



## REQUEST FOR PROPOSAL

**“Public-Not for profit Partnership”** for Operation and Management of Urban Primary Health Centers under NHM, Odisha

**RFP No: NHM/ UPHC /2025/03**

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## **SECTION -1: NOTICE INVITING PROPOSAL**

Detailed proposals are invited through **ONLINE** from eligible entities to select the Agency for “**Operation and Management of Urban Primary Health Center**” under NHM, Odisha.

### **Important Timelines**

<b>Sl. No.</b>	<b>Activity</b>	<b>Timeline</b>
1	Date of Advt. publication.	Date. <b>01.09.2025</b> (The detailed RFP document downloadable from Website: <a href="http://www.nhmodisha.gov.in">www.nhmodisha.gov.in</a> )
2	Pre-bid Meeting	The pre-bid meeting shall be organized as per the following schedule: Date of pre-bid meeting: <b>06.09.2025</b> Time of pre-bid meeting: <b>11.30 A.M.</b> Venue of pre-bid meeting: Conference Hall, NHM, Unit-8, Nayapalli, Bhubaneswar. The clarification/amendment, if any, due to the pre-bid queries shall only be hosted in the NHM, Odisha website ( <a href="http://www.nhmodisha.gov.in">www.nhmodisha.gov.in</a> (under ‘Tender’ link)).
3	Last date for submission of online proposal.	Date: <b>04.10.2025</b> <b>NB: Proposals should be submitted through ONLINE only. No other mode of submission will be accepted or entertained.</b>
4	Link for online application	Interested Agencies can apply on the web link: <a href="http://www.nhmodisha.in/ngo">www.nhmodisha.in/ngo</a> .

## **SECTION - 2: SCHEDULE OF ONLINE PROPOSAL SUBMISSION**

Online proposals are invited for operation & management of Urban PHC in following City / Districts.

<b>S. N</b>	<b>RFP No</b>	<b>Name of the Districts</b>	<b>Name of the City /Town</b>	<b>UPHC Locations</b>	<b>Mode of submission of application</b>
1	NHM/ UPHC /2025/03	Bolangir	Bolangir	UPHC Kandhapallipada	Online only
2		Bolangir	Bolangir	UPHC Shastrinagar	Online only
3		Balasore	Balasore	UPHC Sahadevkhunta	Online only
4		Cuttack	Cuttack	UPHC Jagatpur	Online only
5		Cuttack	Cuttack	UPHC Bidyadharpur CRRI	Online only
6		Cuttack	Cuttack	UPHC Sandhapur	Online only
7		Cuttack	Chaudwar	UPHC Kapaleswar	Online only
8		Ganjam	Berhampur	UPHC Ambapua	Online only
9		Ganjam	Berhampur	UPHC Uttaramukhi	Online only
10		Ganjam	Berhampur	UPHC Baikunthanagar	Online only
11		Ganjam	Berhampur	UPHC Khodasingh	Online only
12		Ganjam	Berhampur	UPHC Goodshed road	Online only
13		Ganjam	Berhampur	UPHC Redcross	Online only
14		Jharsuguda	Jharsuguda	UPHC Jharsuguda	Online only
15		Kalahandi	Bhawanipatana	UPHC Bhawanipatana	Online only
16		Koraput	Jeypore	UPHC Jeypore LR	Online only
17		Koraput	Jeypore	UPHC Jagadhatipur	Online only
18		Koraput	Koraput	UPHC Gandhinagar	Online only
19		Sundargarh	Rourkela	UPHC Tilkanagar	Online only
20		Khurda	Bhubaneswar	UPHC Pokhirput	Online only
21		Khurda	Bhubaneswar	UPHC Samantrapur	Online only
22		Khurda	Bhubaneswar	UPHC Ghatikia	Online only
23		Khurda	Jatani	UPHC Kudiary	Online only

## SECTION – 3: INSTRUCTIONS TO THE BIDDERS

### 3.1 Scope of Proposal:

Interested bidders fulfilling the eligibility criteria **may apply for the projects by submitting their application through online for the Urban PHCs listed in Section 2: Schedule of Proposal Submission.** The following points are to be ensured while applying for the projects.

- (a) Detailed description of the objectives, scope of services, deliverables and other requirements relating to “Operation and Management of Urban Primary Health Centers” are specified in this RFP. The manner in which the proposal is required to be submitted, accepted and evaluated is also explained in this RFP.
- (b) Proposals must be submitted through **online only** within the due date and time mentioned in this RFP. **Application submitted in any other mode and received after the due date and time will not be accepted.**
- (c) The selection of the Agency shall be on the basis of an evaluation by the Desk Appraisal Committee and District NGO Committee / City NGO Committee of the concerned District /City through the Selection Process specified in this RFP. Bidders shall be deemed to have understood and agreed that no explanation or justification for any aspect of the Selection Process will be given and that the CDM&PHO-cum-District Mission Director’s /City Health Society’s decision is without any right of appeal whatsoever.
- (d) The bidder shall submit **online proposal** in the form and manner as specified in this RFP. **There shall not be any Financial Proposal to be submitted in the tender, as this is a fixed cost based project. The cost of project is Rs 36,24,059/- per Urban PHC per annum (fixed cost)** as per provision made in the NHM PIP 2024-25 (Annexure-A). The cost may be modified based on approval in the NHM PIP time to time. The continuation of the project is also subject to the approval in the annual PIP of NHM.
- (e) Upon selection, the Agency shall be required to enter into a MoU with the Zilla Swasthya Samiti (ZSS) / City Health Society (CHS) of the concerned District / City for implementation of the project. The operation and management of Urban Primary Health Centers in PPP mode will be guided by the terms and conditions of the MoU.

### 3.2 Eligibility Criteria for the Agency:

The entities fulfilling the following criteria are eligible to apply:

1. The Agency must be registered under Society Registration Act 1860 / Indian Trust Act 1882 / Company Act 2013/1956 **(Registration from Appropriate Authority).**
  - (a) If registered under Society Registration Act, it must have the provision of health services, health care, primary healthcare, and any other health related services in its memorandum of association.
  - (b) If it is a Trust, it must have been formed to provide health services, health care, primary health care or any other health related services.
  - (c) In case of company, it must be in Section 8 of Companies under the Companies Act

2013 (erstwhile Sector 25 Companies under Companies Act 1956) with provision of healthcare as one of the businesses in the memorandum of association.

2. Medical Colleges / Hospitals run under Govt. / Public Sector / Private Sector suitably registered may also apply.
3. One person Company is not eligible to apply.
4. To be eligible to apply, the entity must be in existence for at least 5 years as on 31<sup>st</sup> December 2024. Entity established/registered after 31<sup>st</sup> December 2019 shall not be eligible to apply.
5. The entity must have minimum 5 years of proven field level experience in Health & Family Welfare Programme OR any Social Development Sectors as on 31<sup>st</sup> December 2024.
6. In case of NGO/Trust, the entity must have Unique ID Number through registration in the portal NGO-DARPAN of NITI Aayog.
7. The entity should have average annual turnover of at least Rs 30 lakhs in the last three financial years i.e. 2021-22, 2022-23 & 2023-24.
8. The entity must enclose documents of having minimum of Rs. 10 lakhs as fixed assets in the name of the entity in terms of Land, building and other fixed assets as per audit report of last FY 2023-24.
9. Entity should have been registered under 12-A of Income Tax exemption and must have valid registration certificate as per the new Income Tax Act Rule.
10. The entity must not have been “blacklisted”/ “debarred” from participating in any tendering process by any State Govt./Central Govt. Institutions. An original affidavit to this effect is to be submitted.
11. The entity or any of its office bearers must not have been convicted/case pending against them by any court of law in India or Abroad for any civil/criminal offences. An original affidavit to this effect is to be submitted.
12. If partnership with the entity has been discontinued due to poor performance in implementation of any PPP projects under NHM as identified by the External Evaluating Agency / State / District / City, the said entity shall not be eligible to apply for this project for the same District / City.
13. In case the service of any entity has been discontinued on the basis of the conduct of any financial irregularities, the said entity shall not be allowed to apply in any of the District / City.
14. The entity must submit an undertaking for the willingness to sign the MoU towards the implementation of the project.

