



ODISHA STATE HEALTH & FAMILY WELFARE SOCIETY, ODISHA
MISSION DIRECTORATE,
NATIONAL HEALTH MISSION, ODISHA
H & FW Department, Govt. of Odisha

REQUEST FOR PROPOSAL
for
OPERATION & MANAGEMENT OF MOBILE HEALTH
UNIT (MHU) IN PPP MODE IN ODISHA

RFP No: NHM/ MHU /2025/01

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SECTION -1
NOTICE INVITING PROPOSAL

Detailed proposals are invited from eligible bidders to select an Agency for “**Operation of Mobile Health Units in PPP Mode**” under State Budget.

Important Timelines

Sl. No.	Activity	Timeline
1	Date of Advt. publication.	Date: 25/11/2025 (The detailed RFP document downloadable from Website: www.nhmodisha.gov.in / https://health.odisha.gov.in)
2	Pre-Bid Meeting	The pre-bid meeting shall be organized as per the following schedule: Date of pre-bid meeting: 02/12/2025. Time of pre-bid meeting: 4.00 P.M Venue of pre-bid meeting: Conference Hall, NHM, Unit-8, Nayapalli, Bhubaneswar-751012. The clarification/amendment, if any, due to the pre-bid queries shall only be hosted in the NHM, Odisha website (www.nhmodisha.gov.in (under ‘Tender’ link)).
3	Last date, time & address for Bid submission & Opening of proposal.	Date: 24/12/2025 by 3.00 P.M (Bid Submission) Date: 24/12/2025 by 4.00 P.M (Technical Bid opening) Address: Mission Directorate, NHM SIH&FW Annex Building, Unit-8 Nayapalli, Bhubaneswar-12 NB: Proposals should be submitted through Speed Post/Regd. Post/Courier only . No other mode of submission will be accepted or entertained.
4	Downloading of RFP Document	Interested Agencies can download the RFP document in the web link: www.nhmodisha.gov.in (under link “Tender”) / https://health.odisha.gov.in .

SECTION - 2

INSTRUCTIONS TO THE BIDDERS

2.1 Scope of Proposal:

Interested bidders fulfilling the eligibility criteria **may apply for the project by submitting their application for operation & management of Mobile Health Unit in PPP mode**. The following points are to be ensured while applying for the projects.

- (a) Detailed description of the objectives, scope of services, deliverables and other requirements relating to "Operation of Mobile Health Unit in PPP mode" are specified in this RFP. The manner in which the Proposal is required to be submitted, accepted and evaluated is also explained in this RFP.
- (b) Proposals must be submitted through Speed post/Registered post/Courier only within the due date and time mentioned in this RFP. Application submitted in any other form and received after the due date and time will not be accepted.
- (c) The selection of the Agency shall be on the basis of Least Cost Selection (LCS) method. Bidders shall be deemed to have understood and agreed that no explanation or justification for any aspect of the selection process will be given and that the Tender Inviting Authority is without any right of appeal whatsoever.
- (d) Upon selection, the Agency shall be required to enter into a MoU with the Odisha State Health & Family Welfare Society (OSH&FWS) for implementation of the project. The operation of MHU in PPP mode will be guided by the terms and conditions of the MoU.

2.2 Eligibility Criteria for the Agency:

The entities fulfilling the following criteria are eligible to apply:

1. The bidder shall be a **Company/Society/Trust/Partnership Firm and should be registered in India with relevant act**, such as a Company (Companies Act 2013/1956) / Partnership Firm (Indian Partnership Act 1932 /Limited Liability Partnership Act 2008), Society (Societies Registration Act 1860) or a Trust (Indian Trust Act 1882) and its amendments thereof. The bidder **cannot** be an individual (Sole Proprietor). No bidder can place more than one bid in any form.
2. **The Consortium of maximum 2 bidders (including the Lead member) is allowed.** The lead member must be in the business of managing Mobile Health Units (MHUs). In case of consortium the lead member should have at least 51% stake of the consortium and have all legal liabilities. In case of consortium, a duly notarized **consortium agreement** (as per format enclosed at Form T9 prepared on a non-judicial stamp paper of Rs.100/- shall have to be submitted in the technical bid.
3. The **Bidder / Lead Member in case of a Consortium must have minimum 3 years experience in operation / management of MHU/ MMUs.**
4. The bidder should have at **least average annual turnover (audited) of Rs. 25 Crores** during financial years, i.e. 2021-22, 2022-23, 2023-24 OR 2022-23, 2023-24, 2024-25 (if audited). **In case of consortium, the lead member should fulfill the above turnover criteria.** Details to be furnished in Form T5 along with financial year wise copy of GSTR-9C form and audited P/L account statement in support of the turnover.

5. The Bidder / Lead Member in case of a Consortium must have **experience in operation / management of minimum average number of 25 Mobile Health Units (MHU)/Mobile Medical Units (MMUs) per year** for any State Government/ Central Government / Public Sector Undertakings / under CSR in the financial years 2021-22, 2022-23, 2023-24 OR 2022-23, 2023-24, 2024-25. Details to be furnished in Form T3.
6. In case the Bidder is a NGO/Trust, the entity must possess an Unique ID Number through registration in the portal NGO-DARPAN of NITI Aayog.
7. The Bidder / Consortium members in case of Consortium, who has been blacklisted / debarred / banned by any State Government / Central Govt. Organization / PSU will not be eligible to participate in the tender during the blacklisting / debarred period. The Bidder / Consortium members in case of Consortium, must not have been convicted /case pending against them by any court of law in India or Abroad for any civil/criminal offences. An original affidavit to these effect is to be submitted as per Form T6.
8. The bidder who has Poor / Unsatisfactory performance of Services rendered in any projects of the tender inviting authority shall not be eligible to participate in the tender. The given Clauses shall be applicable to both the members (Lead member as well as consortium member) of the consortium.

2.3. Submission of Proposal:

(a) The proposal shall be submitted in **two parts** :

(1) **Part A – Technical Proposal (Check list) as per formats set out in RFP :**

- (i) A non-refundable amount of Rs. 2,500/- (Rs. Two thousand five hundred only) in shape of DD/Bankers Cheque from any scheduled commercial bank drawn in favor of Mission Director, NHM, Odisha Payable at Bhubaneswar towards cost of RFP document
- (ii) Earnest Money Deposit (EMD) amount of Rs. 40,00,000/- (Rs. Forty Lakhs Only) in shape of DD/Bankers Cheque / Bank Guarantee from any scheduled commercial bank drawn in favor of Mission Director, NHM, Odisha Payable at Bhubaneswar. In case the BG, the same has to be furnished in the prescribed format at **Annexure C**
- (iii) Covering letter by the entity in its letter head as per **Form T1**.
- (iv) Duly filled up Profile of Agency as per **Form T2**.
- (v) Experience in operation of MHU/MMU as per **Form T3**
- (vi) Approach, Methodology, IT based Monitoring & HR Plan as per **Form T4**.
- (vii) Annual Financial Turnover of the 3 finance years [(2021-22, 2022-23 & 2023-24 OR 2022-23, 2023-24, 2024-25 (if audited))] duly audited by a qualified CA as per **Form T5** along with financial year wise copy of GSTR-9C form and the audited P/L account of each financial year highlighting the turnover in support of the turnover.
- (viii) In case of NGO/ Trust, copy of the unique ID under the portal NGO Darpan of NITI Aayog.
- (ix) Copies of the Contract/MoU documents pertaining to the Agency experience on operation of MHU/MMU.
- (x) An undertaking in the form of original Affidavit certifying that Agency is not blacklisted or debarred by any State/Central Government/Public Sector Undertakings and any office bearer of the Agency has not been convicted by any court of law for any criminal offence as per **Form T6**.

- (xi) Power of Attorney authorizing the signatory for signing the proposal on behalf of the proposer/Bidder as per **Form T7**.
- (xii) In case of consortium, Power of Attorney for signing of application by the lead member as per **Form T8**.
- (xiii) In case of consortium bid, the consortium agreement as per **Form T9**.
- (xiv) Letter of Declaration (Anti Collusion Certificate) mentioning that the applicant/consortium will not collude with the other applicants as per **Form T10**.
- (xv) Willingness of the entity in the entity letter head to sign MoU / contract abiding all the terms & conditions of the RFP- To be submitted in **Form T11**.
- (xvi) **Technical Brochures** of the IOT Point of Care Equipment as per technical specification mentioned in Annexure A2.
- (xvii) A copy of the RFP document sealed and signed in all pages by the applicant.
- (xviii) Any other details the bidder like to include in the proposal.

(2) Part B- Financial Proposal as per the format set out in RFP.

- (i) The applicant must submit the Financial Proposal using formats specified in **Form F1 and Form F2** with proper signature and seal of the applicant.
 - (ii) The Agency shall be paid on a **per MHU per month basis**. The Financial Proposal shall clearly indicate cost per operation & management of MHU per month.
 - (iii) In case of any discrepancy between figures and words in the Financial Proposal, the one described in words shall be adopted.
 - (iv) The same person signing the RFP shall sign the Financial Proposal also.
- (b) The Proposal shall be typed or written in indelible ink and shall be signed the authorized representative of the applicant. In case the applicant is a consortium of two or more firms the proposal shall be signed by the duly authorized signatory of the lead member of the consortium and shall be legally binding on all the members of the Consortium. The proposals shall contain the information required for each of the member of the Consortium.
- (c) Any interlineations, erasures or overwriting shall be valid only if the same is found initialed or signed by the authorized signatory in the sealed bid, prior to opening of the same.

2.4. Packing, Sealing and Marking of Proposal

- (a) Technical Proposal (Part A) and Financial Proposal (Part B) must be inserted in **separate sealed envelopes**, along with applicant's name and address in the left hand corner of the envelope and superscribed in the following manner:
 - (i) **Part-A- Technical Proposal** for "**Operation of Mobile Health Unit in Odisha**".
 - (ii) **Part-B - Financial Proposal** for "**Operation of Mobile Health Unit in Odisha**".
- (b) The two envelopes i.e. envelope for Part-A, Part-B must be packed in a **separate sealed outer cover** and clearly super scribed with the following:
 - (i) Proposal for "**Operation of Mobile Health Unit in Odisha**".
 - (ii) The Applicant s Name & address shall be mentioned in the left hand corner of the outer envelope.

- (c) The inner and outer envelopes shall be addressed to Mission Director at the following address:

**The Mission Director,
National Health Mission, Odisha,
SIH&FW Annex Building, Unit-8,
Nayapalli, Bhubaneswar-751012, Odisha**

The proposals must be sent in the above address by Speed Post/Regd. Post/Courier only. If the outer envelope is not sealed and marked as mentioned above, then the tender inviting authority will assume no responsibility for the proposal's misplacement or premature opening. Telex, cable or facsimile proposals will be rejected.

