



ZILLA SWASTHYA SAMITI, KEONJHAR  
CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER :  
KEONJHAR



Advt. No. 5017

Date. 27/10/23

**PRE-PROPOSAL CLARIFICATION**

**REQUEST FOR PROPOSAL (RFP) FOR “OPERATIONALIZATION OF MOBILE MEDICAL UNITS (MMU) IN KEONJHAR, ODISHA UNDER DMF, KEONJHAR”**

With reference to this office advertisement no.4518 dt. 22.09.2023 & Corrigendum Advertisement No. 4776 dt. 10.10.2023 for the RFP document was uploaded in the District NIC website related to “Request For Proposal (RFP) for ‘Operationalization of Mobile Medical Units (MMU) in Keonjhar district under DMF, Keonjhar”; the following pre-proposal clarification and Bidders Data and Factsheet is uploaded in the District NIC website i.e. [www.kendujhar.nic](http://www.kendujhar.nic) for intimation of the interested bidders. All the other terms and conditions of the said RFP shall remain unchanged.

**Sd/- Chief District Medical & Public Health Officer, Keonjhar**

  
27/10/2023  
Chief District Medical & Public Health Officer  
Keonjhar

**Response to Queries received for RFP No: 4518 /2023 Date: 22.09.2023 for 'Operationalization of Mobile Medical Units (MMU) in Keonjhar, Odisha under DMF, Keonjhar''**

Sr No.	Page No.	Section No	Content of RFP requiring clarification	Change/clarification requested as on 30.09.2023	Remarks	Response to the Queries by the Client												
1	15	2.Technical Evaluation	<p>Average annual turnover of the last three financial years, i.e., FY 2019-20, 2020-21 and 2021-22</p> <p>Scoring Criteria</p> <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> <li>• INR 50.01 crores and above = 10 Marks</li> </ul>	<p>QCBS is adopted to ensure quality bidders get advantage over small timers. Hence, we suggest the marking in technical evaluation may be on proportional basis.</p> <p>Example for proportionate calculation</p> <table border="1"> <thead> <tr> <th>Criteria for</th> <th>Turnover</th> <th>Mark as per Proportionate</th> </tr> </thead> <tbody> <tr> <td>The highest turnover for the "X" company among the 3 applying bidders</td> <td>1,00,00,00,000</td> <td>10</td> </tr> <tr> <td>If second bidder turnover is</td> <td>50,00,00,000</td> <td>5</td> </tr> <tr> <td>If third bidder turnover is</td> <td>25,00,00,000.00</td> <td>2.5</td> </tr> </tbody> </table>	Criteria for	Turnover	Mark as per Proportionate	The highest turnover for the "X" company among the 3 applying bidders	1,00,00,00,000	10	If second bidder turnover is	50,00,00,000	5	If third bidder turnover is	25,00,00,000.00	2.5		No Change
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If second bidder turnover is	50,00,00,000	5																
If third bidder turnover is	25,00,00,000.00	2.5																
2	9	1.3 -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).	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 2020-21, 2021-22 and 2022-23).	Please modify Financial Years as 2020 21,2021-22	No Change												
3	38	6. Point no 8	Human Resources for MMUs _2 Drivers I each unit	We propose that 1 Driver will be effective and suffice the objective; considering suggested vehicle models, travel time and distance cover, However, for the purpose of EHR, documentation and data management, 1 Data entry operator can be added.														
4	38	5. Driver	Driver required 2 number in each MMU required 13 number for the District .	Request to clarify whether 2 drivers will be allocated to each MMU or 2 drivers are to be allocated for each shift.		1 Driver for each MMU . Total 13 drivers for 13 MMU												
5	9	Section III, 6, Page 38	HR	2 drivers and no community mobilizers are mentioned. Kindly clarify if this is an error or deliberate 40 on average														

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6	43	4.Responsibility of the Selected Bidder	Issue "Identity Card" with photograph duly attested for the driver.	Please clarify if there is any Uniform to be given to the MMU staff .		White Apron for Clinical and Paramedical staffs shall be provided by the agency
7	37	6.Human Resources for MMUs	Certified and qualified MBBS, registered with Indian Medical Council (Preferably Female).	We request to kindly allow placement of Aayush Medical Officers as there is a huge scarcity of MBBS Doctor.		No Change
8	41	9. Coverage of Services	Each MMU shall cover at least 24 Points of Service Delivery (PoSDs) / 24 Camps in every month and cover at least 60 patients per day.	No capping on number of patients as the same is beyond the control of the operator .Further, Govt of Odisha has already set up a vast network of sub centers, Delivery points ,Dispensaries etc. for medical consultation and drugs distribution. Also as per our understanding, villages in Keonjhar are very thinly populated with predominantly tribal population. It will take some time to popularise the service among the population.		No change, given the need for the operating agency to fulfil the objectives for operations of MMU as set by the Client on page 25.
9	41	9 point no 2	Each MMU shall cover at least 24 Points of Service Delivery (PoSDs) / 24 Camps in every month and cover at least 60 patients per day.	We request to reduce the target patients to 40 in the 1st year assuming less population density in those remote villages. (We also request to provide block wise population list and average per day OPD count in nearest PHCs wise.)		
10	10	Section III, 9.2, Page 41	Each MMU shall cover at least 24 Points of Service Delivery (PoSDs) / 24 Camps in every month and cover at least 60 patients per day.	Sixty patients a day, given the population density seems unrealistic. It is recommended that this number be reduced to		
11	79	Annexure IV	All pregnant women need to be tested for gestational diabetes and appropriate treatment as necessary.	Minimum investigation should be provisioned in the MMU. Investigations which can get immediate reports should only be conducted.		Explained in section III, Para 4: Suggested package of services to be provided in MMU, SI no 1, Page no 28