### 3.3. Submission of Proposal:

The proposal shall be submitted through **ONLINE** in the following manner:

- i. The interested Agencies can apply on the web link: **www.nhmodisha.in/ngo**.
- ii. To apply, the Agency will first register its details in the Index Page of the web application to get User ID and Password in the registered Mobile Number. This is mandatory and a onetime activity.
- iii. After creation of User ID and Password at the Index Page, the User can login to submit online application which contains; Agency profile, details of experiences, annual turnover, details of EMD, declaration, upload of required documents (compulsory and other documents), preview of application and submit.
- iv. The user can also go back by clicking the edit option and re-check the information submitted.
- v. The information / data once submitted will be the final and cannot be edited again.
- vi. After completion of all required formalities, the user has to Log Out from the application and back to Index Page.
- vii. In the selection process, if the District User /City User have raised any objection to the application before making it shortlisted, the same will be displayed to the User in the screen along with a message notification to reply to the same within a stipulated time. The Agency may submit their compliances, if any, through online.
- viii. The detailed User Manual for Agencies for 'online NGO Application System' can be downloadable from Website: [www.nhmodisha.gov.in](http://www.nhmodisha.gov.in)
- ix. The last date for submission of online application is **04.10.2025**.

### 3.4. Earnest Money Deposit (EMD):

EMD of **Rs. 40,000/-** per project applied for in the shape of a Demand Draft or Banker's Cheque in favour of;

- **ZSS, Non-NHM, (Name of the District for which the bidder is applying for) :**  
In case of Urban PHCs located in the Districts/Towns, except Bhubaneswar, Cuttack, Rourkela, Berhampur & Sambalpur cities.
- **Non-NHM A/C, City Health Society (Name of the City for which the bidder is applying for) :** In case of Urban PHCs located in Bhubaneswar, Cuttack, Rourkela, Berhampur & Sambalpur cities only.

The EMD is to be submitted separately in a sealed envelope through **Speed post/Registered post/Courier only** to the CDM&PHO, (Name of the applied District) / ADUPHO, (Name of the Municipal Corporation Cities) along with a forwarding letter. The EMD must be reached to the CDM&PHO, (applied



District) / ADUPHO (applied Cities) on or before the last date & time for submission of online application specified in the Section-1 of the RFP. Details of the Demand Draft or Banker's Cheque (DD/BC No., date, name of the Bank) must be mentioned in the appropriate box under online application.

The EMD will be refunded after selection of the successful bidder. No interest will be paid on the EMD. **The online bid proposals not accompanied by EMD will not be considered. EMD of the bidder will be forfeited if it is discovered that the bidder has submitted false or forged or incorrect or misleading documents or information. In case of successful bidder, the EMD furnished by the bidder shall be refunded after submission of Performance Security for execution of contract.**

### 3.5. Supporting documents to be uploaded:

The following supporting documents required to be uploaded during online application by the entity in the appropriate locations. Below prescribed Compulsory Documents (from Sl. No. 1 to Sl. No 13) are mandatory to upload, failing which the submission may not be accepted.

Sl.No	Particulars
<b>A. Compulsory Documents (Mandatory)</b>	
1	Registration Certificate of the Agency (Appropriate registration under Society/Trust/Companies Act)
2	In case of NGO/ Trust, unique ID under the portal NGO Darpan of NITI Aayog.
3	Memorandum of Association / By-Law /Deed of the Agency
4	Contract/MoU documents pertaining to the Agency work experience where duration of contract period and contract value must have been mentioned.
5	Annual Financial Statements of the last 3 years (2021-22, 2022-23 & 2023-24) duly audited by a qualified CA. (As per <b>Form-T1</b> )
6	Fixed Asset Statement of last Financial Year (2023-24) duly audited by a qualified CA. (As per <b>Form-T2</b> ).
7	Valid 12A Registration certificate as per Income Tax Act Rule.
8	PAN Card.
9	Bank Pass Book.
10	An undertaking in the form of original Affidavit that the office bearer of the Agency has not been convicted by any court of law for any criminal offence (As per <b>Form-T3</b> ).
11	An undertaking in the form of original Affidavit certifying that Agency is not blacklisted (As As per <b>Form-T4</b> )
12	An undertaking that the Agency is willing to sign the service level agreement (As per <b>Form-T5</b> ).
13	An undertaking by the Agency relating to the applied proposal is within the Ceiling

Sl.No	Particulars
	limit of Project in the State and in the applied District (As per <b>Form-T6</b> )
<b>B. Other Documents</b>	
14	Photocopies of the audited P/L account of last three financial years highlighting the turnover in support of that.
15	Names of the Office Bearers along with their addresses.
16	80G Registration certificate
17	Minutes of the meeting of Executive Committee/ Governing Body/ any other body meeting based on by-law/ Memorandum of the Society/ registration document of last financial year.
18	Details of manpower engaged by the Agency other than Funding Project Staff (Name, Designation, Qualification, years of experience etc) along with last 6 months Acquaintance sheet.
19	Document relating to the presence of Agency in the State of Odisha either land & building record issued in the name of Agency/lease agreement in affidavit mode.

**All the uploaded supporting documents must be clearly visible and readable, otherwise said shall not be taken into consideration for scrutiny/award of score.** The entity must show the same original documents during physical verification of documents before the District level Committee / City level Committee. **In case the entity fails to submit any supporting documents during online application, further consideration of the same document shall not be entertained during physical verification of documents and award of score by the District level Committee / City level Committee.**

### 3.6. Financial Bid:

No financial bid is required to be submitted as this is a fixed cost based project.

### 3.7. Number of Proposals:

Interested bidders fulfilling the eligibility criteria may submit their online proposal **separately** for any one /more than one District against the advertisement, **subject to the maximum limit of projects under OSH&FW Society to a particular Agency mentioned in the clause No. 3.12 of the RFP.**

### 3.8. Cost of Proposal:

The bidder shall be responsible for all the cost associated with the preparation of their proposals and their participation in the selection process. The concerned District Authority /City Authority will neither be responsible nor in any way be liable for such costs, regardless of the conduct or outcome of the selection process.

### 3.9. Acknowledgement by the bidder:

- (a) It shall be deemed that by submitting the Proposal through online, the bidder has: -
- Made a complete and careful examination of the RFP;
  - Received all relevant information requested from the concerned District Authority / City Authority.

- (iii) Acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of the concerned District Authority / City Authority relating to any of the matters stated in the RFP Document;
  - (iv) Satisfied itself about all matters, things and information, necessary and required for submitting the Proposal and performance of all of its obligations there-under;
  - (v) Agreed to be bound by the undertaking provided by it under and in terms hereof.
- (b) The concerned District Authority / City Authority shall not be liable for any omission, mistake or error on the part of the bidder in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake in any information or data given by the concerned District Authority / City Authority.

### **3.10. Language:**

The online proposal with all accompanying documents (the “**Documents**”) and all communications in relation to or concerning the selection process shall be in English language and strictly as per the forms provided in this RFP. No other supporting document or printed literature shall be submitted with the proposal unless specifically asked for. In case any of these documents is in another language than English, it must be accompanied by an accurate translation of the relevant passages in English, in which case, for all purposes of interpretation of the Proposal, the translation in English shall prevail.