2.5. Earnest Money Deposit (EMD):

An EMD amount of **Rs. 40,00,000/-** in the shape of a Demand Draft or Banker's Cheque or Bank Guarantee (BG) must be submitted with the technical proposal in favour of **Mission Director, National Health Mission, Odisha** payable at **Bhubaneswar**. Details of the Demand Draft or Banker's Cheque or BG must be mentioned in the appropriate box in the application format.

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

2.6 Validity of Proposals

The Proposal shall remain valid for 180 days after the date of bid opening. Any Proposal, which is valid for a shorter period, shall be rejected as non-responsive.

2.7 Cost of Proposal:

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

2.8 Acknowledgement by the bidder:

- (a) It shall be deemed that by submitting the Proposal, the bidder has: -
- (i) Made a complete and careful examination of the RFP;
 - (ii) Acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of the tender inviting authority relating to any of the matters stated in the RFP Document;
 - (iii) Satisfied itself about all matters, things and information, necessary and required for submitting the proposal and performance of all of its obligations there-under;
 - (iv) Agreed to be bound by the undertaking provided by it under and in terms hereof.

- (b) The tender inviting authority shall not be liable for any omission, mistake or error on the part of the bidder in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake in any information or data given by the tender inviting authority.

2.9 Language:

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

2.10 Process of Selection:

After receipts of the application and EMD, the Tender Committee at the State level will conduct scrutiny process of the proposals received within the due date. Details of the Evaluation Criteria are mentioned at Section 5.

SECTION- 3: SCOPE OF WORK OF MHU

3.1 Introduction:

Mobile Health Unit (MHU) is considered as an alternative model of healthcare service delivery system in India. MHU provides a range of healthcare services for populations living in remote, inaccessible, un-served and underserved areas mainly with an objective of taking healthcare service delivery to the doorsteps of these populations. The MHUs services are also intended to cater to the marginalized and vulnerable population and provide **fixed day services in areas where there is no healthcare infrastructure.**

3.2 Number of proposed MHUs:

Total **174 MHUs** are proposed to be operationalized in 173 Blocks through a single service provider agency. The detail list of Blocks (District wise) where MHUs shall be operationlied is mentioned at **Annexure E.**

3.3 Objectives of MHU:

- Ensure that all citizens, regardless of location or socioeconomic status, can access quality healthcare services.
- To bring healthcare closer to people's homes and thus reduce out-of-pocket healthcare expense.
- To provide a broad range of health services, including preventive, promotive, curative, rehabilitative, and palliative care, to individuals and communities as per Comprehensive Primary Health care Service mandate.

3.4 Norms for deployment of MHU & selection of Geographical locations:

To ensure minimum one MHU in each Block in the State, the Blocks having no MHU at present shall be given one MHU.

(a) **Targeted Blocks:** Priority shall be given to the Blocks under 'Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan' (PM- JANMAN) and 'Dharti Aaba Janjatiya Gram Utkarsh Abhiyan' (DAJGUA) where there is no dedicated MHU is existing.

(b) Targeted Villages:

- (i) The service/geographical areas (villages to be targeted/covered) of MHU shall be decided jointly by the Block Health Administration and District Health Administration.
- (ii) First priority shall be given to cater the villages under PVTG, second priority to the villages under DAJUGA, in case of such villages are existing in the Block.
- (iii) Third priority to the villages having no health facilities within 5 KM radius.
- (iv) Any other difficult villages identify by the Block Health Administration.

In interval of every six months, the Block/District Health Administration shall revisit the village lists tagged with the MHU micro-plan. Inclusion and deletion of any village shall be decided looking into the communication & connectivity to the village as well as geographical barriers etc.

3.5 Nature of services to be provided by the MHU:

The Comprehensive primary health care (CPHC) is an effective way to respond to the challenges of changing epidemiology, growing population expectations, and universal health coverage. Here in this level, MHU is expected to provide **12 packages of services** as per CPHC mandate. All services provided by the MHU shall be FREE OF COST. Detailed expected services & defined deliverables are given below:

Sl. No	Services	Services/ Deliverables
1	Maternal Health	<p>Services:</p> <ul style="list-style-type: none"> • Antenatal Care (via MHU): Conduct early registration, Hb and BP checks, abdominal examinations, provide IFA, calcium, and deworming tablets, and offer counseling on nutrition and danger signs. • Postnatal Care (via MHU): Provide postnatal check-ups during outreach (within 48 hours to 6 weeks), with counseling on breastfeeding, nutrition, and postpartum family planning. • Referral & Follow-up: Identify and refer high-risk pregnancies and postnatal complications to higher health facilities for appropriate care. <p>Major Deliverables:</p> <ul style="list-style-type: none"> • At least one additional ANC checkup (over & above 4 ANC Checkups by concerned ANM))& screen for High risk conditions -90% ANC Beneficiaries covered • Ensure visit of identified High Risk Pregnancy cases at PMSMA Session – Minimum 70% beneficiaries covered • Ensure Institutional Delivery– Minimum 90% beneficiaries covered • Similarly, ensure at least one PNC Checkup -90% PNC Cases covered
2	Neonatal, Infant and Child Health	<p>Services:</p> <ul style="list-style-type: none"> • Newborn Health (via MHU): Provide counseling on thermal care and exclusive breastfeeding, screen for low birth weight and visible birth defects, and refer newborns with danger signs to higher facilities. • Child Health (via MHU): Conduct growth monitoring, manage common illnesses (fever, diarrhea, ARI), and distribute ORS and zinc. • Preventive Services: Support outreach for immunization (in coordination with cold chain points), and provide Vitamin A supplementation and deworming tablets.. • Any other activity/ies as assigned from time to time <p>Deliverables:</p> <ul style="list-style-type: none"> • HBNC & HBYC Visits: Cross Monitoring of at least 50 % cases through Home visits in the targeted villages & provide support as per need.

Sl. No	Services	Services/ Deliverables
		<ul style="list-style-type: none"> • Immunization : Conduct at least one catch up immunization session each at 20% poor performing targeted villages and assure 95% overall Full Immunisation coverage. • Referral of SAM Cases to NRCs for Treatment/ Management: Minimum 70%of beneficiaries mobilized • Follow up of at least 95% discharged cases (SNCU/NBSU/NRC/DEIC) at their home & support thereon as per need.
3	Adolescent Health	<p>Services:</p> <ul style="list-style-type: none"> • Adolescent Health Services (via MHU): Provide on-site counseling on nutrition, mental health, menstrual hygiene, substance abuse, and reproductive health during outreach visits. • Preventive Care & Referrals: Distribute IFA tablets (under WIFS), screen for anemia and BMI, and refer adolescents to Adolescent Friendly Health Clinics (AFHCs) for specialized care as needed. • Any other activity/ies as assigned from time to time <p>Major Deliverables:</p> <ul style="list-style-type: none"> • Organize Adolescent Health Mela – At least once in half year basis at two selected village (among all targeted villages).
4	Reproductive Health and Contraceptive Services	<p>Services:</p> <ul style="list-style-type: none"> • Family Planning Services: Provide counseling on spacing and limiting methods, distribute contraceptives (OCPs, condoms, ECPs), and refer clients to fixed-day or nearby facilities for IUCD insertion/removal and permanent methods (Tubectomy/NSV) • Injectables & IUCD: Administer injectables like Antara and perform IUCD insertion, if trained personnel and equipment are available. • Reproductive Health Care: Screen for RTIs/STIs and refer complicated cases for further treatment. • Menstrual Hygiene: Offer education and distribute sanitary pads, especially targeting adolescent girls and women in underserved areas. • Any other activity/ies as assigned time to time <p>Major Deliverables:</p> <ul style="list-style-type: none"> • EC Meeting : Half yearly once at 100% targeted villages conducted • First aid for GBV- link beneficiary if any to referral centre and legal support centre.

Sl. No	Services	Services/ Deliverables
5	Management of chronic Communicable Diseases	<p>Services:</p> <ul style="list-style-type: none"> • TB Services: Line listing of Vulnerable population . Mobilize them for screening through chest X-ray and NAAT and initiate treatment as required, also provide counseling. • Leprosy Services: Conduct annual home visits for active case detection, refer suspected cases, and support treatment initiation. • Malaria Control: Undertake strategic interventions (Following Core-1/2/3 village plan), Implement vector control measures with community awareness and proper documentation. • Follow-up & Referral: Ensure timely referral and follow-up for all confirmed cases across TB, leprosy, and malaria. • Any other activity/ies as assigned time to time <p>Major Deliverables:</p> <ul style="list-style-type: none"> • TB – Ensure 100% eligible vulnerable cases undergone screening through upfront NAAT at nearest facilities. • Leprosy - Conducted drive at least once in a year to identify suspect cases through 100% home visits & confirmation & ensure treatment thereon • Malaria- Initiated vector control drive in each targeted village & documented the same before monsoon.
6	Management of Common Communicable Diseases & Basic OPD care- (acute simple illness)	<p>Services:</p> <p>Diagnosis and management of common fevers, ARIs and diarrhea, Urinary Tract Infections, skin infections. (scabies, abscess), indigestion, acute gastritis. Symptomatic care for aches and pains.</p> <p>Major Deliverables:</p> <ul style="list-style-type: none"> • OPD Load (all cases including communicable disease cases) – minimum 30 per session. • 2 Visits per month to higher facilities (1 visit to Block CHC & other to DHH) to ensure treatment /management of selected cases need support at higher facilities.
7	Management of Common Non-Communicable Diseases	<p>Services</p> <ul style="list-style-type: none"> • Opportunistic Screening: Screen individuals attended treatment Clinic, aged 30+ for common NCDs (Diabetes, Hypertension & oral Cancer) and refer to nearest facility for confirmation & uploading of data in the portal & initiation of treatment if any. • Referral Services: Identify high-risk or complicated cases and refer them to nearby health facilities or specialists for further evaluation and management. • Respiratory Morbidity Care: Diagnose and manage common respiratory conditions such as COPD and bronchial asthma, provide inhalers/medications, and refer severe cases as needed. <p>Major Deliverables:</p>

Sl. No	Services	Services/ Deliverables
		<ul style="list-style-type: none"> • Opportunistic Screening of all 30 + population for common NCD, refer for confirmation and data upload in the portal. • Follow up of on treatment cases: Patient support group meeting once in a quarter in each targeted village
8	Management of Mental Illness	<p>Services :</p> <ul style="list-style-type: none"> • Screening and Early Identification for conditions like common mental disorders, Severe mental illness, Substance Use Disorders, Suicidal ideation, Cognitive decline in elderly (e.g., dementia), Developmental delays and behavioral issues in children and report to District mental Health Cell . • Basic Management and First-Line Support, like psychoeducation, supportive counseling, Basic pharmacotherapy • Monitoring and follow-up • Referral and Linkage to Higher Facilities <p>Major Deliverables :</p> <ul style="list-style-type: none"> • Referral Reporting: Refer and report 100% of identified moderate to severe cases identified at treatment clinics to the District Mental Health Cell or designated facility. • Basic Support Services: Provide first-line counseling and psycho-education to at least 80% of screened positive cases. • Follow-Up Compliance: Ensure follow-up and treatment adherence checks for at least 60% of referred mental health cases during subsequent visits
9	Dental Care	<p>Services :</p> <p>Education on Oral Hygiene & Substance Abuse, in community-recognition of dental fluorosis- Referral for gingivitis, dental caries, oral cancers, Treatment for glossitis, candidiasis, fever blisters, aphthous ulcers.</p> <p>Major Deliverables:</p> <ul style="list-style-type: none"> • Referral & Basic Treatment: Provide basic treatment (e.g., for glossitis, candidiasis, ulcers) and ensure referral of 100% suspected cases of oral cancer or advanced dental issues.

