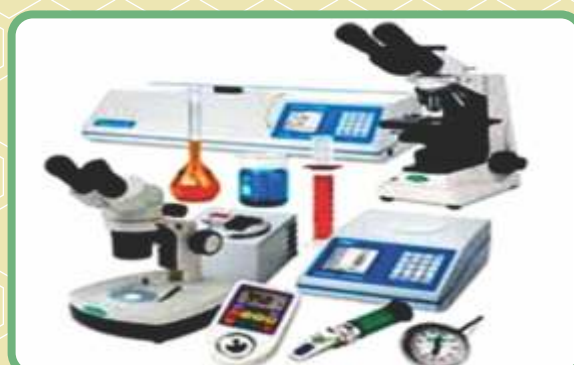




Ministry of Health & Family Welfare
Government of India, New Delhi



Operational Guidelines for **MOBILE MEDICAL UNITS**



OPERATIONAL GUIDELINES FOR MOBILE MEDICAL UNITS



Ministry of Health and Family Welfare
Government of India

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तुम्हारे स्वास्थ्य के लिए
Jagat Prakash Nadda



लोकसभ, स्वास्थ्य और परिवार कल्याण
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Minister of Health & Family Welfare
Government of India



Message

Improving equitable access and coverage to health services is a fundamental principle of service delivery, but this would not be complete unless there was a strategy in place to reach the most underserved communities living in difficult to reach areas. Despite the impressive gains in coverage, reaching last mile populations remains a persistent challenge. Lack of services through fixed service delivery facilities is an area that we should address as a matter of priority. Mobile Medical Units (MMUs) are a key service strategy to reach such vulnerable populations.

2. It gives me great pleasure to introduce these Guidelines to enable states in operationalizing MMUs. I am happy to note that the guidelines are based on reflections and learning over the past few years. States have played a major role in implementing MMUs and rightfully, therefore, the guidelines represent the distillation of valuable lessons from the field. I am also glad that the guidelines are flexible enough to allow states to plan the coverage and functioning of MMUs so as to truly reach the most difficult areas.

3. I trust that states will use this opportunity to rethink and redesign MMUs to be more effective and efficient and make the best use of resources, so as to enable access to health services for all those who live in remote areas, who find it difficult to access services for reasons that transcend geography and for the vulnerable.

(Jagat Prakash Nadda)



भानु प्रताप शर्मा
सचिव
B.P. SHARMA
Secretary



भारत सरकार
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स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare



MESSAGE

Mobile health services are a response to reaching populations living in remote, difficult areas and those communities cut-off from mainstream services on account of geography and climatic conditions. Mobile Medical Units (MMUs) represent a significant investment made by the Ministry of Health and Family Welfare (MoHFW) to enable reaching such marginalized populations.

As India moves towards achieving Universal Health Coverage and in a context where substantial improvement has been made in overall access and coverage, the needs of such populations in underserved areas must assume the highest priority. The implementation of MMUs is not new to the states. Indeed, several of the states have implemented the MMUs in the past. The persistent challenge of unreached populations, however, requires fresh approaches and a review of past strategies. The task is challenging and each context demands a different response. However careful planning, deployment of appropriate human resources and designing service packages to meet different situations will go a long way in meeting the challenge.

These Operational Guidelines for Mobile Medical Units are intended to provide a framework for states to improve use of MMUs. The guidelines also include model tender documents that will assist states in building partnerships to reach marginalized populations. I hope states are able to adapt and use these guidelines to the advantage of the unreached and enable their inclusion in service delivery so that their health care rights and entitlements are protected.

(B.P. Sharma)



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GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011



FOREWORD

The National Health Mission is committed to providing affordable, accessible and quality health services to all. The Mission has a mandate to reach everyone, particularly the vulnerable and marginalized in the rural areas. While our endeavour has been to meet this commitment, there are population sub groups in inaccessible areas where our success has been only partial. Such communities often stay out of the coverage area of fixed facilities and are out of the gaze of mainstream services.

Mobile Medical Units were an innovation attempted at scale in the past few years, but show mixed success. These operational guidelines, which draw from lessons in the field offer a broad framework and guidance on restructuring existing MMU implementation design to provide an optimal service package through effective use of resources. The basic objective of the MMU is to provide a range of preventive, promotive and curative services, and enable referrals.

The guidelines include suggestions on context specific designs in both rural and urban areas, which states could adapt to their needs. The guidelines also make provision for inclusion of a wider range of stakeholders in operationalizing MMUs and to that end, Model Tender Documents have been included to aid states in setting up fair and transparent mechanisms to undertake such partnerships.

I hope the operational guidelines assist states in crafting the design of MMU services so as to benefit the most marginalized and those living in inaccessible areas.

New Delhi
25th June, 2015


(C.K. Mishra)



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GOVERNMENT OF INDIA
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FOREWORD

The National Rural Health Mission, and now the National Health Mission has made much headway in improving access to health care services, especially through strengthening the public health system. However, there continue to remain twilight zones in many parts of the country, where a small but significant proportion of people do not get access to services that they are entitled to.

Mobile Medical Units were designed to meet the needs of such communities. However the findings from various Common Review Missions and other assessments from several states show that the functioning of MMUs has not been optimal and may not be the most efficient use of scarce resources. Based on the recommendations of such reports and in consultation with the states, the Ministry of Health and Family Welfare has developed these Operational Guidelines for Mobile Medical Units.

The guidelines cover a range of design parameters such as geography, mapping and routing of MMUs, service packages for various contexts, norms for deployment, and appropriate human resource teams. A key recommendation is that the service package be broadened to move beyond reproductive child health to a more comprehensive set of services. In addition, the guidelines underscore convergence with existing and newly launched initiatives such as those for Free Essential Drugs and Diagnostics and also strive to get the best value for money by using the MMUs for IEC, Sputum collection etc.

An important lesson from implementation efforts of the past is that although states engaged with private organizations in for profit and not for profit sector, this has not resulted in leveraging mutual strengths. In order to overcome this problem, the guidelines include structured model tender documents and service guidelines to enable states to create and sustain such partnerships to ensure reach with effective and efficient service delivery mechanisms.

I hope that states find these operational guidelines useful and adapt them to local contexts as required so that the promise of universal access to health services becomes a reality.

(Manoj Jhalani)

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1. Introduction

- 1.1 The vision of the National Health Mission (which encompasses the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM) as its two Sub-Missions) is universal access to equitable, affordable and quality health care services. One major initiative under the NRHM was the operationalization of Mobile Medical Units (MMUs) to provide a range of health care services for populations living in remote, inaccessible, un-served and underserved areas mainly with the objective of taking healthcare service delivery to the doorsteps of these populations. With the launch of NUHM, the MMUs services are also intended to cater to the urban poor and vulnerable population and provide fixed services in areas where there is no infrastructure.
- 1.2 As of December, 2014 there were about 1301 operational MMUs in 368 districts across the country. However both task definition and effectiveness of MMUs show variations. Assessments and reviews show that on account of various operational and contextual factors, the deployment of MMUs, their coverage and outcomes are not commensurate with the investments in most States. Planning of MMUs has not followed the principles of accessibility and the range of services has not been such that it addressed the needs of the population living in remote areas. While support was provided to MMUs with diagnostic vans, state experiences also show that it was often not found feasible to provide effective X-ray services through the MMUs. Comprehensive planning and monitoring of MMU remained a challenge in most cases.
- 1.3 The MMU guidelines are thus being revised in light of learnings from past experiences and existing good practices from some states. The rationale for revision is based on a number of reasons. Over the past years, the experience of NHRM, has resulted in (i) better mapping of inaccessible village clusters allowing for improved route planning of the MMUs, (ii) more opportunity for mobilization given the presence of the ASHAs in even very remote villages, saving the MMU teams much time and energy in reaching those in need, (iii) increase in number of functional facilities has increased, allowing more opportunities for referral to facilities at shorter distances, (iv) the presence of the 108 which enabled better access in case of emergencies, (v) the more ready availability of telemedicine, and (vi) better understanding of which service packages can be rendered effectively through the MMUs.

The Free Diagnostics Services initiative under NHM is envisaged to facilitate effective use of technology in digital imaging, use of tele-radiology, and a hub and spoke model for sample collection and testing besides allowing MMUs to serve as sites for point of care diagnostics and as collection centres for blood and sputum samples. X ray imaging services would form part of the Diagnostics initiative and hence would no longer be advised for MMUs.

- 1.4 These revised Operational Guidelines are intended to enable states to restructure implementation mechanisms for MMUs so as to enable optimal utilization of vehicles and staff through convergence while ensuring that the outcome of the MMU contributes to the objectives of reaching the last mile and the unreached with more than just basic OPD services and a limited range of RCH services.

The key objective of the MMU is to reach populations in remote and inaccessible areas with a set of preventive, promotive and curative services including but not limited to RCH services, which are free to the patient at the point of care.

2. Target Geography

- 3.1 In urban areas, MMUs would be deployed where there are habitations of marginalized communities (ragpickers, homeless, migrants) that live on the fringes of cities and towns, alongside highways just outside cities, or along railway tracks and under flyovers and bridges. These are also often areas where dispensaries or Urban PHCs do not exist, and even if they do they are just not accessible to such populations. The MMU could also be deployed in localities where slum populations live and where there is simply no space for creating fixed infrastructure.
- 3.2 In rural areas, MMUs would continue to be deployed in areas with limited or a complete lack of access to health care services. Such areas include Tribal Areas, Conflict Affected Areas (Insurgency, Left Wing Extremism), Hilly and Desert Areas/Islands/flood affected and snow bound wherein situations envisaged are:
 - (i) Where even basic RCH services are not able to be provided because doctors, nurses and even ANMs find it difficult to live there or because there is lack of infrastructure since fixed services could not be established (urban slums, or in conflict affected areas). Here the MMU would provide a complete range of services.
 - (ii) Where basic RCH services are available through ANM/sub-centers and the PHC is functional, but the reach is limited on account of several habitations that are too small to establish regular fixed services, or are too distant or cut-off to expect those in need of health care to come to the nearest PHC for any care.
 - (iii) The range of services available in PHC is restricted to a limited set of RCH services (provided by ANM, Nurse or AYUSH), and there is no accessible health centre with a Medical officer. In this case, the basic and regular RCH services will be provided by the PHC and the role of the MMU would be to provide the rest of the service package.

3. Nature of Services to be provided by an MMU

- 3.1 An MMU is envisaged to provide the following:
 - (i) Outreach services by ANMs in areas where no outreach services exist
 - (ii) Broader set of clinical services by a Medical Officer and her/his team, with ANM/ASHA playing a mobilization role, (one vehicle outfitted as an outpatient clinic, with examination table, light and sufficient facilities for basic lab investigations and a second vehicle for team transport.
 - (iii) Facilitate referral back-up to a functional primary health care system and specialist services as required.

4. Norms for Deployment of MMUs

- 4.1 The currently approved norm is one MMU per district with a normative population of 10 lakhs, with a cap of five MMUs per district. This has been estimated as follows:
- District with population 10 lakhs- 1 MMU
 - District with population of between 10 lakhs and 20 lakhs- 2 MMUs.
 - District with population of between 20 lakhs and 30 lakhs- 3 MMUs
 - District with population of between 30 lakhs and 40 lakhs-4 MMUs
 - District with population of over 40 lakhs - 5 MMUs
- 4.2 This can be further relaxed for hilly and tribal areas, where the populations are widely dispersed and the geographical terrain is difficult.
- 4.3 States are expected to map the nature of diversity of their conditions and adopt the most suitable and sustainable model to suit their state specific needs. However, States have also been specifically requested to provide MMUs especially in areas inhabited by Particularly Vulnerable Tribal Groups (PVTGs) so as to provide primary health care facility close to their habitations.

5. Type of Service Provided

- 5.1 Mobile Medical Units are envisaged to provide primary care services for common diseases including communicable and non-communicable diseases, RCH services, carry out screening activities and provide referral linkage to appropriate higher faculties. (Please see Annexure 1 for the set of services). The services provided would of necessity be preventive and promotive and outpatient curative care. Where there are cases needing acute medical care on the day the MMU reaches the site, such care would be provided and patient referral organized.
- 5.2 In addition, the MMU is also expected to:
- provide point of care diagnostics: Blood glucose, pregnancy testing, urine microscopy, albumin and sugar, Hb, Height/Weight, vision testing, RDT,
 - collect sputum samples,
 - screen populations over 35 for Hypertension, Diabetes and Cancers annually and undertake follow-up checks during the monthly visit, including providing patients requiring drugs with a monthly supply (Hypertension, Diabetes, Epilepsy)
 - undertake IEC sessions on a range of health topics - improved preventive and promotive behaviours for maternal and child health, communicable diseases, including vector borne diseases, educate the community on lifestyle changes, the need for screening for NCDs, and early recognition and appropriate referral.

- 5.3 The nature of services to be provided depends upon the contexts defined in Section 3. The package of services in Annexure 1 is illustrative and states could add on more services such as for eye care, dental care, etc. However the principle for adding on additional service packages should be tied to the presence of additional human resources, appropriate diagnostics and drugs. While multi-skilling of the core staff is possible and even desirable under certain circumstances, it can only work to a limited extent, without overloading and losing focus on priority services.

6. Suggested models of MMUs

There can be broadly 3 models of operationalizing MMUs:

- a. Government operated MMU
- b. Operation of MMU on Out sourcing basis- CAPEX & drugs and supplies provided by Government
- c. Out sourcing of MMU services including CAPEX and OPEX. However, drugs and supplies to be provided by the Govt.

7. Operational aspects of MMU

- 7.1 Officer-in-charge will be the Chief District Medical Officer at district level, who will be responsible for the operational aspects. Rogi Kalyan Samitis will also be involved in operationalization of the MMU. States can also explore the option of outsourcing the vehicle through public-private partnership with credible NGOs, which would follow the same norms, and be accountable for a similar set of services and outcomes.
- 7.2 The Medical Officer in the nearest functional Primary Health Centre will provide support to the MMU team as required. Where there are functional sub centres, in these areas, the ANMs would be available on the day of the MMU visit to provide support. Referrals should be made to the nearest CHC, or DH. In case tertiary care is needed, the use of 108 services will be made, or patient would be shifted to the nearest road-head depending on the conditions of the terrain.
- 7.3 The planning and dissemination of the MMU route map is the responsibility of the CMO with support from the District team. The first step would involve a mapping of villages and village clusters which are inaccessible and underserved. The deployment of MMUs should be prioritised in those areas where there are no functional facilities. The mapping should also identify referral sites that are the first point of referral for these inaccessible clusters. The frequency of MMU visit must be at least once a month. Additional visits will depend upon local condition such as all weather roads, access conditions, terrain, and accessibility to health facility.
- 7.4 Depending on distances, the MMU could make upto one visit a day to distant villages, planning for four hour travel time and about four to five hours in a given site. For shorter distances additional villages could be covered, but these are to be planned based on local

context. The principle is regularity, with every area being visited on the same day in each month and preceded by active mobilization with a well publicized monthly schedule of visits through loudspeakers, announcements, etc. While the MMU could work a six day week, Saturday and Sundays should compulsorily be working days. Weekly off of MMU could be used for maintenance of vehicles, refilling supplies and entry of data etc.