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12	28	5.Management of Chronic Communicable Diseases	Lab testing and treatment for all vector borne disease examination, follow up medication compliance, Prevention – mass drug administration in filariasis, immunization for JE.	Minimum investigation should be provisioned in the MMU. Investigations which can get immediate reports should only be conducted.		All infectious and vector-borne diseases, Card test along with microscopy shall be conducted. However, the laboratory test lists has been added in (Annexure-XII)
13	30	13. MMU shall have Equipped with the following items in appropriate quantities (list not exhaustive):	Microscope with Light source (Binocular, Centrifuge, Incubator, laryngoscopes,Cot, 2 types of ECG machines,semi auto haematology analyser (3Parts), Ababa (IPPV) and foldable cycle etc.	Revaluate the necessity and practicality of using these equipment, furniture items, etc. Consider removing these items if they are found to be unnecessary or impractical.		
14	30	13	MMU shall have Equipped with the following items in appropriate quantities (list not exhaustive):	We suggest only equipment as appended for placement in the MMU.These devices may be connected via Bluetooth to a software and the reports can be stored on cloud. This will minimize carrying bulky large number of medical equipments. 1.ECG 2.HB Meter 3.Glocometer 4.Pulse Oximeter 5.IR Thermometer 6.FHR 7.BP Monitor 8.Digital Stethoscope		

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15	30	Section III: Terms of Reference	Section III: Terms of Reference> Subsection 5. Technical Specifications > Para Number 13. MMU shall have Equipped with the following items in appropriate quantities (list not exhaustive): 1. Microscope with Light source (Binocular) 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 29. Refrigerator (capacity 50 to 60 litres) 38. LCD Projector 39. Water Purifier	The inclusion of these MMU equipment does not align with the specified scope of services outlined in the tender. Therefore, I request their removal from the equipment list. Additionally, transporting an incubator and refrigerator within the MMU setup poses logistical challenges.		List of equipments mentioned in Section - III Terms of References, Para 5. Technical specification, Sl no 13, Page 30 is revised. The revised final list of equipments is attached herein.
16	6	Section III, 5.13, Page 30	MMU equipment list	Digital Camera is largely not used in lieu of camera phone. In light of having a LCD projector, it is recommended that the 32 inch TV screen and the DVD player be removed. Inverters and a generator are mentioned, leading to duplicity. Similarly, paediatric weighting scale, ECG machine (12 and 3 lead) and Hb meter are duplicated. Kindly confirm quantity required.		

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17	30	Section III: Terms of Reference	Section III: Terms of Reference> Subsection 5. Technical Specifications > Para Number 13. MMU shall have Equipped with the following items in appropriate quantities (list not exhaustive): 10. Incubator 29. Refrigerator (capacity 50 to 60 litres) 33. Laser Printer 35. Digital camera 38. LCD Projector 39. Water Purifier 65. Semi-Auto Haematology analyser (3 part) 78. 3 Lead ECG Machine	Transporting an incubator and refrigerator within the MMU setup poses challenges. If a refrigerator, semi-auto analyser, incubator, water purifier, and printer are installed in the MMU, the procurement of a minimum 5 KV inverter or generator is necessary, or power requirements should be assessed with the assistance of an electrical engineer. Further clarification is needed regarding the necessity of a laser printer, LCD projector, and digital camera.		
18	30	13.32	2 Computers - laptop	Instead of computers, laptops – tablets are preferred as these are convenient in entering data during working hours in mobile application.		
19	30	13	ECG machines	It is necessary to have an ECG machine with both 3 LEDs and 12 LEDs, as either one will do.		12 LEDs ECG Machine is required. List of equipments mentioned in Section -III Terms of References, Para 5. Technical specification, Sl no 13, Page 30, is revised. The final list is attached herein.
20	74	Annexure IV	Approximate List of Medicines, Drugs and Consumables to be made available in MMU	The list of medicines as defined in the RFP is highly exhaustive. Further it is impossible to be handle such huge inventory in all MMUs. We request to consider revising the list.		No Change

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21	74	Annexure IV - Approx list of medicines	Annexure IV - Approx list of medicines	Need quantity to be kept against each medicines		Bidder to derive the quantity of the medicines required depending on the density of the population, expected patient load etc where the camp shall be organized /planned.
22	74	Annexure IV, Page 74	Drug list	Drug list is extensive with over 200 drugs for a variety of conditions, many of which do not see adequate consumption in MMUs. Request that this be open to revision based on medical advice and approval from the authority.		No Change
23	79	Note: point 3	Patients diagnosed for Diabetes Mellitus, Epilepsy and Hyper tension should be provided medicines for one month each. (or until the next visit)	The quantity of medicine to be handed over to the beneficiary may be decided by the Medical Officer of the MMU.The same need not be defined on specified in the RFP.		It only mentions for specific diseases like diabetes mellitus, Epilepsy, and Hypertension, which have long medication periods to cover. Though we are serving in rural and unreachable areas, to avoid discontinuation of the medication and for the benefit of the patients one month is mentioned or till the next visit. Quantity of medicine is always dispersed as per the decision of the Medical Officer.
24	9	Point No. 15 of 2. Bidder Data and Factsheet	Performance Bank Guarantee: 3% of the entire contract value	kindly consider the Performance Bank Guarantee of 5% of annual contract value.	As there is huge investment for capital	No Change