Sl. No	Services	Services/ Deliverables
10	Eye Care/ENT care	<p>Services : Screening for congenital disorders and referral, Counseling 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.</p> <p>Deliverables:</p> <ul style="list-style-type: none"> • Early Identification & Referral: Ensure 100% referral of suspected cases of congenital eye/ear disorders, blindness, severe infections (e.g., ASOM), and trauma to higher facilities. • Treatment of Common Conditions: Provide basic treatment and first aid for common eye (conjunctivitis, xerophthalmia) and ENT (colds, pharyngitis, rhinitis) conditions at treatment clinics • Health Education Coverage: Conduct awareness sessions on eye hygiene, ear care, and danger signs in at least 75% of outreach sessions per month.
11	Elderly and Palliative health care services	<p>Services :</p> <p>A. Services for Elderly Care (Geriatric Services)</p> <ul style="list-style-type: none"> • Routine screening for NCDs, Vision and hearing loss, Nutritional deficiencies, Osteoarthritis, back pain, mobility issues • Screening for Cognitive decline, Depression and mental health (using PHQ-9) • Basic treatment and follow-up for conditions like Chronic pain, Urinary issues like incontinence, UTIs, Sleep disturbances, Constipation • Monitoring and medicine refill for chronic conditions • Support for minor ailments and infections • Counseling and Support for nutrition, exercise and mobility, and use of assistive devices <p>B. Palliative Care Services</p> <ul style="list-style-type: none"> • Identification and Registration of terminally ill, cancer patients, bedridden elderly, or those with end-stage organ failure and intimate to NCD Division at district level • Symptom Management - Basic management of conditions like pain, nausea/vomiting, bed sores, wound care, mouth care • Counseling and End-of-Life Support

Sl. No	Services	Services/ Deliverables
		<ul style="list-style-type: none"> Coordination with District-level palliative care units and referral. <p>Deliverables:</p> <p>A. Services for Elderly Care (Geriatric Services)</p> <ul style="list-style-type: none"> Screening & Assessment: Conduct special screening camp for at least 4 times in a year & screen using the Geriatric Assessment Tool (as per NPHCE) to identify NCDs, sensory loss, mobility issues, cognitive decline, and depression Treatment & Follow-up: Provide basic treatment, medicine refills, and follow-up care to elderly patients with common conditions like chronic pain, urinary issues, and constipation. <p>B. Palliative Care Services</p> <ul style="list-style-type: none"> Identify and register of all terminally ill, cancer, or bedridden patients need palliative care. Support minimum 20 identified cases on regular basis through home visits
12	Emergency Medical Services	<p>Services :</p> <ul style="list-style-type: none"> Basic Life Support (BLS) and First Aid if available at site - includes airway management, breathing support, ensure circulation, provide basic CPR and stabilize the victim Trauma and Injury Care Management of Common Emergencies like asthma, hypertensive crisis, Hypo/hyperglycemia, seizures Manage Obstetric Emergencies (Initial Stabilization & Referral) like Severe PE/Eclampsia, PPH, Obstructed labour Poisoning or Snake/Insect Bites Mental Health Emergencies <p>Major Deliverables :</p> <ul style="list-style-type: none"> Initial stabilization and referral of obstetric emergencies (severe PE/eclampsia, PPH, obstructed labor) and poisoning/snake bites, achieving 100% timely referrals to higher centers
13	Emergency Management	Provide emergency services during any epidemic/ disaster/ public health emergency/accidents, as required

3.6 MHU Operational Strategy:

3.6.1 MHU Operational Area:

- The operational areas of MHU shall be decided by the District / Block Health Administration.
- On priority basis the MHU shall cover the villages under Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN) and Dharti Aaba Janjatiya Gram Utkarsh Abhiyan

(DAJUGA), if exists in the Block and villages having no health facilities within 5 KM radius.

- The MHU will be stationed at Block CHC and from there it will proceed to the field and back to the CHC for stationed. The MHU will report to the Block Public Health Officer (BPHO).

3.6.2 **MHU visit schedule:**

- The MHU will have minimum 24 days micro-plan in a month and as per the approved micro-plan the camps will be organized at least two sessions in a day (morning & afternoon session) for 22 days and for rest 2 days, MHU team shall be engaged for referral of identified critical cases to the higher health facilities by the MHU team.
- The MHU will provide the services in the fixed day, fixed site/location & fixed timing in the village. Branding of the treatment site fixed for MHU shall be the responsibility of the Agency.

3.6.3 **Pre arrival intimation to the community on health camp:**

- Pre arrival information to the ASHA/AWW/ANM/SHG/PRI of that village shall be provided by the MHU AYUSH MO, so as to ensure more gathering of patients at the treatment point.

3.6.4 **Type of vehicles to be used for MHU Service:**

- Types of vehicles to be engaged (**BS VI Compliant**): Diesel / Petrol / EV vehicle having sitting capacity nine to ten persons including Driver with minimum ground clearance of above 170 mm. The **vehicles should not be more than two years old** from the date of manufacturer on the day of commencement of service. The fitness certificate of the engaged vehicle need to be furnished annually to the concerned health facility.

3.6.5 **VLTD device in the MHU and IT application:**

- All MHU vehicles should have fitted with VLTD confirming to AIS 140 duly approved by the State Transport Authority.
- Daily up time of the VLTD should not be less than 95% as per the data retrieved /sourced from State Command Centre set up by State Transport Authority, Odisha.
- The MHU vehicle shall be allowed a maximum two days' down time of the VLTD in a month in case of defect / replacement of the VLTD.
- The STA approved VLDT manufacturers list can be obtained from the STA website: <https://vltd.odishatransport.gov.in/manufacturer>.
- MHU operation shall be monitored on a real-time basis through a MHU Monitoring Portal /App to be developed by the Agency. Daily reporting on the MHU services in the MHU monitoring portal/App and its access shall be given to the District and State for monitoring of the MHU activities on daily & real time basis.

3.6.6 **Branding of MHU vehicle:**

- Branding of the MHU vehicle is the responsibility of the Agency. State will share MHU branding prototype to the Agency.

3.6.7 **Permissible off-road for MHU vehicle and holidays for the Staff :**

- Every Sunday, 2nd & 4th Saturday will be the days on which no service would require to be provided by the MHU. Sunday, 2nd & 4th Saturday could be used for maintenance of MHU vehicle, refilling and data entry/reporting purposes. In exceptional circumstances, the weekly off days can be cancelled by the competent authority.

3.6.8 **Provisioning of drugs, consumables & instruments in the MHU:**

3.6.9 The drugs & consumables required shall be provisioned by **the concerned health facility** for the MHU vehicle.

3.6.10 However, the Agency has to ensure provisioning of screening equipment/ instrument / and Furniture & Fixtures (mentioned in the Annexure-A) in each of the MHU vehicle. Hence, the **per vehicle per month cost** to be quoted in the price schedule (Form F2) should take into consideration the provisioning of the screening equipment/instrument and Furniture & Fixtures mentioned at **Annexure-A**.

3.6.11 **Community awareness on MHU services:**

- Apart from the Govt. initiatives, the Agency will undertake awareness activities on the MHU services at the community level by its own system of communication strategy to increase footfall and awareness on MHU services.

3.6.12 **Engagement of MHU during Emergency service:**

- MHU may be engaged to render emergency services during any epidemic/disaster /emergency situation as required by the Block/District Administration.

3.7 **Human Resources for MHU:**

The Staff so engaged by the Agency shall be exclusively on the pay roll of the Agency and shall under no circumstances the staff will ever have any claim, whatsoever for appointment with the Government. The Agency shall be solely responsible for the performance and conduct of the staff notwithstanding the source of hiring such staff. The Agency shall be fully responsible for adhering to provisions of various laws applicable on them including labour laws. In case the Agency fails to comply with the provisions of applicable laws and thereby any financial or other liability arises on the Government by Court orders or otherwise, the Agency shall be fully responsible to compensate/ indemnify to the Government for such liabilities. For realization of such damages, Government may even resort to the provisions of any Act, which is in force or other laws as applicable on the occurrence of such situations.

Following categories of manpower shall be required and to be positioned for operation of MHU.

S.N	Category of Staff	No of post	Eligibility Qualification
1.	AYUSH Medical Officer	1	<ul style="list-style-type: none"> • Age- S/he must have attained the age 21 years by the date of engagement. • Minimum Qualification- The candidate must have a Bachelor Degree in Ayurvedic medicine & Surgery (BAMS)/Bachelor in Homeopathic Medicine & Surgery (B.H.M.S) as the case may be, from a recognized university. He/ She must have completed the internship training if any. • Registration Certificate- Must have valid Registration Certificate from the State Ayurvedic/Homeopathic Council. No provisional registration certificate will be entertained. • He/She should have passes Odia language in M.E standard.
2.	Pharmacist	1	<ul style="list-style-type: none"> • Age- H/She must have attained the age 21 years by the date of engagement. • Minimum Qualification- Degree/Diploma in Pharmacy from a Govt./Govt. recognized Institution. Minimum 1 year Experience in managing a drug store in a reputed hospital/health center organized by the Govt. • He/She should have passes Odia language in M.E standard.
3.	ANM (Health Worker-F)	1	<ul style="list-style-type: none"> • Age- She must have attained the age 21 years by the date of engagement. • Minimum Qualification-The candidates must have passed the HSC examination & shall have completed ANM course from institution recognized by Govt and approved INC. • Registration Certificate- Must have registered in the Odisha Nursing Council and must possess valid Registration Certificate. • She should have passed Odia language minimum in M.E standard.
4.	Attendant (Male)	1	<ul style="list-style-type: none"> • Age- He must have attained the age 21 years

S.N	Category of Staff	No of post	Eligibility Qualification
			by the date of engagement. <ul style="list-style-type: none"> • Minimum Qualification- Minimum 8th Standard.