- 7.5 The route of an MMU would be planned such that it reaches a site which serves a cluster of villages that are otherwise inaccessible. The MMU may choose a service site in Villages with a weekly market/Haat or where people from nearby village clusters (which are otherwise inaccessible) tend to congregate. In urban areas, the MMU should be located in the Mohallas or localities occupied by marginalised population. If possible the services could be conducted in any adequate building with one or two rooms and toilets, such as an Anganwadi center or Panchayat Bhavan or primary school.
- 7.6 Adequate arrangements for waiting area should be made by Gram Panchayat/VHSNC. The ASHA and VHSNC would carry out the function of community mobilization, ensuring that people who need services are informed of the MMU schedule, can mobilize those in need of screening, those with communicable diseases or chronic conditions for follow up medical examinations, women in need of family planning services, children in need of medical care, follow up of children discharged from secondary or tertiary care facilities, and those with acute medical conditions.
- 7.7 The MMU could also be used for natural or man-made calamities or in disaster situations and epidemics to provide services to affected populations.
- 7.8 The MMU must not be seen as a stand-alone service delivery option, but rather as a way of delivering primary care in remote, inaccessible areas, and establishing a continuum of care with community level and outreach care as well as secondary and tertiary level care.
- 7.9 Regular monitoring of not just the operational issues related to MMU but the number and types of patients serviced must be undertaken, so as to ensure that the MMU is actually serving a need and is able to provide services for a larger number of people or a comprehensive care for a smaller population who would otherwise not receive such care. Such monitoring should also provide information on other health needs that need to be addressed. The functioning of the MMUs in a district should be monitored regularly and be an essential part of the review by the CEO of the Zilla Parishad/District Collector.

8. Human Resources`

8.1 The suggested HR for an MMU is as under:

MO (MBBS only, preferably women)	One
GNM:	One
Lab Technician:	One
Pharmacist cum Administrative Assistant:	One
Driver cum Support Staff:	One

If the context in which the MMU is being deployed envisages the provision of the entire gamut of services (sub-centre/VHND and Primary care) an additional ANM may be included. If additional services such as dental or ophthalmic services are being provided, including para-medicals (ophthalmic assistant) in these fields may become necessary.

- 8.2 The operating cost has been calculated on the assumption that MMU would have dedicated HR.
- 8.3 If recruited on a contractual basis, salaries should be at par with the salaries of other staff and staff should receive additional benefits and hardship allowances (if any) in the particular districts (specifically tribal and LWE affected) as per the State's policy. In case of medical officer or one of the staff going on leave, substitute officer could be appointed in those days.
- 8.4 For the MMUs that are operated by the State Government, staff should not be withdrawn from existing and functional facilities, which would render the facility dysfunctional. The roles and responsibilities of the team members are at Annexure 2.

9 Drugs, Diagnostics and Supplies

- 9.1 The MMU should have the requisite drugs and supplies (Annexure 3 and 4) to be sourced/refilled from the nearest facility/ warehouse. The drugs/supplies inventory management for MMU should be part of the plan for the district in which the MMU is located. This system is to be followed in cases of outsourcing as well. However a small discretionary amount may be provided, and drugs could be purchased upon certification by the CMO that there is indeed a stock out of the drug (s). A kit based Supply of medicines to the MMU is to be avoided whether in the case of government managed or outsourced model. Requirement of MMU drugs and supplies should be integrated into viable state procurement cum logistic framework, and it should maintain three months stock of medicine, refilling as required.
- 9.2 A set of basic laboratory investigations would be provided, which would include Point of care technologies. Apart from the routine Hb, pregnancy testing, blood glucose, urinalysis using dipsticks (albumin, glucose), states are free to add on a more sophisticated array of tests such as a haematology analyser, or other biochemical tests. Equipment such as an audiometer, refractometer, tonometer, digital ophthalmoscope, could also be added as required, with the caveat being that there is a trained provider and that a continuum of care beyond just diagnosis is established for the patient.
- 9.3 MMUs are also envisaged to collect sputum samples.
- 9.4 All drugs and investigations should be provided free.

10. Quality of Care

- 10.1 MMU services should meet the technical and service quality standards for a PHC. Every patient is to be treated with respect and dignity irrespective of social, economic, cultural or social status. All health data of patients should be kept confidential. Patient privacy should be ensured during examination and procedures. Periodic feedback from patients is to be collected (similar to exit interviews in facilities) and analysed. Telephone numbers where patients can lodge their complaints to be displayed on MMU for Grievance Redressal. Continuity of care should be assured with the tentative date of next visit to be mentioned on each prescription along with details of follow up with ANM/ASHA, when needed. Chronic patients on regular long term medications should be able to collect their monthly medications from MMU. Adherence to Standard Treatment Guidelines is mandatory. Care should be taken to ensure that no conflicts of interests or pecuniary gain in the ways referrals are made. The first point of referral for secondary care should be to the district hospital.
- 10.2 VHSNC and other community level structures should be actively involved in enabling orderly service delivery. Managing over congestion and crowding should be undertaken by such community structures.
- 10.3 Meticulous record keeping, compilation and analysis of indicators to be done on a monthly basis:
- A logbook shall be maintained by the MMU driver and supervised by MMU MO. Logbook shall be available for verification by the District Health society nominee.
 - The MMU shall adhere to all the provisions of Motor Vehicle Acts and other applicable acts in this regard.
 - In case of outsourced vehicle; for all off road days, the penalty should normally be more than the one day running costs.
 - Parking will be responsibility of the District Health Society.
 - Each MMU to be provided with one ABC type fire extinguisher cylinder.

11. Monitoring Mechanism.

- 11.1 The data below should be updated on the State website as Mandatory Disclosure every month
- (i) Number of MMUs in the District (Sanctioned & Operational)
 - (ii) MMU managed by State Govt. /NGO /Private Provider
 - (iii) If MMU operated by State Govt, is the HR dedicated to MMU or existing HR in facilities is assigned to MMU.

- (iv) Number of Vehicles per MMU (2vehicle/ 1 vehicle)
- (v) Number of Trips in a month
- (vi) Number of Villages/Habitations visited with route map
- (vii) Link with GPS for mobile tracking

The following data are to be reported every month:

- (viii) Number of cases seen monthly categorized by ANC, Children immunized, FP services provided, Patients with HT/Diabetes followed,
- (ix) No. of Lab tests/month by MMU
- (x) No. of blood smears collected / RDT tests done for Malaria
- (xi) No. of sputum collected for TB detection / month by MMU
- (xii) Number of patients referred to higher facilities
- (xiii) Operational cost* per patient (excluding all capital cost)
- (xiv) Operational cost* per trip(excluding all capital cost)

12. Grievance Redressal

An effective Grievance Redressal Mechanism should be integrated with grievance mechanism for other services.

13. Financing

The approved operation cost /Recurring Cost with diagnostic van is Rs.24 lakhs while it is 28 lakhs for North Eastern states, J&K and Himachal Pradesh. As mentioned in foregoing para, the cost is based on the assumption that MMU has dedicated HR. Further, while the operational cost factors in budget for drugs, as already indicated, drugs should be sourced through the nearest facility/ warehouse.

14. Uniform colour code of MMUs under NRHM

Under the National Health Mission a universal name " National Mobile Medical Unit" along the colour coding has been prescribed. Adoption of a universal nomenclature with common colour scheme and design is intended to enhance its visibility and create better awareness amongst the target population.

Annexure 1: Suggested Package of Services to be provided at MMU

1	Maternal Health	Early diagnosis of pregnancy, Early registration, MCH Cards, Birth planning (and preparing mothers and families in remote areas to shift to a facility at least one week before the due date, or to a maternity hut), Regular Ante-natal check-ups; includes Screening for Hypertension, Diabetes, Anemia, TT Immunization for mother, Iron-folic Acid & Calcium Supplementation, Identification and referral of High Risk Pregnancy, Post Natal Cases, Counselling, support and motivation for institutional delivery, Nutrition, Enabling Take Home Rations (THR) for pregnant woman through Anganwadi Worker,
2	Neonatal and Infant Health (0 to 1 year old)	Examination of low birth weight/preterm newborn/other high risk newborns and management or referral as required), Counselling and support for early Breast Feeding, improved weaning Practices, Identification of congenital anomalies, other disabilities and appropriate referral, Family/community education of Prevention of infections, Complete Immunization, Vitamin A Supplementation, Care of Common illnesses of newborn, AGE with mild dehydration, pneumonia case management
3	Child and , Adolescent health	Growth Monitoring, Prevention through IYCF counselling, access to food supplementation- convergence with ICDS, De-worming, Immunization- , prompt and appropriate treatment of diarrhoea/ARI, referral where needed, detection of Severe Acute malnutrition (SAM), referral and follow up care for SAM, Prevention of anaemia, use of iodised salt; Prevention of diarrhoea, Pre-school and School Child: Biannual Screening, School Health Records, Eye care, De-worming; Early detection of growth abnormalities, delays in development and disability, Adolescent Health services: personal hygiene, Detection & Treatment of Anaemia and other deficiencies in children and adolescents
4	Reproductive health and Contraceptive Services	Identifying eligible couples, and motivating for Family Planning- delaying first child, spacing between two children, Access to spacing methods- OCP, ECP, condoms, IUCD insertion and removal, RTI treatment- Syndromic management/partner treatment, First aid for GBV- link to referral centre and legal support centre
5	Management of chronic Communicable Diseases	Tuberculosis; HIV, leprosy, Malaria, Kala-Azar, Filariasis, Other vector borne disease- identification, use of RDT/prompt treatment initiation, vector control measures, Sputum collection for TB, RDK + Lab testing and treatment for all vector borne disease examination, follow up medication compliance, Prevention – mass drug administration in filarias, immunization for JE,
6	Management of Common Communicable Diseases & Basic OPD care- (acute simple illness)	Diagnosis and management of common fevers, ARIs and diarrhoeas, Urinary Tract infections, skin infections. (scabies, abscess), indigestion, acute gastritis. Symptomatic care for aches and pains

7	Management of Common Non-Communicable Diseases	Undertake screening for over 35 age group, at MMU on an annual basis or Opportunistic Screening for diabetes and hypertension, Hypertension / Diabetes mellitus – Medication, follow up diagnostics, refer for specialist consultation and early referral for complications, Silicosis, Fluorosis – follow up care, Diagnosis of common respiratory morbidities (COPD and bronchial asthma) and treatment in all “chest symptomatic”; Epilepsy- early case identification, enable specialist consultation through referral.
8	Management of Mental Illness	Community education and Preventive measures against Tobacco use and Substance Abuse, Identification of people for De-Addiction Centres, Referral of cases with mental illness, follow up medication, counselling/support.
9	Dental Care	Education on Oral Hygiene & Substance Abuse, in community and schools- recognition of dental fluorosis- Referral for gingivitis, dental caries, oral cancers, Treatment for glossitis, candidiasis, fever blisters, aphthous ulcers;
10	Eye Care/ENT care	School: Screening for blindness and refractive errors, Community screening for congenital disorders and referral, Counselling and support for care seeking for blindness, other eye disorders -first aid for nosebleeds, recognizing congenital deafness, other common ENT conditions and referral, Eye care in newborn, Screening for visual acuity, cataract and for Refractive Errors, Identification & Treatment of common eye problems- conjunctivitis; spring catarrh, xerophthalmia, first aid for injuries, referral, Management of common colds, Acute Suppurative Otitis media, (ASOM), injuries, pharyngitis, laryngitis, rhinitis, URI, sinusitis
11	Geriatric Care	Management of common geriatric ailments; counselling, supportive treatment, and Pain Management
12	Emergency Medicine	Snake bites, scorpion stings, insect bites, dog bites, Stabilization care in poisoning and referral first aid, trauma of any cause, Minor injury, abscess management,

Annexure 2: Duties and Responsibilities of the Staff of the MMU

1. Medical Officer

- a) MO will be the in-charge and overall responsible for the effective functioning of the MMU. The other staff of the MMU will work under his/her supervision on a day to day basis.
- b) In case of referral to the nearest facility, the MO shall maintain suitable records (detail address and the cause of emergency in the register and log book of the vehicle) and issue a clear descriptive referral slips (Copy Annexed)

MO and MO i/c of the PHC shall take immediate appropriate actions during outbreaks of diseases and epidemic and inform concerned DHO and RCH officer as well as to render assistance as required and feasible.

- c) MO shall work in collaboration with the MO i/c of nearest PHC under whose area services are being rendered.
- d) MO shall work in coordination and cooperation with the health staff of the department, local authorities, Village Health Sanitation and Nutrition Committee (VHSNC) etc.

2. Staff Nurse/ANM

- a) To assist the MO of the MMU in providing the health care services as listed.
- b) To maintain cold chain for vaccines
- c) To carry out all other relevant functions as tasked by the MO of the MMU

3. Pharmacist cum Administrative Assistant

- a) To dispense the medicines to the patients prescribed by the MO in the MMU.
- b) To take appropriate action for Bio Medical waste management with the MO
- c) To maintain all adequate stock, inventory and issue registers.
- d) To carry out all other tasks as ordered by the MO of the MMU.

4. Laboratory Technician

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

5. Role of ASHAs and VHSNC in MMUS

- a) Generate awareness regarding the availability of MMU, service provided, frequency of visit and schedule of MMU.
- b) Mobilization through home visits and VHSNC meetings
- c) Disseminate IEC in coordination with MMU staff and ANM/AWW.
- d) Identify Community groups /patients who would particularly benefit from the services of MMU.
- e) It is important for ASHAs to have clarity on how to assist the service user to choose between SC/PHC/MMU as site of referral based on what the referral is for, where there is greater assurance of service and which is more convenient to access.
- f) To undertake preliminary screening or bring in suspected case of chronic diseases- e.g. TB, Blindness, HIV, Leprosy, diabetes, Hypertension, asthma, epilepsy, childhood disability, severe malnutrition.
- g) To ensure regular follow up of patients who are on long term treatment for chronic diseases.
- h) To enable easy access of referral services in emergency cases.
- i) VHSNC should function as organizer of village level activities of MMU visit.
- j) VHSNC members should help ASHAs/ANMs in mobilization of patients to access services from MMU.
- k) ASHAs should be paid the same incentive as for attending a VHND.