### **3.11. Process of Online Selection:**

- (a) After receipts of the online application and EMD, the Desk Appraisal Committee at the District level / City level will conduct online screening process of the proposals received through online within the due date. The Committee will verify whether soft copies of all the required documents as per the advertisement have been submitted along with each proposal. If at all, any deficiency in document submission pertaining to the eligibility criteria as mentioned from **Sl. No. 1 to 13 (compulsory document) under clause No. 3.5 is found out in any of the proposal, the same proposal shall be rejected.**
- (b) The Desk Appraisal Committee constituted for conducting the selection process as per vide letter no. OSH&FWS/10565/PPP/432/2017, Dt.02.08.2018 will conduct the Desk Appraisal.
- (c) After desk appraisal of the online proposals by the Desk Appraisal Committee, detailed status of proposal with observation of Desk Appraisal Committee on scrutiny shall be entered online against each proposal for information of the Agencies.
- (d) The shortlisted Agencies shall be finally called to the office of CDM&PHO / ADUPHO for necessary verification of their original documents vis-à-vis documents submitted with their online application.
- (e) After verification of the original documents vis-à-vis documents submitted with online application, the Desk Appraisal Committee will award score in the prescribed score sheet in online. No field appraisal process shall be conducted for selection.

- (f) The merit list of the Agencies will be prepared those have secured minimum 50% score in the score sheet in order to be eligible for merit.
- (g) The entire selection process will be approved in the District NGO Committee meeting Chaired by the Collector-cum-Chairperson of the Dist. NGO Committee / City NGO Committee meeting Chaired by the Commissioner of the Corporation City-cum-Chairperson of City NGO Committee. Detailed process shall be recorded in the minutes of the meeting and the Agency in the top of the merit list shall be recommended to the State by the Dist. NGO Committee / City NGO Committee for decision.
- (h) Thereafter, the District /City is required to submit the recommendation of the Dist. NGO Committee / City NGO Committee on the selection of Agency for the project and upload the approved minutes of the District NGO Committee /City NGO Committee through online.
- (i) The final selection result on the recommendation of the District / City will be notified through online after due approval of the State NGO Committee of OSH&FW Society.

### **3.12. Conditions of Selection:**

- (a) **In the State, a maximum number of 10 projects** only (includes existing and new) which can be sanctioned to a particular Agency out of OSH&FW Society Funds.
- (b) **In a District (including City exists in the same District), maximum number of 5 projects** (includes existing and new) under OSH&FW Society Funds can be sanctioned to a particular Agency.

### **3.13. Post Selection Procedure:**

- (a) After approval of the State NGO Committee of OSH&FW Society the selected Agency will be informed in writing of its selection for the concerned District / City. This will be the letter of award which shall be issued by the concerned CDM&PHO /ADUPHO to the selected Agency.
- (b) Further, the selected Agency can also be able to view / intimated about their selection through online.
- (c) Within 15 days of the issue of the letter of award, the selected Agency will be required to inform the concerned CDM&PHO / ADUPHO in writing of its acceptance of the award, failing which, the award may be offered to the 2<sup>nd</sup> rank bidder in the merit for the Project.
- (d) On completion of these formalities, the District Authority / City Authority will inform the selected Agency regarding date of signing of the service level agreement/MoU.

## **SECTION 4: TERMS OF REFERENCE FOR OPERATION & MANAGEMENT OF URBAN PRIMARY HEALTH CENTER.**

### **4. 1. Introduction/Background:**

- 4.1. India has made rapid progress in the past few decades in the public health System as reflected improvement in key parameters such as infant, Child and Maternal Mortality Rates, Total Fertility Rate, and Crude Death Rates. There has been improvement in expanding access and coverage in much of the country. This has largely been achieved by strengthening public health system over the years, and substantially accelerated by the National Health Mission (NHM). NHM support was largely targeted toward improving primary health care and some components of secondary care i.e. strengthening service delivery at District /City levels.
- 4.2. Despite these improvements, comprehensive primary health care in India is yet to be made fully universal. Access to primary health care remains uneven across the length and breadth of the country. The wide variations in capacity, governance and institutional structures and state investments in health have determined the extent to which the NHM support has improved health care particularly for the vulnerable marginalized and those living in underserved areas.
- 4.3. Inadequate primary health care is reflected in the escalating demands for secondary and tertiary care services resulting in overcrowding of facilities at these levels leading to high cost and poor health care. These are enough evidence to date demonstrate that quality primary health care mitigates cost and suffering.
- 4.4. With a view to further improving the quality of the primary health care in terms of clinical care and outreach services, NHM consider it desirable to hand over the function and responsibilities of the selected Urban Primary Health Centers to a concessionaire who would be allowed to operate and manage such facilities in accordance with the terms and conditions laid down in this MoU. Government hopes that this would bring about considerable improvement in provision of competent clinical care and public health functions in these areas in the State.
- 4.5. NHM views the agreement as public private partnership in the public health system in Odisha. Such partnership is seen as a step towards strengthening the public health system and a measure towards facilitating and building the capacity of the state to manage such facilities by demonstrating models for comprehensive Primary Health Care.
- 4.6. The partnership will be initially for a period of one year. Further extension of the partnership is subject to the Agency scoring 70% or more in annual assessment after completion of one year of project as well as recommendation of the concerned District

NGO Committee / City NGO Committee. The project period is maximum upto 5 years subject to fund provision in the NHM PIP.

- 4.7. Such partnership should not be seen as the Government abdicating its responsibility to provide public health service, but rather as a transitional measure towards facilitating the State to able to manage such facilities after the term of the partnership ceases.
- 4.8. The spirit of such a public private partnership is essentially to share risks and rewards in such a manner that comprehensive primary health care can be provided to those who need these services. Government recognizes that such partnerships with organizations that have competence and credibility offers the government avenues to leverage the knowledge and expertise of such organizations to improve management and delivery of comprehensive primary health care services.
- 4.9. Government expects that grant in aid will not be treated as a business venture and will not be used to make profits.

## **SECTION 5: PRINCIPLE OF AGREEMENT**

- 5.1 Both the parties agree to view the arrangements enforced by this agreement as a Public Private Partnership in the Public Health System in India. Such a partnership is seen as a step towards strengthening the Public Health System and as a measure towards facilitating and building the capacity of the state to manage such facilities by demonstrating models for comprehensive primary health care, with an emphasis on active community engagement.
- 5.2 Both parties recognize that the Public Health System in India, despite phenomenal improvements, faces significant challenges. Both parties also recognize that the spirit of such a Public Private Partnership is essentially to share risks and rewards in such a manner so that comprehensive primary health care can be provided to those who need these services. NHM recognizes that such partnerships with organizations that have competence and credibility offers the governments avenues to leverage the knowledge and expertise of such organizations to improve management and delivery of comprehensive primary health care services.
- 5.3 Both parties are committed to enhance the health and well-being of residents of the area covered by the facilities in this agreement by providing high quality service, innovation and development and to meet identified needs within the resources available to both the parties.
- 5.4 NHM commits that the facilities run by such an arrangement will be treated no differently from other Urban PHCs managed by Government of Odisha in terms of financing, training, capacity building and implementation of other National Health Programmes.
- 5.5 The Agency agrees and undertakes to implement all National/State Health Programmes/interventions including outreach activities.
- 5.6 The Agency will, manage and maintain and ensure that the facilities are run in accordance with the Indian Public Health Standards. In circumstances where IPHS standards cannot be met fully State Government shall decide on the relaxation of the standards but ensure that facilities are in a working condition through annual inspection.
- 5.7 The Agency will establish a Jan Arogya Samiti (JAS) within the Urban Primary Health Centre mandated in the guidelines in a manner similar to that being run by Government for a similar level of facility, if JAS not established.



