be more than one year old from the date of manufacturer on the day of commencement of service. The service provider would procure all necessary road and goods permits for the MMU and maintain the same throughout the period. The MMU should be equipped with all the equipment's proposed in the above paras. The MMU vehicles should be fitted with GPS and the service provider should maintain their own dash board and develop software's for maintaining E-Health Card and to record entries in HMIS, RCH portal etc.
3. Recruit, deploy, train, and maintain a team of qualified, competent personnel for running the MMU. A list of minimum key personnel required with their qualifications is provided in the above Paragraph "Human Resources for the MMUs". The staffs so recruited/appointed shall be exclusively on Pay roll of the service provider. The Service Provider shall ensure deployment of the minimum personnel as enumerated above to keep the MMUs operational and capable of providing the services as agreed upon. Maintain and enforce a geo-tagged attendance system for all the personnel hired under this project.

4. Issue "Identity Card" with photograph duly attested mentioning Name of Company/Agency, Name of employee, Designation, DOB, Contact Number, etc. to each employee. The employees shall carry original identity card, while on work and produce for inspection whenever required.
5. Impart safety training to its employees and shall at all times be responsible for observance of safety procedure by its employees.
6. Arrange 'Refresher Training' to its employees from time-to time as may be required for update knowledge of the diseases assessment, testing, diagnosis, treatment etc. Certificate to employees completing training successfully shall be issued. Record of such trainees with their photograph shall be maintained.
7. Ensure that only trained staff are deployed at work during the contract period.
8. Selected bidder shall communicate the names and addresses of the Team manning a particular MMU during the entire contract period. Any change in the composition of the team must be intimated to the Client promptly. The names of staff in each MMU at any point of time must also be displayed prominently on the MMU.
9. Execute the approved DPEP.
10. Ensure compliance to the labour laws and other statutory obligations. Labour payment as per applicable / prevailing norms.
11. Provide accidental and life insurance to all personnel travelling in the MMU as well as undertake insurance for the MMU Vehicle also.
12. Ensure the availability of adequate stocks of medicines, drugs, consumables & maintain all the medical & other equipment's in working condition.
13. Maintain register to keep the receiving of medicine and tests report from the patients.
14. Maintain complete details of the medicine procurement and issue to patients with date along with justification linking to the health card issued.
15. Maintain Electronics Health Record of all beneficiaries. Strict adherence for patient confidentiality as per relevant government data protection of data security and confidentiality laws etc shall be done by the selected bidder.
16. Discuss and finalize the Camp Location, Route Plan / Calendar for conducting camps in consultation with the BPMs / MOICs / MSs / BDOs of the concerned blocks.
17. It is expected that there will be atleast 24 Points of Service Delivery (PoSDs) / 24 Camps in every month by each MMU; and cover at least 60 patients per day by each MMU unit.
18. Criteria for planning of camps, scheduling the camp calendar, location etc is provided below.
19. Ensure proper documentation, maintenance of records wrt Asset Register, Attendance sheets, administrative documents, registers, reports, contact details of the emergency number of the inmates and any other as requirement.
20. Undertake annual financial planning of the project, submit necessary bills for release of funds and submit Utilization Certificates for the fund spent.
21. Submit Monthly, Quarterly, and Annual Progress Reports to the Client. Provide regular updates to the Client through the assigned point of contact in the office of NHM Keonjhar.
22. Undertake periodic appraisal of the project execution status and take/suggest corrective steps/mid-course correction.

23. Attend all meetings as required by the Client related to progress and assessment of the program.
24. Take feedback from the patients, beneficiaries, relatives, staff, etc and act on the complaints/feedback received and take corrective measures.
25. The logbook of movement of the MMU shall be maintained by the MMU driver and supervised by the Medical officer in charge of the MMU. Logbook shall be made available for verification by any authority nominated by the Client.
26. All the maintenance cost of equipment as well as vehicles will be borne by the service provider.
27. The Service provider will also comply with confidentiality and privacy laws including patient details. All records maintained by the service provider regarding operations of MMUs will be made available to any government authority including audit on demand.
28. It should be clearly understood that under no circumstances, the MMUs will be used to advertise the operations of the service provider.
29. Design and prepare monthly, quarterly, and annually reports and submit to the Client. The format for report submission is as per 'Annexure VIII and IX'.
30. Provide application software with features such as biometric registration of patients with capture of socio demographic details, data capture of patient vitals, laboratory test results, drugs dispensing etc. which shall be demonstrated in Camp.
31. The selected bidder in consultation with CDM&PHO Keonjhar shall identify the parking place for the MMU and also an office for administrative work.
32. Identify critical gaps in existing healthcare delivery systems and recommend any improvements/additions required to amplify the impact of the project to the Client and the beneficiaries.

## **12. Criteria for Planning of Points of Service Delivery i.e., Camps**

Following criteria could be considered while planning for Camps, Schedules, Locations etc in discussion with the MSs / MOICs / BPMs / BDOs etc:

1. Mining Affected Villages
2. Mine Locations, Mine workers, colonies of the mine workers and the nearby Households
3. Inaccessible and difficult terrain
4. Hilly, tribal dominated areas
5. Sparsely located hamlets / hutting's/ villages / community gatherings / weekly markets / slums etc
6. Far-flung villages, not in the vicinity of SCs / PHCs / CHCs etc
7. Habitations in the deep forests
8. Locations wrt actions for improvement in health indicators viz villages with:
  - a. High rates of home deliveries
  - b. High infant and maternal deaths
  - c. Complicated deliveries
  - d. High prevalence of Cancers (Primarily Lungs, Gastro, Oral etc) and other NCDs
  - e. Air Quality Index / Water Quality Index is alarmingly low
  - f. Prevalence of RTI/Silicosis/Asbestosis/TB etc

- g. Prevalence of malnutrition, stunting and retarded growth
- h. Any other indicator performing less as per the preceding HMIS, NFHS, POSHAN Tracker etc

### **13. Project Duration**

1. The duration of the assignment / contract / project shall be for Three (3) years from the date of effectiveness of the Contract.
2. The Agency and Client shall maximize their efforts for achieving the key milestones set in the project within the duration of assignment / contract / project.
3. Commencement: The selected Agency shall commence the work with immediate effect from the date of signing of the agreement / MOU.
4. Validity: Unless terminated earlier, the agreement shall be valid up to Thirty-six (36) months from the date of execution of agreement and automatically expire after completion of the agreement period. The duration may be extended for a further period of next Two (2) years i.e., for next Twenty-Four Months (24 Months) subject to satisfactory performance.
5. Currently Thirteen (13) MMUs are to be operationalized under the project by the service provider. These Thirteen (13) MMUs shall be operationalized in a phased manner. The number of MMUs, apart from these Thirteen (13); are subject to vary depending on the need for coverage of the populace of the district for the service provisions of the healthcare services upon mutually agreed terms by the Client and Agency.

### **14. Inspecting, Testing and Quality Control**

1. The Client via its representatives/designated officials (The Inspector) shall inspect the available drugs, medicines, consumable, kits, reagents etc in the MMUs for their adherence to the contract specifications, expiry and other quality control details incorporated.
2. The Inspector shall have full and free access at any time during the implementation of the project for inspection of the selected agencies work.
3. The decision of the Inspector shall be final and binding on the selected Agency.
4. If any drugs, medicines, consumable, kits, reagents etc in the MMUs are found to be expired:
  - a. A penalty @ 25% of the total monthly billing shall be levied for per instances of expired batch of medicines, drugs, consumables found.
  - b. If the expired medicines have been distributed the selected agency shall replace the whole batch of expedited medicines at its own cost and submit the report to its effect.
  - c. The selected Agency shall bear all cost of such replacement, including freight, if any, replaced kits but without being entitled to any extra payment on that or any other account.

### 15. Steps for Project Implementation

Sr. No.	Step	Responsibility	Timeline for Completion
1	Issue of Letter of Intent (LoI)	CDM&PHO	Within 10 working days of finalization of the agency
2	Submission of Performance Bank Guarantee	Agency	Within 15 working days of receiving the LOI
3	Signing of the MOU	CDM&PHO with the Agency	Within 15 working days of receiving the PBG from the Agency
4	Procurement, branding, installation of necessary equipment, furniture, etc. deployment of manpower, readiness, and commencement of services of 13 MMUs	Agency	Within 30 days of signing of MOU
5	Submission of DPEP	Agency	Within 2 Months of signing of MOU
6	Approval of DPEP	CDM & PHO	Within 15 working days of receiving the DPEP
7	Submission of monthly bills by the Agency to the CDM&PHO	Agency	By the 4 <sup>th</sup> of every proceeding month
8	Fund release to the selected Agency on submission of bills (monthly)	CDM&PHO	Within 25 working days of receiving of bills from the Agency
9	Supervision, Monitoring and Review of the project (monthly)	CDM&PHO	By 20 <sup>th</sup> of every month

### 16. Responsibilities of CDM&PHO Keonjhar

CDM&PHO, Keonjhar will be the nodal department having overall responsibility for the project with following responsibilities:

1. Selection of Agency for project implementation through this RFP and formulation of any requisite committees if required.
2. Signing of MOU with the selected Agency, communicating with the Agency for providing necessary support, access etc.
3. Assign, supervise and monitor the work of the selected Agency on a regular basis.
4. In consultation with the selected bidder, identify the parking places for the MMUs and also an office for administrative work.
5. Carry out regular inspection, testing and quality control through designated officials of the medicines, consumables kits in the MMUs, submit the inspection report, and provide feedback of the inspection to the selected Agency and CEO, DMF (Detailed instruction mentioned in the above clauses).

6. Inform the Agency and Collector cum Managing Trustee DMF for non-compliance or poor performance of the selected Agency with valid documents/proofs of poor performances/ negligence from scope of work etc.
7. Verify the bills and forward the abstract of bills and the photocopy of the bills that are submitted by the selected Agency to DMF for release of funds for payment in a timely manner.
8. Attend quarterly and yearly review meetings with Collector cum Managing Trustee DMF for overall assessment of the performance of the Agency.

#### **17. Responsibilities of DMF Keonjhar**

1. Administratively approve the project proposal as received from CDM&PHO Keonjhar.
2. Participate in quarterly and yearly review meetings conducted by the Collector and Managing Trustee DMF Keonjhar for performance assessment of the Agency.
3. Take necessary action as per the information received from CDM&PHO Keonjhar during review of the concerned Agency as per instructions of Collector and Managing Trustee DMF Keonjhar.
4. Scrutiny and release of funds to the CDM&PHO Keonjhar as per abstract of bills submitted and stipulated norms.
5. Monitor and Evaluate project progress periodically.

#### **18. Monitoring and Evaluation**

1. Regular review meetings shall be conducted by the office of the CDM&PHO to monitor the implementation of the project.
2. The selected Agency shall submit the deliverables as per the milestones and progress report on monthly basis in the desired format as per given schedule to the office of the CDM&PHO, Keonjhar. This monthly progress report shall be verified and submitted by the CDM&PHO to the office of DMF Keonjhar on a regular basis.
3. Yearly review (atleast one per year) shall be conducted by a team nominated by the Collector-cum-Chairperson and Managing Trustee, DMF along with CDM&PHO to assess the services provided and the compliance of the selected Agency to the Scope of Work.
4. Periodic Review:
  - i. Quarterly review of performance and observance of terms & conditions including quality tests shall be carried out by a committee appointed by the Authority.
  - ii. Authority shall have the right to review/inspect at any time as it may deem fit, the working and management of the Project. The Service Provider shall facilitate and provide assistance to the officers of the Authority for such inspection.
  - iii. Every quarter the number of priority villages, schedule of camps etc shall be revived by the authority.

#### **19. Reporting Arrangements**

1. The selected Agency direct shall work under supervision of the Chief District Medical and Public Health Officer, Keonjhar and CEO, DMF Keonjhar, Government of Odisha.
2. Regular review meetings shall be conducted by the office of the CDM&PHO to monitor the

implementation of the project and achievement of objectives.

## **20. Termination of the Project and MOU**

1. Client by written notice, suspend the agreement if the Bidder fails to perform any of his obligations as per the terms and conditions of the MOU/ contract / agreement including carrying out the services, such notice of suspension shall:
  1. Specify the nature of failure
  2. Advise the remedy of such failure and rectify within a period not exceeding 15 days from the date of receipt of such notice by the service provider.
2. Authority may terminate the contract by not less than 30 days written notice of termination to the service provider on occurrence of any of the events specified below and / or as specified in Terms & Conditions / Agreement. The decision of authority shall be final and binding on the service provider.
  1. If the Bidder does not rectify a failure in the performance of his obligations within 30 days of receipt of notice.
  2. If the Bidder becomes insolvent or bankrupt.
  3. If, as a result of force majeure, the Bidder is unable to perform a material portion of the services for a period of not less than 30 days.
  4. If, the service provider is found to be engaged in corrupt or fraudulent practices in competing for or in implementation of the project.
  5. Failure to commence MMU service within 60 days from the date of issue of LOI / LOA / Work Order.
  6. Failure to comply with the statutory requirements, Clinical Establishment Acts, Rules and other applicable Acts / Rules / Regulations.
  7. Criminal indictment of the promoters, member/s of the Board of Directors, chief functionaries, key personnel engaged by the service provider for operation and management of the services.
  8. Engagement of unqualified persons for running of the MMU Services.
  9. Certification of un – satisfactory performance by the Evaluation Committee / Officer – in Charge of the work.

## Section IV: Technical Proposal Submission Forms

### Tech - 1 Covering Letter

(On Bidder's Letter Head)

[Location, Date]

To,

**Chief District Medical & Public Health Officer (CDM&PHO),  
District Headquarter Hospital, Keonjhar – 758001, Odisha**

**Subject: Operationalization of Mobile Medical Units (MMUs) in Keonjhar, Odisha under DMF, Keonjhar[TECHNICAL PROPOSAL]**

Dear Sir,

I, the undersigned, offer to provide the services for the proposed assignment in respect to your Request for Proposal No.: \_\_\_\_\_, Dated: \_\_\_\_\_. I hereby submit the proposal which includes this technical proposal sealed under a separate envelope. Our proposal will be valid for acceptance up to **180 Days** and I confirm that this proposal will remain binding upon us and may be accepted by you at any time before this expiry date.

All the information and statements made in this technical proposal are true and correct and I accept that any misinterpretation contained in it may lead to disqualification of our proposal. If negotiations are held during the period of validity of the proposal, I undertake to negotiate on the basis of the proposal submitted by us. Our proposal is binding upon us and subject to the modifications resulting from contract negotiations.

I have examined all the information as provided in your Request for Proposal (RFP) and offer to undertake the service described in accordance with the conditions and requirements of the selection process. I agree to bear all costs incurred by us in connection with the preparation and submission of this proposal and to bear any further pre-contract costs. In case, any provisions of this RFP/ ToR including of our technical & financial proposal is found to be deviated, then your department shall have rights to reject our proposal. I confirm that, I have the authority to submit the proposal and to clarify any details on its behalf.