Annexure 3: Proposed List of Medical Equipment and Instruments of MMU-

Name of the Instrument	Quantity for MMU
Microscope with Light source (Binocular)	1
Sterilizer 38 cms with electric drums	1
Dressing Drum (11x9)	2
Weighing Machines Adults Simple	1
Weighing Machines Baby Simple	1
Stethoscope	2
B.P. Apparatus	2
Hemoglobin meter (Manual & digital)	1
Centrifuge machine (mini)	1
Incubator	1
Micro typing Centrifuge	1
Nebulizer	1
Ambu bag Adult	2
Ambu bag Paediatric	2
Laryngoscope Adult	1
Laryngoscope Child	1
Suction apparatus with accessories	1
Torch & spot light	1
Glucometer	1
Refrigerator (capacity 50 to 60 liters)	1
Needle cutter (manually operated)	1
Laboratory table- Portable	1
2 computers- laptop preferred	1
Laser Printer	1
Broadband Internet Data Card	1
Digital camera	1
Speaker	2
Amplifier	1
LCD Projector	1
Water Purifier	1
Foldable Half Bench	2
Foldable seats for staff	4

Waste Collecting bins, as per Biomedical waste Management specifications	
Stool	4
Cot	1
Examination table	1
Brackets for Oxygen Cylinder with adjustable straps	2
Detachable stretcher	1
Hooks for an intravenous bottle	4
Chairs	5
Generator	1
AC Fan	1
Transfusion Bottle Hook	2
Dvd Player	1
Fire Extinguisher	1
View Box	1
Digital clock	1
Height Measurement Instrument	1
Stainless Steel Cabinet	3
Water Storage Tank	1
Extension box	2
Screen (for privacy)	2
Emergency light	2
Soap Container	3
Towel Holder	2
Semi-Auto Haematology analyser (3 part)	1
Test tubes	1
Auto pipettes	1
Ophthalmoscope	1
Auto scope	1
Examination Torch	2
Mobile Lab	1
12 LED ECG Machine	1

Annexure 4: Drugs and Consumable List

Type of medicine	Name of medicine/consumables	Quantity required in a month (to be estimated)
EMERGENCY MEDICINE	Inj. Atropine sulphate 0.6 mg	
	Inj. Calcium Gluconate 10%	
	Inj. Theophyllin 50.6 mg+ Etophyllin 169.4mg/2ml	
	Inj. Dexamethasone 2mg/ml	
	Inj. Oxytocin	
	Inj. Sodab carbonate 7.5mg	
	Inj. Chlorpheniramine Maleate (2ml)	
	Inj. Adrenaline 1mg	
	Inj. Lignocaine 2%	
	Inj. Dopamine 200 mg	
	Inj. Diazepam	
	Inj. Vit K 10mg/ml (Menadion bisulphate)	
	Inj. Anti-Snake Venom serum	
	Inj. Frusemide	
	Inj. Anti Rabies	
	Tab. Amlodipine 5 mg	
ANTIBIOTICS	Tab. Roxithromycin 150mg	
	Tab. Erythromycin 250mg	
	Tab. Ciprofloxacin 250mg	
	Tab. Norfloxacin 400mg	
	Furazolidine tab.	
	Furazolidine Syp. Bottles	
	Metronidazole tab (400mg)	
	Metronidazole tab (200mg)	
	Cap. Amoxicillin 250mg	
	Syp. Amoxicillin 250mg	
	Septran SS Tab	
	Sofracort Eye+ ear drops	
	Soframycin Ointment	
	Syp. Ampicillin	
	Amoxicillin syp. Bottles	
	Ampicillin caps (250 mg)	
	Ciprofloxacin eye drop	
	Ciplox-TZ tab	
	Sy. Cotrimazole (septran)	

ANTIAMOEBIAC	Sy. Furzolidine 60ml	
	Tab. Furzolidine 100mg	
	Tab. Metronidazole 200mg	
ANTIFUNGAL	Whitfield's ointment	
	Griseofulvin tab.	
	Fluconazole Tab	
	Miconazole Tab	
	Tab. Griseofulvin 125 mg.	
NUTRIENTS	Tab. Multivitamin	
	Tab/Cap Iron Folic Acid (S R)	
	Vitamin A/E Capsule	
	Vit. A Solution	
	Vit D Sachet	
	Tab. Vit B Complex	
	Tab. Calcium carbonate	
	Tab. Etophylline & Theophylline SR	
ANTIMALARIALS	Primaquine tab.	
	Pyrimethamine +Sulphadoxine tab.	
	ACT (A/SP, Adult)DMO	
	Chloroquine syrup bottles	
	Chloroquine tab.	
	ACT(RTSUN)	
	ACT(A/SP, <1 yr)	
WORMICIDALS	Albendazole syp.	
	Albendazole tab.	

GENERAL MEDICINE AND NON COMMUNICABLE DISEASES	Amitriptyline tab.	
	Omeprazole cap.	
	Metoclopramide	
	Hydrochlorothiazide	
	Lasix tab.	
	Amlodipine Tab	
	Paracetamol Tab	
	Phenobarbitone tablet	
	Prednisolone Tablet	
	Ranitidine tablet	
	Salbutamol tab.	
	Sorbitrate	
	Cough syrup. Bottles	
	CPM tab.	
	Codeine Tablet	
	Diclofenac+ Dicyclomine tab.	
	Diclofenac SR tab.	
	Diclofenac tab	
	Dicyclomine tab.	
	Digoxin tab	
	Antacid tab	
	Brufen tab.	
	Aspirin tab	
	Asthalin Respiratory solution	
	Atenolol tab	
	BC tab	
	Betamethasone ointment (Betnovate)	
	Calamine lotion	
	Calcium tab	
	Carbamazepine tab.	
Amlodipine tab.		

OTHERS	Sy. Albendazole 10 ml	
	Tab. Albendazole 400mg	
	Sy. Paracetamol 60ml	
	Tab. Paracetamol 500mg	
	Tab. Citrizine 10mg	
	Urine Dip sticks	
	Condoms	
	Tab. Diclofenac sodium 50mg	
	Inj. Diclofenac sodium	
	Cap. Omeprazole 20mg	
	Inj. Ondansetron 2mg/ml	
	Inj. TT	
	DEC Tab	
	Inj. Tonaboline	
	ORS Powder 27.5gm WHO Formula	
ORS Powder 27.5gm WHO Formula		
LOCAL APPLICATION	Gama Benzene hexachloride 1% w/w lotion	
	Framycetin sulphate BP 15mg (1.5%)	
	Povidone-iodine-Ointment	
	Cream. Miconazole	
	Sukhad Oint- (Ayurvedic)	
	Ciprofloxacin eye drop	
	White petroleum Jelly	
	Lignocaine 2% Jelly	
	Gentamycin eye/ear drop	
	Xylocaine Jelly 2 %	
	Tab. Clotrimazole 100mg (Vaginal Pessary)	
IV FLUIDES	Normal Saline 500ml	
	Dextrose 5% 500 ml	
	I.V. Dextrose in Normal Saline 500ml	
	Ringer lactate 500 ml	
DISINFECTANTS	Povidone Iodine Solution 500 ml	
	Denatured spirit	

OTHER CONSUMABLES	Surgical gloves	
	Scalp Vein set	
	Kidney tray (Plastic) 12"	
	Scapel Blade	
	Cotton roll 500gm	
	Rolled bandages	
	Paper Adhesive tape	
	Elastic crepe bandages Non-sterile-10 cm	
	Sterile water for injection	
	Disposable Syringes- 2cc, 5cc	
	IV set	
	Disposable Needle-22G, 24G, 23G	
LABORATORY EQUIPMENTS	Tourniquet	
	Collection bulbs-EDTA, PLAIN	
	Lancet needles	
	Stains field-A, B	
	Pregnancy Test Card	
	Multi Uri sticks	
	Widal test kit	
	Slides-Standard	
	Urine routine- Albumin/Sugar strips	
	Two sets of the IUCD kit having following instruments-Stainless steel tray with lid, Steel bowl, Cusco/Sim's speculum, Sponge holding forceps, Anterior vaginal wall retractor, Uterine sound, Long curved scissors, Artery clamp	

Annexure 5: Financial norms for the Recurring Cost of the existing MMUs

1 Vehicle		
Manpower#	Rs. 11.4lakhs p.a	95000pm
Drugs	Rs. 3 lakhs p.a	25000pm
Maintenance and Repair of Vehicle	Rs. 2.4 lakhs p.a	20000pm
POL (1vehicles)0	Rs. 1.80 Lakh p.a	15000pm
Total OPEX	Rs. 18.6 lakhs p.a	1.55 lakhs pm
MBBS Doctor (Rs. 40000/m)	Rs. 4.8 lakhs p.a	
ANM/ Staff Nurse(Rs. 15000/m)	Rs. 1.8 lakhs p.a	
Lab tech(Rs. 15000/m)	Rs. 1.8 lakhs p.a	
Pharmacist(Rs. 15000/m)	Rs. 1.8 lakhs p.a	
Driver-1(Rs. 10000/m)	Rs. 1.2lakhs p.a	
Total HR	Rs. 12.6 lakhs p.a	
2 Vehicle 2		
Manpower#	Rs. 14.4 lakhs p.a	1.2 lakhs pm
Drugs	Rs. 3 lakhs p.a	25000pm
Maintenance and Repair of Vehicle	Rs. 2.4 lakhs p.a	20000pm
POL (2vehicles)	Rs. 3.60 lakhs p.a	30000pm for 2 vehicles
Total OPEX	Rs. 23.4 lakhs p.a	2.15 lakhs pm
MBBS Doctor (Rs. 40000/m)	Rs. 4.8 lakhs p.a	
ANM/ Staff Nurse(Rs. 15000/m)	Rs. 1.8 lakhs p.a	
Lab tech(Rs. 15000/m)	Rs. 1.8 lakhs p.a	
Pharmacist (Rs. 15000/m)	Rs. 1.8 lakhs p.a	
Driver-2 (Rs. 10000/m)	Rs. 2.4 lakhs p.a	
X-ray tech (Rs. 15000/m)	Rs. 1.8 lakhs p.a	
Total HR	Rs. 14.4lakhs p.a	
3 Vehicle		
Manpower#	Rs. 15.6 lakhs p.a	1.3 lakhs pm
Drugs	Rs. 3 lakhs p.a	25000pm
Maintenance and Repair of Vehicle	Rs. 2.4 lakhs p.a	20000pm
POL (3vehicles)	Rs. 5.40 lakhs p.a	45000pm for3 vehicles
Total OPEX	Rs.26.4 lakh p.a	2.22 lakhs pm
MBBS Doctor (Rs. 40000/m)	Rs. 4.8 lakhs p.a	
ANM/ Staff Nurse(Rs. 15000/m)	Rs. 1.8 lakhs p.a	
Lab tech (Rs. 15000/m)	Rs. 1.8 lakhs p.a	
Pharmacist (Rs. 15000/m)	Rs. 1.8 lakhs p.a	
Driver-3 (Rs. 10000/m)	Rs. 3.6 lakhs p.a	
X-ray tech (Rs. 15000/m)	Rs. 1.8 lakhs p.a	
Total HR	Rs. 15.6 lakhs p.a	

*3 vehicle is no longer encouraged and is only for those existing operational MMUs

Appendix I-A

DEPARTMENT OF HEALTH & FAMILY WELFARE

GOVERNMENT OF (Insert name of the State).....

**BID ENQUIRY DOCUMENTS
FOR
(Mobile Medical Unit MMU)**

CAPEX+OPEX

Contents

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NOTICE INVITING TENDERS (NIT)

<Insert the name of the Procuring Authority (Department/Directorate/Agency/Institution)>

Address:.....

.....

URL: www.....

Email:.....

Telephone:.....

Bid Enquiry No. PHFW/ / / Dated: / /

NOTICE INVITING BIDS

1. <insert the designation and office of the Bid inviting authority and the department/agency> hereinafter referred to as **“Mobile Medical Unit Service Procuring Agency (MMUSPA)”** invites sealed Bids from eligible bidders willing to maintain and operate Mobile Medical Units infrastructure to provide primary and selective secondary healthcare in identified regions. The scope of services requires are enumerated in **Section-IV** of this document.
2. This document contains eight sections as follows:
 - (i) Section I: Notice Inviting Bids
 - (ii) Section II: Instructions to Bidder
 - (iii) Section III: Procedures for evaluations of Bids
 - (iv) Section IV: Responsibilities of Service Providers
 - (v) Section V: Eligibility Criteria
 - (vi) Section VI: Terms and Conditions
 - (vii) Section VII: Formats of Appendices (A to F)
 - (viii) Section VIII: Standard format for Service level Agreement
3. Schedule

Sl. No.	Description	Date/Place
1	Date of sale of Bid Enquiry Documents	
4	Pre bid Meeting (Date & Time)	
5	Pre-Bid Meeting Venue	
6	Closing Date and Time of Receipt of Bid	
7	Time, Date and Venue of Opening of Technical Bid.	
8	Time, Date and Venue of Opening of Financial Bid.	

4. Full set of Bid Enquiry Documents may be purchased on payment of non-refundable fee of <insert Bid cost in INR.> per set in the form of Demand Draft, drawn on a scheduled bank in India, in favour of “<insert the designation and office of the Bid inviting authority” payable at <insert the place>.
5. If requested, the Bid Enquiry Documents will be mailed by Registered Speed Post to the interested Bidders, for which extra expenditure per set will be INR 100.00 for domestic post. The Bidder is to add the applicable postage cost in non-refundable fee mentioned in Para 3 above. The MMUSPA will not be responsible for late receipt/ non-receipt of Bid document by the vendor.
6. Bidder may also download the Bid enquiry documents (a complete set of document is available on website) from the web site www.....com or www.....nic.in and submit its Bid by using the downloaded document, along with the required non-refundable fee as mentioned in Para 3 above. The Bid papers will be summarily rejected if the Bidder changes any clause or Annexure of the bid document downloaded from the website.
7. All prospective Bidders are requested to attend the Pre bid meeting either in person or through their authorized representative. No representative is allowed to represent more than one prospective Bidder. The venue, date and time are indicated in Schedule of Events as in Para 2 above.
8. Bidders shall ensure that their bids complete in all respects, are dropped in the Bid Box located at (place to be inserted) on or before the closing date and time indicated in the Para 2 above, Bids submitted after the prescribed time will be treated as late bid and will not be considered. The Bids sent by post/courier must reach the above said address on before the closing date & time indicated in Para 2 above, failing which the Bid will be treated as late bid and will not be considered.
9. In the event of Bid opening day being declared a holiday / closed day for the MMUSPA, the Bids will be received/opened on the next working day at the same time.
10. The Bid Enquiry Documents are not transferable.

