

# Odisha State Health & Family Welfare Society Health & FW Department, Odisha.



Advt. No. <u>05/19</u> Date: <u>07.02.2019</u>

### Proposals invited from credible NGOs/Trusts for management of Urban Mobile Health Unit (UMHU)

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

SI. No	Name of the District	Name of the City	No. of MHU
1	Puri	Puri	1
		TOTAL	1

The filled up and signed applications complete in all respect and attached with the relevant documents contained in a sealed envelope should reach the office of CDM & PHO cum District Mission Director of Puri district, on or before dt.22.02.2019 by 05.00 pm of the last day either by regd. or speed post only. The cover of the envelope should be superscribed with the nomenclature "Application for Management of UMHU" in (name of city/town). The format of application as prescribed and the Terms of Reference are available on the Website <a href="https://www.nrhmorissa.gov.in">www.nrhmorissa.gov.in</a>. Incomplete applications /applications received in open envelope/ applications from NGOs who are otherwise blacklisted will be rejected. Further the authority reserves the right to reject any application without assigning any reason there to. No personal inquiry shall be entertained.

Sd/-

Mission Director, NHM, Odisha - Cum-Member Secretary, OHS&FW Society.

## **Terms of Reference (ToR)**

## MANAGEMENT OF MOBILE HEALTH UNIT (MHU) IN URBAN AREAS IN PPP MODE UNDER NUHM, ODISHA

#### 1. Introduction

The National Urban Health Mission (NUHM) seeks to improve the health status of the urban population particularly of the poor and disadvantaged segment of population by facilitating equitable access to quality health care through a revamped public health system and community based mechanism with the active involvement of the urban local bodies. In consideration with the urban poor and disadvantaged section of the community, it is increasingly realized that a sizeable percentage of population do not reside in slums but stay in temporary settlements. They are termed as homeless, destitute, beggars, street children, construction workers, coolies, rickshaw pullers, sex workers, street vendors or other such migrant workers. To address the health needs of such groups and improving the reach of the health care services, NUHM targets these segments consciously, irrespective of their formal status of resident ship.

Similarly, the urban poor living in slums or slum like conditions especially the most vulnerable groups are exposed to wide array of diseases. Lack of access to health care delivery points backed by low health/treatment seeking behavior compound the plight of the poor and they are deprived of health facilities provisioned for them and in turn the incidence of preventable diseases and deaths rises alarmingly.

Hence, to address the health issues of the vulnerable sections of the community, the urban Mobile Health Unit (MHU) has been planned for Bhubaneswar, Cuttack, Sambalpur, Berhampur, Khordha/ Jatani, Puri & Rourkela cities to provide health care delivery services at the door steps in urban slum areas. MHU is portable and self-contained vehicles managed by a team of medical and paramedical workers and are primarily envisaged to provide preventive, primitives and curative health care to both mobile vulnerable population and people living in inaccessible slums under difficult circumstances.

#### 2. Objective

The objective of the MHU is to address the health issues of the vulnerable groups, especially the mobile population by providing preventive, promotive and curative health care services at their doorsteps on routine manner and thereby creating an enabling environment through awareness generation for improved health seeking behavior towards public health.

#### 3. Coverage

One MHU will be covered in slum areas for every one lakh slum population. Hence, based on the concentration of the slum population in cities like Bhubaneswar, Cuttack, Berhampur, Sambalpur, Khordha/ Jatani, Puri and Rourkela this has been planned. The categories of vulnerable population in slums to be covered are given below;

#### Category -I

- Floating population in bricks kilns construction sites& other locations
- Night shelters
- Railway station
- Habitation & work places of temporary migrants
- Street children, rag pickers, rickshaw pullers, Transgender, difficulty abide, Leprosy Colony.
- Homeless/ Houseless
- Residential or habitat based vulnerability
- Social/ occupational vulnerable population
- Domestic workers
- Elderly poor

#### Category -II

 Vulnerable slum population residing more than two kilometers distance from the UPHC/UCHC.

The MHU will cover all the identified sites in a month.

#### 4. Operational modalities of MHU

- a. The Urban MHU shall be operationalized & managed by the NGOs in PPP mode.
- b. The partner NGOs shall be selected through open advertisement followed by transparent selection procedure.
- c. The City Health Society/ District Health society will sing an agreement with selected NGOs for operation of the MHU. The ADUPHO/ DPHO would be the point person for management of MHU in the cities.
- d. The CHS/ DHS will identify the sites for the visit of MHU.
- e. The MHU will operate as per the micro plan approved by CHS/ DHS.