I understand you are not bound to accept any proposal you receive. I remain,

Yours faithfully,

**Authorized Signatory with  
Date and Seal** :

**Name** : \_\_\_\_\_

**Designation** : \_\_\_\_\_

**Address of Bidder** : \_\_\_\_\_

**Contact Number of Bidder** : \_\_\_\_\_

**Email id of Bidder** : \_\_\_\_\_

**Tech 2: Bidder's Organization (General Details)**

S. No.	Description	Full Details
1	<b>Name of the Bidder</b>	
2	<b>Address for communication:</b> Tel: Email id:	
3	<b>Name of the authorized person signing &amp; submitting the bid on behalf of the Bidder:</b> Mobile No.: Email id:	
4	<b>Registration / Incorporation Details</b> Registration No: Date & Year. :	
5	<b>Local office in Odisha</b> <b>If Yes, please furnish contact details</b>	Yes / No
6	<b>Bid Processing Fee Details</b> Amount: DD/ Bank Guarantee No.: Date: Name of the Bank:	
7	<b>EMD Details</b> Amount: DD/Bank Guarantee No.: Date: Name of the Bank:	
8	PAN Number	
9	Goods and Services Tax Identification Number (GSTIN)	
10	Willing to carry out assignments as per the scope of work of the RFP	YES
11	Willing to accept all the terms and conditions as specified in the RFP	YES

**Authorized Signatory with** : \_\_\_\_\_  
**Date and Seal**  
**Name** : \_\_\_\_\_  
**Designation** : \_\_\_\_\_  
**Address of Bidder** : \_\_\_\_\_  
**Contact Number of Bidder** : \_\_\_\_\_  
**Email id of Bidder** : \_\_\_\_\_

*Bidders should submit the required supporting documents as mentioned above. Non- submission of required documents as listed above will lead to rejection of the bid.*

### Tech 3: Bidders Financial Details

**Annual Average Turnover Statement**  
(To be furnished in the letter head of the Chartered Accountant)

<b>Name of the Agency:</b>				
<b>Financial Information (In INR)</b>				
<b>Details</b>	<b>FY 2019-20*</b>	<b>FY 2020-21*</b>	<b>FY 2021-22*</b>	<b>Average</b>
Turnover (in Crores)				
	<i>Page no in the bid proposal</i>	<i>Page no in the bid proposal</i>	<i>Page no in the bid proposal</i>	
* <i>Provisional audited statement shall not be considered.</i>				
<b>Supporting Documents:</b>				
Audited certified financial statements for the last three FYs (Submission of copies of Income & Expenditure Statement, P/L and Balance Sheet for the respective financial years is mandatory along with this form)				
<i>Filled in information in this format must have to be jointly certified and sealed by the CA and the authorized representative of the bidder and to be furnished along with the technical proposal, failing which the proposal will be out rightly rejected.</i>				

Signature and Seal of the Company Auditor / Chartered Accountant with Date in original

Name of Chartered Accountant / Authorized Signatory of Company Auditor

[In full initials with Date and Seal]: \_\_\_\_\_

Membership No. Chartered Accountant / Authorized Signatory of Company Auditor

**Authorized Signatory with Date and Seal :**

**Name :** \_\_\_\_\_

**Designation :** \_\_\_\_\_

**Address of Bidder :** \_\_\_\_\_

**Contact Number of Bidder :** \_\_\_\_\_

**Email id of Bidder :** \_\_\_\_\_

[NB: No Scanned Signature will be entertained]

**Bidders should submit the required supporting documents as mentioned above. Non-submission of required documents as listed above will lead to rejection of the bid.**

**Tech 4: Format for Power of Attorney  
(Notarized on INR 100.00 Stamp Paper)**

I, \_\_\_\_\_, the \_\_\_\_\_ (Designation) of (Name of the Organization) in witness where of certify that <Name of person> is authorized to execute the attorney on behalf of <Name of Organization>, <Designation of the person> of the company acting for and on behalf of the company under the authority conferred by the < Notification/ Authority order no.> Dated <date of reference> has signed this Power of attorney at <place> on this day of <day><month>, <year>.

The signatures of <Name of person> in whose favour authority is being made under the attorney given below are hereby certified.

Name of the Authorized Representative:

(Signature of the Authorized Representative with Date)

\_\_\_\_\_

CERTIFIED:

Signature, Name & Designation of person executing attorney:

Address of the Bidder:

### Tech 5: Bidders Past Experience Details

1. Experience of operations of Mobile Medical Van (MMV) / Mobile Medical Unit (MMU) / Mobile Health Unit (MHU) / Mobile Exercise Unit / Mobile Clinic / Advance Life Support (ALS) Ambulance with a Call Centre etc for Central Govt / State Govt / District Government Health Authority / Public Sector Undertakings / Joint Sector / Public Limited Company in Private Sector in the past 10 years till the bid application due date (ADD)

Sr. No.	Name of the Project*	Number of MMV / MMU / ALS Ambulances / MHU etc operation alized	Client Name, Contact Details & Address	Name of funding agency (if different from Client)	Fees in INR (In Crores)	Project Start Date in DD/MM /YYYY	Project End Date in DD/MM/ YYYY***	Major Task Carried Out	Page no of the Attached Work Order / Experience Certificate**
1									
2									
3									
4									

\* Kindly mention the Work-order / project year-wise starting from the most recent Work-order / project undertaken.

\*\*Photocopies of Work Orders/ Sanction Orders/ MOUs/ Engagement Letters/ Completion Certificates / Experience Certificate from Clients for completion of work [s] of equivalent projects to be attached. More lines can be added for enumerating the relevant experiences. Mention the Page no (s) in your bid application where the copies of the relevant work order / contract is (are) placed.

\*\*\* For the projects which are already closed, submission of completion certificate is mandatory.

Authorized Signatory :  
with Date and Seal

Name :

Designation :

Address of Bidder :

Contact Number of Bidder :

Email id of Bidder :

**Tech 6: Declaration of Conflict of Interest and Activities**

Are there any activities carried out by your Agency which are of conflicting nature as mentioned in Section 2: [Instruction to the Bidder] under Eligibility Criteria: Para (14). If yes, please furnish details of any such activities.

If no, please certify,

**On Bidders Letter**

I hereby declare that our Agency is not indulged in any such activities which can be termed as the conflicting activities as mentioned in **Section 2: [Instruction to the Bidder] under Eligibility Criteria: Para (14)**.

I also acknowledge that in case of misrepresentation of any of the information, our proposal / contract shall be rejected / terminated by the Client which shall be binding on us.

**Authorized Signatory with  
Date and Seal** :

**Name** :

**Designation** :

**Address of Bidder** :

**Contact Number of Bidder** :

**Email id of Bidder** :

**Bidders should submit the required supporting Documents as mentioned above. Non - submission of required Documents as listed above will lead to rejection of the bid.**

**Tech 7: Comments and Suggestions on the Terms of Reference / Scope of Work and Counterpart Staff and Facilities to be provided by the Client**

**A: On the Terms of Reference / Scope of Work:**

[The Bidder/Agency needs to present and justify in this section, if any modifications to the Terms of Reference they are proposing to improve performance in carrying out the assignment (such as deleting some activity considering unnecessary, or adding another, or proposing a different phasing of the activities / study process modifications). Such suggestions should be concise and to the point and incorporated in the technical proposal. Modification / suggestion will not be taken into consideration without adequate justification. Any change in manpower resources will not be taken into consideration]

**B: On Input and Facilities to be provide by the Client:**

[Comment here on inputs and facilities to be provided by the Client with respect to the Scope of Work and Study Implementation]

**Authorized Signatory with  
Date and Seal** :

**Name** : \_\_\_\_\_

**Designation** : \_\_\_\_\_

**Address of Bidder** : \_\_\_\_\_

**Contact Number of Bidder** : \_\_\_\_\_

**Email id of Bidder** : \_\_\_\_\_

### Tech 8: Description of Approach, Methodology and Workplan to Undertake the Assignment

Technical Approach, Methodology and Work Plan are key components of the Technical Proposal. In this Section, bidder should explain their understanding of the scope and objectives of the assignment, approach to the services, methodology for carrying out the activities and obtaining the expected output, and the degree of detail of such output. Further, they should highlight the problems being addressed and their importance and explain the technical approach to be adopted to address them. It is suggested to present the required information divided into following sections:

- A. Understanding of the Need / Demand of the Project / Assignment, Challenges and Risk Mitigation Strategies etc
- B. Approach, Methodology, Work Plan, Scheduling of camps, routing, patient management, awareness creation activities/strategies, Unique Selling Proposition / Additional Software / Features, Additional Services, Demonstration of application software, with features such as biometric registration of patients with capture of socio demographic details, data capture of patient vitals, laboratory test results, drugs dispensing, vehicle tracking, patient follow-up and referral, HMIS dashboard for view of the officials and authorities, etc

Authorized Signatory with : \_\_\_\_\_  
 Date and Seal : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Address of Bidder : \_\_\_\_\_  
 Contact Number of Bidder : \_\_\_\_\_  
 Email id of Bidder : \_\_\_\_\_

Bidders are requested to furnish the above information limiting it up to 5-7 pages only with Arial/Times New Roman, Font Size-10.

The agencies who are selected for technical presentation shall adhere to the following format while presentation:

Maximum Number of Slides	Slide Heading	Maximum Marks (40)	Maximum Time for Presentation
1 to 3	Understanding of the Need / Demand of the Project / Assignment, Challenges and Risk Mitigation Strategies etc	10	10 minutes
4 to 10	Approach, Methodology, Work Plan, Scheduling of camps, routing, patient management, awareness creation activities/strategies, Unique Selling Proposition / Additional Software / Features, Additional Services, Demonstration of application software, with features such as biometric registration of patients with capture of socio demographic details, data capture of patient vitals, laboratory test results, drugs dispensing, vehicle tracking, patient follow-up and referral, HMIS dashboard for view of the officials and authorities, etc	30	15 minutes
	Question & Answer Session		5 minutes

Note 1: Information provided in the form shall correspond to the Technical Presentation. Colour print-out of the PPT also shall be submitted along the Technical Bid.

Note 2: All the claims shall be substantiated through production of supporting documents.

LC 22/09/23  
 Chief District Medical & Public Health Officer  
 Keonjhar

**Tech 9: Proposed Plan to Carry out the Assignment**

Month	1	2	3	4
Sequence of Activities / Sub Activities				

Indicate all main activities / sub activities of the proposed assignment and other associate sub-periodic activities.

**Authorized Signatory with Date and Seal :**

**Name :** \_\_\_\_\_

**Designation :** \_\_\_\_\_

**Address of Bidder :** \_\_\_\_\_

**Contact Number of Bidder :** \_\_\_\_\_

**Email id of Bidder :** \_\_\_\_\_

**Tech 10: Non-Consortium Declaration**  
(On Bidder's Letterhead)

We, \_\_\_\_\_ <name of the Organisation>, having our registered office at \_\_\_\_\_, <HQ address of the Organisation> hereby certify and confirm that in the preparation and submission of our Proposal for \_\_\_\_\_ (name of the Project) under this RFP Reference No. \_\_\_\_\_, We have not acted in concert or in collusion with any other Bidder or other person(s) and also not done any act, deed or thing, which is or could be regarded as anti-competitive.

We declare that we are submitting this proposal as an independent Agency, and not as a part of any consortium/Joint Venture/Associations.

We further confirm that we have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with the instant proposal.

We also acknowledge that in case of misrepresentation of the information, our proposal / contract shall be rejected / terminated at any stage by the client, which shall be binding on us. Any loss or damage to the client, on this count will be compensated by us.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 2023

\_\_\_\_\_  
:  
**Authorized Signatory with  
Date and Seal**

**Name** : \_\_\_\_\_

**Designation** : \_\_\_\_\_

**Address of Bidder** : \_\_\_\_\_

**Contact Number of Bidder** : \_\_\_\_\_

**Email id of Bidder** : \_\_\_\_\_

**TECH 11: Affidavit Format for Not Blacklisting**

(Notarized on INR.100/- Non-Judicial Stamp Paper)

**Affidavit**

I, M/s. \_\_\_\_\_(the name of the Organization) having our registered office at \_\_\_\_\_, <HQ address of the Organisation> hereby certify and confirm that we or any of our promoter(s) / Director(s) are not barred by Department of Health & FW, Govt. of Odisha / Social Security & Empowerment of Persons With Disabilities Department, Govt. of Odisha / or any other entity of GoO or blacklisted by any State Government or Central Government / Department / District Administration / Organization in India from participating in Tenders as on the\_\_\_\_\_ (Date of Signing of this proposal).

**In case the agency has been blacklisted previously, the details of the same shall be furnished in below format.**

Sr. No.	Name of the Govt. dept/Organisation/ that blacklisted the Agency	Duration from which the blacklisting started to when it ended	Reason for being Blacklisted	Issues that led to blacklisting was resolved / Not resolved	Remarks
1					
2					

We further confirm that we are aware that, our proposal for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the agreement period.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 2023

Authorized Signatory with Date and Seal :

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Address of Bidder : \_\_\_\_\_

Contact Number of Bidder : \_\_\_\_\_

Email id of Bidder : \_\_\_\_\_

## Section V: Financial Proposal Submission Forms

### FIN 1: Covering Letter

(On Bidders Letter Head)

[Location, Date]

To,

**Chief District Medical & Public Health Officer (CDM&PHO), Keonjhar,  
District Headquarter Hospital, Keonjhar – 758001,  
Odisha**

**Subject: Operationalization of Mobile Medical Units (MMUs) in Keonjhar, Odisha under DMF, Keonjhar[FINANCIAL PROPOSAL]**

Sir,

1. I, the undersigned, offer to provide the services for .....[Insert title of assignment] in accordance with your Request for Proposal No. ...., Dated:.....
2. I, having examined the Bidding Documents and understood their contents, hereby submit our Bid for the aforesaid Project.
3. The Bid is unconditional and unqualified.
4. The attached Financial Proposal is for the sum of **INR..... [Insert amount(s) in words and figures\*]**, which includes all the items for Capital cost and operational cost per MMU per Month (**minimum of 24 Points of Service Delivery / Camps per month per MMU and minimum of 60 patients per day per MMU**) for the period of First Year (12 Months).
5. The Fee for the subsequent years shall be increased by 5% every year (based on the average inflation rate).
6. The above quoted amount is inclusive of all the applicable taxes at the time of invoicing.
7. I do hereby undertake that, in the event of acceptance of our bid, the services shall be provided in respect to the terms and conditions as stipulated in the RFP Document.
8. Our financial proposal shall be binding upon us subject to the modifications resulting from contract negotiations, up to expiration of the validity period of the proposal of **180 days**.
9. I have carefully read and understood the terms and conditions of the RFP and do hereby undertake to provide the service accordingly.
10. I understand that you are not bound to accept any proposal you receive.

I remain,

Yours faithfully,

**Authorized Signatory with  
Date and Seal** :

**Name** :

**Designation** :

**Address of Bidder** :

**Contact Number of Bidder** :

**Email id of Bidder** :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section VI: Annexures

### Annexure I: Bid Submission Checklist

Bidders shall ensure the submission of the required supporting documents in the appropriate envelopes (wrt Technical Proposal and Financial Proposals). Bidders should submit the required supporting documents as mentioned below by arranging the documents serially in the following order, indexing it appropriately, pages of all the bids documents being numbered, mentioning the same page numbers in the column “Page No” against the particulars in the check list as mentioned below for ease of scrutiny. Each page should be numbered and signed (in full) by the authorized representative (as per TECH 4). The proposal must be complete in all respect and spiral bound. Bids not conforming to the eligibility criteria and non-submission of required documents as listed below will lead to rejection of the bid. Submission of forged documents will also result in rejection of the bid. Bidders are advised to study all instructions, forms, terms & conditions, and other important information as mentioned in the RFP Document.

Sr. No.	Description	Submitted (Yes/No)	Page No.
<b>Technical Proposal (Original)</b>			
1	Filled in Bid Submission Check List (ANNEXURE I)		
2	Covering Letter (TECH 1)		
3	Bid Processing Fee of INR. 10,000/- in form of DD		
4	EMD of INR. 10,00,000/- in form of DD		
5	Copy of Certificate of Incorporation / Registration of the Bidder		
6	Copy of PAN		
7	Copy of Goods and Services Tax Identification Number (GSTIN)		
8	Copies of IT Returns for the last 3 FYs (19-20, 20-21 & 20-22)		
9	General Details of the Bidder (TECH 2)		
10	Financial details of the bidder (TECH 3) along with all the supportive documents such as copies of Profit – Loss Statement and Balance Sheet for the concerned period		
11	Power of Attorney (TECH 4) in favour of the person signing the bid on behalf of the bidder		
12	List of completed assignments of similar nature (Past Experience Details) (TECH 5) along with the photocopies of work orders / experience certificates for the respective assignments		
13	Self-Declaration on Potential Conflict of Interest (TECH 6)		
14	Comments and Suggestions (TECH 7)		
15	Description of Approach, Methodology & Work Plan (TECH 8)		

*RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha*

16	Work Plan (TECH 9)		
17	Non-Consortium Declaration (TECH 10)		
18	Affidavit Format for Not Blacklisting (TECH 11)		
	<b>Financial Proposal (Original)</b>		
19	Covering Letter for Financial Proposal (FIN 1)		

**Undertaking:**

- All the information has been submitted as per the prescribed format and procedure.
- Each part has been separately bound with no loose sheets and each page of all the two parts are page numbered along with Index Page.
- All pages of the proposal have been sealed and signed (in full) by the authorized representative.