(Name & Designation of the Bid Inviting Authority)

INSTRUCTIONS TO BIDDER

1. General Instructions

- a) The Bidder should prepare and submit its offer as per instructions given in this section.
- b) The Bids should be complete with all documents dully signed by Authorized personnel. Those submitted by telex, telegram or fax shall not be considered.
- c) The Bids which are for only a portion of the components of the job /service shall not be accepted. (The Bids /bids should be for all components of the job /service.)
- d) The prices quoted shall be **firm** and shall include all taxes and duties. This shall be quoted in the format as per attached **Appendix 'D'** only.
- e) The Bids (technical and financial) shall be submitted (with a covering letter as per **Appendix 'C'**) before the last date of submission. Late Bids / bids shall not be considered.

2. Earnest Money Deposit (EMD)

- a) The Bid shall be accompanied by Earnest Money Deposit (EMD) INR..as specified in the Notice Inviting Bid (NIT) in the form of Bank Draft / Bankers cheque from any Schedule Bank in favour of < Insert designation of the Bid inviting authority> payable at <insert place>
- b) No Biding entity is exempt from deposit of EMD. Bids submitted without EMD shall be not considered.
- c) The EMD of unsuccessful Bidder will be returned to them without any interest, after conclusion of the resultant agreement. The EMD of the successful Service provider will be returned without any interest, after receipt of performance security as per the terms of agreement.
- d) EMD of Bidder may be forfeited without prejudice to other rights of the MMUSPA, if the Bidder withdraws or amends its Bid or impairs or derogates from the Bid in any respect within the period of validity of its Bid or if it comes to notice that the information / documents furnished in its Bid is incorrect, false, misleading or forged. In addition to the aforesaid grounds, the successful Bidder's EMD will also be forfeited without prejudice to other rights of MMUSPA, if it fails to furnish the required performance security within the specified period.

4. Preparation of Bid

The bids shall be made in TWO SEPARATE SEALED ENVELOPES as follows:

- I. The **first envelope** shall be marked in bold letter as "**TECHNOCOMMERCIAL BID**" which shall be sent forwarding letter **Appendix 'C'** and shall include the following:
 - 1) Receipt regarding payment of Bid cost or Bank draft drawn in favour of MMUSPA for the amount of non refundable fee if the Bid documents have been downloaded from web.

- 2) Bank Draft /Bankers Cheque towards **E.M.D.**
- 3) Confirmation regarding furnishing **Performance Security** in case of award of agreement.
- 4) Original Bid document duly stamped and signed by the authorized personnel in each page along with the Forwarding Letter confirming the performing the assignment as per **Appendix 'C'**.
- 5) Particulars of the Bidder as per **Appendix 'B'** Copy of the Income Tax Returns acknowledgement for last three financial years.
- 6) Power of attorney in favour of signatory to Bid documents.
- 7) Copy of the certificate of registration of EPF, ESI and Service Tax with the appropriate authority.
- 8) A declaration from the Bidder in the format given in the **Appendix 'F'** to the effect that the firm has neither been declared as defaulter or black-listed by any competent authority of a government department, government undertakings, local bodies, authorities.

In addition to the above documents,

- 1) The Bidder shall provide certificate of other similar services provided in private/public sector in last three years and user's certificate regarding satisfactory completion of such jobs as per proforma given in **Appendix 'A'**.
 - II. The second envelope shall contain the financial proposal and shall be marked in bold letters as "FINANCIAL BID". Prices shall be inclusive of all taxes & duties and quoted in the proforma enclosed at **Appendix 'D'** as per scope of work / service to be rendered.

5. Bid Validity Period

The Bids shall remain valid for <180 days> from the date of submission for acceptance and the prices quoted shall remain for the duration of the agreement. . The MMUSPA may requested for further extension as deemed fit and the Bidder will send intimation of acceptance or otherwise of request for extension with three days of issue of such request. The agreement may be extended for another term with mutual consent.

6. Bid Submission

The two envelopes containing both technical and the financial bid shall be put in a bigger envelope, which shall be sealed and superscripted with "BID NO <Insert Bid No.> due for opening on <Insert due date for Opening>

The offer shall contain no interlineations or overwriting except as necessary to correct errors, in which cases such correction must be initialed by the person or persons signing the Bid. In case of discrepancy in the quoted prices, the price written in words will be taken as valid.

7. Opening of Bids:

The technical bid will be opened at the time & date specified in the schedule. The Service providers may attend the bid opening if they so desire.

EVALUATION OF BIDS

1. Scrutiny of Bids

The Bids will be scrutinized to determine whether they are complete and meet the essential and important requirements, conditions and whether the Bidder is eligible and qualified as per criteria laid down in the Bid Enquiry Documents. The bids, which do not meet the aforesaid requirements, are liable to be treated as non-responsive and may be ignored. The decision of the MMUSPA as to whether the Bidder is eligible and qualified or not and whether the bid is responsive or not shall be final and binding on the Bidders. Financial bids of only those Service providers, who qualify technical bid, will be considered.

2. Infirmary / Non-Conformity

The MMUSPA may waive minor infirmity and/or non-conformity in a Bid, provided it does not constitute any material deviation. The decision of the MMUSPA as to whether the deviation is material or not, shall be final and binding on the Service providers.

3. Bid Clarification

Wherever necessary, the MMUSPA may, at its discretion, seek clarification from the Bidders seeking response by a specified date. If no response is received by this date, the MMUSPA shall evaluate the offer as per available information.

4. Evaluation of Technical Proposal:

Criteria/Parameter	Marks Tally	Maximum Marks
1. Experience of the Bidder/Consortium in implementing similar project at community level: a.) 5 years and above b.) 3-5 years c.) 0-3 years	10 5 3	10
2.) No. of MMU being operated in states in last 5 years a.) 30 and Above b.) 10-30 c) Less than 10	10 5 3	10
3.) Quality of skilled Human resources in the Provided MMU a) With Doctor b) Without Doctors	10 5	10

SECTION

4

JOB DESCRIPTION

1. Service Aims

- 1.1 The primary obligation of the service provider will be to operate the Mobile Medical units to provide primary and selected secondary health care ensuring that MMU
 - a. Is fully equipped with equipments listed in **“Annexure I” of Service Agreement list ;**
 - b. Is manned by adequate manpower resources as per the requirement enumerated in **“Annexure III” of the Service agreement list.**
 - c. The MMUs are provided with necessary fuel for carrying on operations on regular basis
- 1.2 It is the responsibility of <Name of the MMUSPA> to arrange supply free of cost good quality generic drugs and consumables as per the requisitions received from the service provider. <Name of the MMUSPA> would make all effort to keep the MMUs well stocked with drugs and consumables at all the times. Supplies shall be made within 3 days of requisitions.

2. Obligations of the service provider:

1. It will be the responsibility of service provider to arrange MMU vehicles along with all the listed equipments, human resources to maintain the MMU operational. All the maintenance cost of equipment as well as vehicles will be borne by the service provider since vehicles and equipment are to be provided by the service provider. The vehicles should not be more than two years old from the date of manufacturer on the day of commencement of service. At no point of time during the currency of the Service agreement, the vehicle will be more than 5 years old from the date of manufacturer.
2. The service provider shall follow the standard operating procedures (SOPs) as approved by the competent authority in MMUSPA.
3. The service provider would recruit, deploy and maintain a team of competent personnel for running the MMU. A list of minimum key personnel required with their qualifications are given in **“Appendix III” of the service agreement list.** The staffs so recruited/ appointed shall be exclusively on Pay roll of the service provider. The Service Provider will ensure deployment of the minimum personnel as enumerated above to keep the MMUs operational and capable of providing the services as agreed upon.
4. The Service provider shall follow the Service Plan/Route plan/Calendar for MMU as approved by the District Health officer/CMO. It is expected that Sunday will be the day on which no service would require to be provided and the weekly off on Sunday it could be used for maintenance, refilling and data entry purposes. However, the competent authority may declare any other day in the week as “off-day”. In exceptional circumstances, the weekly off day can be cancelled by the competent authority.

5. The MMU should be equipped with the all the equipments proposed in **“Annexure I” of the servile agreement list”**.
6. All drugs should be provided free to the service provider within 3 days of requisitions.
7. The service provider shall submit data to the state government every month as per **“Annexure II”of the service agreement list.**
8. The service provider would procure all necessary road and goods permits for the MMU and maintain the same throughout the period.
9. The logbook of movement of the MMU shall be maintained by the MMU driver and supervised by the Medical Officer in charge of the MMU. Logbook shall be made available for verification by the any authority nominated by MMUSPA.
10. Service provider shall communicate the names and addresses of the Team manning a particular MMU during the currency of the agreement and any change in the composition of the team must be intimated to the authority nominated by the MMUSPA. The names of men at work at the MMU at any point of time must also be displayed prominently on the MMU.
11. The Service provider will also comply with confidentiality and privacy laws including patient details.
12. All records maintained by the Service provider regarding operations of MMUs will be made available to any government authority including audit on demand.
13. It should be clearly understood that under no circumstances, the MMUs will be used to advertise the operations of the service provider. It should be clearly mentioned on the outer body of the MMU that the service is provided by the service provided by an agreement between MMUSPA and the service provider.
14. Requirements of any Act promulgated by the Central State Law will have to meet by the service provider. Details as required under RTI should be notified in the MMU.

SECTION

5

ELIGIBILITY CRITERIA

1. The bidder shall be a sole provider or a group of providers/NGO (maximum 3) coming together as Consortium to implement the Project, represented by a lead member. The bidder cannot be an individual or group of individuals. A bidder cannot bid as a sole provider as well as a partner in a consortium. No bidder can place more than one bid in any form in the state. The bidder should be registered as a legal entity.
2. The bidder and in case of a consortium all the participants shall have at least three years experience in providing medical care at community level. In support of this, a statement regarding assignments of similar nature successfully completed during the last three years should be submitted as per Performa in **Appendix 'A'**. Users' certificate regarding satisfactory completion of assignments should also be submitted. The assignment of Govt. Depts. / Semi Govt. Depts. should be specifically brought out. (The decision of the state government as to whether the assignment is similar or not and whether the bidder possesses adequate experience or not, shall be final and binding on the bidders). The bidders may in addition provide any other documentation in support of their claims of experience in providing community healthcare.
3. The bidder should not be presently blacklisted by the MMUSPA or any government agencies/ local bodies.
4. In case of Consortium, the lead member shall be legally responsible and shall represent all consortium members, if any, in all legal matters.
5. The bidders shall provide the balance sheet (Income & Expenditure account in case of NGOs) of last three years.
6. The bidder(s) must have turnover not less than 60% of the bid amount quoted for each of the last three years. In case of NGOs, cost of community healthcare services provided should not be less than 60% of the bid amount quoted for each of the last three years.

TERMS AND CONDITIONS

1. Signing of Agreement

The MMUSPA shall issue the Notice for Award of Agreement to the successful bidder within the bid validity period. And the successful bidder will be required to sign the Service level agreement with the MMUSPA or its nominee within 15 days of receipt of such communication.

2. A model copy of service agreement is at the Appendix_____.

3. Modification to agreement:

The agreement when executed by the parties shall constitute the entire agreement between the parties in connection with the jobs / services and shall be binding upon the parties. Modification, if any, to the agreement shall be in writing and with the consent of the parties.

The agreement shall be valid for a period of **3 years** from the date of signing of the same. In case the service provider fails to adhere to the rules, regulations or any of the terms and condition of the agreement or in case the service provided is considered to be unsatisfactory by the _____, the service provider will be asked to provide his response in writing within 15 working days to specific case of violations and unsatisfactory services. The MMUSPA would be free to cancel the agreement after considering the response of the service provider and recording the reasons for its decision.

4. Performance Security

- a) The successful bidder shall furnish a performance security in the shape of a Demand Draft/ Bank Guarantee issued by a Nationalised Bank in favour of Tender Inviting Authority for an amount equal to 5% of the total agreement value. The Bank guarantee shall be as per proforma at **Appendix 'E'** and remain valid for a period, which is three months beyond the date of expiry of the agreement. This shall be submitted within 15 days (minimum) of receiving of Notice for Award of Agreement and before signing of the agreement failing which the EMD may be forfeited.
- b) If the agreement is cancelled at any time during the validity period of the agreement in terms of para 4 above the Performance Security shall be forfeited
- c) The MMUSPA will release the Performance Security without any interest to the firm / contractor on successful completion of contractual obligations.
- d) The total cost of tender would be the basis to calculate non operative cost per MMU per day. For all days when a certain number of MMU has not been functional, cost deducted would be:

(Cost per MMU per day)*(Total Number of MMU non operative)*(Number of days Non operative)

5. Compliance of Minimum Wages Act and other statutory requirements

The Service provider shall comply with all the provisions of Minimum Wages Act and other applicable labor laws. The Service provider shall also comply with all other statutory provision

including but not limited to provisions regarding medical education and eligibility criteria of human resources used by the Service provider for providing the services, biomedical waste management, biosafety, occupational and environmental safety.

The overall legal responsibility of provision of medical care lies with the Authority/public health facility.

The Service provider shall maintain confidentiality of medical records and shall make adequate arrangement for cyber security.

6. Income Tax Deduction at Source

Income tax deduction at source shall be made at the prescribed rates from the Service provider's bills. The deducted amount will be reflected in the requisite Form, which will be issued at the end of the financial year.

7. Periodicity of Payment

The payment will be made on monthly basis not extending beyond 12 noon of the last bank working day of the month as per the clause no.11 in the service agreement list. The MMUSPA shall give standing instructions to the bank for implementation of this requirement. The Service provider will raise its invoice on completion of services during this period duly accompanied by evidences of services provided. The payment will be subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws.

8. Damages for Mishap/Injury

The MMUSPA shall not be responsible for damages of any kind or for any mishap/injury/accident caused to any personnel/property of the Service provider while performing duty in the MMUSPA's / consignee's premises. All liabilities, legal or monetary, arising in that eventuality shall be borne by firm/ contractor.

9. Termination of Agreement:

The MMUSPA may terminate the agreement, if the successful Bidder withdraws its Bid after its acceptance or fails to submit the required Performance Securities for the initial agreement and or fails to fulfill any other contractual obligations. In that event, the MMUSPA will have the right to purchase the same goods/ equipment from next eligible Service provider and the extra expenditure on this account shall be recoverable from the defaulter. The earnest money and the performance security deposited by the defaulter shall also be recovered to pay the balance amount of extra expenditure incurred by the MMUSPA.

After completion of the tenure of Bid, the Service provider will be allowed to vacate the space within a period of 15 days, in all the facilities where provider was providing the services.

10. Arbitration

- a) If dispute or difference of any kind shall arise between the MMUSPA and the firm/contractor in connection with or relating to the agreement, the parties shall make every effort to resolve the same amicably by mutual consultations.
- b) If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the MMUSPA or the firm/

contractor 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 to be appointed by the <insert Bid issuing authority> as the arbitrator. 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 <insert Bid issuing authority> to act as Arbitrator.

- c) Work under the agreement shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the MMUSPA or the firm / contractor shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.
- d) Reference to arbitration shall be a condition precedent to any other action at law.
- e) Venue of Arbitration: The venue of arbitration shall be the place from where the agreement has been issued.