3.8 Performance Parameter of MHU:

- The MHU will visit minimum 24 days in a month (including 2 days for referral of critical cases from field) to the field areas as per the approved micro-plan.
- The MHU will provide the services in the fixed day & fixed point as identified and declared as treatment points.
- The operational micro-plan should not be deviated without prior approval of Block Public Health Officer.
- VLTD device installed in the MHU vehicle and always in working condition throughout the contract period.
- The MHU vehicle should not be off-road / out of service more than 6 days in a month including permissible holidays (Sunday-4 days, 2nd & 4th Saturdays -2 days) for routine & preventive maintenance.
- Detail tour report along with categories of patients screened, refereed, follow up etc must be maintained in record.
- Regular submission of daily/monthly reporting in a standardized format both in online and offline (to be shared by Govt.).
- The approved plan will be circulated to the respective GPs, Blocks, District for public awareness. The telephone number of the MHU will be circulated to the different stakeholders.

3.9 Sharing of Roles & Responsibility between the Agency and Government:

Following roles & responsibilities are to be undertaken by the Agency and Government.

Agency (Service Provider)	Government of Odisha
i) Engagement of MHU vehicle as per the prescribed vehicle specifications, vehicle maintenance and POL/DOL.	i) Signing of MoU with the selected Agency for operation of MHU in the assigned areas.
ii) Uniform branding of the MHU vehicles.	ii) Sharing of Scope of Work for MHU operation.
iii) Branding of the MHU treatment points.	iii) Sharing of list of villages with micro-plan for conducting health screening camps.
iv) Engagement & retention of HR adhering to the minimum qualification norm for MHU. Monthly payment to be made to the MHU staff by the Agency.	iv) Release of funds to the Agency.
v) Fitting of VLTD device in the MHU vehicles and development of	v) Capacity Building of MHU Staff on various health programmes.
	vi) Govt. will supply drugs & consumables to the MHU.
	vii) Periodical review of MHU activities by

Agency (Service Provider)	Government of Odisha
<p>monitoring portal & dashboard for real-time monitoring of MHU vehicle and report generation.</p> <p>vi) Bio-metric attendance system through face recognition for the MHU staff in the MHU vehicle.</p> <p>vii) Provide access of MHU Monitoring portal & dashboard to the District & State.</p> <p>viii) Provisioning of medical equipment /instrument in the MHU for screening of patient (List as per Annexure-A).</p> <p>ix) Operation of MHU as per Scope of Work shared by Govt.</p> <p>x) No user charges shall be collected from the patients attending MHU services towards consultation, drugs, lab tests or referral etc. Entire services shall be provided free of cost to the community.</p> <p>xi) The Agency shall follow the Route plan/Calendar for MHU as approved by the Block /District Health Administration.</p> <p>xii) MHU staff must wear proper uniform with Identity Card as per Govt. protocol during their duty hour.</p> <p>xiii) Permits of the vehicle, insurance, maintenance of vehicle log book.</p> <p>xiv) Record keeping and documentation: The Agency shall maintain daily camp screening register, drug dispensing register, lab test register, referral register and any other register maintained by the MHU team.</p> <p>xv) The Agency shall maintain confidentiality of medical records including patient details and shall make adequate arrangement for IT / cyber security. All records will be made available to any Government</p>	<p>the Block/District/State level Officials.</p> <p>viii) Monitoring of MHU activities by the Block/District/State level Officials.</p> <p>ix) Sharing of programme guidelines/circulars which are required for MHU programme.</p> <p>x) Govt may relocate the MHU, as per situational need.</p> <p>xi) Third Party evaluation of MHU Programme as and when required.</p> <p>xii) The Government reserves its rights to give directions to the Agency in public interest regarding operation of MHU.</p> <p>xiii) Government may introduce any new programme in MHU or in response to local demand as and when required.</p>

Agency (Service Provider)	Government of Odisha
<p>authority including audit on demand. The Agency would preserve these records carefully and hand over the same to the Government at the time of exit from the project.</p> <p>xvi) The Agency will not indulge in promotion or encouragement of any religious or political activities. The MHU team should be sensitive to the local sensibilities and the tribal culture & practices.</p> <p>xvii) Sharing of programme performance reports/compliances and other information relating to the MHU programme to the Block/District/State as and when required.</p> <p>xviii) Submission of SoE/UC and Statutory reports.</p> <p>xix) Setting up of own Programme Management Unit for internal monitoring of the MHU programme and HR management.</p> <p>xx) The Agency shall comply with all the provisions of Minimum Wages Act and other applicable labor laws. The Agency shall also comply with all other statutory provision.</p> <p>xxi) Periodic feedbacks from patients are to be taken on structured questionnaire by the MHU. Result would be analyzed by the State Government for further improvement in the services.</p> <p>xxii) In case of accident of MHU vehicle, it is the responsibility of the Agency to take necessary action for insurance claim settlement and repairing of the vehicle to put them back to service or arrangement of alternative vehicle.</p> <p>xxiii) The Agency can bring innovations /mobilize additional for</p>	

Agency (Service Provider)	Government of Odisha
<p>supplementary support to improve the service delivery.</p> <p>xxiv) Any assets created under the project shall be the property of Government and to be handed over to Government by the Agency after exists from the project operation.</p> <p>xxv) Agency to accept introduction of any new programme of the Government in the MHU or in response to local demand which could not be anticipated earlier.</p>	

3.10 Monitoring Mechanism:

- i) The performance of the MHU programme will be monitored largely on the basis of output based performance parameters. These performance standards can be suitably expanded and/ or modified in the interest of better service delivery to the general public.
- ii) The Block/District/State Health Officials will monitor the MHU activities through MHU Monitoring Portal on real time basis.
- iii) Performance analysis of MHU activities based on daily/monthly report at various levels to be undertaken.
- iv) Third party evaluation of the project may be conducted by an External Independent Agency.

SECTION-4 : TERMS & CONDITIONS

4.1 Period of Partnership

The project period will be initially for a **period of 3 years** which may be extended for another 2 years based on satisfactory performance of the service provider and fund provision under the State Budget.

4.2 Letter of Award and Agreement

- (i) The selected Agency shall be considered for issue of LOA.
- (ii) The selected Agency shall be required to send its acceptance of LOA within 03 (three) days of issue of LOA and sign the agreement along with submission of Performance Security within 15 (Fifteen) days time from the date of LOA.
- (iii) If the selected Agency fails to provide performance security within the prescribed time or the fails to sign the Contract Agreement within prescribed time, the Tender Inviting Authority may invite the 2nd highest ranking Agency for award of contract, provided agreed to execute the contract on the winning price of the 1st rank bidder.

4.3 Commencement of Service

The Selected Agency shall engage the vehicle for MHU and deployment of required HR for MHU operation to commence the service within 30 days time of signing of Contract **(Annexure-B)**. If the bidder fails to commence the service as specified herein, the tender inviting authority may, unless it consents to the extension of time thereof may cancel the MoU and forfeit the Performance Security.

4.4 Performance Security

The selected Agency, on acceptance, must deposit **3% of the annual contract value (excluding GST) as Bank Guarantee** (as per format at Annexure-D) in the name of Mission Director, National Health Mission, Odisha, from a Nationalized Bank valid for a period of minimum 40 months as performance security of the project which will have to be extended for a further period based on the period of extension of the project if any. **In case of non-submission of performance security or fails to execute the contract by the successful bidder, the EMD furnished by the successful bidder shall be forfeited.**

4.5 Payment terms & conditions:

- 4.5.1 Payment towards operational cost shall be made to the Agency as per **price quoted per MHU per month**.
- 4.5.2 Payment shall be made at the **respective District level**.
- 4.5.3 The operational cost to the Agency shall be released on **monthly basis**.
- 4.5.4 The Agency shall raise invoice on completion of service duly accompanied by all supporting documents in support of claims against the number of MHU operational in a month and submit the same to the concerned district by **5th of every month**.
- 4.5.5 After receipt of invoice, the District will **release 75% amount against the invoice** immediately within a period of 7 days. The **remaining 25%** shall be released after

detailed verification of bills & records and due compliance by the agency, if any, within 10 days of receipt of such compliance. In case District has no observations to comply, then remaining payment shall be made within 20 days of receipt of invoice.

- 4.5.6 The payment shall be subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws.
- 4.5.7 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 Agency under intimation to the Agency.
- 4.5.8 The Agency 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.
- 4.5.9 The amount would be deducted, if the MHU becomes non operative as mentioned and calculated.
- 4.5.10 It is compulsory that Mobile Health Unit staff remuneration should **transfer through online banking** from the Agency. The Agency should provide details financial documents regarding staff remuneration on monthly basis.
- 4.5.11 No payment shall be made in advance nor any loan from any bank or financial institution be recommended on the basis of the order of award of work.

4.6 Penalty Provision:

The Agency shall be liable for penalty for any deviation in the following parameters on operation of MHU, which includes and not limited to:

Sl.	Deliverable	Extent of Penalty	Remarks
1	<p>Operationalization of MHUs:</p> <p>Conditions:</p> <ul style="list-style-type: none"> • <= (less than equal to) 80% operational after 3 months from MOU signing. • <= (less than equal to) 80% operational after 6 months from MOU signing. 	<p>1% of total monthly bill raised based on the no. of operational MHUs.</p> <p>2% of total monthly bill raised. The said penalty will continue till the given conditions are achieved.</p>	<p>Total number of MHU vehicles in a particular District operated by the Agency as per sanctioned number of MHU at Annex-E to be considered while calculation of penalty by the individual District.</p>
2	<p>Total HR in Place:</p> <p>Conditions:</p> <p>If at any point of time the total HR</p>	<p>5% of total monthly bill raised till the given conditions are</p>	<p>Total count of each categories of manpower</p>

Sl.	Deliverable	Extent of Penalty	Remarks
	of each categories of manpower as per Clause No. 3.7 in place is <= (less than equal to) 20% of the total HR of the same category against sanctioned number of MHU in the District (counting AYUSH MO-1, Pharmacist -1, ANM-1, Attendant-1 positions in each MHU).	achieved.	for the concerned District to be considered while calculation of penalty by the individual District.
3	Non Availability of MHU Vehicles and Replacement of Vehicles not provided / Absence of Driver & replacement of Driver not provided.	@ Rs.3,000/- per day per vehicle	For every Instance / Vehicle / Day
4	If the MHU visit micro-plan deviation is more than 2 days per vehicle per month without approval from appropriate authority (concerned MO I/C to take prior approval of CDM&PHO and intimate to the MHUs.	Show cause will be issued to the team & the agency.	This will also be recorded for future reference & assessment for continuation.