**Authorized Signatory with :**

**Date and Seal**

**Name :** \_\_\_\_\_

**Designation :** \_\_\_\_\_

**Address of Bidder :** \_\_\_\_\_

**Contact Number of Bidder :** \_\_\_\_\_

**Email id of Bidder :** \_\_\_\_\_

**Annexure II: Performance Bank Guarantee Format**

[Location, Date]

To,  
**Chief District Medical and Public Health Officer (CDM&PHO),  
District Headquarter Hospital, Keonjhar – 758001, Odisha**

WHEREAS ..... (Name and address of the Bidder/Agency) (hereinafter called “the Bidder/Agency”) has undertaken, in pursuance of RFP no..... dated ..... to undertake the service ..... (description of services) (herein after called “the contract”).

AND WHEREAS it has been stipulated by..... (Name of the Client) in the said contract that the Bidder/Agency shall furnish you with a bank guarantee by a scheduled commercial bank recognized by you for the sum specified therein as security for compliance with its obligations in accordance with the contract.

AND WHEREAS we have agreed to give the supplier such a bank guarantee.

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the Bidder/Agency, up to a total of ..... (amount of the guarantee in words and figures), and we undertake to pay you, upon your first written demand declaring the Bidder/Agency to be in default under the contract and without cavil or argument, any sum, or sums within the limits of (amount of guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

We hereby waive the necessity of your demanding the said debt from the Bidder/Agency before presenting us with the demand.

We further agree that no change or addition to or other modification of the terms of the contract to be performed there under or of any of the contract Documents which may be made between you and the Bidder/Agency shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition, or modification.

This performance bank guarantee shall be valid until the .... day of..... (month and year),

Our branch at Keonjhar ..... (Name & Address of the Bank) is liable to pay the guaranteed amount depending on the filing of claim and any part thereof under this Bank Guarantee only and only if you serve upon us at our Keonjhar branch a written claim or demand and received by us at our Keonjhar branch on or before Dt.....otherwise bank shall be discharged of all liabilities under this guarantee thereafter.

.....  
**(Signature of the authorized officer of the Bank)**

.....  
**Name and designation of the officer**

.....  
**Seal, name & address of the Bank & Branch**

**Annexure III: List of Block-wise Healthcare Facilities**

Sr. No.	Name of Block	Name of Institution	No of Hospital Beds Sanctioned
1	Anandapur Block	Fakirpur CHC	16
2	Anandapur SDH	Anandapur SDH	123
3	Bansapal(T) Block	Bansapal CHC	16
4	Champua SDH	Champua SDH	79
5	Champua Block	Bhanda CHC	16
6	Ghasipura Block	Sainkul CHC	16
7	Ghasipura Block	Kesudarapal CHC	16
8	Ghatgaon Block	Ghatgaon CHC	30
9	Harichandanpur Block	Harichandanpur CHC	16
10	Harichandanpur Block	Bhagamunda CHC	16
11	Hatadihi Block	Salania CHC	16
12	Hatadihi Block	Hadagada OH	6
13	Hatadihi Block	Hatadihi OH	6
14	Jhumpura(T) Block	Jhumpura CHC	16
15	Jhumpura(T) Block	Ukhunda OH	6
16	Joda(T) Block	Basudevypur CHC	16
17	Joda(T) Block	Barbil CHC	16
18	Joda(T) Block	Joda CHC	16
19	Keonjhar DHH	Keonjhar DHH	330
20	Keonjhar(T) Block	Padampur CHC	16
21	Patana(T) Block	Patana CHC	16
22	Patana(T) Block	Dumuria OH	6
23	Saharpada(T) Block	Udaypur CHC	16
24	Telkoi(T) Block	Telkoi CHC	16
25	Telkoi(T) Block	Sirigida OH	6
26	Telkoi(T) Block	Kaliahata OH	6
	<b>Total</b>		<b>854</b>

**List of PHCs and OHs**

Sl. No.	Block	Facility Name
1	Anandapur Block	Anandapur PHC(N)
2	Anandapur Block	Dhakota PHC(N)
3	Anandapur Block	Panasadiha PHC(N)
4	Anandapur Block	Panchupalli-Fakirpur PHC(N)
5	Anandapur Block	Salabani-Fakirpur PHC(N)
6	Anandapur Block	Tartara PHC(N)
7	Bansapal(T) Block	Gonasika PHC(N)
8	Bansapal(T) Block	Kanjipani PHC(N)
9	Bansapal(T) Block	Kolanda PHC(N)
10	Bansapal(T) Block	Phuljhar PHC(N)
11	Bansapal(T) Block	Suakati PHC(N)
12	Bansapal(T) Block	Talajagar PHC(N)

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

13	Champua(T) Block	Bhuinpur PHC(N)
14	Champua(T) Block	Chimila PHC(N)
15	Champua(T) Block	Jyotipur PHC(N)
16	Champua(T) Block	Kalikaprasad PHC(N)
17	Champua(T) Block	Karanjia PHC(N)
18	Champua(T) Block	Rimuli PHC(N)
19	Ghasipura Block	Batto PHC(N)
20	Ghasipura Block	Bhandaridiha PHC(N)
21	Ghasipura Block	Degaon PHC(N)
22	Ghasipura Block	Khalpal PHC(N)
23	Ghasipura Block	Nipania PHC(N)
24	Ghasipura Block	Odapada PHC(N)
25	Ghasipura Block	Purunabandhagoda PHC(N)
26	Ghatgaon(T) Block	Dhenkikote PHC(N)
27	Ghatgaon(T) Block	Jharbeda-Ghatgaon PHC(N)
28	Ghatgaon(T) Block	Pandapada PHC(N)
29	Harichandanpur(T) Block	Baxi-Barigaon PHC(N)
30	Harichandanpur(T) Block	Janghira PHC(N)
31	Harichandanpur(T) Block	Kalapat PHC(N)
32	Harichandanpur(T) Block	Pithagola PHC(N)
33	Harichandanpur(T) Block	Rebanapalasapal PHC(N)
34	Hatadihi Block	Hadagara OH
35	Hatadihi Block	Hatadihi OH
36	Hatadihi Block	Mugapur PHC(N)
37	Hatadihi Block	Orali PHC(N)
38	Hatadihi Block	Soso PHC(N)
39	Hatadihi Block	Sundarpal PHC(N)
40	Hatadihi Block	Tukuna PHC(N)
41	Jhumpura(T) Block	Asanpat PHC(N)
42	Jhumpura(T) Block	Jamadapal PHC(N)
43	Jhumpura(T) Block	Malada PHC(N)
44	Jhumpura(T) Block	Ukhunda. OH
45	Joda(T) Block	Guali PHC(N)
46	Joda(T) Block	Kalimati PHC(N)
47	Keonjhar(T) Block	Baradapal PHC(N)
48	Keonjhar(T) Block	Jagannathpur. PHC(N)
49	Keonjhar(T) Block	Jodipada PHC(N)
50	Keonjhar(T) Block	Maidankela PHC(N)
51	Keonjhar(T) Block	RaisuanPadmapur PHC(N)
52	Patana(T) Block	Dumuria OH
53	Patana(T) Block	Kendupasi PHC(N)
54	Patana(T) Block	Khireitangiri PHC(N)
55	Patana(T) Block	Rajanagar PHC(N)
56	Patana(T) Block	Turumunga PHC(N)
57	Saharpada(T) Block	Baikala PHC(N)
58	Saharpada(T) Block	Golakunda PHC(N)
59	Saharpada(T) Block	Raidiha PHC(N)

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

60	Saharpada(T) Block	Saharpada PHC(N)
61	Telkoi(T) Block	Jagamohanpur PHC(N)
62	Telkoi(T) Block	Kaliahata OH
63	Telkoi(T) Block	Kardangi PHC(N)
64	Telkoi(T) Block	Krushnapur PHC(N)
65	Telkoi(T) Block	Raisuan PHC(N)
66	Telkoi(T) Block	Sirigida OH

**List of SCs/HWSCs**

Sl. No.	Block	Facility Name	NOS
1	Anandapur Block	Bailo SC	19
2		Baladuan SC	
3		Baunsagarh SC	
4		Belbahali SC	
5		Beldal1 SC	
6		Bhogpur SC	
7		Dhakotha SC	
8		Fakirpur_Mc SC	
9		Gayalmunda SC	
10		Janjali SC	
11		Kantipal SC	
12		Kanto SC	
13		Kodapada SC	
14		Kumuda SC	
15		Manoharpur SC	
16		Panchupalli1 SC	
17		Salabani SC	
18		Taratara SC	
19		Tolangapada SC	
20	Bansapal(T) Block	Bansapal_Mc SC	25
21		Baragoda SC	
22		Bayakumutia SC	
23		Champey SC	
24		Gonasika SC	
25		Govindpur2 SC	
26		Ichinda SC	
27		Jantari SC	
28		Jatra SC	
29		Kadakala SC	
30		Kalanda SC	
31		Kanjipani SC	
32		Karangadihi SC	
33		Kumundi SC	
34		Kundhei SC	
35		Kushakala SC	
36		Nayakote SC	

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

37		Padakasada SC	
38		Phuljhar SC	
39		Raigoda SC	
40		Saukati SC	
41		Singpur(A) SC	
42		Singpur(B) SC	
43		Talabirikela SC	
44		Taramakanta SC	
45	Champua(T) Block	Badanoi SC	34
46		Bala SC	
47		Banka1 SC	
48		Basira SC	
49		Bhanda_Mc SC	
50		Bhodapasi SC	
51		Bhuinpur1 SC	
52		Chandrasekharpur SC	
53		Chimila SC	
54		Godhuli SC	
55		Ichinda1 SC	
56		Jajapasi SC	
57		Jally SC	
58		Jamadalak SC	
59		Jyotipur SC	
60		Kadagodia SC	
61		Kalikaprasad SC	
62		Kanchanpur SC	
63		Karanjia SC	
64		Kasipal SC	
65		Kutaripasi SC	
66		Nandapur2 SC	
67		Padua SC	
68		Parsala SC	
69		Rajia SC	
70		Rangamatia SC	
71		Raruangoda SC	
72		Remuli SC	
73		Sadangi1 SC	
74		Sananai(Bhanda) SC	
75		Sarei SC	
76		Sasang1 SC	
77		Taduabahal SC	
78		Uchhabali SC	
79	Ghasipura Block	Alati SC	23
80		Angarua SC	
81		Atta SC	
82		Badapadana SC	
83		Balarampur4 SC	



**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

131		Bailobeda SC	
132		Baliparbat SC	
133		Baxibarigaon SC	
134		Bhagamunda (Gajamba) SC	
135		Bhagamunda_Mc SC	
136		Bhanarpur SC	
137		Billa SC	
138		Bolaniposi SC	
139		Boreigoda SC	
140		Brahmanipal SC	
141		Budhakhaman SC	
142		Chilikidhara SC	
143		Daitari SC	
144		Daitari-Ii SC	
145		Dhagotha SC	
146		Dhurudiamba SC	
147		Gandadiha SC	
148		Gaunighasa SC	
149		Harichandanpur SC	
150		Hunda SC	
151		Jamujodi SC	
152		Janghira SC	
153		Jiranga SC	
154		Junga SC	
155		Kaliaduma SC	
156		Nolla SC	
157		Pitapiti SC	
158		Pithagola SC	
159		Revenapalaspal SC	
160		Sagadapatta SC	
161		Sunapentha SC	
162		Taladihi SC	
163		Tambahara SC	
164		Tangiriapal SC	
165		Tentalaposi SC	
166	Hatadihi Block	Amba SC	22
167		Bangore SC	
168		Boniapanka SC	
169		Chenapadi SC	
170		Dadibamanpur SC	
171		Danar SC	
172		Dhenka SC	
173		Gedema SC	
174		Girigaon SC	
175		Hadgarh SC	
176		Hatadihi SC	
177		JambhiraI SC	

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

178		Jasabantapur SC	
179		Kalinga1 SC	
180		Orali SC	
181		Raighati SC	
182		Ramps SC	
183		Salania_Mc SC	
184		Samana SC	
185		Soso SC	
186		Sundarapal SC	
187		Tentulinanda SC	
188	Jhumpura(T) Block	Arsala SC	28
189		Asanpat SC	
190		Asuki SC	
191		Bad-Dumuria SC	
192		Badaneuli SC	
193		Balibandha1 SC	
194		Baria SC	
195		Basantapur2 SC	
196		Chauthia SC	
197		Chipinda SC	
198		Gidhibasa SC	
199		Gumura SC	
200		Hariposi SC	
201		Jhumpura_Mc SC	
202		Kasia SC	
203		Kasipal1 SC	
204		Khendra SC	
205		Khuntapada SC	
206		Malda SC	
207		Nahabeda SC	
208		Naradapur SC	
209		Nayadhanurjayapur SC	
210		Nayagarh SC	
211		Nischintapur SC	
212		Sarasinga SC	
213		Soulgoda SC	
214		Tukudia SC	
215		Ukhunda SC	
216	Joda(T) Block	Aseneikala SC	34
217		Bamebari SC	
218		Basudevpur1. SC	
219		Belda2 SC	
220		Benuapani SC	
221		Bhadrasahi SC	
222		Bhunyarohida SC	
223		Birkala SC	
224		Bolagoda SC	

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

225		Bolani SC	
226		Bolani-Ii SC	
227		Chamakpur SC	
228		Chormalda SC	
229		Dabuna SC	
230		Daduana SC	
231		Dhobakuchada SC	
232		Guali SC	
233		Guruda SC	
234		Gurutuan SC	
235		Harmath SC	
236		Jajanga SC	
237		Jalahari SC	
238		Jurudi SC	
239		Kalimati SC	
240		Kandra SC	
241		Karakhendra SC	
242		Kiriburu SC	
243		Kolhahundula SC	
244		Kolharaida SC	
245		Palasa2 SC	
246		Rugudi SC	
247		Sayabali SC	
248		Serenda SC	
249		Sialijoda SC	
250	Keonjhar(T) Block	Badapalasa SC	30
251		Badaposi SC	
252		Baradapal SC	
253		Bauripada SC	
254		Birakishorpur SC	
255		Ghutur SC	
256		Gobardhan SC	
257		Handibhanga SC	
258		Jajapasi. SC	
259		Janardanpur SC	
260		Jhardhelda SC	
261		Kampasada SC	
262		Kandrapasi SC	
263		Kathabari SC	
264		Kaunrikala SC	
265		Mahadeijoda SC	
266		Maidankela SC	
267		Naranpur2 SC	
268		Nuagaon8 SC	
269		Padmapur_Mc SC	
270		Parjanpur SC	
271	Patunga SC		