11. General Terms and Conditions:

- a. The Service provider shall commence the proposed services within the 30 days of signing the agreement.
- b. The Authority shall finalize the Standard Operating Procedures (SOPs) for each of the services to be followed by the Service provider.
- c. All payments should be made within 30 days of submission of necessary bills/invoices.
- d. Patient Feedback/Suggestions/Grievance Redressal- Periodic feedback from patients are to be taken on structured questionnaire. Result would be analyzed by the state government for further improvement of services and feedback to the service provider. Telephone numbers where patients can lodge their complaints will be displayed on MMU.

12. Applicable Law and Jurisdiction of Court:

The agreement shall be governed by and interpreted in accordance with the laws of India for the time being in force. The Court located at the place of issue of agreement shall have jurisdiction to decide any dispute arising out of in respect of the agreement. It is specifically agreed that no other Court shall have jurisdiction in the matter.

<Insert name and address of the Bid inviting authority>

Appendix-A

Community based Health services provided in last 3 years.

1. Attach users' certificates (in original) regarding satisfactory completion of assignments

Note: Attach extra sheet for above Performa if required.

Signature.....

Name

Sr. No	Assignment Agreement No & date	Description of work/ services provided	Agreement price of assignment	Date of commencement	Date of completion	Was assignment satisfactorily completed/It is ongoing	Address of organization with Phone No. where assignment done
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

PARTICULARS OF THE BIDDER

(To be submitted by all BIDDERS including participant in Consortium)

1. Name :
2. Type of Organisation : Prop./Partnership/Company/Consortium/Trust/
Not for Profit Organization
3. Address of Service centres in the region:
 - (a) Total No. of services personnel at the existing centres:
 - (b) Total No. of locations where organization currently has centres:
4. Number of service personnel:

Name	Qualification	Experience (Similar Service)
		(use extra sheet if necessary)

5. Registration. Nos.
 - (a) EPF
 - (b) ESI
 - (c) Sales Tax
 - (d) VAT
 - (e) Service Tax
 - (f) PAN No.
 - (g) Audited Accounts Statement for past three financial years
 - (h) Copy of Income Tax Return for past three financial years
 - (i) Experience certificate of Service provider
6. Brief write-up about the firm / company. (use extra sheet if necessary)

Signature of Service providers

Date:

Name

Place:

Office Seal

Appendix-C

Forwarding Letter for Technical Bid (To be submitted by all Service providers in their letterhead)

Date:.....

To

<Name, Designation and Address of Bid Inviting Authority>

Sub: Bid for provision of Mobile Medical Unit under Bid No....

Sir,

We are submitting, herewith our Bid for providing annual maintenance services / comprehensive maintenance services for

We are enclosing Receipt No..... or Bank Draft/Bankers Cheque No....., Dated.....(amount.....)towards Bid cost/fee (if documents have been downloaded from website) and Bank Draft / Bankers Cheque No..... Dated..... (Amount.....) towards Earnest Money Deposit (EMD), drawn on..... Bank in favour of <Bid Inviting Authority>.

We agree to accept all the terms and condition stipulated in your Bid enquiry. We also agree to submit Performance Security as per Clause No. 3 of Section VI of Bid Enquiry document.

4. We agree to keep our office valid for the period for the period stipulated in your Bid enquiry.

Enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of the Bidder.....

Seal of the Bidder.....

FINANCIAL BID

1. Name of the Bidder:.....
2. Prices Quoted :-

S.No	Cost Head per MMU	Operational Cost Per annum (INR)	No. of Units quoted for	Total Cost
01	Human Resources (Per MMU)			
02	Maintenance and Repair of vehicle POL			
03	Equipment			
04	Consumables & Regents (excluding drugs)			
05	Fuel			
	Total Cost of the proposed project per annum			
	Total Cost per MMU per annum			

(In words.....)

The prices shall be firm and inclusive of all taxes and duties presently in force.

Signature.....

Name.....

Appendix-E

PROFORMA FOR BANK GUARANTEE

To

<Name, Designation and Office Address of Bid Inviting Authority >

WHEREAS.....(Name and address of the Service Provider) (Hereinafter called " the service provider" has undertaken, in pursuance of agreement No..... dated (Herein after "the agreement") to provided specific Mobile Medical Units.

AND WHEREAS it has been stipulated by you in the said agreement that the service provider shall furnish you with a bank guarantee by a scheduled commercial bank recognized by you for the sum specified therein as security for compliance with its obligations in accordance with the agreement;

AND WHEREAS we have agreed to give such a bank guarantee on behalf of the service provider;

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the service provider, up to a total of..... (Amount of the guarantee in words and figures), and we undertake to pay you, upon your first written demand declaring the service provider to be in default under the agreement and without cavil or argument, any sum or sums within the limits of (amount of guarantee) as aforeside, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein. We hereby waive the necessity of your demanding the said debt from the service provider before presenting us with the demand. We further agree that no change or addition to or other modification of the terms of the agreement to be performed there under or of any of the agreement documents which may be made between you and the service provider shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition or modification.

This guarantee shall be valid up to 15 (fifteen) months from the date of signing of agreement i.e. up to..... (Indicate date)

.....
(Signature with date of the authorized officer of the Bank)

.....
Name and designation of the officer

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

DECLARATION BY SERVICE PROVIDER

I / We agree that we shall keep our price valid for a period of one year from the date of approval. I / We will abide by all the terms & conditions set forth in the Bid documents No. /

I / We do hereby declare I / We have not been de-recognized / black listed by any State Govt. / Union Territory / Govt. of India / Govt. Organisation / Govt. Health Institutions.

Signature of the Service provider:

Date:

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public in INR 50.00 stamp paper.

Service Level Agreement

No _____

SERVICE LEVEL AGREEMENT

Between

.....

(MMU Service Procuring Agency)

And

.....

(Service Provider)

To maintain and operate Mobile Medical Units (MMU) infrastructure to provide primary and selective secondary healthcare in identified regions.

Service Level Agreement

DECLARATION BY SERVICE PROVIDER

1. BACKGROUND

- 1.1 <NAME OF THE MMUSPA>hereinafter referred to as MMUSPA desirous of outsourcing the services relating to operation of Mobile Medical Units in <name of the identified region> had invited tenders from eligible bidders vide TE No _____ dated _____. <Name of the Service Provider> having submitted his bid in response to the tender enquiry and having been found technically qualified as per the conditions in the same TE, has been awarded the agreement by the competent authority in the <MMUSPA>. <Name of the Service Provider> has also performed required obligations after the award of agreement was communicated to him.
- 1.2 Both <Name of the MMUSPA> and <Name of the Service Provider>hereinafter referred to as Service Provider hereby willingly enter into this agreement and agree to abide by all obligations enjoined on them by this agreement.

2. SERVICE AIMS

- 2.1 The primary obligation of the Service provider will be to operate the Mobile Medical Unit(s) to provide primary and selected secondary health care ensuring that such MMU:
 - a. Is fully equipped with equipments listed in “Annexure I” of Service Agreement list ;
 - b. Is manned by adequate manpower resources as per the requirement enumerated in “Annexure III” of the Service agreement list.
 - c. The MMUs are provided with necessary fuel for carrying on operations on regular basis
- 2.2 It is the responsibility of <Name of the MMUSPA> to arrange supply of good quality generic drugs and consumables as per the requisition received from the service provider. <Name of the MMUSPA> would make all efforts to keep the MMUs well stocked with drugs and consumables at all times. Supplies shall be made within 3 days of requisitions.
- 2.3 The Service Provider categorically states that if he avails of any loan to procure, lease or hire purchase vehicles from any Banks, financial institutions, other agencies or individuals, he will not make the MMUSPA a party in any manner in such transaction nor will use this agreement as a guarantee of any manner nor will use future revenue expected to him from this agreement to hypothecate such procurement of vehicles.

3. SERVICE OBJECTIVES

- 3.1 The service provider will also provide the operational set such as power generator, fuel for the vehicles and all other requirements to keep the MMU vehicle in operational condition at all times.

- 3.2 It is explicitly stated that both the parties are committed to enhance the health and well-being of residents of the area covered by the Service Level Agreement by providing high quality service, innovation and development and to meet identified needs within the resources available to both the parties.

4. SERVICE DESCRIPTION AND RESPONSIBILITIES

Out-patient services:

- 4.1 The Mobile Medical Units will provide only out-patient services. These units will function as mobile clinics and are not meant to transport patients.
- 4.2 The Service provider shall follow the Service Plan/Route plan/Calendar for MMU as approved by the District Health officer/CMO and accordingly make the services of the MMU available at the desired spot on the appointed days.
- 4.3 The Service Provider shall provide primary and secondary health care as per the standard operating procedures approved by the Service procuring agency.
- 4.4 The Service provider hereby agrees that Mobile Medical Unit must always operate under the supervision of a qualified Medical Officer. The Service provider further agrees that at any time and under any circumstances, patient care would not be carried out by unauthorised personnel.
- 4.5 Service provider agrees that failure to adhere to the Service Plan/Route Plan/Calendar referred to Paragraph 4.2 above would constitute a variation in terms of Paragraph 12.1 of this Agreement and a default of an obligation in terms of Paragraph 15.2 of this Agreement.

Service Component:

- 4.5 The service at the MMU will be clinically led by a qualified Medical Officer. Patients will have access to primary and selective clinical management by a qualified Medical Officer.
- 4.6 Ailments which shall not normally require further referral/ specialist care will be treated at the MMU only. Patients will be treated and provided drugs free of cost. No charges of any kind will be recovered from the patients.

5. REFERRAL PROCESS & ELIGIBILITY

- 5.1 It will be the responsibility of <Name of the MMUSPA> to provide the Service provider an “information matrix” for nearest facilities including their capacity in terms of existing Laboratory services, diagnostic services, and human resources available.
- 5.2 It will be the responsibility of the Service Provider to keep the Medical Officer(s) in charge of the MMU informed of the information matrix. For services not available at the MMU, patients can be referred to nearest facility in accordance with the “information matrix”.
- 5.3 Both the parties hereby agree that no patient will be referred to any private medical establishment either formally or informally without specific prior approval of the <Name of the MMUSPA>.

6. INFORMATION AND REPORTING REQUIREMENTS

- 6.1 The Service provider shall ensure that information, records and documentation necessary to monitor the agreement are maintained and are available at all times to the <Name of the MMUSPA> or its authorised representative. The Service Provider hereby agrees that he and all his staff shall at all times co-operate with the reasonable processes of the Service procuring agency for the monitoring, evaluation and carrying out quality audit and financial audit by any third party authorised by <Name of the MMUSPA>.
- 6.2 The Service provider hereby agrees to maintain all relevant data and records of all patients treated at the MMU.
- 6.3 The Service provider further agrees to maintain confidentiality of these data and records and commits that such data and records will not be shared with any third party for any purpose.
- 6.4 The Service provider agrees to provide data to <Name of the MMUSPA> as per attached Annexure II every month. Failure to do so may entail cancellation of the agreement.
- 6.5 The Service provider hereby agrees to maintain log book showing all movements of the MMU vehicle and keep record of consumption of POL. The log book should be maintained as per the format in vogue in any government office. Logbook shall be made available for verification by the any authority nominated by Service procuring agency.
- 6.6 The Service provider agrees that the MMU vehicles will not be used to advertise any product or organisation including the Service provider's own. The following text must appear on both sides of the MMU vehicle in reasonably big font-size to enable a normal sighted person to read it from a reasonable distance:

“Mobile Medical Unit

Run by

Agreement No <No of the Agreement>

Between <Name of the Service Procuring Agency> and <Name of the Service Provider>”

- 6.7 The Service provider agrees to display copies of this agreement, list of medical equipment available with the MMU, stocks of drugs and consumables at prominent place in the MMU. The names of the Medical Officer and other personnel on duty must also be displayed during duty hours.

7. PERFORMANCE

- 7.1 An half yearly review meeting will be held and attended by appropriate levels of officials of Service procuring agency and Service providers to consider the performance, the anticipated outcome of the agreement and future service developments and changes. Further meetings may be arranged at any time to consider significant variation in the terms or conduct of the agreement and where corrective action on either part is indicated.

- 7.2 Both the Service procuring agency and Service Provider agree to consider introduction of any further service in line with any new initiative of the government or in response to local demand which could not be anticipated earlier.
- 7.3 Both the Service procuring agency and Service Provider agree that such services should be provided without extra cost. However, if it is felt by both the parties that the additional services would require additional resources/manpower, the Service procuring agency agrees to consider reasonable increases in amount disbursed to the Service provider. It is agreed that the Service provider will be under no obligation to introduce the additional service unless a commitment to reimburse additional cost has been provided to him.

8. HEALTH AND SAFETY

- 8.1 The Service Provider agrees to adequately train, instruct and supervise staff to ensure as is reasonably practicable, the health and safety of all persons who may be affected by the services provided under the agreement.
- 8.3 The Service provider agrees that he would collect periodic feedback from the patients through structured questionnaire at his cost. The periodicity will not be less than once in six months. Responses to the questionnaire will be submitted in original to the Service procuring Agency Telephone numbers where patients can lodge their complaints to be displayed on MMU.

9. DATA PROTECTION, CONFIDENTIALITY AND RECORD KEEPING

- 9.1 All Service Users have a right to privacy and therefore all information and knowledge relating to them and their circumstances must be treated as confidential. The Service Provider must advise all staff on the importance of maintaining confidentiality and implement procedures which ensure that Service User's affairs are only discussed with relevant people and agencies.
- 9.2 The Service Provider shall comply with all legislations, which otherwise would have been applicable had the services been run directly by the Government agencies.

10. STAFFING

- 10.1 The Service provider will ensure that, at all times, it has sufficient suitably trained staff to ensure that services comply with all the statutory requirements and meet patient needs.
- 10.2 The Service provider agrees that he would ensure that a minimum complement of staff mentioned at Annexure III of this Agreement would be in position in each MMU.
- 10.3 The Service provider agrees that a record of qualifications shall be maintained by the provider and available for inspection.
- 10.4 The Service provider hereby expresses his commitment to training and staff development and the maintenance of professional knowledge and competence.

11. FINANCE ARRANGEMENTS

- 11.1 Both parties agree that the payment arrangements as quoted by the Service provider in his bid against the above mentioned tender enquiry and/or subsequent bid submitted by him as a result of negotiations shall be adhered to.
- 11.2 It is agreed that payments would be made monthly basis. To facilitate this, the Service provider will submit invoices with all documents in support of his claims on every last working day of the month. On the basis of such invoices, the Service procuring agency agrees to provisionally transfer the amount electronically to the Service provider's bank account.
- 11.3 The Service procuring agency or any other agency as per existing rules of the government will have the right to examine the invoices as required under relevant rules. If such examination reveals any extra payment already provisionally made, the extra amount will be adjusted from the next payment due to the Service provider under intimation to him.
- 11.4 In case the last day of the month is holiday as a result of which invoices cannot be submitted, the Service procuring agency agrees to make payment of an equivalent amount of the last invoice submitted. Additional amount paid if any on the basis of actual invoices submitted later and examination thereof will be adjusted from subsequent payments under intimation to the Service provider.
- 11.5 The Service provider hereby agrees to maintain all required books of accounts and agrees to provide them to such audit as may be required to be carried out.
- 11.6 The Service provider hereby agrees that the Service procuring agency will deduct from all payments such amount of statutory taxes and duties as he is required to deduct under provisions of law.