4.7 Other Conditions:

- a. The Selected Agency will have to open a separate saving bank account for this grant-in-aid in any Nationalized Bank. The account will be opened in the name of the project, which shall be operated jointly by at least two office bearers authorized for the purpose by the management committee of the Agency.
- b. The selected Agency has to submit daily/ monthly progress report on the operation of the MHU to the respective District as well as State Office in the prescribed format either online or hard copy.
- c. The amount of grant should be utilized only for the purpose for which it is sanctioned and the unspent balance of the grants shall be refunded after the close of the financial year.
- d. The Agency will submit monthly statement of expenditure and progress report to the District and State Office. At the end of the project year, the Agency shall furnish annual report of the project along with CA audited Annual Audit Report to the State District and State Office.

4.8 Performance Monitoring and Standard of Services

- a) The performance of the Agency will be monitored largely on the basis of output based indicators specified in the **key deliverables at 3.4**. These indicators and performance standards can be suitably expanded and/ or modified in the interest of better service delivery to the general public.
- b) The indicators of health service delivery expected from the Agency are of the minimum standard. The Agency would be encouraged to serve as a role model and to provide services at a much higher standard.
- c) State shall use other mechanisms such as monthly report and external monitoring process to assess performance on key indicators.
- d) At the State level, NHM through its PPP Cell will monitor and evaluate the programme. NHM will review the work done by MHU, suggest suitable improvement and mid-course correction and address the difficulties faced by the Agency in running of the Project.
- e) Concurrent monitoring shall be conducted by NHM representatives along with the District Health Administration as and when required and submit the report to appropriate authority besides Mission Director. The District Programme Management Unit (DPMU) and Block Programme Management Unit will monitor the project and provide supportive supervision.
- f) Third party evaluation of the project may be conducted by an External Independent Agency.

4.9 Appreciation Conditions:

- a) Any good practices undertaken by the MHU teams shall be documented by themselves and report to the district authority through MO I/C concerned.
- b) The documents will be assessed on an annual basis and the best performing MHU team along with the agency will be recognized in a special occasion at district level.

4.10 Report Returns:

- a) Individual MHU wise Monthly Progress Report (MPR) in the desired format shall be extracted through online by the Agency and to submit concerned Block MO I/C with a copy to CDM&PHO.
- b) Annually, the documented best practices shall be submitted to the concerned Block MO I/C in the month of January and the MO I/C in turn will submit the same to the CDM&PHO for consideration.
- c) Any other report required by the authority from time to time.

4.11 ARBITRATION

- a) If the Agency fails to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the Government or the agency may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act 1996 of India. In that event, the dispute or difference shall be referred to the sole arbitration of an officer as the arbitrator to be appointed by the Government. If the arbitrator to whom the matter is initially referred is transferred

or vacates his office or is unable to act for any reason, he / she shall be replaced by another person appointed by the Government to act as Arbitrator.

- b) Services under this agreement shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the Government shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.
- c) Unless such payments are the direct subject of the arbitration.
- d) Venue of Arbitration: The venue of arbitration shall be the place from where the agreement has been issued.

4.12 BREACH

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

4.13 FORCE MAJEURE

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

4.14 TERMINATION

- a) Either party may terminate this agreement by giving not less than sixty days notice in writing to the other. This notice shall include reasons as to why the agreement is proposed to be terminated.
- b) The Government may terminate the agreement, or terminate the provision of any part of the Services, by written notice to the Agency with immediate effect if the Agency is in default of any obligation under the agreement, where the default is capable of remedy but the Agency has not remedied the default to the satisfaction of the Government within 30 days of at least two written advice after serving of written notice specifying the default and requiring it to be remedied; or
 - the default is not capable of remedy; or
 - the default is a fundamental breach of the agreement
 - If the Government terminates the agreement and then makes other arrangements for the provision of the Services, it shall be entitled to recover from the Agency any loss that had to be incurred due to such sudden termination of agreement.
- c) Both the parties agree that no further payment would be made to the Agency, even if due till settlement of anticipated loss as a result of premature termination of the agreement.

- d) The Government reserves the right to terminate the agreement without assigning any reason if services of the Agency create serious adverse publicity in media and prima facie evidence emerges showing negligence of the Agency.
- e) At the time of termination, the Agency agrees to hand over all moveable and immovable assets to the authorized representative of the State Government on a mutually agreed date on "as is where is" basis.
- f) The Agency agrees that no asset will be moved out of the premises or destroyed other than consumables used during the normal course of operation of the facilities, at any time during the period from the effective date to the date of termination without the prior written approval of the OSH&FW Society.
- g) The concessionaire agrees that the date of handing over will not be more than 15 calendar days from the date of termination.

4.15 INDEMNITY

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

4.16 Redressal of Grievances

The grievance related to the "Operation of MHU in PPP mode" is to be redressed at the level of State Level Committee.

4.17 Jurisdiction of Court

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

4.18 Compliance with existing laws:

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

4.19 Right to Accept and Reject any Proposal

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

SECTION 5 – EVALUATION OF THE PROPOSALS

5.1 Stage 1- Fulfillment of basic evaluation requirements:

Evaluation of the Technical Bid submitted initially shall be done to check whether the Bidder submitted is responsive as per sub point (A) below and if the proposal meets the pre-qualification conditions along with the documents stated at clause No. 3.6 of the RFP. Only those bids which are assessed to be responsive and meeting the prequalification criteria shall be considered for further evaluation.

(A) **Test of Responsiveness**

As part of the evaluation of Bids, the Authority will determine whether each Bid is responsive to the requirements of the RFP. A Bid will be considered responsive only if:

- (a) it is received as per the specified format;
- (b) it is received along with all the prescribed documents as specified in (and in the prescribed formats) as per clause No. 3.6 of the RFP;
- (c) it is received by the Authority on or before the specified time on the Proposal Due Date including any extension thereof;
- (d) it is signed, sealed, bound and marked as stipulated in the RFP;
- (e) it is accompanied by the EMD as specified in the RFP;
- (f) it does not contain any condition or qualification; and
- (g) it is not non-responsive in terms hereof.

Only those bids which meet all the above Pre-Qualification conditions shall be considered to be eligible for further evaluation. The Authority reserves the right to reject any Bid which is not responsive and no request for alteration, modification, substitution or withdrawal with respect to such Bid will be entertained by the Authority in respect of such Bid. Provided, however, that the Authority may, in its discretion, allow the Bidder to rectify any infirmities or omissions if the same does not constitute a material modification of the Bid.

5.2 Stage II- Evaluation of Technical Proposal:

- (A) Technical evaluation shall be undertaken of those bids which are assessed to be responsive and meet the 'Pre-Qualification Conditions. The Authority shall carry out the evaluation applying the criteria stated in the RFP. Each responsive proposal shall be attributed a Technical Score. The following scoring methodology shall be used for evaluating the Technical Proposal.

Sl.	Criteria	Marks
A	Years of Experience in operation / Management of MHU/MMU	25
B	Experience in operation of number of MHU/MMU	25
C	Financial Turnover	25

Sl.	Criteria	Marks
D	Experience in Managing MHU/ MMU Portal	5
E	Experience in use of GPS / VLTD for strengthening MHU/ MMU operation	5
F	Technical Presentation on Approach & Methodology	15
	TOTAL	100

(B) The detail breakup of Technical Evaluation Score for each of the Criteria are placed in table below:

Sl. No	Technical Evaluation Parameters	Max. Marks	Means of Verification
A. Experience in operation / Management of MHU/MMU: (25 marks)			
1	<p>Years of Experience: Total years of experience in operation of Mobile Health Units (MHU)/Mobile Medical Units (MMUs) for any State Government/ Central Government / Public Sector Undertakings / CSR.</p> <p>Criteria for Award of Marks: a) > 3 and ≤4 years of experience = 10 marks b) @ 5 marks for each additional year of experience (> 4 years) up to maximum 15 marks.</p>	25	MoU/contract signing document
B. Experience in operation of number of MHU/MMU: (25 marks)			
2	<p>Number of MHU/MMU operational: Average number of Mobile Health Units (MHU)/Mobile Medical Units (MMUs) operational per year for any State Government / Central Government / Public Sector Undertakings / CSR during last three Financial years 2021-22, 2022-23 & 2023-24 OR 2022-2023, 2023-2024 & 2024-25 (if audited)</p> <p>Criteria for Award of Marks: Avg. 26 - 30 MHUs/ MMUs= 15 marks Avg. 31 - 35 MHUs/ MMUs= 18 marks Avg. 36 - 40 MHUs/ MMUs= 21 marks > Avg. 40 MHUs/ MMUs= 25 marks</p>	25	MoU/contract signing document

Sl. No	Technical Evaluation Parameters	Max. Marks	Means of Verification
C. Financial Turnover: (25 marks)			
3	<p>Average Annual Turnover: Average annual turnover of the Bidder / Lead Partner (in case of Consortium) in last three financial years as per audit report 2021-22, 2022-23 & 2023-24 OR 2022-2023, 2023-2024 & 2024-25 (if audited)</p> <p>Criteria for Award of Marks: >25 & ≤ 30 Crores= 10 marks > 30 & ≤ 35 Crores= 13 marks > 35 & ≤ 40 Crores= 16 marks > 40 & ≤ 45 Crores= 20 marks > 45 Crores = 25 Marks</p>	25	Annual turnover statement by a qualified CA in the Form T5 alongwith Audited Annual Financial Statements of last 3 FYs.
D. Managing MHU/ MMU Portal : (5 marks)			
4	The Bidder/ Consortium Partner have their own portal & dashboard and in use for reporting.	5	Portal link & Screen shot of the Dashboard used for past /ongoing projects of MHU/MMU
E. Experience in use of GPS /VLTD for strengthening MHU/ MMU operation : (5 marks)			
5	<p>MHU/MHU operational with GPS /VLTD: Mobile Health Units (MHU)/Mobile Medical Units (MMUs) operational with GPS / VLTD for any State Government / Central Government / Public Sector Undertakings / CSR.</p>	5	
F. Technical Presentation on Approach & Methodology: (15 marks)			
6	<p>Technical Presentation (Maximum 15 minutes power point presentation to be presented by the bidder in-person). The power point presentation should be based on the following parameters :</p> <p>Criteria for Award of Marks:</p> <p>a) Approach & Methodology of Implementation of the project : 5 Marks</p> <p>b) Modalities of IT application for online monitoring & supervision with Dashboard: 5 Marks</p> <p>c) Modalities of Sourcing of Vehicle with VLTD / GPS and its Management : 2.5 Marks</p> <p>d) Modalities of Sourcing Human Resource & its Management: 2.5 Marks</p>	15	Power point presentation
Total Marks		100	

5.3 Stage III- Evaluation of Financial Bid:

Financial proposal shall be opened after the technical evaluation is completed and **only those bidders who score at least 75 marks or more in the technical evaluation shall qualify for financial bid opening.**

A date, time and venue will be notified to all prequalified and shortlisted Bidder(s) for opening of Financial Bids. The opening of Financial Bids shall be done in presence of respective representatives of Bidder(s) who choose to be present. Authority will not entertain any query or clarification from Bidder(s) who fail to qualify at any stage of the Selection Process. The financial evaluation and final ranking of the Bids shall be carried out in terms of this RFP document.