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

272		Polaspanga SC	
273		Raghunathpur5 SC	
274		Raikala SC	
275		Raisuan SC	
276		Sankiri SC	
277		Saraskala SC	
278		Sirispal SC	
279		Tentulinanda. SC	
280	Patana(T) Block	Balibandha2 SC	25
281		Banamahuladiha SC	
282		Barudiposi SC	
283		Baunsuli SC	
284		Bhuluda SC	
285		Budhikapudi SC	
286		Chakundapal SC	
287		Chemana SC	
288		Childa SC	
289		Chinamalliposi SC	
290		Denuan SC	
291		Dumuria SC	
292		Erandei SC	
293		Jamunaposi SC	
294		Kendeiposi SC	
295		Ketanga SC	
296		Khereitangri SC	
297		Malliposi SC	
298		Mirigikhoji SC	
299		Patna_Mc SC	
300		Rajanagar SC	
301		Saradhapur SC	
302		Saraskala1 SC	
303		Tangarpada SC	
304		Turumunga SC	
305	Saharpada(T) Block	Badbil SC	23
306		Baikala SC	
307		Baliposi2 SC	
308		Bartunia SC	
309		Billa1 SC	
310		Danuatangarpada SC	
311		Dhanabeni SC	
312		Digposi SC	
313		Domabuda SC	
314		Gojitanhiri SC	
315		Goras SC	
316		Jamda SC	
317		Khadibeda SC	
318		Khadikapada SC	

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

319		Khajirapat SC	
320		Machhagada SC	
321		Pipilia1 SC	
322		Raidiha SC	
323		Raipur2 SC	
324		Saharpada SC	
325		Silipada SC	
326		Tendra SC	
327		Udaypur_Mc SC	
328		Akul SC	
329		Balabhadrapur2 SC	
330		Benamunda SC	
331		Bhimkanda SC	
332		Binjhabahal SC	
333		Deulidiha SC	
334		Dubulapal SC	
335		Golabandh SC	
336		Halpudi SC	
337		Jharbeda1 SC	
338		Kaliahata SC	
339		Kardangi SC	
340	Telkoi(T) Block	Khuntapada1 SC	24
341		Laxminarayanpur SC	
342		Oriya SC	
343		Podanga SC	
344		Raisuan1 SC	
345		Saleikena SC	
346		Saruali1 SC	
347		Sibanarayanpurgoda SC	
348		Sinduria SC	
349		Sirigida SC	
350		Talapada3 SC	
351		Telkoi_Mc SC	

**Annexure IV: Approximate List of Medicines, Drugs and Consumables to be made available in MMU**

Category	Generic Composition
General Medicine and NCDs	Metoclopramide
General Medicine and NCDs	Hydrochlorothiazide
General Medicine and NCDs	Lasix tab.
General Medicine and NCDs	Amlodipine Tab
General Medicine and NCDs	Paracetamol Tab
General Medicine and NCDs	Phenobarbitone tablet
General Medicine and NCDs	Prednisolone Tablet
General Medicine and NCDs	Ranitidine tablet
General Medicine and NCDs	Salbutamol tab.
General Medicine and NCDs	Sorbitrate
General Medicine and NCDs	Cough syrup. Bottles
General Medicine and NCDs	CPM tab.
General Medicine and NCDs	Codeine Tablet
General Medicine and NCDs	Diclofenac+ Dicyclomine tab.
General Medicine and NCDs	Diclofenac SR tab.
General Medicine and NCDs	Diclofenac tab
General Medicine and NCDs	Dicyclomine tab.
General Medicine and NCDs	Digoxin tab
General Medicine and NCDs	Antacid tab
General Medicine and NCDs	Brufen tab.
General Medicine and NCDs	Aspirin tab
General Medicine and NCDs	Asthalin Respiratory solution
General Medicine and NCDs	Atenolol tab
General Medicine and NCDs	BC tab
General Medicine and NCDs	Betamethasone ointment (Betnovate)
General Medicine and NCDs	Calamine lotion
General Medicine and NCDs	Calcium tab
General Medicine and NCDs	Carbamazepine tab.
General Medicine and NCDs	Amlodipine tab.
Pain & Fever	Aceclofenac 100mg + Paracetamol 500mg + Chlorzoxazone 250mg Tablet
Pain & Fever	Aceclofenac 100mg + Paracetamol 500mg + Serratiopeptidase 15 mg Tablet
Pain & Fever	Aceclofenac 100mg + Paracetamol 500mg Tablet
Pain & Fever	Diclofenac Sodium 50 mg
Pain & Fever	Paracetamol 500 Mg Tablet
Pain & Fever	Trypsin 100000u + Chymotrypsin 100000u Tablet
Pain & Fever	Diclofenac sodium 1 % w/w, Methylsalicylate 10 % w/w, Menthol 5 % gel
Acid Peptic Disorders	Antacid: Aluminum Hydroxide, Magnesium Hydroxide, Dimethicone
Acid Peptic Disorders	Antacid with Oxytocin: Aluminum Hydroxide, Magnesium Hydroxide, Oxytocin
Acid Peptic Disorders	Drotaverine 80 mg + Paracetamol 500mg Tablet
Acid Peptic Disorders	Pantoprazole 40 Mg + Domperidone 10 Mg Tablet
Acid Peptic Disorders	Pantoprazole 40 Mg Tablet
Acid Peptic Disorders	Ranitidine / Cefivine 150 Mg
Acid Peptic Disorders	Ondansetron Orally Disintegrating Tablet 4Mg
Acid Peptic Disorders	Sucralfate 1000 Mg Syrup

*RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha*

Acid Peptic Disorders	Fungal diastase + activated charcoal tab
Acid Peptic Disorders	Lactobacillus spores/Saccharomyces Boulardi
Acid Peptic Disorders	Omeprazole 20 Mg + Domperidone 10 Mg Capsule
Acid Peptic Disorders	Omeprazole 20 Mg Capsule
Acid Peptic Disorders	Domperidone 10 Mg Tablet
Laxative	Lactulose 10 Gm Solution (200ml)
Laxative	Liquid Paraffin 1.25ml + Magnesium 3.75ml
Laxative	Bisacodyl 5 Mg Tablet
Laxative	Dulcolex Tablet
Antidiarrheals	Metronidazole 400 Mg Tablet
Antidiarrheals	Ofloxacin 200mg + Ornidazole 500mg
Antidiarrheals	Ciprofloxacin 500mg + Tinidazole 600mg
Antidiarrheals	Loperamide 2mg
Antidiarrheals	Metronidazole Benzoate Suspension 60 ml syp
Electrolytes	Oral Rehydration Salts Powder
Anti-Biotic	Amoxicillin 500mg + Clavulanic acid 625 mg Tablet
Anti-Biotic	Amoxicillin 250 mg + Cloxacillin 250 mg capsule
Anti-Biotic	Azithromycin 250 Mg Tablet
Anti-Biotic	Azithromycin-500 Mg
Anti-Biotic	Cefixime 200 Mg Tablet
Anti-Biotic	Cefixime 200mg + Ofloxacin 200mg tablet
Anti-Biotic	Cefuroxime-250 Mg
Anti-Biotic	Cefpodoxime 200mg Tablet
Anti-Biotic	Doxycycline-100 Mg
Anti-Biotic	Levofloxacin 500 Mg
Anti-Biotic	Nitrofurantoin 100mg Tablet
Anti-Biotic	Clarithromycin 250/500 mg
Anti-Biotic	Ciproflovine / Ofloxacin 500 mg tab
Anti-Biotic	Syp. Amoxicillin 250mg
Anti-Biotic	Tab. Roxithromycin 150mg
Anti-Biotic	Tab. Erythromycin 250mg
Anti-Biotic	Tab. Ciprofloxacin 250mg
Anti-Biotic	Tab. Norfloxacin 400mg
Anti-Biotic	Furazolidine tab.
Anti-Biotic	Furazolidine Syp. Bottles
Anti-Biotic	Metronidazole tab (400mg)
Anti-Biotic	Metronidazole tab (200mg)
Anti-Biotic	Syp. Amoxicillin 250mg
Anti-Biotic	Sepran SS Tab
Anti-Biotic	Sofracort Eye+ ear drops
Anti-Biotic	Soframycin Ointment
Anti-Biotic	Syp. Ampicillin
Anti-Biotic	Amoxicillin syp. Bottles
Anti-Biotic	Ampicillin caps (250 mg)
Anti-Biotic	Ciprofloxacin eye drop
Anti-Biotic	Ciplox-TZ tab
Anti-Biotic	Sy. Cotrimazole (sepran)

*RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha*

Antiamoebic	Sy. Furzolidine 60ml
Antiamoebic	Tab. Furzolidine 100mg
Antiamoebic	Tab. Metronidazole 200mg
Anti-Fungal	Fluconazole 150 Mg Tablet
Anti-Fungal	Clotrimazole dusting powder
Anti-Fungal	Clertimazol cream 15 gms
Anti-Fungal	Whitfield's ointment
Anti-Fungal	Griseofulvin tab.
Anti-Fungal	Miconazole Tab
Anti-Fungal	Tab. Griseofulvin 125 mg.
Worm Infestation / Wormicidals	Albendazole syp.
Worm Infestation / Wormicidals	Albendazole tab.
Anti-Hypertensive	Amlodipine 5 Mg Tablet
Anti-Hypertensive	Amlodipine 5mg + Atenolol 50mg
Anti-Hypertensive	Isosorbide Mononitrate 10 Mg Tablet
Anti-Hypertensive	Isosorbide Dinitrate 5 Mg Tablet
Anti-Hypertensive	Metoprolol 50mg Extended-Release cap
Anti-Hypertensive	Losartan 50 mg + Hydrochlorothiazide 12.5mg Tablet
Anti-Hypertensive	Frusemide Tablet 40mg
Anti-Hypertensive	Aspirin 150mg Tablet
Anti-Hypertensive	Methyldopa 250mg
Anti-Hypertensive	Atenolol 50mg
Lipid Lowering	Atorvastatin-10
Antidiabetic Drugs	Metformin 500 Mg
Antidiabetic Drugs	Metformin 500 Mg + Glimepiride 1 Gm
Antidiabetic Drugs	Voglibose 0.2mg
Antidiabetic Drugs	Glipitide
Eye Drops	Ciprofloxacin 0.3 % Drops
Anti-allergic	Levocetirizine 5Mg
Anti-allergic	Levocetirizine 5Mg + Montelukast
Cough Syrup	Bromhexine 2 Mg + Guaifenesin 50 Mg + Menthol 0.5 Mg + Terbutaline 1.2 Mg Syrup
Cough Syrup	Dextromethorphan 10 Mg + Phenylephrine 5 Mg + Chlorpheniramine Maleate 4MGmm Mg Syrup
Cough Syrup	Ambrody1 - S Cough 100 ml
Nutrients	Vitamin B1 10 Mg + Ascorbic Acid 150 Mg + Riboflavin (Vitamin B2) 10 Mg + Nicotinamide 100 Mg + Folic Acid 1.5 Mg + Pyridoxine (Vitamin B6) 3 Mg + Calcium Pantothenate 50 Mg + Cyanocobalamin 15 Mcg Tablet
Nutrients	Multivitamin + Multimineral cap
Nutrients	Calcium 500 mg with Vit D3
Nutrients	Elemental Iron 100mg + Folic acid 1.5mg Tablet
Nutrients	Iron, Folic Acid, Vit B12 Syp, Zinc
Nutrients	Vitamin C Ascorbic Acid
Nutrients	Vitamin A/E Capsule

*RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha*

Nutrients	Vit. A Solution
Nutrients	Vit D Sachet
Nutrients	Tab. Vit B Complex
Nutrients	Tab. Calcium carbonate
Nutrients	Tab. Etophylline & Theophylline SR
Antimalarial	Chloroquine 250 Mg Tablet
Antimalarial	Primaquine Phosphate 2.5 / 7.5 Mg
Antimalarial	Artesunate + Sulphadoxine + Pyrimethamine
Antimalarial	Artemether + Lumefantrine
Antimalarial	Primaquine tab.
Antimalarial	Pyrimethamine +Sulphadoxine tab.
Antimalarial	ACT (A/SP, Adult) DMO
Antimalarial	Chloroquine syrup bottles
Antimalarial	ACT(RTSUN)
Antimalarial	ACT (A/SP, <1 yr)
Injectables	Dexamethasone 4 Mg/ml Inj
Injectables	Pheniramine Maleate 22.75 Mg Injection
Injectables	Promethazine 25 Mg Injection
Injectables	Tramadol 50 Mg Inj
Injectables	Ranitidine 25 Mg/ml Inj
Injectables	Ondansetron 2 Mg Inj
Injectables	Dextrose with sodium chloride (DNS)
Injectables	Gentamicin 20/40/80 mg/ml Inj
Injectables	Drotaverine 20mg IV
Injectables	Ciprofloxacin IV
Injectables	Metronidazole IV
Injectables	Oxytocin units 5.0
Injectables	Dopamine inj
Injectables	Gentamycin 20/40/80 ml/mg
Piles Ointment	Hydrocortisone 0.25 % W/W + Calcium Dobesilate 0.25 % W/W + Zinc 5 % W/W + Lignocaine 3 % W/W Cream
Nasal drop	Xylometazoline Hydrochloride Nasal Drop
Anti-scabies Lotion	Gama benzene Hexachloride & Cetrimide Lotion
Alkalizer syrup	Disodium Hydrogen Citrate Syrup
Antifungal Skin Cream	Clobetasol + Neomycin Cream
Skin Preparations	Gammabenzene Hexachloride (Netscab) 100 ml lotion
Skin Preparations	Soframycine Ointment 15 grams
Bactericidal cream	Framycetin Sulphate Ointment
Bactericidal cream	Fuicidic Acid Ceram 5/10 gm.
Bactericidal cream	Micronated Silver sulphadiazine Cream
Bactericidal cream	Clotrimazole + Betamethasone cream
Paediatric range	Albendazole Oral Susp
Paediatric range	Azithromycin100 Susp
Paediatric range	Azithromycin200 Susp
Paediatric range	Amoxycillin + Potassium Clavulanate Oral Susp
Paediatric range	Cefixime 50 mg Oral Suspension
Paediatric range	Levocetirizine 2.5 Mg susp
Paediatric range	Calcium Carbonate & Vitamin D3 Susp
Paediatric range	Dicyclomine drop

*RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha*

Paediatric range	Metronidazole Syrup
Paediatric range	Ondansetron Oral Solution
Paediatric range	Paracetamol 125Mg Syrup
Paediatric range	Paracetamol 250Mg Syrup
Paediatric range	Multivitamin Syrup
Paediatric range	Vitamin A syrup
Paediatric range	Clarithromycin Syrup
Respiratory Distress	Dispenser (Salmeterol 25 mcg & Fluticasone 250 mcg)
Respiratory Distress	Dispenser (Tiotropium 18 mcg)
Respiratory Distress	Salbutamol sulphate 0.1% (5 mg/2.5 mL) (Suspension for inhalation via a nebulizer)
Respiratory Distress	Budesonide IP 0.5 mg (Suspension for inhalation via a nebulizer)
Respiratory Distress	Lev salbutamol sulphate 1.25 mg, Ipratropium bromide 500 mcg (Suspension for inhalation via a nebulizer)
Respiratory Distress	Prednisolone 10 mg
Cold Preparation	Paracetamol 500 mg +Phenylephrine 5mg +Chlorpheniramine Maleate 2mg Tablet
Cold Preparation	Cetirizine
Anti-thyroid agents	Thyroxine sodium 25 mcg
Anti-thyroid agents	Thyroxine sodium 50 mcg
Anti-thyroid agents	Thyroxine sodium 75 mcg
Anti-thyroid agents	Thyroxine sodium 100 mcg
Miscellaneous	Acyclovir 200 mgTab
Miscellaneous	Acyclovir 400 mg Tab
Miscellaneous	Alprazolam 0.25mg
Miscellaneous	Prochlorperazine 25 mg Tablet
Miscellaneous	Clotrimazole 100 Mg Pessaries
Miscellaneous	Gentian violet
Miscellaneous	Povidone Iodine 5% solution - 2 litre
Miscellaneous	Povidone Iodine 5% solution - 100 ml
Anti Anginal	Isosorbidedinitrate – 5 mg Tab
Anti-Epileptic	Phenytoin Sodium
Bronchodilators	Etophylline , Theophylline
Antibiotic	Amoxicillin 500 mg
	Cotrimaxazole
Emergency Medicine	Inj. Atropine sulphate 0.6 mg
Emergency Medicine	Inj. Calcium Gluconate 10%
Emergency Medicine	Inj. Theophyllin 50.6 mg+ Etophyllin 169.4mg/2ml
Emergency Medicine	Inj. Dexamethasone 2mg/ml
Emergency Medicine	Inj. Oxytocin
Emergency Medicine	Inj. Sodabarbonate 7.5mg
Emergency Medicine	Inj. ChlorpheniramineMaleate (2ml)
Emergency Medicine	Inj. Adrenaline 1mg
Emergency Medicine	Inj. Lignocaine 2%
Emergency Medicine	Inj. Dopamine 200 mg
Emergency Medicine	Inj. Diazepam
Emergency Medicine	Inj. Vit K 10mg/ml (Menadion bisulphate)
Emergency Medicine	Inj. Anti-Snake Venom serum
Emergency Medicine	Inj. Frusemide
Emergency Medicine	Inj. Anti Rabies
Emergency Medicine	Tab. Amlodipine 5 mg