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25	8, 18	2.16 & 13.1	Performance Bank Guarantee – 3% of entire contract value.	We request to change this as “3% of annual contract value which will be extended year after year”.	expenditure in procurement of vehicles and equipment, we request to consider this and change as requested.	
26	20	Governing law and liquidated damages	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.	If bidder does additional camp above 24 in a month then each additional camp should be incentivized at double the rate of per camp cost derived as per the financial proposal. Hope this okay		No Change

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27	25	Scope of work	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	Can we know the age of the vehicle? Is brand New vehicle required or can bidder propose old vehicle? Kindly specify the age of the vehicle allowed at the time of deployment for this project		Explained in section III, Para 11. Responsibility of the selected bidder , sl no 2, page no. 42
28	27	9	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.	It suggests that each MMU is required to provide services for 12 hours every day. Then, each MMU requires two teams to fulfil the function. personnel deployment and security (particularly for female personnel) when returning to their homes could be significant issues. The quoted price will likewise be on the higher end at that point.		
29	27	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.	Considering remote coverage areas including mining areas coupled with team safety and normal productive working hours, the operational time may be reset from 10 AM to 5 PM including 45 minutes lunch break. The operation time may be considered as Camp start time to end time. Hence operator can reach prior to ensure the start time at 10 AM.		

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30	27	Scope of work	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.	Generally MMU operations work on general shift of 9 am to 5 PM. The camps sites may not be accessible in the late evening as these are remote sites. Hence we request you to reconsider the operation timing.		No change. The timings mentioned are inclusive of travel and lunch break time. Also the bidder to plan appropriately taking into consideration the fulfilment of the objectives of the operations of the MMU by the Client.
31	27	Section III, Point 3. Scope of Work and Functioning	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.	Please allow flexible working hours with usual MMU working hours of 6-8 hours per day.		

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32	27	Section III, 3.9, Page 27	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	Thirteen hours operation is in contravention of labour laws unless in exigent circumstances. It is requested that 8/9 hours of work be defined, with a lunch break of 1 hour as directed		
33	27	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.	The Agency shall operate each MMU from 8.00 AM to 3.00 PM (with 30 mins break for lunch) and ensure uninterrupted services for six days a week. We request to modify working hours as 8am to 3pm as a lot of travel is included daily.		
34	33	151.c	Compliance to HIPAA (Health Insurance Portability and Accountability Act) shall be mandatory	Why do we require HIPPA compliance? HIPPA is normally used in US region. Any specific reason? Request you to please remove the same		As Explained in Section -3, Para 5 Technical specification, S1 no 15.1.e, Page no 33 i.e. Compliance to HIPAA (Health Insurance Portability and Accountability Act) is not mandatory. It should adhere to International Patient Security Standards as defined by MoHFW, GoI, 2020.
35	34	15. Proposed MMU Application Software Specifications Broader Requirements:	e. Compliance to HIPAA (Health Insurance Portability and Accountability Act) shall be mandatory.	HIPAA compliance is obligatory in the United States, but obtaining HIPAA compliance for any Electronic Health Record (EHR) Application in India will entail additional costs and time. Requesting the omission of the clause and replacement with ABDM-compliant software.		

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36	35	15.4.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.	Need to understand the MIS / dashboard format as it requires development effort		The MIS/Dashboard design/format will depend upon the data generated in production and agency has to propose and get the dashboard approved from the district officials. The primary expectation is to monitor aspect like I. Live location of the vehicle movements, along with geo tagging. ii. Live operational statistics like number of patient registered/tested/ treated in real-time or in periodic sync (In case of network availability) iii. Tracking of Disease Clusters using Geo Coordinates iv. Medicine , testing kit and other miscellaneous stock monitoring
37	36	15.6.d	The data warehouse architecture should be designed such a way that the data can be migrated to other alternative ecosystem as when required	Is there any technology preference on data warehouse architecture or we can propose best suited?		It can be best suit and should have migration/integration capability to other industry standard eco-system. But note that all other parameters mentioned in the RFP should be met.

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38	27	10. Point no 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.	We request that service provider may allow to increase or decrease number of camps per village depending on the population and need assessment in the first year in consultation with BDO, however the total camp count will be 24 in a month.		No Change, however the service provider shall diligently plan the camps for maximum coverage of villages.
39	27	10. Point no 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).	Can bidder assume that 102/108 service will be under the same network for referral transport?		Question is not clear. Need additional details.
40	60	FIN 1	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).	How will the computation be made? daily price quoted X 24 camps X 12 months. Or 24 camps X daily quoted price		Explained in Section V -Financial proposal submission form, Fin-1, Page no 60