The amount would be deducted if the MMU becomes non operative as mentioned and calculated above in Section VI.

12. VARIATION

- 12.1 This Service Level Agreement may not be varied unless a variation is agreed in writing and signed by all parties.

13. DISPUTES

- 13.1 The agreement shall be governed by and interpreted in accordance with the laws of India for the time being in force. The Court located at the place of issue of agreement shall have jurisdiction to decide any dispute arising out of in respect of the agreement. It is specifically agreed that no other Court shall have jurisdiction in the matter.
- 13.2 Both parties agree to make their best efforts to resolve any dispute between them by

mutual consultations.

14. ARBITRATION

- 14.1 If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the Service procuring agency or the Service provider 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 <Name of the MMUSPA>. 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 <Name of the MMUSPA> to act as Arbitrator.
- 14.2 Work under the agreement shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the MMUSPA or the firm / contractor shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.
- 14.3 Reference to arbitration shall be a condition precedent to any other action at law.
- 14.4 Venue of Arbitration: The venue of arbitration shall be the place from where the agreement has been issued.

15. TERMINATION

- 15.1 Either party may terminate this agreement by giving not less than 3 months notice in writing to the other. This notice shall include reasons as to why the agreement is proposed to be terminated.
- 15.2 The Service Procuring agency may terminate the agreement, or terminate the provision of any part of the Services, by written notice to the Service provider with immediate effect if the Service Provider is in default of any obligation under the agreement, where
 - a. the default is capable of remedy the Service Provider has not remedied the default to the satisfaction of the Service procuring agency within 30 days of at least two written advice, or such other period as may be specified by the Service procuring agency, after service of written notice specifying the default and requiring it to be remedied; or
 - b. the default is not capable of remedy; or
 - c. the default is a fundamental breach of the agreement
- 15.3 If the Service procuring agency terminates the agreement and then makes other arrangements for the provision of the Services, it shall be entitled to recover from the Service provider any loss that had to be incurred due to such sudden termination of agreement.

- 15.4 Both the parties agree that no further payment would be made to the Service provider, even if due till settlement of anticipated loss as a result of premature termination of the agreement.
- 15.5 The MMUSPA reserves the right to terminate the agreement without assigning any reason if services of the MMU create serious adverse publicity in media and prima facie evidence emerges showing negligence of the Service provider.

16. Indemnity

- 16.1 By this agreement, the Service provider indemnifies the Service procuring agency against damages of any kind or for any mishap/injury/accident caused to any personnel/property of the Service provider while performing duty.
- 16.2 The Service provider agrees that all liabilities, legal or monetary, arising in any eventuality shall be borne by the Service provider.

17. PERIOD OF AGREEMENT

- 17.1 This Service Level Agreement shall take effect onuntil The period may be extended for another period of three years with the agreement of both parties after mutual negotiations.

1. Signed for and on behalf of the MMU Service Procuring Agency (MMUSPU).....

Signed:.....

Name:

Designation:.....

Date:.....

2. Signed for and on behalf of the Service Provider:

Signed:.....

Name:.....

Designation:.....

Date:

Witnesses:

1) _____

2) _____

3) _____

Proposed list of Equipment in the MMU

Name of the Instrument	Quantity for MMU
Microscope with Light source (Binocular)	1
Sterilizer 38 cms with electric drums	1
Dressing Drum (11x9)	2
Weighing Machines Adults Simple	1
Weighing Machines Baby Simple	1
Stethoscope	2
B.P. Apparatus	2
Hemoglobin meter (Manual & digital)	1
Centrifuge machine (mini)	1
Incubator	1
Micro typing Centrifuge	1
Nebulizer	1
Ambu bag Adult	2
Ambu bag Paediatric	2
Laryngoscope Adult	1
Laryngoscope Child	1
Suction apparatus with accessories	1
Torch & spot light	1
Glucometer	1
Refrigerator (capacity 50 to 60 liters)	1
Needle cutter (manually operated)	1
Laboratory table- Portable	1
2 computers- laptop preferred	1
Laser Printer	1
Broadband Internet Data Card	1
Digital camera	1
Speaker	2
Amplifier	1
LCD Projector	1
Water Purifier	1
Foldable Half Bench	2
Foldable seats for staff	4

Waste Collecting bins, as per Biomedical waste Management specifications	1
Stool	4
Cot	1
Examination table	1
Brackets for Oxygen Cylinder with adjustable straps	2
Detachable stretcher	1
Hooks for an intravenous bottle	4
Chairs	5
Generator	1
AC Fan	1
Transfusion Bottle Hook	2
Dvd Player	1
Fire Extinguisher	1
View Box	1
Digital clock	1
Height Measurement Instrument	1
Stainless Steel Cabinet	3
Water Storage Tank	1
Extension box	2
Screen (for privacy)	2
Emergency light	2
Soap Container	3
Towel Holder	2
Semi-Auto Hematology analyzer (3 part)	1
Test tubes	1
Auto pipettes	1
Ophthalmoscope Digital	1
Auto scope	1
Examination Torch	2
Portable Laboratory unit	
Non invasive Hb-meter	
12 Lead ECG Machine	1
Tonometer	1

Annexure III

A. Staff Composition

Name of staff	Qualification	No. Of persons
Medical Officer	M.B.B.S	1
Nursing	GNM preferable- if not ANM	2
Ophthalmic Technician	Certificate course in Ophthalmology	1
Lab Tech +Male worker	B.Sc DMLT/HSC DMLT	1
Driver cum Support Staff	SSC Heavy Vehicle License & Indemnity bond of Accident free driving in last three years.	2

Appendix I-B

DEPARTMENT OF HEALTH & FAMILY WELFARE

GOVERNMENT OF (Insert name of the State).....

**BID ENQUIRY DOCUMENTS
FOR
(Mobile Medical Unit MMU)**

OPEX

Contents

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NOTICE INVITING BIDS (NIT)

<Insert the name of the Procuring Authority (Department/Directorate/Agency/Institution)>

Address:.....

.....

URL: www.....

Email:.....

Telephone:.....

Bid Enquiry No. PHFW/ / / Dated: / /

NOTICE INVITING BIDS

11. <insert the designation and office of the Bid inviting authority and the department/agency> hereinafter referred to as **“Mobile Medical Unit Service Procuring Agency (MMUSPA)”** invites sealed Bids from eligible bidders willing to maintain and operate Mobile Medical Units infrastructure to provide primary and selective secondary healthcare in identified regions. The scope of services requires are enumerated in **Section-IV** of this document.
12. This document contains eight sections as follows:
- (vii) Section I: Notice Inviting Bids
 - (viii) Section II: Instructions to Bidder
 - (ix) Section III: Procedures for evaluations of Bids
 - (x) Section IV: Responsibilities of Service Providers
 - (xi) Section V: Eligibility Criteria
 - (xii) Section VI: Terms and Conditions
 - (vii) Section VII: Formats of Appendices (A to F)
 - (viii)Section VIII: Standard format for Service level Agreement

3. Schedule

Sl. No.	Description	Date/Place
1	Date of sale of Bid Enquiry Documents	
4	Pre bid Meeting (Date & Time)	
5	Pre-Bid Meeting Venue	
6	Closing Date and Time of Receipt of Bid	
7	Time, Date and Venue of Opening of Technical Bid.	
8	Time, Date and Venue of Opening of Financial Bid.	

14. Full set of Bid Enquiry Documents may be purchased on payment of non-refundable fee of <insert Bid cost in INR.> per set in the form of Demand Draft, drawn on a scheduled bank in India, in favour of “<insert the designation and office of the Bid inviting authority” payable at <insert the place>.
15. If requested, the Bid Enquiry Documents will be mailed by Registered Speed Post to the interested Bidders, for which extra expenditure per set will be INR 100.00 for domestic post. The Bidder is to add the applicable postage cost in non-refundable fee mentioned in Para 3 above. The MMUSPA will not be responsible for late receipt/ non-receipt of Bid document by the vendor.
16. Bidder may also download the Bid enquiry documents (a complete set of document is available on website) from the web site www.....com or www.....nic.in and submit its Bid by using the downloaded document, along with the required non-refundable fee as mentioned in Para 3 above. The Bid papers will be summarily rejected if the Bidder changes any clause or Annexure of the bid document downloaded from the website.
17. All prospective Bidders are requested to attend the Pre bid meeting either in person or through their authorized representative. No representative is allowed to represent more than one prospective Bidder. The venue, date and time are indicated in Schedule of Events as in Para 2 above.
18. Bidders shall ensure that their bids complete in all respects, are dropped in the Bid Box located at (place to be inserted) on or before the closing date and time indicated in the Para 2 above, Bids submitted after the prescribed time will be treated as late bid and will not be considered. The Bids sent by post/courier must reach the above said address on before the closing date & time indicated in Para 2 above, failing which the Bid will be treated as late bid and will not be considered.
19. In the event of Bid opening day being declared a holiday/closed day for the MMUSPA, the Bids will be received/opened on the next working day at the same time.
20. The Bid Enquiry Documents are not transferable.

(Name & Designation of the Bid Inviting Authority)

INSTRUCTIONS TO BIDDER

2. General Instructions

- f) The Bidder should prepare and submit its offer as per instructions given in this section.
- g) The Bids should be complete with all documents duly signed by Authorized personnel. Those submitted by telex, telegram or fax shall not be considered.
- h) The Bids which are for only a portion of the components of the job /service shall not be accepted. (The Bids /bids should be for all components of the job /service.)
- i) The prices quoted shall be **firm** and shall include all taxes and duties. This shall be quoted in the format as per attached **Appendix 'D'** only.
- j) The Bids (technical and financial) shall be submitted (with a covering letter as per **Appendix 'C'** before the last date of submission. Late Bids / bids shall not be considered.

2. Earnest Money Deposit (EMD)

- e) The Bid shall be accompanied by Earnest Money Deposit (EMD) of INR.... as specified in the Notice Inviting Bid (NIT) in the form of Bank Draft / Bankers cheque from any Schedule Bank in favour of < Insert designation of the Bid inviting authority> payable at <insert place>
- f) No Bidding entity is exempt from deposit of EMD. Bids submitted without EMD shall not be considered.
- g) The EMD of unsuccessful Bidder will be returned to them without any interest, after conclusion of the resultant agreement. The EMD of the successful Service provider will be returned without any interest, after receipt of performance security as per the terms of agreement.
- h) EMD of Bidder may be forfeited without prejudice to other rights of the MMUSPA, if the Bidder withdraws or amends its Bid or impairs or derogates from the Bid in any respect within the period of validity of its Bid or if it comes to notice that the information / documents furnished in its Bid is incorrect, false, misleading or forged. In addition to the aforesaid grounds, the successful Bidder's EMD will also be forfeited without prejudice to other rights of MMUSPA, if it fails to furnish the required performance security within the specified period.

4. Preparation of Bid

The bids shall be made in TWO SEPARATE SEALED ENVELOPES as follows:

- III. The **first envelope** shall be marked in bold letter as "**TECHNOCOMMERCIAL BID**" which shall be sent forwarding letter **Appendix 'C'** and shall include the following:

- 9) Receipt regarding payment of Bid cost or Bank draft drawn in favour of MMUSPA for the amount of non refundable fee if the Bid documents have been downloaded from web.
- 10) Bank Draft /Bankers Cheque towards **E.M.D.**
- 11) Confirmation regarding furnishing **Performance Security** in case of award of agreement.
- 12) Original Bid document duly stamped and signed by the authorized personnel in each page along with the Forwarding Letter confirming the performing the assignment as per **Appendix 'C'**
- 13) Particulars of the Bidder as per **Appendix 'B'**
- 14) Copy of the Income Tax Returns acknowledgement for last three financial years.
- 15) Power of attorney in favour of signatory to Bid documents.
- 16) Copy of the certificate of registration of EPF, ESI and Service Tax with the appropriate authority.
- 17) A declaration from the Bidder in the format given in the **Appendix 'F'** to the effect that the firm has neither been declared as defaulter or black-listed by any competent authority of a government department, government undertakings, local bodies, authorities.

In addition to the above documents,

- 2) The Bidder shall provide certificate of other similar services provided in private/public sector in last three years and user's certificate regarding satisfactory completion of such jobs as per proforma given in **Appendix 'A'**.
 - IV. The second envelope shall contain the financial proposal and shall be marked in bold letters as "FINANCIAL BID". Prices shall be inclusive of all taxes & duties and quoted in the proforma enclosed at **Appendix 'D'** as per scope of work / service to be rendered.

5. Bid Validity Period

The Bids shall remain valid for <180 days > from the date of submission and the prices quoted shall remain for the duration of the agreement. The MMUSPA may requested for further extension as deemed fit and the Bidder will send intimation of acceptance or otherwise of request for extension with three days of issue of such request. The agreement may be extended for another term with mutual consent.

6. Bid Submission

The two envelopes containing both technical and the financial bid shall be put in a bigger envelope, which shall be sealed and superscripted with "BID NO <Insert Bid No.> due for opening on <Insert due date for Opening>

The offer shall contain no interlineations or overwriting except as necessary to correct errors, in which cases such correction must be initialed by the person or persons signing the Bid. In case of discrepancy in the quoted prices, the price written in words will be taken as valid.

7. Opening of Bids:

The technical bid will be opened at the time & date specified in the schedule. The Service providers may attend the bid opening if they so desire.

EVALUATION OF BIDS

1. Scrutiny of Bids

The Bids will be scrutinized to determine whether they are complete and meet the essential and important requirements, conditions and whether the Bidder is eligible and qualified as per criteria laid down in the Bid Enquiry Documents. The bids, which do not meet the aforesaid requirements, are liable to be treated as non-responsive and may be ignored. The decision of the MMUSPA as to whether the Bidder is eligible and qualified or not and whether the bid is responsive or not shall be final and binding on the Bidders. Financial bids of only those Service providers, who qualify technical bid, will be considered.

2. Infirmary / Non-Conformity

The MMUSPA may waive minor infirmity and/or non-conformity in a Bid, provided it does not constitute any material deviation. The decision of the MMUSPA as to whether the deviation is material or not, shall be final and binding on the Service providers.

3. Bid Clarification

Wherever necessary, the MMUSPA may, at its discretion, seek clarification from the Bidders seeking response by a specified date. If no response is received by this date, the MMUSPA shall evaluate the offer as per available information.