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

Local Application	Gama Benzene hexachloride 1% w/w lotion
Local Application	Framycetin sulphate BP 15mg (1.5%)
Local Application	Povidone-iodine-Ointment
Local Application	Cream. Miconazole
Local Application	Sukhad Oint- (Ayurvedic)
Local Application	Ciprofloxacin eye drop
Local Application	White petroleum Jelly
Local Application	Lignocaine2% Jelly
Local Application	Gentamycin eye/ear drop
Local Application	Xylocaine Jelly 2 %
Local Application	Tab. Clotrimazole 100mg (Vaginal Pessary)
Others	Sy. Albendazole 10 ml
Others	Tab. Albendazole 400mg
Others	Sy. Paracetamol 60ml
Others	Tab. Paracetamol 500mg
Others	Tab. Citrizine 10mg
Others	Urine Dip sticks
Others	Condoms
Others	Tab. Diclofenac sodium 50mg
Others	Inj. Diclofenac sodium
Others	Cap. Omeprazole 20mg
Others	Inj. Ondansetron 2mg/ml
Others	Inj. TT
Others	DECTab
Others	Inj. Tonaboline
Others	ORS Powder 27.5gm WHO Formula
IV Fluids	Normal Saline 500ml
IV Fluids	Dextrose 5% 500 ml
IV Fluids	I.V. Dextrose in Normal Saline 500ml
IV Fluids	Ringer lactate 500 ml
<p>Note:</p> <ol style="list-style-type: none"> <li>1. All pregnant women need to be tested for gestational diabetes and appropriate treatment as necessary.</li> <li>2. All Anaemic pregnant women should be provided with Iron and Folic acid tablets for one month. (or until the next visit)</li> <li>3. Patients diagnosed for Diabetes Mellitus, Epilepsy and Hyper tension should be provided medicines for one month each. (or until the next visit)</li> </ol>	

**Annexure V: Approximate List of Consumables to be available in MMU**

Sr. No	Name of the Drug / Products
1	Glucose check strips for Gluco Meter
2	Diagnostic Strips for Urine & Albumin
3	RDT (MALARIA)
4	Pregnancy Test Strips
5	Sterile Lancets
6	Hydrogen Peroxide
7	Povidone Iodine 5%
8	Surgical Spirit
9	Sterile Disposable Hand Gloves
10	Sterile Urine Containers
11	Sterile Cotton
12	Disposable face Mask
13	Bandage
14	Bandage
15	Adhesive tape
16	Tallquist Paper
17	VDRL
18	Hepatitis
19	Dengue
20	Typhoid
21	Tourniquet
22	Collection bulbs-EDTA, PLAIN
23	Lancet needles
24	Stains field-A, B
25	Pregnancy Test Card
26	Multi Uri sticks
27	Widal test kit
28	Slides-Standard
29	Urine routine- Albumin/Sugar strips
30	Two sets of the IUCD kit having following instruments-Stainless steel tray with lid, Steel bowl, Cusco/Sim's speculum, Sponge holding forceps, Anterior vaginal wall retractor, Uterine sound, long curved scissors, Artery clamp
31	Scalp Vein set
32	Kidney tray (Plastic) 12"
33	Scapel Blade
34	Cotton roll 500gm
35	Rolled bandages
36	Paper Adhesive tape
37	Elastic crepe bandages non-sterile-10 cm
38	Sterile water for injection
39	Disposable Syringes- 2cc, 5cc
40	IV set
41	Disposable Needle-22G, 24G, 23G

## **Annexure VI: Proposed Specifications for Fabrication of MMUs**

Any damage observed in base vehicle during fabrication work needs to be get repaired by vendor through authorized dealer of vehicle manufacturers at his own risk and cost otherwise this repair amount will be deducted from their bills / outstanding and actual date of delivery of vehicle will be considered after this satisfactory repair.

### **Conversion of Base Vehicle Into Mobile Medical Unit**

#### **Part A: Scope of Fabrication work:**

- 1) **Aluminium Composite Panel (ACP) or High-Pressure Laminates (HPL) cabinet for storage (Medicines, medical equipment's, diagnostic equipment etc.). All wooden cabinets to be reinforced with aluminium /Mild Steel L shaped structure of 3 inches X 3 inches at inner side at a gap of 300 mm between reinforcements.**
  - 1) Storage 1: (Paramedics/compounders table cum storage)
    - a. Material: Mild Steel with Epoxy Powder Coating with CRC Sheet
    - b. Dimensions (Illustrative): L-1200 mm x W- 600 mm x H-1200 mm.
    - c. RHS side of the Storage 1 to be developed as MS sheet cabinet of L-600mm x D-600 mm x H-1800 mm. The total MS Sheet cabinet at RHS to be divided into 06 drawers and one cupboard with door.
    - d. All the drawers are to be subdivided into 04 partitions at inner side with square boxes for storage of medicines.
    - e. Location and placement: Adjacent to inner LH side of rear door, facing towards drivers' cabin
    - f. As per the Drawings provided.
  - 2) Storage 2: Patient examination bed cum storage
    - a. Material: Hospital Examination Bed of Mild Steel with Epoxy Powder Coating with CRC Sheet.
    - b. The storage must have 04 drawers and cabinet with one partisan and doors. The width of drawers & cabinets must be of 300 mm each with full depth as equivalent to width/depth of the storage cum bed. The drawers to be placed at right hand corner and the cabinets at the left hand corner of the storage cum bed.
    - c. Location and placement: To be placed at inner right sidewall adjacent to rear right door with a gap of 1800 mm from the rear right door.
    - d. As per the Drawings provided
  - 3) Storage 3: Lab testing equipment table cum storage
    - a. Material: Mild Steel with Epoxy Powder Coating with CRC sheet
    - b. Dimensions: L-1200 mm x W-600 mm x H-1200mm
    - c. Location and placement: Adjacent to Pilot seat at its backside. To be placed with Laminated ply wood / FRP partisan between pilot and rear compartment.
  - 4) Storage equipment's basic parameters
    - a. All the Sizes of the drawers should be in accordance to basic storage requirement and as specified in dimension.
    - b. All the hardware like rails, channels, sliders, locks, catchers, hinges, handles should be of "EBCO" OR "HETTICH" OR SOUTH-CO HAFELS, GODREJ or any other good quality brand.
    - c. All the drawers should be provided with locks of recommended brand to secure them against unintended opening during motion of the vehicle.
- 2) **Wash Basin:** Wall mounted Stainless Steel (SS) wash basin with SS water tap of JAQUAR, ITALIA, HINDWARE, CERA or any such good brand make, supplying

water through Motorized Pump (12 V DC power operated, heavy duty) with foot operated control, to pump the water from the fresh water tank @ 2 Lt/minute. The wash basin to be mounted adjacent to the Storage-4 at the RHS sidewall front end. The gap between Storage -3 and wash basin should be minimum 900 mm.

**3) Fresh Water Tank and Drain Water Tank:**

- 1) Both made of 3mm thick, food grade plastic, one for inlet water supply to the wash basin tap and the second to be mounted underneath the chassis for collection of waste water from wash basin. Each water tank should be of 20 ltrs capacity.
- 2) The waste water tank should be fitted with controlled drainage facility to drain the waste water as and when required.
- 3) The fresh water tank should be connected with DC water supply pump having capacity to deliver @ 02 liters per minute through the wash basin tap. This tank to be wall mounted underneath the wash basin.
- 4) Both the Tanks should be easily removable for any sort of Maintenance and Cleaning purpose.

**4) Seating space for MHU staff during movements-(with Seat belts) .**

- 1) The provision will be for two persons.
- 2) Made of powder coated MS foldable frame, wall mounted, should have capacity to bear 200 kg weight.
- 3) The seat to be placed on right side wall with MS support of 08 mm inside the FRP. The FRP Sidewall to be designed with dip for accommodating the foldable seat during movement and proper metal locking arrangements to be provisioned to hold the folded seat firmly without vibration, during movement.
- 4) Dimensions of the bench: length = 1200mm, width =350mm, height = 450mm from the floor when in opened condition.
- 5) It should have two suitably placed waist locking belts.
- 6) Back rest and seat will be a combination of MS Plate and cushion foam. The foam will be of KURLON or SLEEP WELL or any such good brand make of 40 densities upholstered with non absorbent 06 MM, class A grade Rexene of grey / black / blue / brown / any dark color.

**5) Paramedics Foldable Seat in front of storage-1:**

- 1) Dimensions: Square size, length and width will be of 400 mm, with same size back rest.
- 2) Powder coated MS pipes of 3/4 inch diameter & 1.5 mm wall thickness to be used.
- 3) It should have one waist locking belt.
- 4) A minimum 70mm thick 40 or higher density foam cushion of KURLON or SLEEPWELL or any good brand make, supported with 06 mm powder coated MS Plate on seat and back rest to be used.
- 5) And the same should be upholstered with non-absorbent 06 MM, class A grade Rexene of black grey / black / blue / brown / any dark color.
- 6) Suitable size dip in the FRP side wall in-front-of storage -1 with metal fixing bracket to be provisioned for accommodating the folded paramedic's seat during movement.

**6) Flooring**

- 1) The flooring should be of aluminum checkered plate of 0.8 mm or higher thickness covering the complete rear compartment area.
- 2) The joints are to be places under the storages near the side walls and the centre corridor should be free of any visible joints.

**7) (A) Interior Wall Panelling Work**

- 1) Complete interior paneling of the 02 sidewalls, both sides of the partition wall between patient cabin and driver cabin, roof (of both patient and driver cabin) & back door panels should made from Fire Retardant grade FRP sheets of minimum 03 mm thickness.

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

- 2) Adequate provisioning to be made in the FRP Panels for open able glass sliding windows.
- 3) The complete interior should be edgeless and suitable for easy cleaning / scientific fumigation / treatment of disinfectants. The panels must be suitably formed using the appropriate FRP processing technology so as to match to the contour of the vehicle and looks aesthetically pleasing.
- 4) The panels for each of the surfaces should be produced as modular with minimum joints either along the length or the width of the panels to accommodate future repairs and maintenance works. The approval of client is required before execution of work regarding the paneling layouts. The quality of joint should be homogeneous to suit the hygiene requirements of MMU compartment; all the joints should be tool based for aesthetics.
- 5) The minimum thickness at any point of the panels should not be less than 3 mm. The ceiling, both the sidewalls, both sides of the partition wall should be produced in one single piece matching to the dimension of the patient compartment dimension of the ambulance.
- 6) Between the interior conversion panels and the internal surface of the base vehicle body there should be adequate insulation of appropriate grade to have a good climatic control environment inside the vehicles.
- 7) The joint of one panel to the other must be suitably engineered so that all the joints are functionally hygienic and protected from any ingress of liquids and any other medical secretions of any kind. The joints should be finished in such a way so that these appear aesthetically appealing.
- 8) The panels should be molded keeping in view the aesthetic aspect for electrification and other fitments as per utility and layout of the patient compartment.
- 9) There may be minor variations in the mentioned dimensions of various storage, seating and other fitments depending upon the actual space available in the rear compartment of base vehicle. In such cases, any deviations need to be processed under approval of Client technical team.
- 10) The material specified for interior paneling is Fire Retardant grade FRP of white color.

**7 (B) All the Panels, Equipment's & storages Mounted and Provision for Medical Equipment's to be Mounted, shall have 18/20 Gauge CRC Sheet reinforced behind the specified area as per the lay-out plan provided. The MS sheet should be MIG welded to the body of the Vehicle structure as per Automobile standards and be coated with Primer to avoid any rusting.**

**7 (C) A seamless appearance and finish is desirable to keep the MMU bacteria free in services.**

**7 (D) General Criteria:**

- 1) Gap between the FRP internal Panels and the external vehicle body shell should be stuffed with (50mm thick) sand witch of PU foam and Thermocol sheets to provide perfect insulation and prevention of heat absorption.
- 2) Provision for placement of electrical switches / sockets/ fans/foldable seats to be made available with the FRP panels as per placement details and dimensions provided.
- 3) Provision for I.V hooks & holders 2 no. should be made on the ceiling just above the storage -3(Patient examination bed).
- 4) All the electrical cables are to be of minimum 04mm<sup>2</sup> ISI marked cables only. The switches and sockets are to be of HAVELLS CRABTREE, FINOLEX, V-GUARD, KEI or any such good make. All the female sockets are to be of minimum 05 pin. All the electrical cabling are to be done outside the FRP side wall with appropriate PVC routing boxes for easy repair facility.

**8) Head- racks and grab rails in the ceiling and near Rear Door:**

**1) Head Racks:**

- a. Dimension; approx: length =Appx 2400mm, Depth =517mm at bottom and 241mm at ceiling, height = 360cm.

- b. Location of mounting and material: To be mounted at LHS top corner of sidewall and roof. Made in FRP (min 3mm thick) and required Powder coated MS reinforcement to be provided. Inner surface is to be pasted with soft heatlon sheet of 4mm thickness.
  - c. The Head rack should have suitable closures to cover the opening which are easy/comfortable to operate and do not have any sharp edge at the openings.
- 2) Grab Rails:**
- a. A 2600 mm long pipe of 30mm dia. made of stainless steel (SS) be placed as grab rail on the Ceiling with proper supports at four places;
  - b. A 600 mm long pipe of 30 mm dia, made of stainless steel to be
  - c. placed through appropriate support of 06 mm thick MS plate and brackets at rear right end of rear cabin just near RHS entrance. The grab rail should have capacity to withstand pulling force of 200 kgs.
- 9) Fire Extinguisher Mounting:** Mounting Provision for placement of 02 kg DCP extinguisher under the patient examination bed.
- 10) Glass Lamination:** The window glass near the patient examination bed is to be laminated with smoke colour film of good quality make to prevent visibility from outside.
- 11) Water Dispenser:** A water Dispenser of 10 Liters capacity is to be provided with appropriate fixing bracket at suitable area. The dispenser would be of single candle filter type of PURE-IT, TATA SWATCH, EUREKA FORBES, any good quality brand make, non electric type.
- 12) Collapsible canopy:** A collapsible canopy, manually operated, to be installed on the LHS external sidewall. The installation area should be just below the roof and under the roof water channel. The material specification for the collapsible canopy is as mention below:
- 1) The frame of canopy will be of anodized aluminum bars.
  - 2) The canopy material will be of ferrai tensile fabric.
  - 3) The canopy and the material used to be presented to Client technical team for pre- approval before installation. Decision of Client will be considered final.
  - 4) The dimensions of the collapsible canopy will be as per the vehicle external dimensions
- 13) External graphics:** The external graphics will be a combination of 3M vinyl and radium material. Actual design and specifications will be shared later. The tenderer should quote the price for Radium Branding including Labor and all taxes. None of the radium stickers are to be pasted directly on vehicle body. All are to be pasted on vinyl base. Detailed drawing/samples will be furnished.
- 14) Digital Clock:** A digital clock is to be provided in the patient compartment. It should have a minimum Letter (font) Size of 50 to have better visibility and mounted on partisan wall at appropriate place. The clock must be of good quality make brand.
- 15) Electrical equipment's:**
- 1) All switches and sockets must be of HAVELLS/ANCHOR/QUALITY BRAND make.
  - 2) All cables must be of minimum 04sqmm diameter-of ISI marked
  - 3) All fans must be of REMI/USHA/CROMPTON/Quality Brand make
  - 4) The inverter required is of LUMINOUS/EXIDE/Quality Brand make
  - 5) All MCBs must be of HAVELLS/ANCHOR/QUALITY Brand make
  - 6) The LED lights must be from reputed brand and must carry 03 years onsite repair/replacement warranty.
- 16) Body Graphics:** MMUs to be supplied with exterior design / paintings as per design as suggested by Client. All vinyl / reflective stickers/ films of LG, 3M or equivalent to be used.
- 17) Toilet Facility:**
- 1) Size of the toilet: 4' X 3'-6" (Approx)
  - 2) Structure: Shall be Made from 25mmx25mmx16 gauge S.S. sq. Pipe 304 and S.S. angle. coated S.S. sheet for the full height of the toilet from the floor to the top (inside)
  - 3) Inside opening type & shall be made from 18-gauge PVC laminated S.S. sheet on outside & inside paneling also of the same sheet with heavy-duty S.S. hinges, S.S. stopper & S.S. handle.
  - 4) Toilet tub: non-corrosive and easy to clean S.S. tub with floor
  - 5) Sludge tank: 500 liters (appx.) of SS material. Sludge drains valve 100mm

diameter heavy-duty butterfly valve of S.S. at the rear of the unit. A flange system with leakproof sealing is required for fixing the valve, & flange should be fitted with a tank by nut bolt arrangement. Sludge tank flushing line by which tank can be cleaned by a jet of water. A flushing elbow is provided at the rear by which sludge can be sucked directly by a suction machine. Air vent pipe & exhaust fan is provided to the sludge tank to exhaust foul gases. The sludge tank shall have a slope at the rear of about 3" for easy drain.