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41	11	Section II, Point 4. Earnest Money Deposit (EMD)	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.	Kindly clarify if we are exempted from EMD submission as we have the MSME certificate.		Explained in Section-II, Para 4. Earnest Money Deposit (EMD), Sl no 2, Page no 12
42	23	Section II: Point 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 labour laws.	The agency should adhere to minimum wage act of Central or state?		The agency shall comply with minimum wages act of state government.
43	29	Section III Point 5. Technical Specifications	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.	Is new vehicle is to be purchased? Please specify brand and serial number of the vehicle. If old vehicle can be used, how old can it be?		Explained in section III, Para 11. Responsibility of the selected bidder , Sl no 2, page no 42
44	41	Section III: Point 9. Coverage of Services	2. Each MMU shall cover at least 24 Points of Service Delivery (PoSDs) / 24 Camps in every month and cover at least 60 patients per day.	Kindly clarify kilometres covered by MMU for calculating fuel cost.		There is no range of minimum kilometres as it depends on the base location at which the MMU is deployed in the block and the camps are planned.
45	44	Section III , Point 11. Responsibility of the Selected Bidder	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.	Kindly clarify if the bidder needs to add 2 line items in the financial proposal namely 1. Office set up cost & 2. Parking Charges		A single comprehensive financial quote shall be submitted as a single price inclusive of all components. If required, additional breakups can be attached as per the discretion of the bidder.

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46	46	Section III ,Point 15. Steps for Project Implementation	4 Procurement, branding, installation of necessary equipment, furniture, etc. deployment of manpower, readiness, and commencement of services of 13 MMUs. within 30 days of signing of MOU	Kindly allow 60 days instead of 30 days		No change
47	26	3. Scope of Work and Functioning.(6)	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 Superspecialists and Specialists. Doctors from these Hospitals.	In the event that the super specialist and specialist doctors are unavailable or decline to participate, is the service provider permitted to enlist doctors from the private sector?		If required, Agency can hire from Private Sector on their own discretion, following relevant norms of Government.
48	26	Point no 16		Please provide clarification on the development of audio- visual content for the listed 15 topics, specifying whether it should be created by the agency in the local language or supplied by the District Health Society, Keonjhar (Odisha).		Content shall be supplied by CDM&PHO Keonjhar.
49	26	Section III: Terms of Reference	Section III: Terms of Reference> Subsection Number 3 Scope of Work and Functioning > Para Number 5 The MMU shall encompass the following services > Points mentioned in under S.No 11. Cataract, Mental Illness, Tobacco and Other Addiction Problems & S.No 12. First-Aid and referral of Dog Bite & Snake-Bite cases	Please provide clarification regarding the expected services for cataract, mental illness, tobacco and other addiction problems, as well as first aid and referral procedures for dog bite and snake bite cases.		Screening of related diseases and provide treatment if doctor is competent, or else referral linkage to be established.

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50	27	3. Scope of Work and Functioning.(7) (17)	17. At least 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	What are the targets (footfall, scope of services, etc.) and features envisioned for these mega camps?		It is disable that at least 30% of the village population shall covered in that mega camp and the service provider shall ensure the availability of required doctors/specialists to cater to the expected numbers of footfall during the mega camp.
51	27	3. Scope of Work and Functioning(.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	Kindly reconsider and clarify the timings, considering the removal of the clause requiring a 30-minute advance arrival. The existing timing details lack clarity. Furthermore, as stipulated in the Request for Proposal (RFP), it is specified that each vehicle should be accompanied by two drivers.		No Change
52	28	4. Suggested Package of Services to be provided in MMUs(5)	Immunization for JE	Is it necessary to administer vaccinations for Japanese Encephalitis (JE) and Tetanus Toxoid (TT) during pregnancy? If so, is there any assistance provided for maintaining the cold chain?		Immunization for JE and TT during pregnancy must be omitted.
53	28	Suggested Package of Services to be provided in MMUs	Maternal Health: Early registration, MCH Cards, TT Immunization for mother, Enabling Take Home Rations (THR) for pregnant woman through Anganwadi Worker	Require additional clarification.		TT Immunization during pregnancy must be omitted.

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54	28	Suggested Package of Services to be provided in MMUs	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	Require additional clarification.		Immunization shall be omitted. Rest all the services are required for Child and Adolescent Health.
55	28	4. Suggested Package of Services to be provided in MMUs(4)	contraceptive services-IUCD Insertion and removal, Undertake screening for over 35 age group (on an annual basis for particular, individuals, dental care and Eye & ENT care in Schools	Certain service components, such as examples cited (e.g., school visits, IUCD insertion, removal, etc.), may be deemed infeasible. Kindly provide clarification.		Services requiring OT setup shall be omitted.
56	28	Suggested Package of Services to be provided in MMUs	RDK + Lab testing and treatment for all vector borne disease examination,	Require additional clarification.		Card/Kit test for all VBD, sputum microscopy is necessary.
57	28	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	Require additional clarification.		Responsibility of the bidder to provide screening of all mental health disorder including substance abuse and to establish referral linkage.