- 5.8 The Agency will establish a transparent and "open to public" grievance redressal system within the facility.
- 5.9 For certain administrative powers such as the issuance of birth and death certificates, the Government would nominate the Officer-in-Charge of the nearest Government managed facility as the issuing authority.
- 5.10 The Agency will agree that the concession granted will not be treated as a business venture and will not be used to, make profits.
- 5.11 The Agency agrees that no money would be collected from the users of the facilities for any clinical consultation, diagnostic services, drugs or any other service provided in the facilities.
- 5.12 The Agency will commit that no new building/extension to the existing will be undertaken without the prior written approval of Dist. Authority / City Authority / NHM, Odisha, failure to adhere to this provision will lead to cancellation of the agreement forthwith and Government /Dist. Administration / City Health Society will take over the facilities without any notice.
- 5.13 The Agency commits that any land within the premises of the facilities will not be used in any manner without the prior written approval of Dist. Authority / City Authority / NHM, Odisha. Failure to adhere to this provision will lead to cancellation of the agreement forthwith and Government /Dist. Administration / City Health Society will take over the facilities without any notice.
- 5.14 The Agency agrees that by signing the Service Agreement, no right on the property and assets of the facilities will be transferred to them now or at any future date. The Agency will not claim any proprietary rights on land, buildings or any moveable or immoveable assets existing on the land pertaining to the facilities or in use in the facilities.
- 5.15 The partner Agency would furnish a certificate of up-to-date payment along with copies of scroll to the District / City every month under information to the Urban Health Cell / PPP Cell, Mission Directorate, NHM, Odisha.



## SECTION- 6: SERVICE DESCRIPTION AND RESPONSIBILITIES

- 6.1 The basic service delivery would be the Primary Health Care. The services should include the comprehensive primary healthcare package encompassing outreach, including behavioral change through health education and health promotion, clinical and public health services. The indicative list of Services to be provided at the UPHC level are given below (for more details Operational Guidelines on Comprehensive Primary Health Care can be followed)

Sl. No	Services	Brief Description
1.	General Service OPD	The general working hour of hospital OPD would be 8 AM to 11 AM and 5 PM to 8 PM. However, it may be changed basing on the notifications issued by Govt. time to time. Services to be provided in OPD are; Diagnosis and screening of patients attending Allopathic OPD, prescription of free drugs, referral of complicated cases. In case of emergency, the UPHC Staff shall attend the patient even it is beyond the general working hour.
2.	Care in pregnancy and Maternal health	<ul style="list-style-type: none"> <li>• Early registration of pregnancy and Antenatal check-up.</li> <li>• Identifying HRP, GDM</li> <li>• Post Natal Cases, counseling etc.</li> </ul>
3.	Neonatal and infant health care services	<ul style="list-style-type: none"> <li>• Identification and management of high risk newborn.</li> <li>• Management of BA, ARI, Diarrhoea.</li> <li>• Identification &amp; referral for congenital anomalies and AEFI.</li> <li>• Complete Immunization, Vit. A Supplementation</li> </ul>
4.	Childhood & adolescent health care services	<ul style="list-style-type: none"> <li>• Identification and management of vaccine preventable diseases.</li> <li>• Early detection &amp; referral for abnormalities, delay and disability.</li> <li>• Prompt Management of ARI, acute Diarrhoea and detection of SAM</li> <li>• Adolescent Health counseling.</li> </ul>
5.	Reproductive health and Contraceptive Service	<ul style="list-style-type: none"> <li>• Provision of condoms, OCP, ECP and insertion &amp; removal of IUCD.</li> <li>• Identification and management of RTIs/STIs</li> <li>• Counseling for Family Planning, access to spacing methods and treatment of hormonal &amp; menstrual disorders track infection etc.</li> </ul>
6.	Management of communicable	<ul style="list-style-type: none"> <li>• Diagnosis and management of VBDs</li> <li>• Provision of DOTS for TB and MDT for leprosy</li> </ul>

Sl. No	Services	Brief Description
	diseases including NHP	<ul style="list-style-type: none"> <li>HIV Screening</li> </ul>
7.	Management of Common communicable diseases and acute simple illnesses	<ul style="list-style-type: none"> <li>Identification, management and referral of common fevers, ARIs, diarrhoea, skin infections, cholera, dysentery, typhoid, hepatitis, rabies and helminthiasis.</li> <li>Management of common aches, joint pains, and common skin conditions, (rash/urticaria)</li> </ul>
8.	Screening & comprehensive management of NCDs	<ul style="list-style-type: none"> <li>Screening, treatment and referral for Hypertension and Diabetes.</li> <li>Cancer – screening for oral, breast and cervical cancer and referral for suspected cases of other cancers</li> <li>Screening and follow up care for occupational diseases, fluorosis, respiratory disorders (COPD and asthma) and epilepsy</li> </ul>
9.	Basic ophthalmic and ENT care services	<ul style="list-style-type: none"> <li>Identification and treatment of common eye problems</li> <li>Management of common colds, ASOM, injuries, pharyngitis, laryngitis, rhinitis, URI, sinusitis, epistaxis</li> <li>Manage common throat complaints and removal of foreign body.</li> </ul>
10.	Basic dental health care	<ul style="list-style-type: none"> <li>Screening and basic management for common oral health conditions.</li> <li>Oral health education about dental caries, periodontal diseases, malocclusion and oral cancers.</li> </ul>
11.	Basic geriatric health care services	<ul style="list-style-type: none"> <li>Management of common geriatric ailments; counselling, supportive treatment</li> <li>Pain Management and provision of palliative care with support of ASHA</li> </ul>
12.	Emergency Medical Services	<ul style="list-style-type: none"> <li>Stabilization care and first aid before referral in common conditions.</li> <li>Identify and refer cases for surgical correction cysts / lipoma/ haemangioma/ ganglion and other conditions.</li> </ul>
13.	Screening & basic management of mental health ailments	<ul style="list-style-type: none"> <li>Detection, referral and follow up of patients with severe mental disorders</li> <li>Dispense follow up medication as prescribed by the Medical officer at UPHC/ UCHC or by the Psychiatrist at DH.</li> </ul>
14.	General Diagnostic services	All 41 types of prescribed in-house Diagnostic services as per the H&FW Deptt, Odisha Notification No. 6268/H, Dt. 18.03.2023 must be ensured at the UPHC level. Any modification in the list