- 6) Water Tank: 500 liters. (appx.) Linear low-density polyethylene (LLDPE) loft tank. Water filling and emptying facility to the tank. Plumbing line with push-pull type tap from water tank to toilet compartments as well as a wash basin. Flush tank & water spray facility for toilet.
- 7) Other Specifications: should have one LED light connection. 1 mirror, 1 napkin hanger, 1 soap dispenser, 1 dustbin.
- 8) Note: Modular toilets will be another option for installation of entire toilet unit with all the amenities.
- 9) KINECO manufacturers / Other Quality brand make to be used as reference.

**Part B: Scope of Fabrication (Electrical) Work:**

**1) Inverter:**

- 1) True sine wave inverter.
- 2) The battery and inverter to be mounted/ placed inside the driver's cabin with provision to be charged from external AC power.
- 3) The Inverter should be of LUMINOUS, V-GUARD, EXIDE, any reputed good brand quality make.
- 4) Inverter Capacity - 2000 VA,
- 5) Input Range - AC 130 v-260V / 24V,
- 6) Output Voltage – 220(+/-)10% (regulated output from full charge battery voltage to low charged battery voltage).
- 7) It should bear an onsite warranty of Three Years.
- 8) All the electrical Wiring should be done in consultation with the Inverter Manufacturer's recommendation, and should provide certification to prove this.

**2) Internal lights, sockets, switches and other electrical equipment's:**

- 1) All internal lights will be LED configuration. Total 06 nos of LED lights AC/DC are to be fitted.
- 2) 04 LED lights are to be placed on rear cabin roof and two lights are to be placed on storage-4(Testing equipment table cum storage).
- 3) Out of 04 roof lights, two must work with direct DC input from vehicle battery and rest two must work with AC supply of inverter.
- 4) Two LED lights on test equipment table must work with AC supply from inverter.
- 5) Separate switches to be provisioned for individual lights, fans, LED TV and individual sockets.
- 6) AC input switch and socket combo to be provisioned near the LED TV fitment.
- 7) Three (03) AC switch & socket combos are to be provided on the test equipment table cum storage. (Storage-4)
- 8) One AC switch & socket combo to be provisioned on the side wall near the patient examination bed (Storage 3)
- 9) External inverter battery charging port with spring loaded lid is to be provisioned near the inverter placement are and it is to be ensured that the charging input can be connected when all the vehicle doors and windows are closed.
- 10) One AC Mobile Charging Switch Socket combo assembly is to be provided in Pilot compartment near the dash board.
- 11) All four AC 08-inch fans are to be placed/mounted at the following locations each one at each location;
  - a. Just above the Storage-3(Patient examination bed)
  - b. Just above the storage-2 (Doctors table cum storage)
  - c. Just above the storage-1 (Paramedics table).

d. Just above the storage-4(Test equipment table)

- 3) **Electrical Wiring:** All The main Components like: Each of Internal Lightings (LED Lights), Each of Equipment's power Sockets, All four AC fans, Inverter & its charging port:
- 1) Should have separate circuits, (Power drawn directly from source with proper cut off switch after Battery/Inverter) and a MCB of 05 amps (HAVELLS/ANCHOR/QUALITY BRAND) on it.
  - 2) A laminated copy of standard wiring diagram should be provided with each MMUs for reference.
- 4) **Electrical Safety Measures:**
- 1) A separate MCB to each of the (as mentioned above) circuits be given.
  - 2) There should be an Indicator mark on each MCB to identify the circuit configuration.
  - 3) There should not be any joints be given within the Circuit Wiring
  - 4) At any unavoidable wiring junction(s) the wires should be joined through Bakelite Connectors only
  - 5) There should not be any loose wiring and loose joints
  - 6) Other than vehicle wiring harnesses, all wires/harness used for should be of ISI marked cables and minimum 04 mm thickness.
  - 7) All the electrical accessories should carry ISI Mark and be approved by technical committee and should be of (ARAI/ISI) automobile standards.
  - 8) All other unspecified Parts necessary for the Wiring should be of Automobile grade and/or ISI Certified.

Annexure VII: Proposed Vehicle Design Plan

Figure 1 Plan and Side View LH

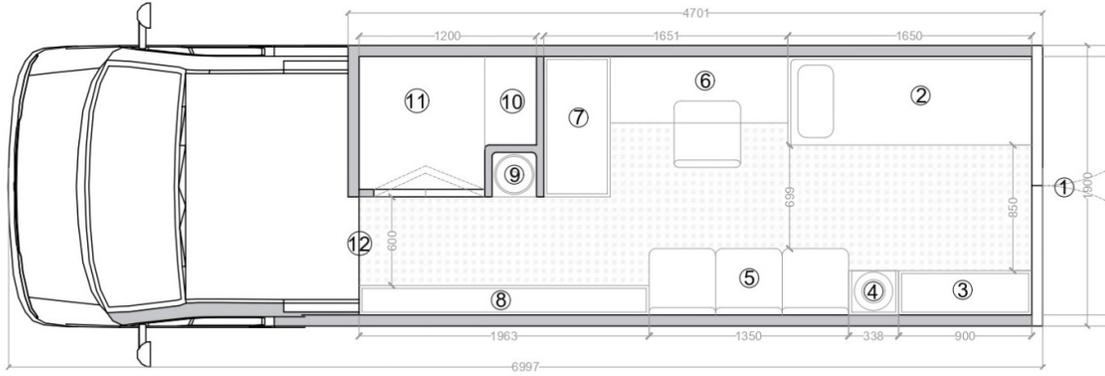
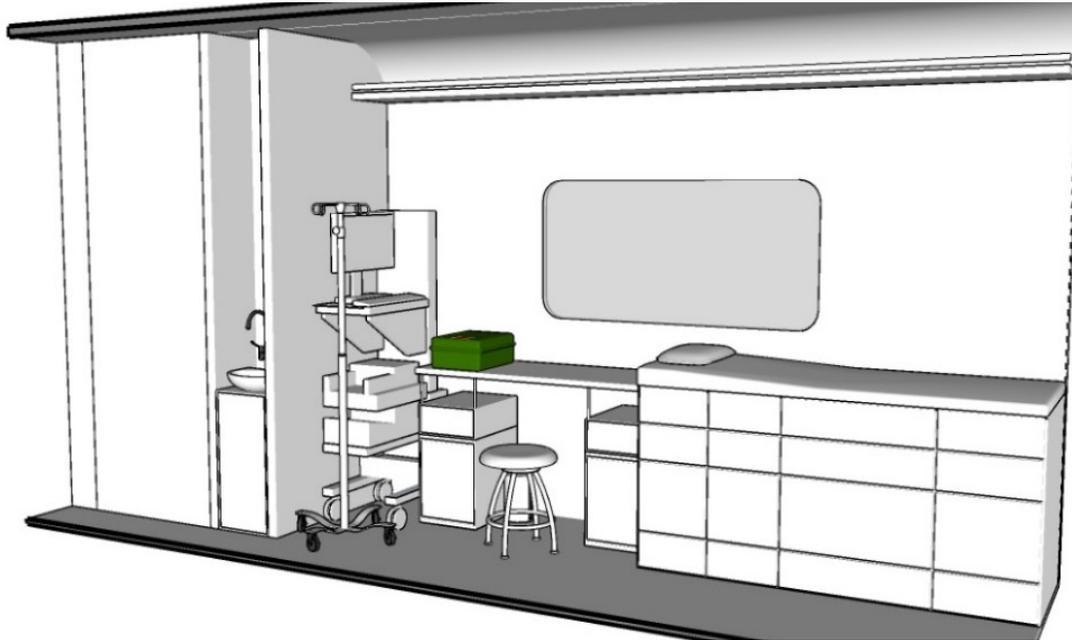


Figure 2 Isometric View





<b>Legend</b>	
1	EMT Table / Storage
2	Storage Cabinet
3	Examination Bed / Storage
4	Lab Equipment / Storage
5	Wash Basin
6	Seating Unit
7	Entry
8	Exit
9	Luggage Rack 1
10	Luggage Rack 2

**Annexure VIII: Proposed Monthly Reporting Formats**

Sr. No.	MMU Vehicle Registration Number	Base Location /Nearest Healthcare Facility (Name and Type)	Number of Trips	Number of Villages Visited	Number of AWCs Covered	Number of Patients Screened and Service Provided	Number of Patients Referred	Patients Screened and Service Provided	
								Service Type	Number of Cases
								<ul style="list-style-type: none"> <li>• ANC / PNC / RCH</li> <li>• Family Planning</li> <li>• Immunization</li> <li>• NCDs</li> <li>• Occupational Hazards Screenings</li> <li>• Others</li> </ul>	
								<ul style="list-style-type: none"> <li>• ANC / PNC / RCH</li> <li>• Family Planning</li> <li>• Immunization</li> <li>• NCDs</li> <li>• Occupational Hazards Screenings</li> <li>• Others</li> </ul>	
								<ul style="list-style-type: none"> <li>• ANC / PNC / RCH</li> <li>• Family Planning</li> <li>• Immunization</li> <li>• NCDs</li> <li>• Occupational Hazards Screenings</li> <li>• Others</li> </ul>	

**Annexure IX: Proposed Daily Reporting Format for Each MMU**

Sr. No.	MMU Vehicle Registration Number	Base Location /Nearest Healthcare Facility (Name and Type)	Camp Location	Number of OPD	Number of ANC/PNC	Number of Lab Tests Conducted	Number of Patients Referred	Number of Other Services	
								Service Type	Number of Cases
								<ul style="list-style-type: none"> <li>• Family Planning</li> <li>• Immunization</li> <li>• NCDs</li> <li>• Occupational Hazards Screenings</li> <li>• Others</li> </ul>	
								<ul style="list-style-type: none"> <li>• Family Planning</li> <li>• Immunization</li> <li>• NCDs</li> <li>• Occupational Hazards Screenings</li> <li>• Others</li> </ul>	
								<ul style="list-style-type: none"> <li>• Family Planning</li> <li>• Immunization</li> <li>• NCDs</li> <li>• Occupational Hazards Screenings</li> <li>• Others</li> </ul>	

**Annexure X: List of Mining Affected Villages in Keonjhar, Odisha**

<b>Sr No.</b>	<b>Block (8)</b>	<b>GP (105)</b>	<b>Village (597-2)</b>
1	Banspal	Banspal	Banspal
2	Banspal	Banspal	Sapakanta
3	Banspal	Banspal	Tuladihi
4	Banspal	Bayakumutia	Bayakumutia
5	Banspal	Bayakumutia	Bayapandadar
6	Banspal	Bayakumutia	Gondijoda
7	Banspal	Bayakumutia	Kathadas
8	Banspal	Bayakumutia	Mamalaposi
9	Banspal	Bayakumutia	Mundala
10	Banspal	Bayakumutia	Talakaipur
11	Banspal	Gonasika	Gonasika
12	Banspal	Jatra	Jatra
13	Banspal	Kalanda (Kha)	Kalanda
14	Banspal	Karangadihi	Anasuan
15	Banspal	Karangadihi	Baitarani(bhuyan)
16	Banspal	Karangadihi	Karangadihi
17	Banspal	Karangadihi	Lata
18	Banspal	Kodipasa	Jamudiha (kha)
19	Banspal	Kodipasa	Tangarpada(kha)
20	Banspal	Kuanar	Kuanar
21	Banspal	Kumundi	Kumundi(ka)
22	Banspal	Kumundi	Kumundi(kha)
23	Banspal	Kumundi	Talajagar
24	Banspal	Kumundi	Uparajagar
25	Banspal	Phuljhar	Balibeda
26	Banspal	Phuljhar	Itapokhari
27	Banspal	Phuljhar	Phuljhar
28	Banspal	Phuljhar	Sankari
29	Banspal	Phuljhar	Uchumadihi
30	Banspal	Saharpur	Kasada
31	Banspal	Saharpur	Khajurimundi
32	Banspal	Saharpur	Khuntakata
33	Banspal	Saharpur	Padakasada
34	Banspal	Saharpur	Rugudikasada
35	Banspal	Saharpur	Saharapur

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

36	Banspal	Suakati	Danla
37	Banspal	Suakati	Lunaghara
38	Banspal	Suakati	Suakati
39	Banspal	Suakati	Tentuli
40	Banspal	Talachampe	Badaraduan
41	Banspal	Talachampe	Bhaliadihi
42	Banspal	Talachampe	Champe
43	Banspal	Talachampe	Rugudi
44	Banspal	Talachampe	Sana raruan
45	Banspal	Talachampe	Sarukudara
46	Banspal	Talachampe	Siriskhunta
47	Banspal	Talachampe	Talachampe
48	Banspal	Talachampe	Uparachampe
49	Banspal	Talachampe	Uparakaipur
50	Banspal	Talachampe	Uparasamatha
51	Banspal	Talakadakala	Kadakala (Tala Kadakala)
52	Banspal	Talakadakala	Upa Kadakala
53	Banspal	Talakainsari	Ambadahara
54	Banspal	Talakainsari	Anjar
55	Banspal	Talakainsari	Ichinda
56	Banspal	Talakainsari	Medinipur
57	Banspal	Talakainsari	Nitigotha
58	Banspal	Talakainsari	Talakainsari
59	Banspal	Talakainsari	Uperkainsari
60	Banspal	Uperaigoda	Amuni
61	Banspal	Uperaigoda	Anara
62	Banspal	Uperaigoda	Binida
63	Banspal	Uperaigoda	Dudhapasi
64	Banspal	Uperaigoda	Jaladihi
65	Banspal	Uperaigoda	Kamagaon
66	Banspal	Uperaigoda	Podadihi
67	Banspal	Uperaigoda	Sankarapasi
68	Banspal	Uperaigoda	Talaraiguda
69	Banspal	Uperaigoda	Upar raiguda
70	Champua	Badanai	Badanai
71	Champua	Badanai	Gambharia
72	Champua	Badanai	Ichinda
73	Champua	Badanai	Palasa