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58	29	4. Suggested Package of Services to be provided in MMUs(10)	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	Should these school-based camps be conducted as part of regular camps, or is a separate arrangement required?		Selected agency has to plan camps in consultation with all the authorities (mentioned on page no 27, 44) and other officials as needed. A Community facilitator / Mobilizer and District Coordinator / Manager has also been provided for appropriate planning and smooth execution of the project in consultation of all the official and departments of the CDM&PHO, NHM and BDOs as required. It is imperative for fulfilment of the project objectives as well as improvement in the health indicators of Keonjhar district as a whole.
59	29	Section III: Terms of Reference	Section III: Terms of Reference> Subsection 5. Technical Specifications > Para Number 2. MMU should be equipped with Solar Power / Inverter Battery backup system to supplement audio – visual system, Refrigerator and others.	Seeking clarification on the budget allocation for procuring a minimum 3 KV inverter to operate a TV and mini refrigerator in the MMU.		Explained in Section V -Financial proposal submission form, Fin-1, Page no 60.

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60	29	Section III: Terms of Reference	Section III: Terms of Reference> Subsection 5. Technical Specifications > Para Number 4. 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.	Online viewing of the camera feed is not feasible in the absence of network connectivity.		Question is not clear. Need additional details.
61	4	Section III, 5.4, Page 29	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.	CCTVs inside the MMU may invade patient examination and privacy, especially if the live feed is available on the online application. It is suggested that GPS and video logs be made available for review at any point in time for a set period (15-30 days)		CCTV is required for the safety of patients as well as the staff. Further privacy of patients needs to be considered while installing /positioning of the CCTV inside the MMU.
62	32	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.	Is it possible to utilize a web-based application instead of an Android-based one? The intention is for it to be compatible with the web browser on Android tablets or phones.		Some of the rural pockets don't have good internet services, so its recommended to use an android application which can store data locally and sync with central server gradually when get better connectivity without affecting the operation.

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63	32	14. MMU Application Software Broad Features	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.	Is it possible to employ distinct software for the management of staff attendance?		Best suit can be used but the system should be integrated with the main application so that issuing medicine in name of Absent staff can be avoided and also it should be integrated with live MIS Dashboard.
64	33	14. MMU Application Software Broad Features	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	Require further clarification on the SMS Report.		The system should be able to trigger SMS based report on Operational Statistics like Count of registration, Count of Service provided etc to the Administration at end of operation period for day, end of operation period for week, end of operation period for month etc
65	33	Proposed MMU Application Software Specifications Broader Requirements:	It is desirable that the bidder shall utilize Mission2 (ABDM) ecosystems the ABHA1 (Ayushman Bharat Health Account) registration process to verify, use and store the patient data within the Ayushman Bharat Digital	Developing the front-end application dedicated to the Android platform.		Query not clear. Details explained in section-III, Para 15, Page 33

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66	36	Information and Communication , Technology (ICT) and Reporting	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	Require additional clarification.		Some of the rural pockets don't have good internet services, so its recommended to use an android application which can store data locally and sync with central server gradually when get better connectivity without affecting the operations. The system should be able to trigger SMS based report on Operational Statistics like Count of registrations, Count of Service provided etc to the Administration at end of operation period for day/week/ month etc
67	32	Section III, 5.14, Page 32	The Mobile Medical Unit (MMU) software application should include a front-end interface developed on android platform	It is requested that this be modified to any suitable cloud-based/software platform.		Some of the rural pockets don't have good internet service, so its recommended to use an android application which can store data locally and sync with central server gradually when get better connectivity without affecting the operations. Other possibility could be explored keeping above concerns in mind
68	39	7. Duties and Responsibilities of the Staff of the MMU	Several key duties of MO, LT etc are expected to be in coordination with O/O CDMPHO, Mo.ic, Depts of RNTCP(NTEP), NVBDCP etc	Client is encouraged to provide extended support to the service provider in establishing linkages and ensuring positive responses from the involved individuals and departments.		Explained in Section III, Para 16: Responsibility of CDM&PHO Keonjhar, S1 no 2 , Page no 46

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69	41	9.1, 9.2 –Coverage of Services	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.	Each MMU shall operate not less than 24 days a month.	We request to change from 26 to 24 days a month because apart from weekly off we need more two days for stock audit, loading drugs, equipment calibration and vehicle maintenance.	No change
70	41	Section III: Terms of Reference	Section III: Terms of Reference> Subsection 9. Coverage of Services > Para numbers 1. Each MMU shall operate for 6 days a week i.e. 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.	Seeking clarification on the number of service days (24 or 26).		Not less than 26 days in a month. As explained in Section-III, Para 9: Service coverage, Sl no 1 , Page 41

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71	43	11. Responsibility of the Selected Bidder	2. Each MMU shall cover at least 24 Points of Service Delivery (PoSDs) / 24 Camps in every month and cover at least 60 patients per day. 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., 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	Clarification is needed on whether Awareness camps/Special Camps/Mega Camps will be considered part of the month's camp days (24 or 26).Is a specific periodicity for refresher trainings prescribed, or is it left to the discretion of the service provider based on need?		Awareness CAMPs/ Mega CAMPs are part of Monthly CAMPs. Training, Documentation, Reporting, and other maintenance work shall be managed in the 25th and 26th days or as per the convenience of the service provider.
72	44	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:	The successful bidder may need to conduct a field survey to identify the PoSD in need. Please take this into consideration and respond accordingly.		Explained in Section-III, Para 10: Details of Project Execution Plan, Page no 42