Sl. No	Services	Brief Description
		<p>is subject to the decision of Government. Such 41 tests are; Hemoglobin (Hb Meter), Hemoglobin(CBC), Total leucocyte count, Differential leucocyte count, Platelet count, Complete blood count, Erythrocyte sedimentation rate(ESR), Blood group and Rh typing, Reticulocyte count, Absolute eosinophil count, Total Red Blood Cell Count, Bleeding time and clotting time, Sickle cell test rapid for screening of Sickle cell anemia, MP slide method, Malaria rapid test, Human chorionic gonadotropin (HCG) (Urine test for pregnancy), Urine test for ph, specific gravity, leucocyte esterase, glucose, bilirubin, urobilinogen, ketone, protein, nitrite Urine Microscopy, Stool for ova and cyst( Stool Microscopy), Stool for Occult Blood, Semen analysis. Test for Dengue, RPR/VDRL test for syphilis, HIV test (Antibodies 1 and 2), Hepatitis B surface antigen test, HCV Antibody Test (Anti HCV), Sputum, pus etc. for AFB, Typhoid test (IgM), Blood sugar(Random Blood Sugar), Blood sugar, Smear for RTI/STI, Gram staining for clinical specimen, Visual Inspection Acetic Acid (VIA), rK39 for Kala Azar, Smear for Filariasis, TB – Mantoux, Viral load count for HCV (PCR), Viral load count for HBV (PCR), Nucleic Acid Amplification Test (NAAT) for TB, Test for iodine in salt (used for food), Water testing for fecal contamination and chlorination.</p> <ul style="list-style-type: none"> <li>Provision for ensuring hub and spoke model for expanded range of 24 types of diagnostics services in PPP mode.</li> </ul>
15.	Health Promotion / Wellness activities (In case of HWC UPHC)	<ul style="list-style-type: none"> <li>Conducting 40 Health Days as per wellness calendar in a year</li> <li>Conducting at least 10 yoga sessions every month</li> <li>Organizing wellness activities as per Fit India Movement.</li> </ul>

### 6.3. Key Deliverables of the Project:

Sl. No	Activities	Deliverables
1.	All prescribed manpowers are in position.	There is no vacancy of maximum 60 days of any position in the UPHC throughout the year.
2.	OPD Service (Allopathic)	Min. Avg. OPD 100/day
3.	Laboratory Services	All 65 tests are available as per the standard list under free diagnostic services for UPHC as per the list provided in 6.1 (14)
4.	ANC/PNC Clinic	9th of every month UPHC conducted Pradhan Mantri

Sl. No	Activities	Deliverables
		Surakshita Martutya Abhiyan (PMSMA) as per the guideline.
5.	NCD Clinic/Screening	Daily- 90% of OPD above 30 years to be screened.
6.	Functional Designated Microscopy Center (DMC)	UPHC must be a functional Designated Microscopy Center
7.	Health Promotion and disease prevention (HWC UPHC)	Conducting at least 27 Health Days in as year as per wellness calendar and at least 10 yoga sessions per month
8.	Jan Arogya Samiti (JAS)	Governing Body Meeting- Once in half-yearly Executive Body Meeting – Bi-monthly
9.	Maintaining Quality Standard in the PHC.	<ul style="list-style-type: none"> <li>The UPHC must be the winner of KAYAKALP in every year.</li> <li>In the 2<sup>nd</sup> year of Project operation, the UPHC must qualify National Quality Assurance Standard (NQAS).</li> </ul>

#### 6.4. **Human Resources to be required for operation and management of UPHC project:**

Followings are the Human Resources required to be positioned in the Urban PHC for operation and management of Urban PHC in PPP mode.

Sl. No.	Category of Staff	No of post.	Eligibility Qualification
1.	Medical Officer (Allopathic)	1	<ul style="list-style-type: none"> <li><b>Age-</b> S/he should not be more than 70 years age as on the date of advertisement.</li> <li><b>Minimum Qualification-</b> Minimum MBBS Degree from an institute recognized by Medical Council of India.</li> <li><b>Registration Certificate-</b> Must have valid registration from the Odisha Council of Medical Registration.</li> <li>Candidates having post qualification experience of working in hospital will be preferred.</li> </ul>
2.	Pharmacist	1	<ul style="list-style-type: none"> <li><b>Age-</b> H/She must have attained the age 21 years by the date of advertisement.</li> <li><b>Minimum Qualification-</b> Degree/Diploma in Pharmacy from a Govt./Govt. recognized Institution. Minimum 1 year Experience in managing a drug store in a reputed hospital/health center organized by the Govt.</li> <li>He/She should have passes Odia language in M.E</li> </ul>

Sl. No.	Category of Staff	No of post.	Eligibility Qualification
			standard.
3	Nursing Officer (Female)	2	<ul style="list-style-type: none"> <li>• <b>Age-</b> She must have attained minimum age of 21 years by the date of advertisement.</li> <li>• <b>Minimum Qualification-</b> The candidate must have passed the +2 in any stream under Council of Higher Secondary Education, Odisha or equivalent with BSc. Nursing/Diploma in GNM Course in Nursing from any Government GNM/BSc Nursing Institutions of the State/from any institutions run by PSUs/any other recognized Private Institutions duly approved by Indian Nursing Council and examination conducted by State Nursing and Midwives Examination Board.</li> <li>• <b>Registration Certificate-</b> The candidate must have registered her name in Nursing Council in the State and must possess valid Registration Certificate.</li> <li>• She should have passed Odia language minimum in M.E standard.</li> </ul>
4	Lab Technician	1	<ul style="list-style-type: none"> <li>• <b>Age-</b> S/he must have attained the age 21 years.</li> <li>• <b>Minimum Qualification-</b>The candidates must have passed in Diploma in Medical laboratory Technology from AICTE/ AICTE approved institutions/State Govt. recognised institutions.</li> <li>• He/She should have passes Odia language in M.E standard.</li> </ul>
5	Date Assistant cum Accountant	1	<ul style="list-style-type: none"> <li>• <b>Age-</b> S/he must have attained the age 21 years.</li> <li>• <b>Minimum Qualification-</b>The candidates must have passed in Graduate in Commerce with minimum 50% marks in aggregate and must passed PGDCA/ DCA etc. of one year duration from recognized/ registered institutions.</li> <li>• He/ She should have passed Odia language in M.E standard.</li> </ul>
6	Support Staff	2	<ul style="list-style-type: none"> <li>• <b>Age-</b> H/She must have attained the age 21 years.</li> <li>• <b>Minimum Qualification-</b> Minimum 8<sup>th</sup> Standard.</li> </ul>

The Staff so engaged / recruited/ appointed by the Service Provider shall be exclusively on the pay roll of the bidder and shall under no circumstances this staff will ever have any claim, whatsoever for appointment with the Government. The Service Provider shall be solely

responsible for the performance and conduct of the staff notwithstanding the source of hiring such staff. The Service Provider shall be fully responsible for adhering to provisions of various laws applicable on them including labour laws. In case the Service Provider fails to comply with the provisions of applicable laws and thereby any financial or other liability arises on the Government by Court orders or otherwise, the Service Provider shall be fully responsible to compensate/ indemnify to the Government for such liabilities. For realization of such damages, Government may even resort to the provisions of any Act, which is in force or other laws as applicable on the occurrence of such situations.

## SECTION-7: TERMS & CONDITIONS.

- 7.1 The Selected Agency will have to **open a separate saving bank account** for this grant-in –aid in any Nationalized Bank. The account will be opened in the name of the project, which shall be operated jointly by at least two office bearers authorized for the purpose by the management committee of the Agency.
- 7.2 The selected Agency has to submit the monthly progress report on the functioning UPHC to CDM&PHO /ADUPHO and NHM at State level in **HMIS Format**. Apart from that, the Agency will submit any other statutory reports as required by the Government relating to the UPHC.
- 7.3 The amount of **grant should be utilized only for the purpose** for which it is sanctioned and the unspent balance of the grants shall be refunded after the close of the financial year.
- 7.4 The Agency will **submit monthly statement of expenditure and progress report** to the District / City with a copy to NHM. At the end of the project year, the Agency shall furnish annual report of the project along with the audited reports.

### 7.5. Period of Partnership:

The duration of the project will be initially **for one year**. However, the project may be extended for another term in subsequent manner upto maximum 5 years subject to the fund provision approved in NHM PIP and satisfactory performance of the Agency in the project.