- f. Fixed day, fixed site and fixed time will be followed by the MHU. Proper branding of the MHU vehicle and fixed sites shall be made.
- g. Maximum two sessions (Morning & afternoon/evening) in a day to be conducted in providing services to the identified population group. Duration of the session should not be less than four hours, excluding travel time.
- h. The services under the MHU will be display in each MHU visit sites.
- i. In a month, the MHU will visit 22 days to different sites and 4 days will be reserved for reporting/meetings/ other activities.
- j. The performance of the MHU shall be reviewed at city/ district level on routine basis.
- k. The performance of the partner NGO shall be assessed based on the deliverables.

#### 5. Services to be provided by MHU

#### (a) Consultation, Screening & Referral

#### **General services**

- Consultation and treatment of common ailments.
- Referral of complicated cases wherever required.
- Early detection of suspected TB, Malaria, Leprosy, along with referral for confirm sick and other locally endemic communicable diseases and non-communicable diseases such as hypertension, diabetes and cataract cases etc.
- Minor surgical procedures and suturing etc.
- Distribution of essential drugs

#### (b) RMNCH + A Services

- Ante-Natal checkup and related services e.g. injection tetanus toxoid, iron and folic acid tablets, basic laboratory tests such as hemoglobin, urine for sugar and albumin and referral for other tests as required
- Referral for complicated pregnancies
- Promotion of institutional delivery
- Post-natal checkup
- Treatment of common childhood illness such as diarrhea, ARI/Pneumonia, complication of measles etc.
- Co-ordination with ILR points and RI program
- Mobilization to denatures/dropouts for immunization
- Treatment of RTI/STI
- Adolescents care such as lifestyle education, counseling, treatment of minor ailments and anemia, promoting healthy life style etc.
- Use of PTK for pregnancy detection

Detection & referral of SAM

#### (c) Family Planning Services

- Counseling for spacing and permanent method
- Distribution of Nirodh, oral contraceptives, emergency contraceptives
- Counseling for CAC/safe abortion services

#### (d) Non Communicable Disease (NCD)

- Blood pressure examination
- Blood sugar examination for detection of diabetes cases/blood sugar monitoring for under treatment cases
- Health education/IEC and awareness on cervical, breast and oral cancer.
   Propagating –Self breast examination (SBE), technique of self breast examination,
   Referral of women/high risk patient to urban CHC/PHC/other hospitals
- BMI- Measurement of height and weight, over weight/obesity
- Patient counseling for LSM for all population/specially people diabetes, HIN, obesity, tobacco and alcohol users.
- Referral of all cases of having visual, hearing an mental problems to DHQ/Capital hospital/tertiary institutions

#### (e) Disease Control Program

 Early detection of suspected TB, Malaria, Dengu, leprosy cases and referral to higher institutions

#### (f) Diagnostic

- Investigation facilities like Blood sugar, hemoglobin, urine examination for sugar and albumin, blood pressure, PTK
- Screening of breast cancer, cervical cancer & oral etc.
- Smear for malaria/RDK.
- Clinical detection of leprosy, tuberculosis and locally endemic diseases

#### (g) IEC/BCC and Counseling

- Material on health including RMNCH +A, personal hygiene, proper nutrition, use of tobacco, Non communicable Disease and Diseases Control Program, PNDT Act, RT/STI, HIV/AIDS,IYCF shall be used for public awareness.
- Counseling sessions in the sites on various themes.

#### 6. Manpower for each MHU

The Urban MHU team shall consist of following team members;

SI. No Categories of positions Required qualificat	ion
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1	Allopathic Doctor -1 (preference).  (In case none available of MBBS; the AYUSH Doctor can be hired. Female may be given preference as RMNCH + A is one of the key activities of MHU)	Allopathic Doctor – Must be a MBBS with valid registration certificate of OMC.  AYUSH Doctor- Must be a BAMS/BHMS with valid registration license from their respective State Councils.
2	ANM- 1	Passed from Govt./ Govt. recognized ANM School Should have valid license form Odisha Nursing & Midwives Council.
3	Pharmacist- 1	D. Pharma / B. Pharma with valid license.