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73	56	Tech 8:	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	Offer clarification regarding the HMIS dashboard, ensuring it provides a clear view for officials, authorities, and other relevant stakeholders.		Explained in Section-III, Para 5, Sl no 15.4 Data sharing & ownership, Page no 35
74	1	Section II, 1.2, Page 8	The Bidders having cumulative work experience in operations of at least 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>	As indicated in the scoring sheet, work orders and contracts may be applicable for MMUV/MMU/MHU. We operate over 350 ambulances across the country as well as three call centres. It is requested that RC books of ALS ambulances be accepted as proof of operation/ownership DoT certificate may be provided as evidence of proof of operation of call centre. Conversely, a notarized self-declaration/CA certificate may be submitted in addition to the above documents to prove operation of ALS ambulances		Explained in Section-II, Para 1: Prequalification Criteria, (Previous work experience ), Page No 9

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75	3	Section III, 4, Page 28	Entire table, with specific focus on Maternal, Neonatal, Child and Adolescent Health, Eye Care and Emergency Medicine	Many of these services may require additional oversight for which MMUs can provide referral and primary care support. Emergency medical services will be provided with basic first aid and referral support, for the sake of the patient's safety		Basic first aid shall be done and referral linkage shall be established
76	45	Section III, 13.3, Page 45	Commencement: The selected Agency shall commence the work with immediate effect from the date of signing of the agreement / MOU.	Operationalization time to fabricate the MMU and hire the staff is required. Minimum of 30 days time is required for effective implementation, as given in the table on page 46		Explained in Section-III, Para 10: Steps for Project Implementation, Page no 46
77	12	4.2	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.	Please clarify whether MSME registered bidders are exempted from EMD and tender processing fees.		Explained in Section-II, Para 4. Earnest Money Deposit (EMD), Sl no 2, Page no 12

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78	9	1.2 -Previous Work Experience	The Bidders having cumulative work experience in operations of at least 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>· Advance Life Support (ALS)</li> <li>· Mobile Clinic</li> <li>· Ambulance with a Call Center</li> </ul>	The Bidders having a minimum experience of operating 13 Mobile Medical Units for at least two (2) years continuously during any of the last five years preceding the ADD with State/Central Government.	As this project is about Mobile Medical Units, we request to consider only experience of Mobile Medical Units but not other similar like ambulances etc.,	No Change
79	16	2.1 – Experience of Agency	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)	Number of operational/completed cumulative units of Mobile Medical Unit (MMU) in the past 10 years till the bid application due date (ADD)	As this project is about Mobile Medical Units, we request to consider only experience of Mobile Medical Units but not other similar like ambulances etc.,	No Change

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80	18	12.5 Award of Contract	The contract shall be valid for Three (3) years i.e., Thirty-six Months from the date of effectiveness of the contract.	The contract shall be valid for Five (5) years i.e., Sixty, Months from the date of effectiveness of the contract.	As capital expenditure is more we request to make initial contract period for 5 years which can be extendable for 2years based on satisfactory performance.	No change
81	45	13.1 – Project Duration	The duration of the assignment / contract / project shall be for Three (3) years from the date of effectiveness of the Contract.	The duration of the assignment / contract / project shall be valid for Five (5) years from the date of effectiveness of the contract.	As capital expenditure is more we request to make initial contract period for 5 years which can be extendable for 2years based on satisfactory performance.	

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82	84	13.External graphics.	Actual design and specifications will be shared later.	Clarification of actual design would help to quote the price. Specification or total sq. ft. of the sticker is not mentioned so it is difficult to quote the price for branding of each vehicle.		Explained in Annexure-VI, Sl 10 13 External graphics , page no 84
83	46	Section III: Terms of Reference	Section III: Terms of Reference> Subsection 15. Steps for Project Implementation > Point no 4 > Procurement, branding, installation of necessary equipment, furniture, etc. deployment of manpower, readiness, and commencement of services of 13 MMUs with in 30 days from the signing of the MMU.	A minimum of three months is necessary to deploy the MMUs due to the fabrication requirements, as the specific vehicle type needed is not readily available in the market. Developing a prototype MMU alone requires a minimum of three months, and the deployment of others also takes time.		No change

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84	46	Annexure -VI	Annexure VI: Proposed Specifications for Fabrication of MMUs	The proposed fabrication involves heavy-weight materials that require robust chassis vehicles. I recommend considering suitable vehicles for this purpose. Winger and Travel, as specified, may not accommodate these items. Kindly review and eliminate some constraints to ensure unrestricted movement on roads. A smaller vehicle would be more suitable for access to villages.		<p>The vehicle should be small enough to pass through village lanes. Please provide a layout that meets all the basic requirements. Links</p> <p><b>Mahindra Rise:</b> <a href="http://Curzio Regular - Specification (mahindratruckandbus.com)"><u>Curzio Regular - Specification (mahindratruckandbus.com)</u></a></p> <p><b>TATA Motors:</b> <a href="http://Tata Winger Ambulance 3488 Van Specifications - Engine, Seats, Weight, etc (winger-tatamotors.com)"><u>Tata Winger Ambulance 3488 Van Specifications - Engine, Seats, Weight, etc (winger-tatamotors.com)</u></a></p> <p><b>TATA Motors:</b> <a href="http://City ride SKL 27+A+D LP 410/33   Tata Motors Buses"><u>City ride SKL 27+A+D LP 410/33   Tata Motors Buses</u></a></p> <p><b>Force:</b> <a href="http://FORCE MOTORS - DELIVERY 4020 WIDER BODY"><u>FORCE MOTORS - DELIVERY 4020 WIDER BODY</u></a></p>
85	29	Section III, 5.11, Page 29	Space for 6 – 8 persons to seat while travelling.	Typical MMUs have seating provision for 4 persons inside and 2 in the forward cabin. Seeking clarification on this.		Explained in Annexure-VI, SI no 4 &5 , Page no 82 and Section III, 5.11, Page 29
86	36	Section III, 5.17, Page 36	Safety Features for the equipment, vehicle and machinery of the MMU:	Many of the additional features are not offered by the OEM for the vehicles. Request a review of these features		It is upon the discretion of Bidder to adhere & maintain all the required statutory norms for minimum safety of MMUs and daily operations.