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

74	Champua	Badanai	Ranipur(KHA)
75	Champua	Badanai	Sananai (KA)
76	Champua	Badanai	Sananai(KHA)
77	Champua	Bhanda	Basudevpur
78	Champua	C S Pur	Kanjiasula
79	Champua	Jamudalak	Jadipada
80	Champua	Jamudalak	Jamudalak
81	Champua	Jamudalak	Satahalia
82	Champua	Jamudalak	Sridharpur
83	Champua	Kalikaprasad	Basira
84	Champua	Kalikaprasad	Hunjaposi
85	Champua	Kalikaprasad	Kalikaprasad
86	Champua	Kalikaprasad	Krushnapur
87	Champua	Kalikaprasad	Panapasi
88	Champua	Karanjia	Bidyadharpur
89	Champua	Karanjia	Bishnupur
90	Champua	Karanjia	Brahmapur
91	Champua	Karanjia	Jamunaposi
92	Champua	Karanjia	Karanjia
93	Champua	Kodagadia	Chimila
94	Champua	Kodagadia	Gopapur
95	Champua	Kodagadia	Jayamangalpur
96	Champua	Kodagadia	Kodagadia
97	Champua	Kodagadia	Mirigisinga
98	Champua	Kodagadia	Mkundapur
99	Champua	Kutariposi	Kankadapat
100	Champua	Kutariposi	Kudapi
101	Champua	Kutariposi	Kutaripasi
102	Champua	Kutariposi	Nayakrushanapur
103	Champua	Kutariposi	Puruna Krushnapur
104	Champua	Kutariposi	Purusottampur
105	Champua	Parsala	Gopinathapur
106	Champua	Parsala	Nayabandha
107	Champua	Parsala	Parsala
108	Champua	Parsala	Ramachandrapur
109	Champua	Parsala	Sijukala
110	Champua	Parsala	Tentala
111	Champua	Rajia	Dolita

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

112	Champua	Rajia	Jaintinapur
113	Champua	Rajia	Kainta
114	Champua	Rajia	Kanchanpur
115	Champua	Rajia	Maheswarapur
116	Champua	Rajia	Mathurapur
117	Champua	Rajia	Patala
118	Champua	Rajia	Rajia
119	Champua	Rajia	Sasanga
120	Champua	Rimuli	Pratapposi
121	Champua	Rimuli	Rimuli
122	Champua	Rimuli	Taduabahal
123	Champua	Sarei	Tolalnanda
124	Champua	Sarei	Tunutuna
125	Champua	Sarei	Urti
126	Champua	Sunaposi	Banko
127	Champua	Sunaposi	Giridharipur
128	Champua	Sunaposi	Indraprastha
129	Champua	Sunaposi	Jodapokhari
130	Champua	Sunaposi	Kasira
131	Champua	Sunaposi	Sarasposi
132	Champua	Sunaposi	Sunaposi
133	Harichandanpur	Bareigoda	Talapada
134	Harichandanpur	Daitari	Daitari
135	Harichandanpur	Rasola	Baliparbat
136	Harichandanpur	Rasola	Brahmanipal
137	Harichandanpur	Rasola	Pancham
138	Harichandanpur	Rasola	Tentulipal
139	Harichandanpur	Tangariapal	Panganal
140	Harichandanpur	Tangariapal	Pangarugudi
141	Hatadihi	Balibarei	Balibarei
142	Hatadihi	Balibarei	Bidyadharpur
143	Hatadihi	Balibarei	Ramakrishnapur
144	Hatadihi	Balibarei	Sarukana
145	Hatadihi	Bangore	Bangore
146	Hatadihi	Bangore	Sankhana
147	Hatadihi	Dhanurjaypur	Dhanurjayapur
148	Hatadihi	Dhanurjaypur	Kusatikiri
149	Hatadihi	Dhanurjaypur	Nuaragudi

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

150	Hatadihi	Dhanurjaypur	Phuljhar
151	Hatadihi	Dhanurjaypur	Siadimalia(kha)
152	Hatadihi	Dhenka	BadaAmbaGadia
153	Hatadihi	Dhenka	Barigaon
154	Hatadihi	Dhenka	Dharampur
155	Hatadihi	Dhenka	Dhenka
156	Hatadihi	Dhenka	Jhanajhana
157	Hatadihi	Dhenka	Kaniari
158	Hatadihi	Dhenka	Motaragadia
159	Hatadihi	Dhenka	Purunapani
160	Hatadihi	Dhenka	Sangam
161	Hatadihi	Dhenka	Tentulipadi
162	Hatadihi	Hadagarh	Hadagarh
163	Hatadihi	Hadagarh	Madhubana
164	Hatadihi	Hadagarh	Sankatapalia
165	Hatadihi	Jambhira	Baranga
166	Hatadihi	Jambhira	Sundarapal
167	Hatadihi	Kanleibalipal	Bhanara
168	Hatadihi	Kanleibalipal	Kanleibalipala
169	Hatadihi	Kanleibalipal	Malipasi
170	Hatadihi	Kanleibalipal	Mayurnacha
171	Hatadihi	Kanleibalipal	Raighati
172	Hatadihi	Kanleibalipal	Sajanapal
173	Hatadihi	Kanleibalipal	Siadimalia(kha)
174	Hatadihi	Padhiraipalli	Aturikana
175	Hatadihi	Padhiraipalli	Banaipanka
176	Hatadihi	Padhiraipalli	Daneipur
177	Hatadihi	Padhiraipalli	Jadabanka
178	Hatadihi	Padhiraipalli	Jhunabadi
179	Hatadihi	Padhiraipalli	Kahaliagadia
180	Hatadihi	Padhiraipalli	Kuradhighasa
181	Hatadihi	Padhiraipalli	Mahulpankha
182	Hatadihi	Padhiraipalli	Padhiaripalli
183	Hatadihi	Pandado	Kantigadia
184	Hatadihi	Pandado	Karanjabati
185	Hatadihi	Pandado	Podasingidi
186	Hatadihi	Pandado	Saralapasi
187	Hatadihi	Sadha	Bargadia

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

188	Hatadihi	Sadha	Jantalapadi
189	Hatadihi	Sadha	Mithigaon
190	Hatadihi	Sadha	Mouda
191	Hatadihi	Sadha	Naha
192	Hatadihi	Sadha	Raghunathpur
193	Hatadihi	Sadha	Sadha
194	Hatadihi	Soso	Analagadia
195	Hatadihi	Soso	Balia
196	Hatadihi	Soso	Belamala
197	Hatadihi	Soso	Berunapadi
198	Hatadihi	Soso	Bhanarpur
199	Hatadihi	Soso	Bharadagadia
200	Hatadihi	Soso	Kakharugadia
201	Hatadihi	Soso	Kanhupur
202	Hatadihi	Soso	Marichipada
203	Hatadihi	Soso	Neudani
204	Hatadihi	Soso	Soso
205	Jhumpura	Arsala	Balabhadrapur
206	Jhumpura	Arsala	Sundhimurusuan
207	Jhumpura	Asanapat	Asanapat
208	Jhumpura	Asanapat	Chitrapur
209	Jhumpura	Asanapat	Gidhibas
210	Jhumpura	Badadumuria	Badadumuria
211	Jhumpura	Badadumuria	Baliposi
212	Jhumpura	Badadumuria	Gobindapur
213	Jhumpura	Badadumuria	Laxmipasi(Ka)
214	Jhumpura	Badadumuria	Ramachandrapur
215	Jhumpura	Balibandha	Balibandha
216	Jhumpura	Balibandha	Chingudiposi
217	Jhumpura	Balibandha	Dudhakundi
218	Jhumpura	Balibandha	Kasipal
219	Jhumpura	Balibandha	Katalposi
220	Jhumpura	Balibandha	Kulhadihi
221	Jhumpura	Balibandha	Manibandha
222	Jhumpura	Balibandha	Murusuan
223	Jhumpura	Balibandha	Rajabasa
224	Jhumpura	Balibandha	Siriabahal
225	Jhumpura	Basantapur	Basantapur

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

226	Jhumpura	Basantapur	Kaijoda
227	Jhumpura	Basantapur	Naibuga
228	Jhumpura	Chauthia	Baruna
229	Jhumpura	Chauthia	Chaitanpur
230	Jhumpura	Chauthia	Chauthia
231	Jhumpura	Chauthia	Hastinapur
232	Jhumpura	Chauthia	Kalinga
233	Jhumpura	Chauthia	Madhupur
234	Jhumpura	Chauthia	Manada
235	Jhumpura	Gumura	Gumura
236	Jhumpura	Gumura	Hirapur
237	Jhumpura	Gumura	Jamudapal
238	Jhumpura	Gumura	Jamujodi
239	Jhumpura	Gumura	Sarasposi
240	Jhumpura	Gumura	Sarupatala
241	Jhumpura	Gumura	Tolakabahal
242	Jhumpura	Gundunia	Gundunia
243	Jhumpura	Gundunia	Hatianasa
244	Jhumpura	Gundunia	Jagannathapur
245	Jhumpura	Gundunia	Mandama(Manima)
246	Jhumpura	Khendra	Fakirpur
247	Jhumpura	Khendra	Kandarapasi
248	Jhumpura	Khendra	Khendra
249	Jhumpura	Khendra	Patbilla
250	Jhumpura	Khuntapada	Ashuki
251	Jhumpura	Khuntapada	Asuria
252	Jhumpura	Khuntapada	Barakhandia
253	Jhumpura	Khuntapada	Khuntapada
254	Jhumpura	Khuntapada	Mahadevpur
255	Jhumpura	Khuntapada	Parbatipur
256	Jhumpura	Khuntapada	Solagoda
257	Jhumpura	Kutugoan	Bramhanjhari
258	Jhumpura	Kutugoan	Champadihi
259	Jhumpura	Kutugoan	Chipinda
260	Jhumpura	Kutugoan	Hatidari
261	Jhumpura	Kutugoan	Jaipur
262	Jhumpura	Kutugoan	Joda
263	Jhumpura	Kutugoan	Kutugoan

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

264	Jhumpura	Kutugoan	Naupani
265	Jhumpura	Malada	Balabhadrapur (Alias) Andhari
266	Jhumpura	Malada	Dhanurjayapur
267	Jhumpura	Malada	Godatopa
268	Jhumpura	Malada	Jamardihi
269	Jhumpura	Malada	Kaliapal
270	Jhumpura	Malada	Kasia
271	Jhumpura	Malada	Malada
272	Jhumpura	Malada	Nungadia
273	Jhumpura	Malada	Patuakudar
274	Jhumpura	Malada	Sankalimati
275	Jhumpura	Nahabeda	Baghianasa
276	Jhumpura	Nahabeda	Dhaulipat
277	Jhumpura	Nahabeda	Ghuntapasi
278	Jhumpura	Nahabeda	Jansanpur
279	Jhumpura	Nahabeda	Kanjipani
280	Jhumpura	Nahabeda	Kankadajodi
281	Jhumpura	Nahabeda	Nahabeda
282	Jhumpura	Nahabeda	Nuapadmakesharpur
283	Jhumpura	Nahabeda	Padmakesharpur
284	Jhumpura	Nahabeda	Ramachandrapur(Kha)
285	Jhumpura	Nahabeda	Ramchandrapur alias Balabhadrapur
286	Jhumpura	Naradapur	Angulia
287	Jhumpura	Naradapur	Balabhadrapur
288	Jhumpura	Naradapur	Jagannathapur
289	Jhumpura	Naradapur	Naradapur
290	Jhumpura	Naradapur	Pratapadhanurjayapur
291	Jhumpura	Nayagarh	Bramhanidihi
292	Jhumpura	Nayagarh	Dhatika
293	Jhumpura	Nayagarh	Jalapaposi
294	Jhumpura	Nayagarh	Katupali
295	Jhumpura	Nayagarh	Nayagarh
296	Jhumpura	Nayagarh	Purunapani
297	Jhumpura	Nayagarh	Saradhapanka
298	Jhumpura	Nischintapur	Binodabihariapur(Ka)
299	Jhumpura	Nischintapur	Binodabihariapur(Kha)
300	Jhumpura	Nischintapur	Deojhar
301	Jhumpura	Nischintapur	Goda

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

302	Jhumpura	Nischintapur	Gopinathapur
303	Jhumpura	Nischintapur	Haridajodi
304	Jhumpura	Nischintapur	Kanakana
305	Jhumpura	Nischintapur	Manoharpur
306	Jhumpura	Nischintapur	Nischintapur
307	Jhumpura	Nischintapur	Sanhundala
308	Jhumpura	Nischintapur	Trilochanpur
309	Joda	Anseikala	Anseikala
310	Joda	Anseikala	Jamukundia
311	Joda	Anseikala	Narayanpur
312	Joda	Anseikala	Panchananpur
313	Joda	Anseikala	Putugaon
314	Joda	Anseikala	Sanabadabila
315	Joda	Anseikala	Sanahundala
316	Joda	Badkalimati	Badkalimati
317	Joda	Badkalimati	Dubuna
318	Joda	Badkalimati	HandiBhanga
319	Joda	Badkalimati	Jamupani
320	Joda	Badkalimati	Khajuridihi
321	Joda	Badkalimati	Pidhapokhari
322	Joda	Badkalimati	Purunadihi
323	Joda	Balada	Balada
324	Joda	Balada	Guruda
325	Joda	Balada	Gurudacamp
326	Joda	Balada	Kundaposi(Kunaposi)
327	Joda	Balada	Silijoda
328	Joda	Balada	Tadapani
329	Joda	Balagoda	Balagoda
330	Joda	Balagoda	Nimitur
331	Joda	Balani	Badjal (Gadadharpur)
332	Joda	Balani	Balani
333	Joda	Balani	Camp of B.K. Mohanty
334	Joda	Balani	Camp of Balani
335	Joda	Balani	Camp of Tisco
336	Joda	Balani	Chhatabar
337	Joda	Balani	Dhanurjayapur
338	Joda	Balani	Gamulai
339	Joda	Balani	Kanarda

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

340	Joda	Balani	Kiriburu
341	Joda	Balani	Kolhapandoli
342	Joda	Balani	Lasarda
343	Joda	Balani	Lotapani
344	Joda	Balani	Murgabeda camp
345	Joda	Balani	Tilapur
346	Joda	Barbil(M)	Barbil (M)
347	Joda	Barbil(M)	Belkundi
348	Joda	Barbil(M)	Dalki U No-5
349	Joda	Barbil(M)	Karakolha U no -3
350	Joda	Barbil(M)	Matkambeda
351	Joda	Barbil(M)	Nalda U-No 2
352	Joda	Barbil(M)	Sading U No-6
353	Joda	Barbil(M)	Santabahal
354	Joda	Barbil(M)	Sundra U No-12
355	Joda	Barbil(M)	Sundra U No-13
356	Joda	Bhadrasahi	Bhadrasahi
357	Joda	Bhadrasahi	Fulabadi
358	Joda	Bhadrasahi	Jhadagaon
359	Joda	Serenda	Kasia (KA)
360	Joda	Bhadrasahi	Kasia (KHA)
361	Joda	Bhadrasahi	Matiaposi
362	Joda	Bhadrasahi	Tanto
363	Joda	Bhuyanraida	Bhuyanraida
364	Joda	Bhuyanraida	Kolharaida
365	Joda	Bhuyanraida	Kundurupani
366	Joda	Birikala	Balita
367	Joda	Birikala	Beleipada
368	Joda	Birikala	Bhagalapur
369	Joda	Birikala	Birikala
370	Joda	Birikala	Daduan
371	Joda	Birikala	Gobindapur
372	Joda	Birikala	Lahanda
373	Joda	Birikala	Mutuda
374	Joda	Chamakpur	Chamakpur
375	Joda	Chamakpur	Dhobakuchuda
376	Joda	Chamakpur	Gugudari
377	Joda	Chamakpur	Hariharpur