The above staff shall be engaged by the NGO. Before engagement, the concerned ADUPHO/ DPHO shall verify the qualification, registration/ license and other relevant documents in original. The staff engaged by the NGO for MHU can't claim their service for regularization in Govt., or taken over by NHM at any circumstances.

#### 7. Support services by MHU

- The MHU will equipped with all medical equipment's to provide the above mentioned services at various locations as per the micro plan.
- IEC materials for awareness generation at the camp site shall be available well in advance with ASHA/ ANM to help strengthen the health and treatment seeking behavior of the vulnerable communities.
- The supply chain management along with ensuring the replenishment is the responsibility of the MO I/C of the UPHC.
- The drugs and other medical equipments will be taken from the respective UPHCs.
- In case of any critical emergency patient found during the camp, the MHU vehicle may refer the patient to the nearest UCHC, if required but not mandatory.

#### 8. Inter sect oral Coordination

- During the camp site, it is suggested to have coordination among all the frontline workers of line departments (ULBs, PHEO, ICDS and School & Mass Education) to maximize the opportunities of strength.
- MAS shall be well informed the date and timing of the camps so that they participate fully in mobilizing people in need for services

 ASHA may be kept in the loop and acts as the point person during the camps at different slum locations. ASHA should be engaged in awareness creation & mobilization of patients in association with MAS to treatment points in the slum.

#### 9. Monitoring& reporting.

- MHUs activities shall be monitored on daily basis by the City Health Society/ District Health Society with the support of City PMU/ District PMU.
- The ADUPHO/ DPHO with the support of City PMU/ District PMU will take review of the MHU activities in every month in a fixed day, where the ULB officials will be present.
- The performance of the NGO in operation of MHU shall be assessed based on the deliverables in quarterly basis.
- The NGO will report on the activities of the MHU to the CHS/ DHS on monthly basis in a standardized format.
- NHM, Odisha may conduct any assessment/evaluation as and when required.

#### 10. Duration of the project partnership.

The duration of the project shall be initially till <u>31<sup>st</sup> March 2020</u>. However, the project may be extended subject to the fund provision by MoH&FW, GoI in NUHM PIP and satisfactory performance of the NGO in MHU operation.

#### 11. Number of MHUs to be operationalized.

SI. No	Name of the District	Name of the City	number of MHU sanctioned
1	Puri	Puri	1
		Total	1

#### 12. Role of different stakeholder

#### 12. A. Role of City Health Society/ District Health Society

- Signing of MOU
- Release of funds, review and monitoring of the programme
- Capacity building support to the NGOs/steering committee
- Documentation of the programme
- Submission of reports to Govt. /NHM
- Termination of the partnership

#### 12. B. Role of DPMU/CPMU

Monitoring and supervision

- Support & guidance to the NGO for effective implementation MHU
- Compile the monthly report and submit the same to district
- Documentation

#### 12. C. Role of NGO

- Submission of expression of interest to implement the programme
- Implementation of various activities under the programme after selection
- Attend the monthly & periodical meeting organized by deptt./City/district.
- Ensure that health services provided comply with the standard quality of care and other agreed norms established by Govt.
- Appointment of qualified staff and proper training as mentioned in the guideline issued by the Mission Director NHM Odisha.
- Engagement of vehicle with necessary equipment's. During the period when the vehicle is out of order the NGO will make alternative arrangements for providing services.
- Preparation of the monthly plan of action and submission to ADMO, PH.
- Submission of progress report on monthly basis to ADMO,PH/CHS/DHS
- Documentation of the best practices/process
- Maintenance of records and proper utilization of funds
- Co-ordination with different deptts. Committee and other stakeholders
- Create community awareness to ensure utilization of health services

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

- (a) **Registration**: Five years of registration under the Society Registration Act / Indian Trust Act and registration under section 12-A of Income Tax Act, 1961 for exemption.
- (b) **Experience**: Minimum five years proven experience in H&FW programmes or any Social Development Sectors. Advantages will be given to NGOs having Experience in operation & management of Mobile Health Unit/ Mobile Medical Unit with Govt./ other development agency funding support
- (c) **Assets**: Minimum fixed assets of rupees eight lakh (Rs. 8.00 lakh) in the name of the NGO in terms of land / building / assets.
- (d) **Turnover**: Minimum turnover of Rs. Twenty lakh (Rs. 20.00 lakh) as per the last balance sheet.
- (e) The NGO has **not been blacklisted** by any Government (State or Central) Department or Agency in India, which is in force during the currency of the contract.
- (f) **Any office bearer** on behalf of the NGO should not be convicted by any court of law in India or abroad for any **criminal offence**.
- (g) **Adverse report** against any NGO from the District / NHM / any Govt. Departments or partnership has been discontinued due to poor performance in implementation of any PPP projects under NHM identified during external evaluation shall not be eligible.