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87	81	Part A – Scope of Fabrication Work	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.	ACP or HPL to be changed to Laminated sheet of 1mm.		For the cabinet, it is important to use high-durability, corrosion-resistant materials. If laminates are considered, they should be water-resistant and not have a base of plywood, MDF, or any wooden material. However above minimum points to be taken in the specification mentioned are long durability and sterility. It is upon the discretion of the Bidder to use the best suit the specifications.
88	81	4.2 – Seating Space	Made of powder coated MS foldable frame, wall mounted, should have capacity to bear 200 kg weight.	Foldable frame, wall mounted seat to be changed to fixed seats		It is upon the discretion of Bidder to go for the best suit considering the independence of movement, seating safety of staff, and equipment safety.
89	82	6.1 - Flooring	The flooring should be of aluminium checkered plate of 0.8 mm or higher thickness covering the complete rear compartment area.	The flooring should be of 12mm plywood with 2mm checkered plate.		It is upon the discretion of Bidder to go for the best suit. (Marine plywood is preferable for the base of the flooring)
90	84	15 -Electrical equipment's.	2. All cables must be of minimum 04sqmm diameter-of ISI marked	All cables must be of minimum 04sqmm diameter to minimum of 1.5mm diameter		It is upon the discretion of Bidder to use the suitable diameter of the cables considering the optimal use of the equipment.

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91	84	15 - Electrical equipment's.	6. The LED lights must be from reputed brand and must carry 03 years onsite repair/replacement warranty.	The LED lights must be from reputed brand and must carry 01 years onsite repair/replacement warranty and for additional years AMC to be added.		No Change
92	84	17 – Toilet Facility	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)	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) to be changed to Structure made from 25mmx25mmx18gauge GI pipe and GI angle. Coated Aluminium sheet		No Change. Stainless steel (304) is recommended as its most hygienic, easy to clean and corrosion free material.
93	84	17 – Toilet Facility	3. Inside opening type & shall be made from 18-gauge PVC laminated S.S. sheet on outside & inside panelling also of the same sheet with heavy-duty S.S. hinges, S.S. stopper & S.S. handle.	Inside opening type & shall be made from 18-gauge PVC laminated S.S. sheet on outside & inside panelling also of the same sheet with heavy-duty S.S. hinges, S.S. stopper & S.S. handle. to be changed to .Inside opening type & shall be made from 20-gauge PVC laminated aluminium sheet.		No Change. For both strength and cleanliness, it is recommended to use stainless steel materials.
94	84	17 – Toilet Facility	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.	Water Tank: 500 liters. (appx.) Linear low-density polyethylene (LLDPE) loft tank to change to FRP tank of 500 liters.		No Change

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95	87	Annexure VII	Proposed Vehicle Design Plan	Overall length of the vehicle be considered as 6970 in place of 6997 as neither force nor Tata winger meets this specification .We suggest Force Traveller 4020 wheel base as a most comfortable option.		<p>Please be advised that the proposed design is intended to serve as a reference with basic requirements. We trust that your expertise will guide the determination of the appropriate size and orientation. Furthermore, kindly take into account the vehicle size to ensure easy navigation through narrow lanes in villages. (studied models of vehicles are attached in the link for reference purposes).</p> <p><b>Mahindra Rise:</b> <a href="#">Curzio Regular - Specification</a> (mahindratruckandbus.com)</p> <p><b>TATA Motors:</b> <a href="#">Tata Winger Ambulance 3488 Van Specifications - Engine, Seats, Weight, etc</a> (winger-tatamotors.com)</p> <p><b>TATA Motors:</b> <a href="#">City ride SKL 27+A+D LP 410/33</a>   Tata Motors Buses</p> <p><b>Force:</b> <a href="#">FORCE MOTORS - DELIVERY 4020 WIDER</a></p>
96			General query-01	Whether the chosen bidder can quote for single MMU or whether each of the 13 MMUs must be operational at all times by the bidder		Explained in Section V -Financial proposal submission form, Fin-1, Page no 60. Financial Quote has be to be provided for operations of all the 13 MMUs Vehicles.