4. Evaluation of Technical Proposal:

Criteria/Parameter	Marks Tally	Maximum Marks
1. Experience of the Bidder/Consortium in implementing similar project at community level: a.) 5 years and above b.) 3-5 years c.) 0-3 years	10 5 3	10
2.) No. of MMU being operated in states in last 5 years a.) 30 and Above b.) 10-30 c.) Less than 10	10 5 3	10
3.) Quality of skilled Human resources in the Provided MMU a) With Doctor b) Without Doctors	10 5	10

1. Service Aims

- 1.1 Since the **MMUSPA will provide all of Medical equipments and vehicles**, the primary obligation of the service provider will be to operate the Mobile Medical unit to provide primary and selected secondary health care ensuring that MMU
 - c. Is manned by adequate manpower resources as per the requirement enumerated in **“Annexure III” of the Service agreement list.**
 - b. The MMUs are provided with necessary fuel and other necessities for carrying on operations on regular basis
- 2.2 It is the responsibility of <Name of the MMUSPA> to arrange supply free of cost good quality generic drugs and consumables as per the requisition received from the service provider. <Name of the MMUSPA> would make all effort to keep the MMUs well stocked with drugs and consumables at all the times. Supplies shall be made within 3 days of requisitions.

2. Obligations of the service provider:

15. The service provider will provide the operational set such as Human resources, fuels for the MMU vehicles and all other requirements to keep the MMU vehicles functional.
16. The service provider shall follow the standard operating procedures (SOPs) as approved by the competent authority in MMUSPA.
17. The service provider would recruit, deploy and maintain a team of competent personnel for running the MMU. A list of minimum key personnel required with their qualifications is given in **“AppendixIII”of the service agreement list.** The staffs so recruited/appointed shall be exclusively on Pay roll of the service provider. The Service Provider will ensure deployment of the minimum personnel as enumerated above to keep the MMUs operational and capable of providing the services as agreed upon.
18. The Service provider shall follow the Service Plan/Route plan/Calendar for MMU as approved by the District Health officer/CMO. It is expected that Sunday will be the day on which no service would require to be provided and the weekly off on Sunday it could be used for maintenance, refilling and data entry purposes. However, the competent authority may declare any other day in the week as “off-day”. In exceptional circumstances, the weekly off day can be cancelled by the competent authority.
19. The MMU should be equipped with the all the equipments proposed in **“Annexure I” of the service agreement list.**
20. All drugs should be provided to the service provider within 3 days of requisition.
21. The service provider shall submit data to the state government every month as per **“Annexure**

II"of the service agreement list.

22. The service provider would procure all necessary road and goods permits for the MMU and maintain the same throughout the period.
23. The logbook of movement of the MMU shall be maintained by the MMU driver and supervised by the Medical Officer in charge of the MMU. Logbook shall be made available for verification by the any authority nominated by MMUSPA.
24. Service provider shall communicate the names and addresses of the Team manning a particular MMU during the currency of the agreement and any change in the composition of the team must be intimated to the authority nominated by the MMUSPA. The names of men at work at the MMU at any point of time must also be displayed prominently on the MMU.
25. The Service provider will also comply with confidentiality and privacy laws including patient details.
26. All records maintained by the Service provider regarding operations of MMUs will be made available to any government authority including audit on demand.
27. It should be clearly understood that under no circumstances, the MMUs will be used to advertise the operations of the service provider. It should be clearly mentioned on the outer body of the MMU that the service is provided by the service provided by an agreement between MMUSPA and the service provider.
28. Requirements of any Act promulgated by the Central State Law will have to meet by the service provider. Details as required under RTI should be notified in the MMU

SECTION

5

ELIGIBILITY CRITERIA

7. The bidder shall be a sole provider or a group of providers/NGO (maximum 3) coming together as Consortium to implement the Project, represented by a lead member. The bidder cannot be an individual or group of individuals. A bidder cannot bid as a sole provider as well as a partner in a consortium. No bidder can place more than one bid in any form in the state. The bidder should be registered as a legal entity.
8. The bidder and in case of a consortium, all the participants shall have at least three years experience in providing medical care at community level. In support of this, a statement regarding assignments of similar nature successfully completed during the last three years should be submitted as per Performa in '**Appendix A**'. Users' certificate regarding satisfactory completion of assignments should also be submitted. The assignment of Govt. Depts. / Semi Govt. Depts. should be specifically brought out. (The decision of the state government as to whether the assignment is similar or not and whether the bidder possesses adequate experience or not, shall be final and binding on the bidders). The bidders may in addition provide any other documentation in support of their claims of experience in providing community healthcare.
9. The bidder should not be presently blacklisted by the MMUSPA or any government agencies/ local bodies.
10. In case of Consortium, the lead member shall be legally responsible and shall represent all consortium members, if any, in all legal matters.
11. The bidders shall provide the balance sheet (Income & Expenditure account in case of NGOs) of last three years.
12. The bidder(s) must have turnover not less than 25% of the bid amount quoted for each of the last three years. In case of NGOs, cost of community healthcare services provided should not be less than 25% of the bid amount quoted for each of the last three years.

TERMS AND CONDITIONS

2. Signing of Agreement

The MMUSPA shall issue the Notice for Award of Agreement to the successful bidder within the bid validity period. And the successful bidder will be required to sign the Service level agreement with the MMUSPA or its nominee within 15 days of receipt of such communication.

2. A model copy of service agreement is at the Appendix_____.

3. Modification to agreement:

The agreement when executed by the parties shall constitute the entire agreement between the parties in connection with the jobs / services and shall be binding upon the parties. Modification, if any, to the agreement shall be in writing and with the consent of the parties.

The agreement shall be valid for a period of **3 years** from the date of signing of the same. In case the service provider fails to adhere to the rules, regulations or any of the terms and condition of the agreement or in case the service provided is considered to be unsatisfactory by the _____, the service provider will be asked to provide his response in writing within 15 working days to specific case of violations and unsatisfactory services. The MMUSPA would be free to cancel the agreement after considering the response of the service provider and recording the reasons for its decision.

4. Performance Security

- e) The successful bidder shall furnish a performance security in the shape of a Demand Draft/ Bank Guarantee issued by a Nationalised Bank in favour of Tender Inviting Authority for an amount equal to 5% of the total agreement value. The Bank guarantee shall be as per proforma at **Appendix 'E'** and remain valid for a period, which is three months beyond the date of expiry of the agreement. This shall be submitted within 15 days (minimum) of receiving of Notice for Award of Agreement and before signing of the agreement failing which the EMD may be forfeited.
- f) If the agreement is cancelled at any time during the validity period of the agreement in terms of para 4 above the Performance Security shall be forfeited
- g) The MMUSPA will release the Performance Security without any interest to the firm / contractor on successful completion of contractual obligations.
- h) The total cost of tender would be the basis to calculate non operative cost per MMU per day. For all days when a certain number of MMU has not been functional, cost deducted would be:

$$(\text{Cost per MMU per day}) * (\text{Total Number of MMU non operative}) * (\text{Number of days Non operative}).$$

5. Compliance of Minimum Wages Act and other statutory requirements

The Service provider shall comply with all the provisions of Minimum Wages Act and other applicable labor laws. The Service provider shall also comply with all other statutory provision including but not limited to provisions regarding medical education and eligibility criteria of human resources used by the Service provider for providing the services, biomedical waste management, biosafety, occupational and environmental safety.

The overall legal responsibility of provision of medical care lies with the Authority/public health facility.

The Service provider shall maintain confidentiality of medical records and shall make adequate arrangement for cyber security.

6. Income Tax Deduction at Source

Income tax deduction at source shall be made at the prescribed rates from the Service provider's bills. The deducted amount will be reflected in the requisite Form, which will be issued at the end of the financial year.

7. Periodicity of Payment

The payment will be made on monthly basis not extending beyond 12 noon of the last bank working day of the month as per the clause no.11 in the service agreement list. The MMUSPA shall give standing instructions to the bank for implementation of this requirement. The Service provider will raise its invoice on completion of services during this period duly accompanied by evidences of services provided. The payment will be subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws.

The deduction for non availability of the MMUs shall be made while making the payment.

10. Damages for Mishap/Injury

The MMUSPA shall not be responsible for damages of any kind or for any mishap/injury/accident caused to any personnel/property of the Service provider while performing duty in the MMUSPA's / consignee's premises. All liabilities, legal or monetary, arising in that eventuality shall be borne by firm/ contractor.

11. Termination of Agreement:

The MMUSPA may terminate the agreement, if the successful Bidder withdraws its Bid after its acceptance or fails to submit the required Performance Securities for the initial agreement and or fails to fulfill any other contractual obligations. In that event, the MMUSPA will have the right to purchase the same goods/ equipment from next eligible Service provider and the extra expenditure on this account shall be recoverable from the defaulter. The earnest money and the performance security deposited by the defaulter shall also be recovered to pay the balance amount of extra expenditure incurred by the MMUSPA.

After completion of the tenure of Bid, the Service provider will be allowed to vacate the space within a period of 15 days, in all the facilities where provider was providing the services.

13. Arbitration

- f) If dispute or difference of any kind shall arise between the MMUSPA and the firm/contractor in connection with or relating to the agreement, the parties shall make every effort to resolve the same amicably by mutual consultations.
- g) If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the MMUSPA or the firm/contractor 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 to be appointed by the <insert Bid issuing authority> as the arbitrator. 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 <insert Bid issuing authority> to act as Arbitrator.
- h) Work under the agreement shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the MMUSPA or the firm / contractor shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.
- i) Reference to arbitration shall be a condition precedent to any other action at law.
- j) Venue of Arbitration: The venue of arbitration shall be the place from where the agreement has been issued.

14. General Terms and Conditions:

- e. The Service provider shall commence the proposed services within the 30 days of signing the agreement.
- f. The Authority shall finalize the Standard Operating Procedures (SOPs) for each of the services to be followed by the Service provider.
- g. All payments should be made within 30 days of submission of necessary bills/invoices.
- h. Patient Feedback/Suggestions/Grievance Redressal-Periodic feedback from patients are to be taken on structured questionnaire. Result would be analyzed by the MMUSPA for further improvement of services and feedback to the service provider. Telephone numbers where patients can lodge their complaints to be displayed on MMU.

15. Applicable Law and Jurisdiction of Court:

The agreement shall be governed by and interpreted in accordance with the laws of India for the time being in force. The Court located at the place of issue of agreement shall have jurisdiction to decide any dispute arising out of in respect of the agreement. It is specifically agreed that no other Court shall have jurisdiction in the matter.

<Insert name and address of the Bid inviting authority>

Appendix-A

Community based Health services provided in last 3 years.

1. Attach users' certificates (in original) regarding satisfactory completion of assignments

Note: Attach extra sheet for above Performa if required.

Signature.....

Name

Sr. No	Assignment Agreement No & date	Description of work/ services provided	Agreement price of assignment	Date of commencement	Date of completion	Was assignment satisfactorily completed/It is ongoing	Address of organization with Phone No. where assignment done
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

PARTICULARS OF THE BIDDER

(To be submitted by all BIDDER including participant in Consortium)

7. Name _____ :
8. Type of Organisation : Prop./Partnership/Company/Consortium/Trust/ Not for Profit Organization
9. Address of Service centres in the region:
 - (c) Total No. of services personnel at the existing centres:
 - (d) Total No. of locations where organization currently has centres:
10. Number of service personnel:

Name	Qualification	Experience (Similar Service)
		(use extra sheet if necessary)

11. Registration. Nos.
 - (j) EPF
 - (k) ESI
 - (l) Sales Tax
 - (m) VAT
 - (n) Service Tax
 - (o) PAN No.
 - (p) Audited Accounts Statement for past three financial years
 - (q) Copy of Income Tax Return for past three financial years
 - (r) Experience certificate of Service provider

12. Brief write-up about the firm / company. (use extra sheet if necessary)

Signature of Service providers

Date:

Name

Place:

Office Seal

Appendix-C

Forwarding Letter for Technical Bid (To be submitted by all Service providers in their letterhead)

Date:.....

To

<Name, Designation and Address of Bid Inviting Authority>

Sub: Bid for provision of Mobile Medical Unit under Bid No....

Sir,

We are submitting, herewith our Bid for providing annual maintenance services / comprehensive maintenance services for

We are enclosing Receipt No..... or Bank Draft/Bankers Cheque No....., Dated.....(amount.....)towards Bid cost/fee (if documents have been downloaded from website) and Bank Draft / Bankers Cheque No.....Dated..... (Amount.....) towards Earnest Money Deposit (EMD), drawn on..... Bank in favour of <Bid Inviting Authority>.

We agree to accept all the terms and condition stipulated in your Bid enquiry. We also agree to submit Performance Security as per Clause No. 3 of Section VI of Bid Enquiry document.

4. We agree to keep our office valid for the period for the period stipulated in your Bid enquiry.

Enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of the Bidder.....

Seal of the Bidder.....

FINANCIAL BID

3. Name of the Bidder:.....

4. Prices Quoted :-

S. No	Cost Head per MMU	Operational Cost Per annum (INR)	No. of Units quoted for	Total Cost
01	Human Resources (Per MMU)			
02	Fuel			
	Total Cost of the proposed project per annum			
	Total Cost per MMU per annum			

(In words.....)

The prices shall be firm and inclusive of all taxes and duties presently in force.

Signature.....

Name.....

Appendix-E

PROFORMA FOR BANK GUARANTEE

To

<Name, Designation and Office Address of Bid Inviting Authority>

WHEREAS.....(Name and address of the Service Provider) (Hereinafter called " the service provider" has undertaken, in pursuance of agreement No..... dated (Herein after "the agreement") to provided specific Mobile Medical Units.

AND WHEREAS it has been stipulated by you in the said agreement that the service provider shall furnish you with a bank guarantee by a scheduled commercial bank recognized by you for the sum specified therein as security for compliance with its obligations in accordance with the agreement;

AND WHEREAS we have agreed to give such a bank guarantee on behalf of the service provider;

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the service provider, up to a total of..... (Amount of the guarantee in words and figures), and we undertake to pay you, upon your first written demand declaring the service provider to be in default under the agreement and without cavil or argument, any sum or sums within the limits of (amount of guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein. We hereby waive the necessity of your demanding the said debt from the service provider before presenting us with the demand. We further agree that no change or addition to or other modification of the terms of the agreement to be performed there under or of any of the agreement documents which may be made between you and the service provider shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition or modification.

This guarantee shall be valid up to 15 (fifteen) months from the date of signing of agreement i.e. up to..... (Indicate date)

.....

(Signature with date of the authorized officer of the Bank)

.....

Name and designation of the officer

.....