### 7.6. Award of Contract and Agreement:

On evaluation of proposals and decision thereon, the selected Agency shall have to execute a bi-partite agreement with the respective Zilla Swasthya Samiti / City Health Society within 15 days from the date of acceptance of their bid is communicated to them. **This Request for Proposal along with documents and information provided by the bidder shall be deemed to be integral part of the agreement. Before execution of the agreement, the bidder shall have to deposit performance security as per norm.**

### 7.7. Commencement of Service:

The selected Agency shall commence the service within **15 days** from the date of signing of the Agreement. If the Agency fails to commence the service as specified herein, the District Authority / City Authority may, unless it consents to the extension of time thereof may cancel the agreement and forfeit the Performance Security.

### 7.8. Performance Security:

The selected Agency on acceptance of award of contract must provide the District Authority / City Authority a **Bank Guarantee for Rs.1,00,000/- (Rupees One lakh only) per project** in the name of concern Zilla Swasthya Samiti, \_\_\_\_\_ / City Health Society, \_\_\_\_\_ from a Nationalized Bank valid for a period of minimum one year as performance security of the project which will have to be renewed by the Agency for a further period based on the period of extension. **In case of non-submission of**



**performance security or fails to execute the contract by the successful bidder, the EMD furnished by the successful bidder shall be forfeited.**

#### **7.9 Payment:**

- Grant-in-Aid for the project shall be released to the Agency on the basis of budget provision made in the NHM PIP.
- The disbursement/release of funds by ZSS / CHS to the Agency would be in three installments i.e. 30%, 35% and 35% in advance of total annual project cost.
- The 1<sup>st</sup> installment i.e. 30% will be released after signing of the MoU and submission of the performance security. The 2<sup>nd</sup> installment, i.e. 35% will be released on 4<sup>th</sup> month after receipt of the utilization certificate for 75% of 1<sup>st</sup> installment. The 3<sup>rd</sup> installment i.e. 35% will be released after receipt of the utilization certificate for 75% of 2<sup>nd</sup> installment on 9<sup>th</sup> month of annual project period.
- The DPMU / CPMU will make assessment of the project in every six months of operation and annual assessment of the project using the standardized checklist.
- Performance Incentive to staff of UPHC shall be released on annual basis. It will be in proportionate to the performance of the Agency as per their annual performance assessment conducted by the District / City based on the norms prescribed as mentioned below:
  - If the institution scores 80% & above, the performance is to be considered as outstanding, in this instance, each staff will get 25% PI on their base remuneration.
  - If the institution scores from 70% to 79%, the performance is to be considered Very Good, each staff will get 20% PI on their base remuneration.
  - No PI to the NGO staff, if secured less than 70% score.
- The annual budget of the project may be revised time to time on the basis of approval in the NHM PIP by MoH& FW, Govt. of India.

#### **7.10: Performance Monitoring and Standard of Services:**

- The performance of the Agency will be monitored largely on the basis of output based indicators specified in the key deliverables at 6.3. These indicators and performance standards can be suitably expanded and/ or modified in the interest of better service delivery to the general public.
- The indicators of health service delivery expected from the Agency are of the minimum standard. The Agency would be encouraged to serve as a role model and to provide services at a much higher standard.



- State shall use other mechanisms such as Health Management Information System (HMIS), and external monitoring process to assess performance on key indicators.
- A half-yearly review meeting will be held and attended by appropriate levels of officials of the Government and from the selected Agency to review the performance, the anticipated outcome as per the agreement and future service developments and changes.
- The JAS would be constituted at the UPHC level comprising as per JAS guideline. The GB committee of JAS would meet at least bi-annually and EC in every two months for guiding/monitoring the project. The JAS committee will address local issues & problems and to prepare annual action plan for the UPHC as normally expected.
- At the State level, NHM through its PPP Cell/ Urban Health Cell will monitor and evaluate the programme. NHM will review the work done at the UPHC, suggest suitable improvement and mid-course correction and address the difficulties faced by the Agency in running of the UPHC.
- Concurrent monitoring shall be conducted by NHM representatives along with the District Officials / City Officials on quarterly basis and as when required and submit the report to appropriate authority besides Mission Director. The District Programme Management Unit (DPMU) / City Programme Management Unit (CPMU) will closely monitor the progress.
- Fixed day review meeting of all PPP projects may be conducted monthly/bi- monthly at the District / City level to review the progress and address the operational issues, if any.
- External valuation of the project shall be conducted by an Independent External Agencies in each three years of the project period.

#### **7.11. ARBITRATION:**

- If the Agency fails to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the Government or the Agency may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act 1996 of India. In that event, the dispute or difference shall be referred to the sole arbitration of an officer as the arbitrator to be appointed by the Government. If the arbitrator to whom the matter is initially referred is transferred or vacates his office or is unable to act for any reason, he / she shall be replaced by another person appointed by the Government to act as Arbitrator.
- Services under this agreement shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due

or payable by the Government shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.

- **Venue of Arbitration:** The venue of arbitration shall be the place from where the agreement has been issued.

#### **7.12. BREACH:**

If either Party breaches the Terms and Conditions of the contract or RFP and fails to remedy such breach within 30 days of written notice from any other Party calling for the breach to be remedied, then the non-breaching Party shall be entitled, without prejudice to any other rights that it may have in law, whether under the Contract or otherwise, to cancel the Contract without notice or to claim immediate specific performance by the defaulting party/parties.

#### **7.13. PENALTY:**

If the Agency fails to provide services as stipulated in the Service Description at Section-6, the Government shall be entitled to fix penalty which would be deducted from the dues payable to the Agency. However, in case there is no amount is due for payment to the Agency, the penalty shall be recovered from them. The quantum of penalty may be decided by Govt. observing the failure part.

#### **7.14. FORCE MAJEURE:**

No penalty or damages shall be claimed in respect of any failure to provide service, which the Agency can prove to be directly due to a war, sanctions, strikes fire, flood or tempest or Force Majeure, which could not be foreseen or overcome by the Agency or to any act or omission on the part of persons acting in any capacity on behalf of Agency provided that the Agency shall at the earliest bring the same to the notice of the State Government.

#### **7.15. TERMINATION:**

- **Either party may terminate this agreement by giving not less than one months' notice in writing to the other.** This notice shall include reasons as to why the agreement is proposed to be terminated.
- The Government may terminate the agreement or terminate any provision or part of the provision of the contract, by written notice to the Agency with immediate effect
  - if the Agency is in default of any obligation under the agreement and where the default is capable of remedy but the Agency has not remedied the default to the satisfaction of the Government within 30 days, at least two written advice after service of written notice specifying the default and requiring it to be remedied; or
  - the default is not capable of remedy; or

- the default is a fundamental breach of the agreement
- If the Government terminates the agreement and then makes other arrangements for the provision of the Services, it shall be entitled to recover from the Agency any loss that had to be incurred due to such sudden termination of agreement.
- Both the parties agree that no further payment would be made to the Agency, till settlement of anticipated loss as a result of premature termination of the agreement, even if some amount is due to pay.
- The Government reserves the right to terminate the agreement without assigning any reason, if services of the Agency create serious adverse publicity in media and prima facie evidence emerges showing negligence of the Agency.
- At the time of termination, the Agency agrees to hand over all moveable and immoveable assets to the authorized representative of the State Government on a mutually agreed date on "as is where is" basis.
- The concessionaire agrees that the date of handing over will not be more than 15 calendar days from the date of termination.

#### **7.16. INDEMNITY:**

- By this agreement, the Agency indemnifies the Government Odisha against damages of any kind or for any mishap/injury/accident caused to any personnel/property of the facilities.
- The Agency agrees that all liabilities, legal or monetary, arising in any eventuality shall be borne by the Agency.