Process of Evaluation of Financial Proposals

1. Financial bid of only those bidders with technical score (as per the technical evaluation) of **at least 75 (seventy five) or more** shall be considered for financial bid opening.
2. The bidder quoting the **lowest price** shall be awarded the contract.

5.4 Guidance note on Financial Bid:

The Cost per MHU per Month to be quoted in the financial bid shall take into account the following components:

- a) **Human Resource:** Each MHU would have one Ayush Doctor (Male/ Female), one Pharmacist, one ANM and one Attendant. All should have required qualification as per clause No 3.6.
- b) **Hiring of Vehicle:** A four Wheeler Vehicle shall be hired by the Agency (with Ground clearance 170 mm or more to access remote villages with ease, which will be part of their routine tour).
- c) **Fuel Cost:** Each MHU is expected to **cover about 2500 km in a month**. In case vehicle runs more than 2500 km the agency will be reimbursed additional cost as per the existing rate (of the nearest fuel station) considering mileage of 10 km per liter. This additional payment will be paid on submission of documentary proof duly signed by concerned MO (MHU).
- d) **Branding of Vehicle:** The quoted price shall include the cost of Branding (twice in the project period of 3 years) while quoting the price.
- e) **IT & VLTD related cost:** The quoted price shall include the IT set up for real-time monitoring of MHU vehicle, fitting of VLTD, online reporting and realtime dashboard for monitoring of the project performance.
- f) **Provisioning Equipment, Instrument & Furniture cost:** As per the list at **Annexure-A** in each MHU vehicle.
- g) **Other miscellaneous Cost:** The quoted price shall also include the expenses of purchase of Registers for maintaining records, Stationeries for recording & reporting, Printing of MPR, Photocopies, cost of internet, documentation, staff training and other miscellaneous expenses etc.

SECTION 6

FORMATS FOR SUBMISSION OF PROPOSAL (TECHNICAL & FINANCIAL BID)



RFP No: NHM/ MHU /2025/ _____

FORMATS OF TECHNICAL BID

=====

**National Health Mission, Odisha
Annex Building of SIHFW, Nayapalli,
Unit -8, Bhubaneswar-751012**

CHECK LIST

(To be submitted in *Technical Bid Envelope*)

The documents have to be arranged serially as per the order mentioned in checklist for ease of scrutiny.

Sl. No	Item	Whether included Yes / No	Page No.
1	A non-refundable amount of Rs. 2,500/- (Rs. Two thousand five hundred only) in shape of DD/Bankers Cheque from any scheduled commercial bank drawn in favor of Mission Director, NHM, Odisha Payable at Bhubaneswar towards cost of RFP document		
2	Earnest Money Deposit (EMD) amount of Rs. 40,00,000/- (Rs. Forty Lakhs Only) in shape of DD/Bankers Cheque / Bank Guarantee from any scheduled commercial bank drawn in favor of Mission Director, NHM, Odisha Payable at Bhubaneswar. In case the BG, the same has to be furnished in the prescribed format at Annexure-C		
3	Covering letter by the entity in its letter head as per Form T1.		
4	Duly filled up Profile of Agency as per Form T2.		
5	Experience in operation of MHU/MMU as per Form T3		
6	Copies of the Contract/MoU documents pertaining to the Agency experience on operation of MHU/MMU as mentioned in Form T3		
7	Approach, Methodology, IT based Monitoring & HR Plan as per Form T4.		
8	Annual Financial Turnover of the 3 finance years [(2021-22, 2022-23 & 2023-24 OR 2022-23, 2023-24, 2024-25 (if audited)] duly audited by a qualified CA as per Form T5 along with financial year wise copy of GSTR-9C form and the audited P/L account of each financial year highlighting the turnover in support of the turnover.		
9	In case of NGO/ Trust, copy of the unique ID under the portal NGO Darpan of NITI Aayog.		
10	An undertaking in the form of original Affidavit certifying that Agency is not blacklisted or debarred by any State/Central Government/Public Sector Undertakings and any office bearer of the Agency has not been convicted by any court of law for any criminal offence as per Form T6.		

Sl. No	Item	Whether included Yes / No	Page No.
11	Power of Attorney authorizing the signatory for signing the proposal on behalf of the proposer/Bidder as per Form T7.		
12	In case of consortium, Power of Attorney for signing of application by the lead member as per Form T8.		
13	In case of consortium bid, the consortium agreement as per Form T9.		
14	Letter of Declaration (Anti Collusion Certificate) mentioning that the applicant/consortium will not collude with the other applicants as per Form T10.		
15	Willingness of the entity in the entity letter head to sign MoU / contract abiding all the terms & conditions of the RFP- To be submitted in Form T11.		
16	Technical Brochures of the IOT Point of Care Equipment as per technical specification mentioned in Annexure A2.		
17	A copy of the RFP document sealed and signed in all pages by the applicant		
18	Any other details the bidder like to include in the proposal.		

FORM – T1

(To be furnished with the Technical Proposal Envelope)

COVERING LETTER OF THE AGENCY

*(To be furnished in the **letter head** of the Agency)*

To
The Mission Director
NHM, Health & FW Deptt., Odisha
Bhubaneswar

Re.: RFP No. _____ dated _____

Madam/Sir,

I/We, the undersigned, offer to provide the services of Operation & Management of Mobile Health Unit in PPP Mode in the assigned Districts as per the terms & conditions mentioned in the scope of work of the RFP document. I/We, hereby submitting the proposal, including Technical Proposal and a Financial Proposal sealed under a separate envelope.

I/We hereby declare our confirmation of acceptance of the Conditions of Contract mentioned in the RFP document under reference cited above.

I/We hereby declare that all the information and statements furnished in this proposal are true and accept that any of our misrepresentations contained in it may lead to our disqualification.

Our proposal shall be binding upon us for a period of 180 days from the date of bid opening, subject to the modifications resulting from Contract negotiations you may subsequently carry out with us to accept our bid. If we are assigned the work during the period of validity of the proposal, we undertake to carry out the same as per the terms and conditions of this tender document.

I/We hereby declare that our organization has not been debarred / blacklisted by any Government / Semi Government organizations. I further certify that I am the competent authority of this organization and authorized to make this declaration.

I/We understand you are not bound to accept any proposal you receive.

Yours sincerely,

Authorized Signatory [In full and initials]: _____

Name and Title of Signatory: _____

Name of Agency: _____

Address: _____

(Organization Seal)

FORM – T2
(To be furnished with the Technical Proposal envelope)
PROFILE OF THE BIDDER

GENERAL INFORMATION ABOUT THE BIDDER						
1	Pl. mention whether participated as a Sole Bidder or Consortium					
2	Name of the Bidder (Lead bidder in case of					
	Registered address of the bidder					
	State		District			
	Telephone No.		Fax			
	Email		Website			
3	Name of the Consortium Bidder (in case of consortium bid only)					
	Registered address of the consortium bidder					
	State					
	Telephone No.					
	Email		Website			
Contact Person Details						
4	Name		Designation			
	Telephone No.		Mobile No.			
	Email		Website			
Communication Address						
5	Address					
	State		District			
	Telephone No.		Fax			
	Email		Website			
	Type of the Firm (Please <input checked="" type="checkbox"/> relevant box)					
6	Private Ltd.	<input type="checkbox"/>	Public Ltd.	<input type="checkbox"/>	LLP	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>	Society	<input type="checkbox"/>	Others, specify	<input type="checkbox"/>
	Registration No. & Date of Registration.					
Nature of Business (Please <input type="checkbox"/> relevant box)						

7	Manufacturer		Importer	
	Authorized Distributor		Other Service Provider (pl. specify)	
8	<i>Registration certificate / Certificate of Incorporation of the bidder (Lead bidder in case of consortium) (furnish the copy)</i>			
Key personnel Details (Chairman, CEO, Directors, Managing Partners etc.)				
9	in case of Directors, DIN Nos. are required			
	Name		Designation	
	Name		Designation	
10	<i>Whether any criminal case was registered against the company or any of its promoters in the past?</i>			Yes / No
11	<i>Other relevant Information</i>			
12	<i><u>GST Registration</u> Furnish the copy of the GST registration certificate</i>			
13	<i>PAN: Furnish the copy of the PAN</i>			
14	<i>EPF Registration No. (Furnish copy of the EPF registration certificate of the Agency)</i>			
15	<i>ESI Registration No. (Furnish copy of the ESI registration certificate of the Agency)</i>			
16	<i>In case the bidder is a NGO/Trust, Unique ID Number through registration in the portal NGO-DARPAN of NITI Aayog.</i>			
17	<i>Bank Details of the Bidder: The bidders have to furnish the Bank Details as mentioned below for return of EMD /Payment for supply if any (if selected)</i> a. Name of the Bank : b. Name of the Account & Full address of the : Branch concerned c. Account no. of the bidder : d. IFS Code of the Bank:			
<i>Date</i>		<i>Office Seal</i>		<i>Signature of the bidder / Authorized signatory</i>

FORM – T3*(To be furnished with the Technical Proposal envelope)***Experience in operation of MHU/MMU in State Government / Central Government / Public Sector Undertakings / under CSR in financial years 2021-22, 2022-23, 2023-24 OR 2022-23, 2023-24, 2024-25.**

Sl.	* Name & address of the organization for which MHU/MMU project is undertaken	Date of award of contract	Period of contract as per MoU/Agreement document		Total year(s) of experience	Nos. of MHU / MMU operational as per the MoU /Agreement	Page No (s) in your bid where the copies of the relevant MoU / agreement is (are) placed
			From	To			
1							
2							
3							
4							
5							

* Please furnish the Contracts / Work Order copies in support of the projects executed **serially** as mentioned in the table above for ease of scrutiny. Pl. add additional sheets if the space provided is not sufficient.