#### 14. Selection criteria of the NGO for the project

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

- (a) Wide advertisement in leading newspapers at State/National level.
- (b) Desk appraisal of the applications /proposals by a committee at District level.
- (c) District level committee will fix up a suitable date for verification of the documents/ records submitted by the NGO/ Trust and finalize the score sheet based on assessment.
- (d) District NGO Committee headed by Collector & DM to finalize the NGO based on the assessment score sheet and further recommendation to State NGO Committee.
- (e) The State NGO Committee of OSH&FWS will decide on final approval.
- (f) District may keep a panel list of the NGOs, secured cut off mark i.e minimum 50% during the selection.
- (g) Weightage shall be given to local NGO based on their working experience in the district.

#### 15. Withdrawal of partnership

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

#### 16. Application procedure

The interested and eligible NGOs/Trusts may submit their application with necessary relevant signed documents in the prescribed application format (enclosed) only to the Chief District Medical & PHO, Puri, Odisha, India through speed post/registered post. Applications received after the due date or in an open envelope or lack of required information's shall be rejected. No personal enquiry shall be entertained.

#### 17. Documents to be submitted with the application

- (a) Proposal for Urban MHU operation.
- (b) Self certified copy of the Society registration /Indian Trust Act certificate.
- (c) Self certified copy of the 12-A registration certificate.
- (d) Self certified copy of the 80- G registration certificate.
- (e) Self certified copy of the Audit report for last three financial years (2015-16, 2016-17 & 2017-18).
- (f) Self certified copy of the last three annual reports (2015-16, 2016-17 & 2017-18).
- (g) Proof of infrastructure, land and building of minimum 8 lakhs as fixed assets in the name of the NGO and minimum of Rs. 20 lakhs turnover as per last balance sheet (self certified copy).
- (h) Bye law and memorandum of the NGO (self certified copy).
- (i) Grant letters received from different organizations /Govt etc. (self certified copy).
- (j) Experience on Health and Family Welfare Program & other social development program with the support of Govt. / Donor Agencies (attach the proof documents with self certification).
- (k) Undertaking by the Agency that not been blacklisted or placed under funding restriction by any Government or Govt. Agencies.
- (I) Undertaking of the NGO that; any office bearer on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence.
- (m) Undertaking of the NGO that; has not been blacklisted by any Government (State or Central) Department or Agency in India, which is in force during the currency of the contract.
- (n) Copy of the award received from any Govt. for significant contribution in development of social sector.
- (o) Copy of Bank Account number



# APPLICATION FORM FOR OPERATION & MANAGEMENT OF URBAN MHU IN PPP MODE

Name of the City	
Name of the District	



1	Name of the Organization.	
2	Registered Office address with phone, fax number and email ID.	
3	Name of the Chief Functionary with Mobile number.	
4	Detail address with phone number of the District Office for which funding	
	seeking. (if available)	
5	Year of operation of the activities in the District for which funding	
	seeking.	
6	Which year the organisation has received 1 <sup>st</sup> grant from Govt./Non-	
	Govt. (attach copy)	
7	a. Date & year of society registration under Society Registration Act /	
	Indian Trust Act (Attach copy)	

	b. Act under which registered	
8	Year of 12 A registration (Attach copy)	
9	a. Whether registered under 80 G (If yes, attach copy)	Yes / No
	b. Whether FCRA registered organization (If yes, attach copy of the registration)	Yes / No
10	Bank details (account number and address)	
11	PAN Number ( Attach photocopy)	Yes / No

#### 12. Financial turn over

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

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

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

(Attach copy of the sanction order/MoU)

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

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

(Attach copy of the sanction order/MOU)

# 15. Experience in operation & management of Mobile Health Unit/ Mobile Medical Unit with Govt./ other development agency funding support

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

#### 16. Details of project proposal for Urban MHU operation:

#### 17. Staff position of the Organisation as on Dt. 31.03.2018:

Staff categories	Full time (Number)	Part time (Number)

- 18. Undertaking of the NGO that; any office bearer on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence.
- 19. Undertaking of the NGO that; has not been blacklisted by any Government (State or Central) Department or Agency in India, which is in force during the currency of the contract.
- 20. Any other information:

#### **Declaration:**

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

Signature of Chief Functionary with se	al
Name of the Chief Functionary	

#### <u>NB:</u>

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

#### **Annexure II: Suggested list of equipments**

- 1. Folded Examination Table with steps
- 2. Torch
- 3. Stethoscope
- 4. BP apparatus
- 5. Clinical Thermometer
- 6. Weight/Height measuring machine
- 7. Measuring tape
- 8. Cold storage (vaccine carrier)
- 9. First aid kit
- 10. Resuscitation kits
- 11. Heamoglobinometer
- 12. Uristix
- 13. Syringes and needles
- 14. Suture instruments and material
- 15. Hub cutter
- 16. Vaginal specula
- 17. Water storage device
- 18. Linen and rubber sheets
- 19. Gloves
- 20. Glass slides
- 21. Stationery& furniture (folding table-1, chair-4, stool-1)

- 22. Dust bins: separate for infective and non-infective waste.
- 23. Patient cards with NHM logo
- 24. Storage bins for drugs
- 25. Glucometer, Glucostrip/Lancet
- 26. Sputom Container
- 27. MUAC tape
- 28. Head Circumference tape
- 29. Baby weighing machine

NB: The above equipments will be procured by City Health Society from the fund available for the purchasing of equipments for UPHC

#### **Annexure III: List of drugs**

# Analgesics, Antipyretics and Non-steroidal Anti-inflammatory

- 1. Acetyl Salicylic Acid Tablets 300 350 mg
- 2. Ibuprofen Tablets 200 mg, 400 mg
- 3. Paracetamol Tablets 500 mg

#### **Anesthetic**

- Lignocaine Hydrochloride Topical Forms 2 5%
- 2. Lignocaine Hydrochloride Injection 1%, 2% + Adrenaline 1:200,000
- 3. Lignocaine Hydrochloride Injection 1%, 2%

#### **Anti-allergic**

- 1. Chloropheyl maleate Tablets 10 mg, 25 mg/ Syrup 5 mg / 5 ml
- LivoCentrizin

#### **Anti-infective/Antibiotics**

- Amoxicillin Powder for suspension 125 mg /
   ml;
- 2. Amoxicillin Capsules 250 mg/ 500 mg
- 3. Ampicillin Capsules 250 mg/ 500 mg
- 4. Ampicillin Powder for suspension 125 mg / 5 ml
- 5. Co-Trimoxazole Tablets (40 + 200 mg)
- 6. Co-Trimoxazole Tablets (80 + 400 mg)
- 7. Co-Trimoxazole suspension 40 + 200 mg / 5 ml

- 8. Doxycycline Capsules 100 mg
- 9. Erythromycin Syrup 125 mg / 5 ml
- 10. Erythromycin Estolate Tablets 250 mg/ 500 mg.
- 11. Metronidazole Tablets 200 mg, 400 mg
- 12. Tinidazole U Tablets 500 mg
- 13. Norfloxacine (400/200)

#### Miscellaneous

- Albendazole Tablets 400 mg/ Suspension 200 mg/ 5 ml
- Domperidone Tablets 10 mg/ Syrup 1 mg / ml
- 3. Oral Rehydration Salt/Zinc
- 4. Chloramphenicol Drops/Eye ointment 0.4%, 1%
- 5. Tetracycline Ointment 1% Hydrochloride
- Methylergometrine tablet 0.125 mg/
- 7. Iron and Folic Acid: Tablets large and small
- 8. Ranitidin Tab(150)
- Hydrogen Peroxide Solution 6%
- 10. Povidone Iodine Solution 5%, 10%
- 11. Chlorine/Halogen tablets
- 12. Oral contraceptives
- 13. Condoms
- 14. Emergency contraceptives
- 15. Injection Tetanus toxoid
- 16. Drugs for all National Health Programs

- 21. Benzyl Benzoate for scabies
- 22. Ondensetron for vomiting
- 23. Eye applicaps for conjunctivitis
- 20. Sterile gloves/ sterile dressings
- 21. Disposable syringes and needles
- 22 Intravenous sets/ stands
- 21. Rapid diagnostic test kits for malaria

The list is only indicative. Other medicines may also be added based on the needs

NB: The city/ district will provide necessary medicines/drugs to the MHU as per the indent