#### **7.17. Redressal of Grievances:**

The grievance related to the said project is to be redressed at the level of CDM&PHO or District NGO Committee at the District / ADUPHO or City NGO Committee at the City level.

#### **7.18. Jurisdiction of Court:**

Legal proceedings if any shall be subject to the concerned District jurisdiction only.

#### **7.19. Compliance with existing laws:**

The Agency agrees to abide by all laws of the land as will be applicable for operation and maintenance of the facility.

#### **7.20. Right to Accept and Reject any Proposal:**

The District Authority / City Authority reserves the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

## SECTION 8 – EVALUATION OF THE PROPOSALS

### 8.1 Evaluation of Technical Proposals:

After receipts of the online application, the Desk Appraisal Committee at the District / City level will conduct online screening of the proposals. Any deficiency in document submission by the bidder pertaining to the eligibility criteria is found out in any of the proposal; the same proposal shall be rejected. Only those bidders who qualify as per the eligibility criteria assessed through online, their bid will be considered for the next stage of online evaluation and award of marks as per the prescribed checklist given below

The bidder has to score **at least 50% or above** score in order to be considered for the preparation of merit list for the project.

#### **SCORING SHEET FOR ASSESSMENT OF THE BIDDER (ONLINE) .**

Sl. No	Evaluation Parameters	Max. Marks	Means of Verification
<b>A. Registration &amp; Establishment: ( 5 marks)</b>			
1	<b>Years of Existence::</b> Total years of existence of the Agency from the date of registration under Society Registration Act/Indian Trust Act/Company Act. <b>Criteria for Award of Marks:</b> >5 yrs - ≤10 yrs=1 mark; >10yrs - ≤15 Yrs=2 marks, >15 yrs - ≤ 20 yrs= 3 marks, >20 yrs= 4	4	Copy of Appropriate Registration certificate
2	Registered under 80G (if yes=1 mark; if No=0 mark)	1	Copy of 80G Regd. certificate
<b>B. Field Level Experience: (65 marks)</b>			
3	<b>Years of Experience:</b> Total years of experience in implementing projects in any Social Development Sector out of any Government or any Private Funding support from the date of registration of the Agency ( <b>Minimum duration of one project contract period should not be less than six months</b> ). <b>Criteria for Award of Marks:</b> >5 - ≤ 8 years= 5 marks; >8 - ≤ 12 years =8 marks; >12 - ≤ 16 years =12 marks; >16 - ≤ 20 years = 16 marks; >20 years = 20 marks	20	MoU/Agreement/ Authenticated sanctioned with letter confirming release of funds.

Sl. No	Evaluation Parameters	Max. Marks	Means of Verification
4	<p><b>Nos. of Projects in Government:</b> Experience in implementing total number of projects with minimum contract value of Rs. 10 lakhs each out of any Govt. Funding support during any of the last three financial years.</p> <p><b>Criteria for Award of Marks:</b> (@ 2 marks per 1 project with additional 2 marks for each additional project upto maximum 20 marks)</p> <p><b>(Renewal of a contract /Continuation of a contract during the above financial years are to be considered once for calculation of number of project. The contract period of one project must be at least 6 months duration)</b></p>	20	<p>MoU/Agreement/Authenticated sanctioned with fund released letter.</p> <p>MoU/Agreement/Authenticated sanctioned with letter confirming release of funds.</p>
5	<p><b>Nos. of Projects in Private:</b> Experience in implementing total number of projects with minimum contract value of Rs. 10 lakhs each out of any Private Funding support during any of the last three financial years.</p> <p><b>Criteria for Award of Marks:</b> (@ 2 marks per 1 project with additional 2 marks for each additional project upto maximum 20 marks)</p> <p><b>(Renewal of a contract /Continuation of a contract during the above financial years are to be considered once for calculation of number of project. The contract period of one project must be at least 6 months duration)</b></p>	20	<p>MoU/Agreement/Authenticated sanctioned with letter confirming release of funds.</p>
6	<p><b>Experience in Applied District:</b> Total years of experience in implementing projects in any social development sector out of any Government or any Private Agency Funding support in the applied District. <b>(Minimum duration of one project contract period should not be less than six months).</b></p> <p><b>Criteria for Award of Marks:</b> &gt;1 - ≤ 2 years= 1 mark; &gt;2 - ≤ 3 years =2 marks; &gt;3 - ≤ 4 years =3 marks; &gt;4 - ≤ 5 years = 4 marks; &gt;5 years = 5</p>	5	<p>MoU/Agreement/Authenticated sanctioned with letter confirming release of funds.</p>

Sl. No	Evaluation Parameters	Max. Marks	Means of Verification
	mark.		
<b>C. Financial Strength: (25 marks)</b>			
7	<b>Total Avg. Annual Turnover:</b> Average annual turnover of the Agency in last three financial years as per audit report. <b>Criteria for Award of Marks:</b> >30- ≤50 lakhs =5 marks; >50- ≤75 lakhs=7 marks; >75 lakhs - ≤1 Crore =10 marks; >1 Crore =15 marks	15	Annual Financial Statements of last 3 FY audited by a qualified CA /Audit report of last 3 FY.
8	<b>Fixed Assets Value:</b> Fixed assets value in the name of Agency as per last financial year audit report. <b>Criteria for Award of Marks:</b> >10- ≤25 lakhs =4 marks; > 25- ≤35 lakhs=6 marks; >35 - ≤ 50 lakhs=8 marks; >50 lakhs =10 marks	10	Fixed Asset Statement of last FY duly audited by a qualified CA/ Audit report of last FY
<b>D. Manpower Strength: (5 marks)</b>			
9	<b>Manpower:</b> Currently Agency having own staff in the payroll minimum in last six months other than any Govt./Pvt. Funding Project Staff. <b>Criteria for Award of Marks:</b> <ul style="list-style-type: none"> <li>• Minimum 1 Clinical Staff (MBBS/AYUSH /SN/ANM/Pharmacist) =1 mark</li> <li>• Minimum 1 Managerial Staff with Post Graduate qualification = 2 marks</li> <li>• Minimum 1 Accounts Staff with minimum B.Com qualification = 2 marks</li> </ul>	05	Acquittance sheet of last six months & detailed HR documents (qualification, appointment letter etc) of related staff.
<b>Total Marks</b>		<b>100</b>	

## **SECTION 9**

### **FORMS, FORMATS & ANNEXURE**

**FORM –T1**

**ANNUAL TURN OVER STATEMENT**

*(To be furnished in the **letter head** of the Chartered Accountant)*

The Annual Turnover of \_\_\_\_\_ (Name of the Agency) \_\_\_\_\_  
for the last 3 financial years are given below and certified that the statement is true and correct.

Sl.	Financial Year	Turnover in Lakhs (Rs.)
1	2021-22	
2	2022-23	
3	2023-24	
Average Annual Turnover of last three financial years (Rs. In lakhs)		

\* Provisional audited statement shall not be considered.

Date:

Signature of Chartered Accountant

Place:

(Name in Capital)

Seal

**Membership No :**

**UDIN :**

***Note:***

- 1) To be issued in the **letter head of the Chartered Accountant** with Membership No. and UDIN.
- 2) Also attach photocopies of the audited P/L account of **each year highlighting the turnover** in support of that.



## FORM –T2

### **FIXED ASSETS STATEMENT**

*(To be furnished in the **letter head** of the Chartered Accountant)*

The Fixed Assets value of \_\_\_\_\_ (Name of the Agency) \_\_\_\_\_ for the last financial year statement is given below and certified that the statement is true and correct.

Sl.	Financial Year (last FY)	Fixed Assets value in Lakhs (Rs.)
	2023-24	

\* Provisional audited statement shall not be considered.