B. Experience in online portal/dashboard & real-time monitoring:

Please specify details on own online portal/dashboard for reporting and biometric face attendance relating to MHU/MMU operation and real-time monitoring.

Authorized Signatory/Signature [In full and initials]: _____

Name and Title of Signatory: _____

(Organization Seal)

FORM –T4

(To be furnished in the Technical Proposal envelope)

Approach, Methodology, IT based Monitoring & HR Plan

A) Approach and Methodology for implementation:

[Please explain your understanding of the objectives of the assignment as outlined in the Scope of Work (SOW), the technical approach, and the methodology you would adopt for implementing the assignment to deliver the expected output(s) and the degree of detail of such output, your proposed creativity & innovation for this project for effective implementation of the same and the documentation plan of the project. Please **do not repeat/copy** the SOW here]

B) IT based monitoring Plan:

[Please specify the **IT based monitoring system, online portal/dashboard** proposed for this project for online reporting, tracking of MHU vehicles with VLTD, biometric attendance etc.]

C) Sourcing of MHU/MMU vehicles and Modalities of Vehicle Management:

[Please specify the proposed modalities of sourcing the MHU vehicles, vehicle engagement for MHU and its management throughout the project period]

D) Manpower Management:

[Please outline your plan for engagement of the required HR as per the provision and their management]

E) Time Line : Timeline (in Gantt Chart)

Authorized Signatory [In full and initials]: _____

Name and Title of Signatory:_____

Name of Firm: _____

(Organization Seal)

FORM – T5

ANNUAL TURN OVER STATEMENT

(To be furnished on the **letter head** of the Chartered Accountant in the Technical Proposal envelope)

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

Sl.	Financial Year	Turnover in Lakhs (Rs.)
1	2021-22	
2	2022-23	
3	2023-24	
4	2024-25 (if audited)	

* Provisional audited statement shall not be considered.

Date:

Signature of Chartered Accountant

Place:

(Name in Capital)

Seal

Membership No :

UDIN :

Note:

- 1) To be issued in the **letter head of the Chartered Accountant** with Membership No. and UDIN.
- 2) Attach the **financial year wise copy of GSTR-9C form** in support of the turnover.
- 3) Also attach photocopies of the audited P/L account of **each financial year highlighting the turnover** in support of that.

FORM –T6

(To be furnished in the Technical proposal envelope)

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

This is to certify and confirm that with reference to RFP No. _____
for _____ *(Name of the RFP)*, our organization
* M/s *(The name of the Agency with address of
the registered office)/ we or any of our promoter(s) / director(s) are not barred / blacklisted by
Department of Health & FW, Govt. of Odisha / or any other entity of Govt. of Odisha or barred /
blacklisted by any State Government or Central Government/ Department / Organization in India
from participating in the Project/s, either individually or as member of a Consortium as on
_____ (Date of Signing of this proposal). This is also to confirm that I or any
other office bearer on behalf of the Agency has not been convicted /case pending against them by
any court of law in India or Abroad for any civil/criminal offences.*

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

Dated thisDay of, 2025

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

Name and Title of Signatory: _____

(Organization Seal)

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

* **In case of Consortium bid, the name of Lead Member as well as consortium member shall have to be mentioned.**

FORM T7

**POWER OF ATTORNEY (in case the bidder is not in Consortium)
Format for Power of Attorney for Signing of Application**

(On a Stamp Paper of relevant value to be submitted in the Technical Proposal Envelope)

Power of Attorney

Know all men by these presents, We.....(name and address of the registered office) do hereby constitute, appoint and authorize Mr / Ms.....(name and residential address) who is presently employed with us and holding the position ofas our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for 'Operation of Mobile Health Units in Odisha' including signing and submission of all documents and providing information / responses to the Odisha State Health & Family Welfare Society, representing us in all matters before Odisha State Health & Family Welfare Society in connection with our bid for the said Project.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us. Dated this the _____ day of _____ 2025.

For _____

(Name, Designation and Address)

Accepted

_____(Signature)

(Name, Title and Address of the Attorney with Seal)

Date: _____

Note:

- i. To be executed by the Chief of the Organization.*
- ii. The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executants(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.*
- iii. In case an authorized Director of the Applicant signs the Application, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney.*
- iv. In case the Application is executed outside India, the Applicant has to get necessary authorization from the Consulate of India. The Applicant shall be required to pay the necessary registration fees at the office of Inspector General of Stamps.*

FORM T8
POWER OF ATTORNEY FOR LEAD MEMBER (In case of a Consortium bid)
Format for Power of Attorney for Lead Member of Consortium
(On a Stamp Paper of relevant value to be submitted in the Technical Proposal Envelope)

Power of Attorney

Whereas, the Department of Health & FW, Government of Odisha has invited applications from interested parties for Operation of Mobile Health Units in the State.

Whereas, the members of the Consortium are interested in bidding for the Project and implementing the Project in accordance with the terms and conditions of the Request for Proposal (RFP) document and other connected documents in respect of the Project, and

Whereas, it is necessary under the RFP document for the members of the Consortium to designate the Lead Member with all necessary power and authority to do for and on behalf of the Consortium, all acts, deeds and things as may be necessary in connection with the Consortium's bid for the Project who, acting jointly, would have all necessary power and authority to do all acts, deeds and things on behalf of the Consortium, as may be necessary in connection with the Consortium's bid for the Project.

NOW THIS POWER OF ATTORNEY WITNESSETH THAT;

We, M/s. _____ (Lead Member), M/s _____ (Member) (the respective names and addresses of the registered office) do hereby designate M/s. _____ being one of the members of the Consortium, as the **Lead Member of the Consortium**, to do on behalf of the Consortium, all or any of the acts, deeds or things necessary or incidental to the Consortium's bid for the Project, including submission of application/proposal, participating in conferences, responding to queries, submission of information/ documents and generally to represent the Consortium in all its dealings with the Department, any other Government Organization or any person, in connection with the Project until culmination of the process of bidding and thereafter till the Agreement is entered into with Department of Health & FW, Government of Odisha.

We hereby agree to ratify all acts, deeds and things lawfully done by Lead Member, our said attorney pursuant to this Power of Attorney and that all acts deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us/Consortium.

Dated _____ day of _____ 2025
(Executants with Seal)

Note: The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executants(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.

FORM T9

(Format for Consortium Agreement to be submitted in the Technical Proposal Envelope)

(On stamp paper of Rs.100/- to be purchased in the name of executants companies or as required by the jurisdiction in which executed)

THIS Consortium Agreement executed on this day of..... by:
M/s. an organization incorporated under the act
of having its registered office at
(hereinafter called the "**Lead Member**" which expression shall include its successors); **and**

M/s. an organization incorporated under the
act of having its registered office
at..... (hereinafter called the "**Second Member**" which expression shall include its
successors)

The Lead Member, the Second Member shall collectively hereinafter be called as the "Consortium Members" for the purpose of submitting a proposal (hereinafter called as "Proposal") to Odisha State Health & Family Welfare Society (hereinafter called "OSH&FWS") in response to OSH&FWS's Request for Proposal Document (hereinafter called as "RFP" Document) no.....Dated..... to select an agency for **Operation of Mobile Health Units in PPP Mode.** .

AND WHEREAS this RFP document stipulates that a Consortium of maximum two organizations, meeting the requirements stipulated in the RFP document may submit a proposal signed by Lead Member of the Consortium Members so as to legally bind all the Members of the Consortium who will be jointly and severally liable for the performance and all obligations there under to OSH&FWS. This duly signed Consortium Agreement is attached to the Proposal.

NOW THIS AGREEMENT WITNESSETH AS UNDER:

In consideration of the above premises all the Parties to this Consortium Agreement do hereby agree as follows:

1. M/s..... shall act as **Lead Member** for and on behalf of Consortium Members. The said Consortium Members further declare and confirm that we shall jointly and severally be bound and shall be fully responsible unto OSH&FWS for the successful performance of the obligations under the Request for Proposal (RFP) and resulting Agreement(s) submitted / executed by the Lead Member in the event of the selection of Consortium as Agency.
2. That M/s..... which is the Lead Member of the Consortium shall invest and have at least **51% stake in the Consortium** for the contract Period as specified in the RFP document..
3. In case of any breach of the stipulations of the RFP Document by the Lead member, Consortium Members along with the Lead Member do hereby agree to be fully responsible to carry out all the obligations and responsibilities under the RFP and resulting Agreement(s).

4. If OSH&FWS suffers any loss or damage on account of any breach in the stipulation of the Agreements to be entered into by the Consortium Members, upon its selection as Agency pursuant to RFP (the "Agreements") or any shortfall in the performance of the Transaction or in meeting the performances guaranteed as per the RFP and the Agreements, the Consortium Members hereby jointly and severally undertake to promptly make good such loss or damages caused to OSH&FWS on its demand without any demur or contest. It shall not be necessary or obligatory for OSH&FWS to proceed against the Lead Member before proceeding against or dealing with the other Member(s).
5. The financial liability of the Consortium Members to the OSH&FWS, with respect to any of the claims arising out of the performance or non-performance of obligations under the RFP and the resulting Agreement(s) shall not be limited so as to restrict or limit the liabilities of any of the Members and the Members shall be jointly and severally liable to OSH&FWS.
6. It is expressly agreed by the Members that the sharing of responsibilities and obligations amongst the Members shall not in any way be a limitation of joint and several responsibilities and liabilities of the Members to the OSH&FWS. It is clearly understood that the Prime Bidder shall ensure performance under the Agreements and if one or more Consortium Members fail to perform its / their respective obligations under the Agreement(s), the same shall be deemed to be a default by all the Consortium Members.
7. It is also understood by all Consortium Members that the RFP Document stipulates various obligations as well as terms and conditions related to the Transaction during Proposal stage or thereafter during the subsistence of the RFP documents i.e. the Agreements.
8. This Consortium Agreement shall be construed and interpreted in accordance with the laws of India and the Courts of Bhubaneswar shall have the exclusive jurisdiction in all matters arising there under.
9. If an invitation is issued by OSH&FWS for becoming Agency, we the Consortium Members do hereby agree that we shall be jointly and severally responsible for furnishing the Bank Security. It is also hereby agreed that Lead Member shall, on behalf of the Consortium submit the EMD in the form of DD/Banker's Cheque / Bank Guarantee drawn in favour of Mission Director, National Health Mission payable at Bhubaneswar (hereinafter called as "EMD" from a Nationalized/Scheduled Commercial Bank for the value and in the currency as specified by OSH&FWS.
10. It is further agreed that this Consortium Agreement shall be irrevocable and shall continue to be enforceable till the same is discharged by OSH&FWS. It shall be effective from the date first mentioned above for all purposes and intents.
11. The responsibilities of all the members of the Consortium for this Project would be as stated in the table below:

Member of Consortium

Responsibilities

Lead Member :

M/s _____

Second Member

M/s _____

IN WITNESS WHEREOF, the Members to the Consortium Agreement have through their authorized representatives executed these presents and affixed common seal of their companies, on the day, month and year first mentioned above.