Seal, name & address of the Bank and address of the Branch

DECLARATION BY SERVICE PROVIDER

I / We agree that we shall keep our price valid for a period of one year from the date of approval. I / We will abide by all the terms & conditions set forth in the Bid documents No. /

I / We do hereby declare I / We have not been de-recognized / black listed by any State Govt. / Union Territory / Govt. of India / Govt. Organisation / Govt. Health Institutions.

Signature of the Service provider:

Date:

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public in INR.50.00 stamp paper.

Service Level Agreement

No _____

SERVICE LEVEL AGREEMENT

Between

.....

(MMU Service Procuring Agency)

And

.....

(Service Provider)

To maintain and operate Mobile Medical Units (MMU) infrastructure to provide primary and selective secondary healthcare in identified regions.

Service Level Agreement

1. BACKGROUND

- 1.3 <NAME OF THE MMUSPA>desirous of outsourcing the services relating to operation of Mobile Medical Units in <name of the identified region> had invited tenders from eligible bidders vide TE No _____ dated _____. <Name of the Service Provider> having submitted his bid in response to the tender enquiry and having been found technically qualified as per the conditions in the same TE, has been awarded the agreement by the competent authority in the <MMUSPA>. <Name of the Service Provider> has also performed required obligations after the award of agreement was communicated to him.
- 1.4 Both <Name of the MMUSPA> and <Name of the Service Provider> hereby willingly enter into this agreement and agree to abide by all obligations enjoined on them by this agreement.

3. SERVICE AIMS

- 2.1 Since the MMUSPA will provide all of Medical equipments and vehicles, the primary obligation of the service provider will be to operate the Mobile Medical unit to provide primary and selected secondary health care ensuring that MMU
- a. Is manned by adequate manpower resources as per the requirement enumerated in "Annexure III" of the Service agreement list.
 - b. The MMUs are provided with necessary fuel for carrying on operations on regular basis
- 2.2 It is the responsibility of <Name of the MMUSPA> to arrange supply of good quality generic drugs and consumables as per the requisition received from the service provider. <Name of the MMUSPA> would make all efforts to keep the MMUs well stocked with drugs and consumables at all times. Supplies shall be made within 3 days of requisitions.

4. SERVICE OBJECTIVES

- 3.1 It is explicitly stated that both the parties are committed to enhance the health and well-being of residents of the area covered by the Service Level Agreement by providing high quality service, innovation and development and to meet identified needs within the resources available to both the parties.
- 3.2 The service provider will also provide the operational set such as power generator, fuel for the vehicles and all other requirements to keep the MMU vehicle in operational condition at all times.

4. SERVICE DESCRIPTION AND RESPONSIBILITIES

Out-patient services:

- 4.1 The Mobile Medical Units will provide only out-patient services. These units will function as mobile clinics and are not meant to transport patients.
- 4.2 The Service provider shall follow the Service Plan/Route plan/Calendar for MMU as approved by the District Health officer/CMO and accordingly make the services of the MMU available at the desired spot on the appointed days.
- 4.3 The Service Provider shall provide primary and secondary health care as per the standard operating procedures approved by the Service procuring agency.
- 4.4 The Service provider hereby agrees that Mobile Medical Unit must always operate under the supervision of a qualified Medical Officer. The Service provider further agrees that at any time and under any circumstances, patient care would not be carried out by unauthorized personnel.
- 4.5 Service provider agrees that failure to adhere to the Service Plan/Route Plan/Calendar referred to Paragraph 4.2 above would constitute a variation in terms of Paragraph 12.1 of this Agreement and a default of an obligation in terms of Paragraph 15.2 of this Agreement.

Service Component:

- 4.5 The service at the MMU will be clinically led by a qualified Medical Officer. Patients will have access to primary and selective Secondary clinical management by a qualified Medical Officer.
- 4.6 Ailments which shall not normally require further referral/ specialist care will be treated at the MMU only. Patients will be treated and provided drugs free of cost. No charges of any kind will be recovered from the patients.

5. REFERRAL PROCESS & ELIGIBILITY

- 5.1 It will be the responsibility of <Name of the MMUSPA> to provide the Service provider an “information matrix” for nearest facilities including their capacity in terms of existing Laboratory services, diagnostic services, and human resources available.
- 5.2 It will be the responsibility of the Service Provider to keep the Medical Officer(s) in charge of the MMU informed of the information matrix. For services not available at the MMU, patients can be referred to nearest facility in accordance with the “information matrix”.
- 5.3 Both the parties hereby agree that no patient will be referred to any private medical establishment either formally or informally without specific prior approval of the <Name of the MMUSPA>.

6. INFORMATION AND REPORTING REQUIREMENTS

- 6.1 The Service provider shall ensure that information, records and documentation necessary to monitor the agreement are maintained and are available at all times to the <Name of the MMUSPA> or its authorised representative. The Service Provider hereby agrees that he and all his staff shall at all times co-operate with the reasonable processes of the Service

procuring agency for the monitoring, evaluation and carrying out quality audit and financial audit by any third party authorised by <Name of the MMUSPA>.

- 6.2 The Service provider hereby agrees to maintain all relevant data and records of all patients treated at the MMU.
- 6.3 The Service provider further agrees to maintain confidentiality of these data and records and commits that such data and records will not be shared with any third party for any purpose.
- 6.4 The Service provider agrees to provide data to <Name of the MMUSPA> as per attached Annexure II every month. Failure to do so may entail cancellation of the agreement.
- 6.5 The Service provider hereby agrees to maintain log book showing all movements of the MMU vehicle and keep record of consumption of POL. The log book should be maintained as per the format in vogue in any government office. Logbook shall be made available for verification by the any authority nominated by Service procuring agency.
- 6.6 The Service provider agrees that the MMU vehicles will not be used to advertise any product or organisation including the Service provider's own. The following text must appear on both sides of the MMU vehicle in reasonably big font-size to enable a normal sighted person to read it from a reasonable distance:

“Mobile Medical Unit

Run by

Agreement No <No of the Agreement>

Between <Name of the Service Procuring Agency> and <Name of the Service Provider>”

- 6.7 The Service provider agrees to display copies of this agreement, list of medical equipment available with the MMU, stocks of drugs and consumables at prominent place in the MMU. The names of the Medical Officer and other personnel on duty must also be displayed during duty hours.

8. PERFORMANCE

- 7.1 A half yearly review meeting will be held and attended by appropriate levels of officials of Service procuring agency and Service providers to review the performance, the anticipated outcome of the agreement and future service developments and changes. Further meetings may be arranged at any time to consider significant variation in the terms or conduct of the agreement and where corrective action on either part is indicated.
- 7.2 Both the Service procuring agency and Service Provider agree to consider introduction of any further service in line with any new initiative of the government or in response to local demand which could not be anticipated earlier.
- 7.3 Both the Service procuring agency and Service Provider agree that such services should be provided without extra cost. However, if it is felt by both the parties that the additional services would require additional resources/manpower, the Service procuring agency

agrees to consider reasonable increases in amount disbursed to the Service provider based on the cost of additional resources. It is agreed that the Service provider will be under no obligation to introduce the additional service unless a commitment to reimburse additional cost has been provided to him.

8. HEALTH AND SAFETY

- 8.1 The Service Provider agrees to adequately train, instruct and supervise staff to ensure as is reasonably practicable, the health and safety of all persons who may be affected by the services provided under the agreement.
- 8.2 The Service provider agrees that he would collect periodic feedback from the patients through structured questionnaire at his cost. The periodicity will not be less than once in six months. Responses to the questionnaire will be submitted in original to the Service procuring Agency. Telephone numbers where patients can lodge their complaints will also be displayed on MMU.

9. DATA PROTECTION, CONFIDENTIALITY AND RECORD KEEPING

- 9.1 All Service Users have a right to privacy and therefore all information and knowledge relating to them and their circumstances must be treated as confidential. The Service Provider must advise all staff on the importance of maintaining confidentiality and implement procedures which ensure that Service User's affairs are only discussed with relevant people and agencies.
- 9.2 The Service Provider shall comply with all legislations, which otherwise would have been applicable had the services been run directly by the Government agencies.

10. STAFFING

- 10.1 The Service provider will ensure that, at all times, it has sufficient suitably trained staff to ensure that services comply with all the statutory requirements and meet patient needs.
- 10.2 The Service provider agrees that he would ensure that a minimum complement of staff mentioned at Annexure III of this Agreement would be in position in each MMU.
- 10.3 The Service provider agrees that a record of qualifications shall be maintained by the provider and available for inspection.
- 10.4 The Service provider hereby expresses his commitment to training and staff development and the maintenance of professional knowledge and competence.

12. FINANCE ARRANGEMENTS

- 11.1 Both parties agree that the payment arrangements as quoted by the Service provider in his bid against the above mentioned tender enquiry and/or subsequent bid submitted by him as a result of negotiations shall be adhered to.
- 11.2 It is agreed that payments would be made monthly basis. To facilitate this, the Service provider will submit invoices with all documents in support of his claims on every last

working day of the month.

11.3 The Service procuring agency or any other agency as per existing rules of the government will have the right to examine the invoices as required under relevant rules. If such examination reveals any extra payment already provisionally made, the extra amount will be adjusted from the next payment due to the Service provider under intimation to him.

11.5 The Service provider hereby agrees to maintain all required books of accounts and agrees to provide them to such audit as may be required to be carried out.

11.6 The Service provider hereby agrees that the Service procuring agency will deduct from all payments such amount of statutory taxes and duties as he is required to deduct under provisions of law. The amount would be deducted if the MMU becomes non operative as mentioned and calculated above in Section VI.

12. VARIATION

12.1 This Service Level Agreement may not be varied unless a variation is agreed in writing and signed by all parties.

13. DISPUTES

13.1 The agreement shall be governed by and interpreted in accordance with the laws of India for the time being in force. The Court located at the place of issue of agreement shall have jurisdiction to decide any dispute arising out of in respect of the agreement. It is specifically agreed that no other Court shall have jurisdiction in the matter.

13.2 Both parties agree to make their best efforts to resolve any dispute between them by mutual consultations.

14. ARBITRATION

14.1 If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the Service procuring agency or the Service provider 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 <Name of the MMUSPA>. 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 <Name of the MMUSPA> to act as Arbitrator.

14.2 Work under the agreement shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the MMUSPA or the firm / contractor shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.

14.3 Reference to arbitration shall be a condition precedent to any other action at law.

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

15. TERMINATION

15.1 Either party may terminate this agreement by giving not less than 3 months' notice in writing to the other. This notice shall include reasons as to why the agreement is proposed to be terminated.

15.2 The Service Procuring agency may terminate the agreement, or terminate the provision of any part of the Services, by written notice to the Service provider with immediate effect if the Service Provider is in default of any obligation under the agreement, where

- d. the default is capable of remedy the Service Provider has not remedied the default to the satisfaction of the Service procuring agency within 30 days of at least two written advice, or such other period as may be specified by the Service procuring agency, after service of written notice specifying the default and requiring it to be remedied; or
- e. the default is not capable of remedy; or
- f. the default is a fundamental breach of the agreement

15.3 If the Service procuring agency terminates the agreement and then makes other arrangements for the provision of the Services, it shall be entitled to recover from the Service provider any loss that had to be incurred due to such sudden termination of agreement.

15.4 Both the parties agree that no further payment would be made to the Service provider, even if due till settlement of anticipated loss as a result of premature termination of the agreement.

15.5 The MMUSPA reserves the right to terminate the agreement without assigning any reason if services of the MMU create serious adverse publicity in media and prima facie evidence emerges showing negligence of the Service provider.

16. Indemnity

16.1 By this agreement, the Service provider indemnifies the Service procuring agency against damages of any kind or for any mishap/injury/accident caused to any personnel/property of the Service provider while performing duty.

16.2 The Service provider agrees that all liabilities, legal or monetary, arising in any eventuality shall be borne by the Service provider.

17. PERIOD OF AGREEMENT

17.1 This Service Level Agreement shall take effect onuntil The period may be extended for another period of three years with the agreement of both parties after mutual negotiations.

3. Signed for and on behalf of the MMU Service Procuring Agency (MMUSPU).....

Signed:

Name:

Designation:.....

Date:.....

4. Signed for and on behalf of the Service Provider:

Signed:

Name:

Designation:

Date:

Witnesses:

4) _____

5) _____

6) _____

Annexure I

Proposed list of Equipment in the MMU

Name of the Instrument	Quantity for MMU
Microscope with Light source (Binocular)	1
Sterilizer 38 cms with electric drums	1
Dressing Drum (11x9)	2
Weighing Machines Adults Simple	1
Weighing Machines Baby Simple	1
Stethoscope	2
B.P. Apparatus	2
Hemoglobin meter (Manual & digital)	1
Centrifuge machine (mini)	1
Incubator	1
Micro typing Centrifuge	1
Nebulizer	1
Ambu bag Adult	2
Ambu bag Paediatric	2
Laryngoscope Adult	1
Laryngoscope Child	1
Suction apparatus with accessories	1
Torch & spot light	1
Glucometer	1
Refrigerator (capacity 50 to 60 liters)	1
Needle cutter (manually operated)	1
Laboratory table- Portable	1
2 computers- laptop preferred	1
Laser Printer	1
Broadband Internet Data Card	1
Digital camera	1
Speaker	2
Amplifier	1
LCD Projector	1
Water Purifier	1
Foldable Half Bench	2

Foldable seats for staff	4
Waste Collecting bins, as per Biomedical waste Management specifications	1
Stool	4
Cot	1
Examination table	1
Brackets for Oxygen Cylinder with adjustable straps	2
Detachable stretcher	1
Hooks for an intravenous bottle	4
Chairs	5
Generator	1
AC Fan	1
Transfusion Bottle Hook	2
Dvd Player	1
Fire Extinguisher	1
View Box	1
Digital clock	1
Height Measurement Instrument	1
Stainless Steel Cabinet	3
Water Storage Tank	1
Extension box	2
Screen (for privacy)	2
Emergency light	2
Soap Container	3
Towel Holder	2
Semi-Auto Hematology analyzer (3 part)	1
Test tubes	1
Auto pipettes	1
Ophthalmoscope Digital	1
Auto scope	1
Examination Torch	2
Portable Laboratory unit	
Non invasive Hb-meter	
12 Lead ECG Machine	1
Tonometer	1

Annexure II

Reporting Proforma for each functional MMU

S. No.	Location of MMU	Number of OPD	Number of ANC/PNC	Number of Lab Test Conducted	Number of ECG/XRAYS	Number of Patients Referred	Nearest Facility to the MMU (Name & type)

A. Staff Composition

Name of staff	Qualification	No. Of persons
Medical Officer	M.B.B.S	1
Nursing	GNM preferable- if not ANM	2
Ophthalmic Technician	Certificate course in Ophthalmology	1
Lab Tech +Male worker	B.Sc DMLT/HSC DMLT	1
Driver cum Support Staff	SSC Heavy Vehicle License & Indemnity bond of Accident free driving in last three years.	2



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