Date:

Signature of Chartered Accountant

Place:

(Name in Capital)

Seal

**Membership No :**

**UDIN :**

#### ***Note:***

- 1) To be issued in the **letter head of the Chartered Accountant** with Membership No. and UDIN.

**FORM –T3**

*(To be furnished in the proposal)*

**Affidavit Format for Undertaking by the Agency  
(On Non Judicial Stamp Paper of Rs. 100/- only)**

**Affidavit**

I, ..... (Sole Chief Functionary of the Agency), (the names and addresses of the registered Agency), with reference to RFP No. \_\_\_\_\_ for \_\_\_\_\_ *(Name of the RFP)* do hereby solemnly affirm and sincerely state that;

- a) I or any other office bearer on behalf of the Agency has not been convicted by any court of law in India or abroad for any criminal offence.
- b) The Agency 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.

I further affirm that, in case of any such evidence in contradiction to above declaration come to the notice of the contracting authority any time during the currency of the contract then our partnership with Zilla Swasthya Samiti /NHM, H&FW Department, Govt. of Odisha under such contract shall be liable for termination in addition to other legal recourse available under the law of the land.

Dated this .....Day of ....., 2025

Name of the Applicant

.....

Signature of the Authorized Person

.....

Name of the Authorized Person

**(Seal of the entity)**

**Notary**

**Regd. No.**

**(Seal of the Notary)**

**FORM –T4**

*(To be furnished in the proposal)*

**Affidavit Format for Undertaking certifying that Agency is not blacklisted  
(On Non Judicial Stamp Paper of Rs. 100/- only)**

**Affidavit**

This is to certify and confirm that .....  
(The name of the Agency with address of the registered office), with reference to RFP No. \_\_\_\_\_ for \_\_\_\_\_ *(Name of the RFP)*, our organization / we or any of our promoter(s) / director(s) are not barred by Department of Health & FW, Govt. of Odisha / or any other entity of Govt. of Odisha or blacklisted by any State Government or Central Government/ Department / Organization in India from participating in the Project/s, either individually or as member of a Consortium as on the \_\_\_\_\_ (Date of Signing of proposal).

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 ....., 2025

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

**(Seal of the entity)**

**Notary**  
**Regd. No.**  
**(Seal of the Notary)**

## **FORM T5**

*(To be furnished in the proposal)*

### **Format for WILLINGNESS/ CONSENT LETTER**

I, Mr/Ms. .... (The name of the Agency with address of the registered office), with reference to RFP No. \_\_\_\_\_ for \_\_\_\_\_ (*Name of the RFP*), do herewith giving my consent to sign the agreement abiding by all norms.

This is for favour of your information and necessary action.

Dated this .....Day of ....., 2025.

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

**(Seal of the entity)**

**FORM T6**

*(To be furnished in the proposal)*

**Format for Undertaking by the Agency relating to the proposal is within the Ceiling limit of Project in the State and applied District**

I, ..... (Sole Chief Functionary of the Agency), (the names and addresses of the registered Agency), with reference to RFP No. \_\_\_\_\_ for \_\_\_\_\_ *(Name of the RFP)* do hereby undertake that the proposal applied for the above project for \_\_\_\_\_ District is within the ceiling limit of State and in the applied District as per OSH&FW Society norm mentioned in the Clause No. 3.12 of the RFP.

In case any such evidence in contradiction to the above declaration comes to the notice of the contracting authority at any stage of the Bidding Process or thereafter during the agreement period then, I do herewith giving my written consent that the contracting authority have the right for withdrawal of partnership from the said project and forfeit of the EMD money / Performance Security money deposited for the above project and I will have no claim further in the future.

Dated this .....Day of ....., 2025.

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

**(Seal of the entity)**

## Annexure-A

### Annual Budget for Urban PHC Management Project for the FY 2024-25

Sl. No	Particulars	Unit	Cost estimate monthly	Cost per annum		Remark
				KBK	Non-KBK	
A	Manpower Cost					
I	<b>Medical Officer I/c for KBK district</b> Base 2023-24 - Rs.67,540/- + Increment (5%) Rs.3,377/- + PI Max @ 25% Rs.17,729/-) + KBK-Incentive Rs.10,000 /- = Rs.98,647/- P M	1	98,647.00	1,183,764.00	-	PI shall be released to the staff on annually basis as per assessment score of the NGO
	<b>Medical Officer I/c for Non-KBK district</b> Base 2023-24 Rs.67,540/- +Increment (5%) Rs.3377/- + PI Max @ 25% Rs.17729/-) = Rs.88,647/- P M	1	88,647.00	-	1,063,764.00	
II	<b>2nd MO (part time)</b> (Rs.3000/- per day X per spl. X 4 days in a month X 3nos. of spl.)	3	36,000.00	432,000.00	432,000.00	-
III	<b>Staff Nurse</b> Budget : Base 2023-24 Rs.18,330/- +Increment (5%) 916/- + PI Max (25%) @ Rs4812/-) = Rs. 24,058/- P M	2	24,058.00	577,392.00	577,392.00	PI shall be released to the staff on annually basis as per assessment score of the NGO
IV	<b>Pharmacist</b> Budget : Base 2023-24 Rs.14,756/- +Increment (5%) 738/- + PI Max 25%)@Rs3873/-) = Rs. 19,367/- P M	1	19,367.00	232,404.00	232,404.00	
V	<b>Lab Technician</b> Budget : Base 2023-24 Rs14,756/- +Increment (5%) 738/- + PI Max 25%)@Rs3873/-) = Rs 19,367/- P M	1	19,367.00	232,404.00	232,404.00	

VI	<b>Data Assistant cum Accountant (DAA)</b> Budget : Base 2023-24 Rs14,741/- +Increment (5%) 737/- + PI Max 25%)@ Rs3870/-) = Rs 19,348/- P M	1	19,348.00	232,176.00	232,176.00	
VII	<b>Support Staff</b> Attendant(Semi-Skiled), Cleaning Staff (Unskilled)	2	12,761.55	306,277.20	306,277.20	Paymen t is to be made as per minimu m wages Act.
	<b>Sub Total (A)</b>		<b>318,195.5 5</b>	<b>3,196,417. 20</b>	<b>3,076,417.20</b>	
<b>B</b>	<b>Medicine Cost</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>C</b>	<b>House Rent</b>					
i	House Rent (In case running in rented building)		20,000.00	240,000.00	240,000.00	Approv ed Rent = Rs 20,000/ - Per UPHC per Month
	<b>Sub Total (C)</b>		<b>20,000.00</b>	<b>240,000.00</b>	<b>240,000.00</b>	
	<b>Sub Total (A+B+C)</b>		<b>338,195.5 5</b>	<b>3,436,417. 20</b>	<b>3,316,417.20</b>	
<b>D</b>	<b>NGO Management/ Administrative cost</b>					
I	Administrative cost to NGO (10% of the Manpower cost)			319,641.72	307,641.72	Fund is to be utilized in the suggesti ve head mention

						ed in NB ( C )
<b>Sub Total (D)</b>				<b>319,641.72</b>	<b>307,641.72</b>	
<b>Grand Total (A+B+C+D)</b>				<b>3,756,058.92</b>	<b>3,624,058.92</b>	
<b>NB:-</b> (A)- In case, the staff not completed 11 months term and left the job proportionate amount may be paid. (B)- Staffs engaged by the NGO are eligible to get 5% increment after completion of 11 months of Service.. (C) Administrative Cost to NGOs is to be utilized to meet the expenses incurred towards Meeting, audit, Printing, NGO functionary Supervision, Mobile allowance & other miscellaneous expenses incurred by NGO.						