## **Budget Provision for MHU**

SI. No	Particulars	Average Cost Estimate (Monthly)	Cost Estimate (Per annum)	
ı	Manpower cost			
1	Medical Officer (AYUSH)	20,000	2, 40, 000.00	
2	Pharmacist	10,688	1, 28, 256.00	
3	ANM	10,300	1, 23, 600.00	
	Sub Total	40,988	4,91,856	
II	Transportation cost			
1	Hiring of vehicle (four wheeler)	18,000	2, 16,000.00	
2	POL/DOL	8,000	96,000.00	
	Sub Total	26,000	3, 12,000	
Ш	Medicine cost	0	Medicines to be replenished from concerned UPHCs.	
IV	Administrative cost to NGO (Management through PPP mode for documentation, report returns and other miscellaneous expenditure)	3, 012	36, 144.00	
	Total Budge	8, 40, 000.00		

## SCORING SHEET BASED ON THE ASSESSMENT OF THE ORGANISATION FOR URBAN MHU OPERATION

Name of the Organization :

Name of the City applied for MHU :

SI.	ie or the city applied	Areas of assessment	Maximu	Marks	MOV		
N			m marks	obtaine			
0							
	Registration & establ		l -	1	Dogistration		
		ion Act/Indian Trust Act/Indian Religious and -10 yrs-3 marks, >10 yrs-5 marks)	5		Registration certificate		
		*80G (if yes-1 mark, if No-0)	1		80 G regd.		
	D. Mogistered direct	oce (ii yes i mani, ii ne e)			certificate		
•		nce in the district (completion of minimum	10		MOU/Sanction		
	, ,	ect implementation-5 marks, completion of			order/Agreement		
1	two years-7.5 n 10marks)	narks and completion of 3 years & above-					
		tem (Meeting & minutes of the Executive	2		Proceeding/		
		verning body meeting based on bye-law &			Meeting register of		
		f the society during the year 2016-17): (Less ag-0 mark, 50%-75% meeting - 1 mark, >75%			GB & EB		
	meeting - 2 mark						
-		perience in implementation of any social	7		MOU/Sanction		
		jects with minimum length of one year.			order/Agreement		
	Field level Experience		T	T	T .		
		H&FW Programme or any other Social	20		MOU/Sanction		
		rogramme out of Govt. funding support narks) (Experience mentioned at 2.c should			order/Agreement		
		d while calculating the year of experience)					
		s, >5-10 yrs-15 marks, > 10Years-20 marks)					
-	h Europioneo in	III FW Draggagger or age, other Casial	10		MOLL/Constian		
		H&FW Programme or any other Social ogramme out of funding support from any	10		MOU/Sanction order/Agreement		
2		nent Agencies/UN Agencies/Corporate etc.			order/Agreement		
_		narks). (Experience mentioned at 2.c should					
	not be considere	d while calculating the year of experience)					
	(1-3 yrs-5 marks,	>3-5 yrs-7.5 marks, > 5Years-10 marks)					
-	c. Experience in o	peration & management of Mobile Health	20		MOU/Sanction		
	Unit/ Mobile M	edical Unit with Govt./ other development			order/Proof of		
		support. (Maximum 20 marks). (completion			registration in case		
	3	o years-5 marks,>2-5 years-10 marks and > 5			of private hospital		
	years -20marks) Financial strength/ca	nacity (20 marks)					
		er (minimum 20 lakhs as per last audit report	10		Audit report of last		
		marks, >25-30lakhs -8 marks, > 30 lakhs-10			financial year		
3	marks)				j		
J	b. Proper maintena verification)	ince of books of accounts (Assessed through	4		Record/ register verification		
	•	ne name of the organization (minimum Rs. 8-	6		Balance sheet &		
	10 lakhs assets-4	marks, > 10 lakhs assets-6 marks)			fixed asset register		
4	Other Strength (5 marks)						

a. Existing staff other than office bearer and project staff in the	2	Aquittance & HR
payroll of the organization (documents to be verified.		documents
Maximum-2 marks). 2-5 staff – 1 mark, >5 staffs– 2 marks)		
b. If the organization received any National/ State / District level	3	Award/ Certificate
awards from Govt. or any renowned organization for		
significant contribution in development of social sector		
(maximum-3 marks). (National level award-3 marks, State		
level award-2 marks, District level award -1 mark)		
Total	100	

Name and Signature of the NGO functionary with seal

Signature of the appraisers