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97			General query-02	Will there be a separate location (public facility like a Panchayat office or sub-centre) for administering lab tests, distributing medications, and waiting for patients?		Explained in Section III, Para 12: Criteria for the planning of Point of Service delivery i.e. Camp.
98			General query-03	Any license for a Clinical Establishment (CE) is required in order to operate diagnostic facilities at MMU. If so, how does one obtain such a license? Does the operator require a drug license?		CE certificate is not required. Drug licenses to be obtained from CDM&PHO Keonjhar. Bidders shall adhere to all statutory/regulatory compliances
99			General Query-04	Kindly clarify on the % of escalation for the 2 <sup>nd</sup> and subsequent years?		Explained in Section V -Financial proposal submission form, Fin-1, Sl no 5, Page no 60, Point no 5
100			General Query-05	Kindly elaborate on payment terms and schedule.		Explained in Section -III, Para 15: Steps in Project implementation, Sl no 7 & 8, Page no 46. Monthly bills shall be accompanied by the Attendance of staff, Reports generated as mentioned in the annexures VIII and IX, vehicle log details, and other details as mutually decided by the client and the selected agency.
101			General Query-06	Kindly grant authorization for our team to access the MMUs. When the program is in operation.		Question is not clear.Need additional details

## Annexure-XII

### List of Laboratory tests to be provided at MMU

SI No	Test Name
1	Amylase
2	Bleeding time
3	Blood Group
4	Blood Urea
5	C -reactive protein (CRP)
6	Clotting time
7	Creatinine
8	Covid Antigent Test
9	Covid RT-PCR Test
10	Dengue
11	DLC(Differential Leukocyte Count)
12	ECG(Electrocardiogram)Test
13	ESR(Erythrocyte Sedimantation Rate)
14	FBS(Fasting Blood Sugar-BCA)
15	FBS(Fasting Blood Sugar-Glucometer)
16	HbA1c (Glycated Heamoglobin)
17	HbsAg(Hepatitis B surface antigen)
18	Hemoglobin
19	HCV (Hepatitis C Virus)
20	LFT (Liver Functioning Test)
21	Lipid Profile
22	Malaria Parasite
23	PPBS(Post Prandial Blood Sugar-BCA)
24	PPBS(Post Prandial Blood Sugar-Glucometer)
25	Pregnancy Test-hCG(Urine)
26	RBS(Random Blood Sugar-BCA)
27	RBS(Random Blood Sugar-Glucometer)
28	Rheumatoid Factor
29	RDT(Japanese encephalitis-JE)

- 30 RDT(Kala Azar)
- 31 RDT(Malaria-Card)
- 32 RDT(Malaria-Slide)
- 33 SGOT(Serum Glutamic Oxaloacetic transaminase )/AST (Aspartate Aminotransferase)
- 34 SGPT(Serum Glutamic Pyruvic transaminase)/ALT (Alanine Aminotransferase)
- 35 Triglycerides
- 36 Typhoid IGG & IGM
- 37 TLC(Total Leukocyte Count)
- 38 Uric Acid
- 39 Urine albumin(Strip)
- 40 Urine Glucose(Strip)
- 41 Urine Microscopy
- 42 Vision testing
- 43 VDRL(Venereal Disease Research Laboratory) test
- 44 Widal Slide Test

## Revised Lists of Equipments for MMU

### **Section -III Terms of References, Para 5. Technical specification, Sl no 13, Page 30**

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

1. 12 LED ECG Machine
2. Ambu bag Adult
3. Ambu bag Paediatric
4. Amplifier
5. Android Tablet with Medical Record Application Software (as per the detailed requirements given in MMU Application Software)/Laptop
6. Auroscope
7. Auto pipettes
8. B.P. Apparatus
9. Brackets for Oxygen Cylinder with adjustable straps
10. Broadband Internet Data Card
11. Centrifuge machine (mini)
12. Chairs
13. Detachable stretcher
14. Diagnostic Kits like – RDT Test for Malaria, Hepatitis, Dengue, Typhoid, and VDRL, IV Bottle holding hooks
15. Digital clock
16. Digital Thermometer
17. Dressing Drum (11x9)
18. Examination Torch
19. Electric plug point/Extension box ( Electric)
20. Emergency light
21. Examination table
22. Fan for patient
23. Fire Extinguisher
24. Foetal Doppler
25. F200 (HbA1C, V D, TSH)
26. First Aid Kit
27. Foldable Cycle (if required for IEC and reaching out to beneficiaries and patients in case the MMU cannot traverse farther)
28. Foldable Half Bench
29. Foldable seats for staff
30. Foldable Tables and Chairs, Anti-skid flooring
31. Glucometer

32. Haemoglobin meter (Manual & digital)
33. Height Measurement Instrument
34. Hooks for an intravenous bottle
35. Inverters and battery
36. Laryngoscope Adult
37. Laryngoscope Child
38. Lipid Profile Meter
39. Laser Printer
40. Measuring Tape
41. Microscope with Light source (Binocular)
42. Nebulizer
43. Needle cutter (manually operated)
44. Ophthalmoscope
45. Otoscope
46. Oxygen cylinder cage
47. Projector
48. Portable Laboratory unit
49. Pulse oximeter
50. Refrigerator (capacity 50 to 60 litres)
51. Screen (for privacy)
52. Semi-Auto Haematology analyser (3 part)
53. Soap Container
54. Speaker
55. Stainless Steel Cabinet
56. Sterilizer 38 cms with electric drums
57. Stethoscope
58. Stool
59. Test tubes
60. Torch & spotlight
61. Towel Holder
62. Transfusion Bottle Hook
63. View Box
64. Waste Collecting bins, as per Biomedical waste Management specifications
65. Water Purifier
66. Water Storage Tank
67. Weighing Machines Adults Simple
68. Weighing Machines Baby Simple