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

378	Joda	Chamakpur	Murusuan
379	Joda	Chamakpur	Revenshapur(Ka)
380	Joda	Chamakpur	Revenshapur(Kha)
381	Joda	Chamakpur	Rugudi
382	Joda	Chamakpur	Sankarapur
383	Joda	Deojhar	Deojhar
384	Joda	Deojhar	Gobaradhanpur
385	Joda	Deojhar	Kitabeda
386	Joda	Deojhar	Kuldum
387	Joda	Deojhar	Mahadebanasa
388	Joda	Deojhar	Sialijoda
389	Joda	Deojhar	Thakurani
390	Joda	Guali	Bhuyanbarpada
391	Joda	Guali	Gandhalpada
392	Joda	Guali	Guali
393	Joda	Guali	Kendudih
394	Joda	Guali	Nuagaon
395	Joda	Jajanga	Bandhubeda
396	Joda	Jajanga	Bhanga
397	Joda	Jajanga	Bholabeda
398	Joda	Jajanga	Gurutuan
399	Joda	Jajanga	Jajanga
400	Joda	Jajanga	Jamirita
401	Joda	Jalahari	Jalahari
402	Joda	Jalahari	Khadabandha
403	Joda	Jurudi	Jaribahal
404	Joda	Jurudi	Jurudi
405	Joda	Joda(M)	Baneikala UNO-1
406	Joda	Joda(M)	Banspani
407	Joda	Joda(M)	Bichhakundi
408	Joda	Joda(M)	Joda (M)
409	Joda	Joda(M)	Joda U No-2
410	Joda	Joda(M)	Kamarjada
411	Joda	Joda(M)	Khuntapani
412	Joda	Kandara	Badahundala
413	Joda	Kandara	Basudebapur
414	Joda	Kandara	Damapur
415	Joda	Kandara	Jugudidara

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

416	Joda	Kandara	Kanapur
417	Joda	Kandara	Kandara
418	Joda	Kandara	Ramachandrapur
419	Joda	Karakhendara	Hayarpur
420	Joda	Karakhendara	Karakhendara
421	Joda	Karakhendara	Kolhabarapada
422	Joda	Karakhendara	Uliburu
423	Joda	Laidapada	Bhuyanrodkala
424	Joda	Laidapada	Chormalda
425	Joda	Laidapada	Katesahi
426	Joda	Laidapada	Kolharodkala
427	Joda	Laidapada	Laidapada
428	Joda	Laidapada	Rugudidih
429	Joda	Laidapada	Topadihi
430	Joda	Palasa	Belda
431	Joda	Palasa	Bhandaridih
432	Joda	Palasa	Jaganathapur
433	Joda	Palasa	Jamunaposi
434	Joda	Palasa	Namira
435	Joda	Palasa	Palasa(Ka)
436	Joda	Palasa	Palasa(Kha)
437	Joda	Palasa	Unchabali
438	Joda	Bhadrasahi	Bhusugaon
439	Joda	Serenda	Raika
440	Joda	Serenda	Sayabahala
441	Joda	Serenda	Serenda
442	Sadar	Baradapal	Baradapal
443	Sadar	Baradapal	Kusumita
444	Sadar	Baradapal	Talakampadihi
445	Sadar	Baradapal	Uparkampodihi
446	Sadar	Bauripada	Bauripada
447	Sadar	Bauripada	Danuan
448	Sadar	Bauripada	Kathakaranjia
449	Sadar	Bauripada	Kempasada
450	Sadar	Bauripada	Mukuna
451	Sadar	Bodapalasa	Bodapalasa
452	Sadar	Bodapalasa	Jamunapasi
453	Sadar	Bodapalasa	Kabitra

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

454	Sadar	Janardanpur	Bhaliadal
455	Sadar	Janardanpur	Bhaliadihi
456	Sadar	Janardanpur	Gopinathapur (Nuagaon)
457	Sadar	Janardanpur	Jamunalia
458	Sadar	Janardanpur	Janardanpur
459	Sadar	Janardanpur	Maligaon
460	Sadar	Mahadeijoda	Dalimbapur
461	Sadar	Mahadeijoda	Madarangajodi
462	Sadar	Mahadeijoda	Mahadeijoda
463	Sadar	Mahadeijoda	Nuapada
464	Sadar	Mahadeijoda	Salarapentha
465	Sadar	Mahadeijoda	Tikarapada
466	Sadar	Mandua	Gumura
467	Sadar	Mandua	Tikargumura
468	Sadar	Kendhujhargarh Municipality	Keonjhar
469	Sadar	Padmapur	Banajodi
470	Sadar	Padmapur	Bhatunia
471	Sadar	Padmapur	Dabanka
472	Sadar	Padmapur	Jogimatha
773	Sadar	Padmapur	Padmapur
474	Sadar	Padmapur	Patulia
475	Sadar	Raisuan	Baliaguda
476	Sadar	Raisuan	Goudunibeda
477	Sadar	Raisuan	Raisuan
478	Sadar	Raisuan	Singraisuan
479	Sadar	Gopinathpur	Dhatika
480	Sadar	Gopinathpur	Gopinathpur
481	Sadar	Gopinathpur	Harsapur
482	Sadar	Gopinathpur	Jalabanga
483	Sadar	Gopinathpur	Khunatapada (Kha)
484	Sadar	Gopinathpur	Poipani
485	Sadar	Gopinathpur	Silsuan
486	Sadar	Sirishpal	Balabhadrapur
487	Sadar	Sirishpal	Belda
488	Sadar	Sirishpal	Dimiribahal
489	Sadar	Sirishpal	Motitangara
490	Sadar	Sirishpal	Ranki
491	Sadar	Sirishpal	Sarasa

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

492	Anandapur	Taratara	Bahabaradanda
493	Anandapur	Kantipala	Kantipala
494	Anandapur	Kathakata	Kathakata
495	Anandapur	Kathakata	Kathakata (KA)
496	Banspal	Nayakote	Bhejidihi
497	Banspal	Phuljhar	Dhaladihi
498	Banspal	Phuljhar	Kendughati
499	Banspal	Jatra	Ladapani
500	Banspal	Talakadakala	LuhakaIa
501	Banspal	Talakadakala	Marusuan
502	Banspal	Talakadakala	Narsingapur
503	Banspal	Kalanda (Kha)	Panasuan
504	Banspal	Talakadakala	Rakama
505	Banspal	Talakadakala	Tirib
506	Banspal	Talakadakala	Sundura
507	Banspal	Jatra	Badakula
508	Banspal	Uperaigoda	Podadiha
509	Banspal	Banspal	Sankarei
510	Banspal	Gonasika	Shinkulapada
511	Banspal	Kumundi	Urumunda
512	Joda	Jajanga	Kamalapur
513	Joda	Guali	Panduliposi
514	Harichandanpur	Bareigoda	Nadangipentha
515	Harichandanpur	Gounighasa	Arjunachua
516	Harichandanpur	Rasola	Alutuma
517	Harichandanpur	Rasola	Khasapada
518	Harichandanpur	Bareigoda	Kanjiapala
519	Harichandanpur	Bareigoda	Kanjiapala
520	Harichandanpur	Bareigoda	Kusumjodi
521	Harichandanpur	Bareigoda	Turkipada
522	Harichandanpur	Bareigoda	TotapaI
523	Harichandanpur	Bareigoda	Pathuripentha
524	Harichandanpur	Bareigoda	Palashatala
525	Harichandanpur	Bareigoda	Baraigoda
526	Harichandanpur	Revanapalaspal	Bangurusuni
527	Harichandanpur	Revanapalaspal	Budhipada (Ka)
528	Harichandanpur	Revanapalaspal	Masinajodi
529	Harichandanpur	Revanapalaspal	Mahulapanga

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

530	Harichandanpur	Revanapalaspal	Rebana
531	Harichandanpur	Revanapalaspal	Rebana
532	Harichandanpur	Bareigoda	Sanajomai
533	Harichandanpur	Bareigoda	Sanasiadimal
534	Hatadihi	Pandado	Pandado
535	Hatadihi	Pandado	Padarukha
536	Hatadihi	Pandado	Tentulibadi
537	Hatadihi	Jambhira	Sanaambagadia
538	Hatadihi	Jambhira	Jambhira
539	Hatadihi	Kanleibalipal	Saramundi
540	Sadar	Kandraposi	Dhanurjaypur
541	Sadar	Kandraposi	Kunjarbahal
542	Sadar	Kandraposi	Rengalbera
543	Sadar	Kandraposi	Silisuan
544	Sadar	Kandraposi	Tulasipur
545	Sadar	Kendhujhargarh Municipality	Atopur badapokharital Unit No.05
546	Sadar	Kendhujhargarh Municipality	Badhal
547	Sadar	Kendhujhargarh Municipality	Bhalukipatala Unit-6
548	Sadar	Kendhujhargarh Municipality	Bramhanigaon Unit to.11
549	Sadar	Kendhujhargarh Municipality	Chakrapadhi bandhatal Unit No.03
550	Sadar	Kendhujhargarh Municipality	Dhanurjaypur Unit No.04
551	Sadar	Parjanpur	Amrutapada
552	Sadar	Nuagaon	Badabil(kha)
553	Sadar	Gobardhan	Balisuan
554	Sadar	Bauripada	Banamalipur
555	Sadar	Palaspanga	Bankanaruni
556	Sadar	Gobardhan	Banuan
557	Sadar	Mandua	Basantpur
558	Sadar	Nuagaon	Birakishorpur
559	Sadar	Nuagaon	Bistapal
560	Sadar	Kendhujhargarh Municipality	Dhurupada
561	Sadar	Nuagaon	Dimiridiha
562	Sadar	Gobardhan	Gobardhan
563	Sadar	Kaunrikala	Haladiaguna
564	Sadar	Nuagaon	Hatikucha
565	Sadar	Palaspanga	Hundula

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

566	Sadar	Padmapur	Jadichatar
567	Sadar	Parjanpur	Jagannathpur
568	Sadar	Nuagaon	Kadagarh
569	Sadar	Parjanpur	Kasira
570	Sadar	Nuagaon	Kendupasi
571	Sadar	Padmapur	Kespanka
572	Sadar	Bauripada	Kusapada
573	Sadar	Raisuan	Laxmipasi
574	Sadar	Kendhujhargarh Municipality	Mochigaon
575	Sadar	Mandua	Muktapur
576	Sadar	Nuagaon	Narasingpur
577	Sadar	Raikala	Nimirdapasi
578	Sadar	Nuagaon	Nuagaon
579	Sadar	Parjanpur	Patana
580	Sadar	Nuagaon	Poipani
581	Sadar	Nuagaon	Ratanpur
582	Sadar	Gobardhan	Rukunadeipur Sasan
583	Sadar	Bauripada	Sahadapur
584	Sadar	Nuagaon	Tangaranali
585	Sadar	Nuagaon	Taratakhamana
586	Sadar	Kendhujhargarh Municipality	Tulasipur
587	Sadar	Kendhujhargarh Municipality	Gambharia Unit No.12
588	Sadar	Kendhujhargarh Municipality	Jagannathpur
589	Sadar	Kendhujhargarh Municipality	Jamuhata
590	Sadar	Kendhujhargarh Municipality	Kasipur balrampur
591	Sadar	Kendhujhargarh Municipality	Keonjhar nijigarh unit
592	Sadar	Kendhujhargarh Municipality	Kimiridoli Dhangadpara MOSAIC
593	Sadar	Kendhujhargarh Municipality	Satasinga
594	Sadar	Sirishpal	Sidhhamatha
595	Sadar	Sirishpal	Suleiakhamar

**Annexure XI: Definitions and Acronyms**

1	ADD	:	Application Due Date
2	AGE	:	Acute Gastroenteritis. AGE is defined as inflammation of the stomach and intestines, typically resulting from viral infection or bacterial toxins.
3	Agency	:	Entities or persons that may provide or provides the Services to the Client under the Contract.
4	Applicant Agency / Bidder / Service Provider	:	Entities or Company of Private Limited Firms that may provide the Services to the Client under the Contract.
5	ARI	:	Acute Respiratory Infection
6	ARI	:	Acute Respiratory Infection
7	ASOM	:	Acute Suppurative Otitis media
8	BPM	:	Block Program Manager
9	CHC	:	Community Health Centre
10	CL (R&A)	:	Contract Labour Regulation & Abolition Act
11	COPD	:	Chronic Obstructive Pulmonary Diseases
12	CV	:	Curriculum Vitae
13	Day	:	Calendar day
14	DD	:	Demand Draft
15	DHH	:	District Headquarter Hospital
16	DMF, Keonjhar	:	District Mineral Foundation, Keonjhar
17	DPEP	:	Detailed Project Execution Plan to be submitted by the selected Agency
18	DRDA	:	District Rural Development Agency
19	DSWO	:	District Social Welfare Officer
20	DTP	:	Desktop Publication
21	EC	:	Evaluation Committee
22	ECP	:	Emergency Contraceptive Pill
23	EMD	:	Earnest Money Deposit
24	EMD	:	Earnest Money Deposit
25	ENT	:	Ear, Nose, Throat
26	EO	:	Executive Officer
27	FY	:	Financial Year
28	GBV	:	Gender Based Violence
29	GPS	:	Global Positioning System
30	HIPPA	:	Health Insurance Portability and Accountability Act
31	HIV	:	Human Immunodeficiency Virus
32	HMIS	:	Hospital Management Information Software
33	HMV	:	Heavy Motor Vehicle
34	ICDS	:	Integrated Child Development Scheme
35	IEC	:	Information, Education, Communication
36	INR	:	Indian National Rupees
37	Instructions to applicant Agencies	:	The document which provides interested Agencies with the information needed to prepare their respective Proposals.
38	IUCD	:	Intrauterine Contraceptive Device
39	IYCF	:	Infant and Young Child Feeding
40	JE	:	Japanese Encephalitis
41	LHS	:	Left Hand Side
42	LOI	:	Letter of Invitation, (Section 1 of the RFP) means the 'Letter of Invitation' being sent by the Client.
43	MEU	:	Mobile Exercise Unit
44	MHU	:	Mobile Health Unit
45	MIS	:	Management Information System

**RFP for Operationalization of Mobile Medical Units (MMUs) under DMF Keonjhar, Odisha**

46	MMU	:	Mobile Medical Unit
47	MMV	:	Mobile Medical Van
48	MOIC	:	Medical Officer Incharge
49	MS	:	Medical Superintendent
50	MSME	:	Micro, Small and Medium Enterprises
51	NCD	:	Non-Communicable Diseases
52	NGO	:	Non-Governmental Organization
53	NSF	:	Net Square Feet
54	NSM	:	Net Square Meter
55	OCP	:	Oral Contraceptive Pills
56	OH	:	Other Hospital
57	OPD	:	Outpatient Department
58	OSC	:	One Stop Centre
59	Personnel	:	Professionals and support staff provided by the selected Agency and assigned to perform the Services or any part thereof.
60	PHC	:	Primary Health Centre
61	POL	:	Petrol, Oil, Lubrication
62	PoSD	:	Points of Service Delivery
63	Proposal	:	Pre-Qualification Documents, Technical Proposal and Financial Proposal.
64	PWDs	:	Persons with Disabilities
65	QBS	:	Quality Based Selection
66	RCH	:	Reproductive Child Health
67	RDK	:	Rapid Diagnosis Test Kit
68	RDT	:	Rapid Diagnostic Tests
69	RFP	:	Request for Proposal, circulated by the Client for the selection of an Agency
70	RHS	:	Right Hand Side
71	RTI	:	Reproductive Tract Infection
72	SAM	:	Severe Acute malnutrition
73	SC	:	Sub Centre
74	SDH	:	Sub Divisional Hospital
75	STD	:	Sexually Transmitted Diseases
76	THR	:	Take Home Rations
77	TIA	:	Tender Inviting Authority /Client
78	TOR	:	Information included in the RFP which explains the objectives, scope of work, activities, tasks to be performed, respective responsibilities of the Client and the selected Agency
79	URI	:	Upper Respiratory Infection
80	WHL	:	Women Help Lines
81	Wrt	:	With respect to