1. Common Seal of.....

For and on behalf of **Lead Member**

has been affixed in my/our presence
pursuant

M/s.....

(Signature of authorized representative)

WITNESS

1.....

(Signature)

Name.....

Designation.....

2.....

(Signature)

Name.....

Designation.....

FORM T10

ANTI COLLUSION CERTIFICATE

We hereby certify and confirm that in the preparation and submission of our Proposal for Operation & Management of Mobile Health Unit in PPP Mode in Odisha against the RFP issued by Odisha State Health & Family Welfare Society, We have not acted in concert or in collusion with any other bidder or other person(s) and also not done any act, deed or thing, which is or could be regarded as anti-competitive.

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

Dated thisDay of, 2025

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

Name and Title of Signatory:

(Organization Seal)

FORM T11

(To be furnished in the Technical proposal Envelope)

FORMAT FOR WILLINGNESS/ CONSENT LETTER

I, Mr/Ms.(name & designation) of
M/s..... (Name of the agency with address of the registered
office), with reference to RFP No._____ for _____
(Name of the RFP), do herewith giving my consent to sign the agreement if selected by abiding
all the terms & conditions of the RFP.

This is for favour of your information and necessary action.

Dated thisDay of, 2025.

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

Name and Title of Signatory:

(Organization Seal)



RFP No: NHM/ MHU /2025/ _____

FORMATS OF FINANCIAL BID

National Health Mission, Odisha
Annex Building of SIHFW, Nayapalli,
Unit -8, Bhubaneswar-751012

FORM -F1

FINANCIAL PROPOSAL SUBMISSION FORM

*(To be furnished in the **letter head** of the Bidder in the financial proposal envelope)*

To
The Mission Director
NHM, Health & FW Deptt., Odisha
Bhubaneswar

Re.: RFP No. _____ dated _____

**Subject: Operation & Management of Mobile Health Unit in PPP Mode in Odisha -
Financial Proposal**

Madam / Sir,

I /We, the undersigned, offer to provide our financial proposal towards operation of Mobile Health Units in Odisha in accordance with the Terms of Reference of the RFP. I/We submit the Schedule of Rate as mentioned in the **Form F2**.

I/We agree that the schedule of rate shall be valid for the contract period as mentioned in the RFP.

Authorized Signatory [In full and initials]: _____

Name and Title of Signatory: _____

Name of Firm: _____

(Organization Seal)

FORM –F2
FINANCIAL PROPOSAL

(To be furnished in the **Financial Bid envelope**)

A. Cost of Operation & Management of One MHU Vehicle per Month

<p>Cost of Operation & Management of <u>One MHU Vehicle per Month</u> to be quoted in the financial bid shall take into account the following components:</p> <p>a) Human Resource: Each MHU would have one Ayush Doctor (Male/ Female), one Pharmacist, one ANM and one Attendant. All should have required qualification as per clause No 3.6.</p> <p>b) Hiring of Vehicle: A four Wheeler Vehicle shall be hired by the Agency (with Ground clearance more than 170 mm to access remote villages with ease, which will be part of their routine tour).</p> <p>c) Fuel Cost: Each MHU is expected to cover about 2500 km in a month. In case vehicle runs more than 2500 km the agency will be reimbursed additional cost as per the existing rate (of the nearest fuel station) considering mileage of 10 km per liter. This additional payment will be paid on submission of documentary proof duly signed by concerned MO (MHU).</p> <p>d) Branding of Vehicle: The quoted price shall include the cost of Branding (twice in the project period of 3 years and extension if any) while quoting the price.</p> <p>e) IT & VLTD related cost: The quoted price shall include the IT set up for real-time monitoring of MHU vehicle, fitting of VLTD, online reporting and real time dashboard for monitoring of the project performance.</p> <p>f) Provisioning Equipment, Instrument Furniture & consumables (Glucostrips, Hemoglobin test strips lancets & urine collection container etc. on the basis of OPD caseload at each session site as mentioned at Annexure-A) as per the list at Annexure-A in each MHU vehicle.</p> <p>g) Other miscellaneous Cost: The quoted price shall also include the expenses of purchase of Registers for maintaining records, Stationeries for recording & reporting, Printing of MPR, Photocopies, cost of internet, documentation, staff training and other miscellaneous expenses etc.</p>	<p style="text-align: center;">Cost of Operation & Management of <u>One MHU Vehicle per Month</u> (exclusive of GST)</p> <hr/> <p>In Figures:</p> <p style="text-align: center;">(exclusive of GST)</p> <hr/> <p>In words:</p> <p style="text-align: center;">(exclusive of GST)</p>
---	---

B. GST @ ___ on & above the cost mentioned at A above: Rs. _____.

Signature of Authorized signatory

Name & Designation:

Date:

Organization Seal

Place:

SECTION 7

ANNEXURES

Annexure-A1
Equipment Instrument & Furniture for MHU

Sl.	Items
1	<p>IOT based point of care medical Devices with Android Mobile Smart Phone integrated with Bluetooth enabled portable Equipment / Instruments like Digital Blood pressure monitor, Digital Finger tip Pulse Oxymeter, Digital Glucometer with test strips & lancets, Digital Hemoglobinometer with test strips & lancets, Digital weighing scale, Digital Stethoscope, Digital Fetal Heart monitor and Digital Urine Analyser with urine collection container. All the devices are to be put inside a briefcase with suitable slot to carry the IOT portable devices. Detail specification of the IOT devices are mentioned at Annexure A2.</p> <p><i>Note : It is expected that there will be approximately 30 OPD cases per session per site with possible diagnostic test of 70% of the total OPD cases. Accordingly the provision of Gluco strips / hemoglobin test strips / lancets / urine collection container etc. has to be made.</i></p>
2	Cosco Speculum
3	Sim's Speculum
4	Uterine Sound
5	Sponge Holder
6	Doppler
7	Stadiometer
8	Angled Mouth mirror
9	Tongue depressor
10	Spoon Excavator
11	Dental Explorer
12	Snellen charts
13	Near Vision Chart
14	Ophthalmic kit (torch, eye drop set, eye mirror)
15	Auriscope/otoscope,
16	Nasal speculum
17	Tuning fork (512 Hz)
18	Thermometer (digital or infrared)
19	Torchlight/penlight (for oral cavity and eye exams)
20	Timer or watch for respiratory rate/pulse
21	Nebulizer Machine
22	Incontinence sheets/pads
23	Hot/cold packs (for pain management)
24	Oxygen cylinder and mask/nasal cannula
25	Ambu bag (BVM) and CPR board
26	Suction device
27	Stretcher/spine board
28	Splints/slings for fracture support
29	Personal protective equipment (PPE)
30	Folding Chair & Table
31	IEC Standee

Annexure-A2

Technical Specification of IOT based POC Devices

1. DIGITAL BLOOD PRESSURE MEASUREMENT INSTRUMENT:

PARAMETERS	SPECIFICATIONS
Type	Upper Arm
Display	LCD
Date and Time	Yes
Connectivity	Bluetooth
Battery	Yes
Number of Batteries Required	4
Function	Automatic
Pressure Measurement Range	0-280 mmHg (Systolic pressure: 60-260mmHg, Diastolic Pressure: 40 to 200mmHg)
Minimum Pulse Measurement Range	30 to 50 beats/min
Maximum Pulse Measurement Range	180-199 beats/min
Pressure Measurement Accuracy	±3 to 5 mmHg
Other	Indicates on Low Battery, automatic switch-off
Clinical Parameters	Blood Pressure , Pulse
Measurement Method	Oscillometric
Product Certification	<ul style="list-style-type: none">• The quoted model should be USFDA (510K/CFG) / CE certified
Manufacturer Quality Standards CDSCO	<ul style="list-style-type: none">• The manufacturer of the quoted product should have ISO 13485 certificate issued from a notified body or ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA.• The quoted medical device must be registered

	under CDSCO and submit the license for manufacture to sale or distribute the medical device.
Comprehensive Warranty	3 Years

2 DIGITAL PULSE OXIMETER

PARAMETER	SPECIFICATIONS
Connectivity	Bluetooth
Battery	Yes
Battery Level Indication	Yes
Product Certification	The quoted model should be USFDA (510K/CFG) / CE certified.
Manufacturer Quality Standards CDSCO	<ul style="list-style-type: none"> The manufacturer of the quoted product should have ISO 13485 certificate issued from a notified body or ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA. The quoted medical device must be registered under CDSCO and submit the license for manufacture to sale or distribute the medical device.
Product Type	Portable
Others	Auto-Shutoff Function
Display	LCD/ OLED
Clinical Parameters	Oxygen Saturation Levels, Pulse Rate, Perfusion Index (Pi) Measures Oxygen Concentration (SpO2) in the blood range 70 - 100% (Accuracy: +/- 2%) and Pulse Rate Range 30 - 250 bpm (Accuracy: +/- 2bpm)
Comprehensive Warranty	3 Years

3. DIGITAL BLOOD GLUCOMETER:

PARAMETERS	SPECIFICATIONS
Connectivity	Bluetooth
Display	Digital / Display on Mobile
Measuring Source	STRIP
Glucose Measuring Range/dl	20 mg/dL to 600 mg/dL
Reading Time (In S)	5- 10 sec
Sample Quantity/ Volume	Less than equal to 0.5 µL/ 0.6 µL
Operating Temperature Range, °C	5 to 45

Clinical Parameters	FBS, PPBS, RBS TESTS
Self life of Gluco Strips	Self-life of Glucostrips from the date of manufacture should be at least 24 months. Shelf life of Glucostrips after first opening of the strip pack should be 6 months or higher.
Battery	YES
Product Certification	The quoted model should be USFDA (510K/CFG) / CE certified. The Quoted model of the Glucometer and its strip should comply with ISO 15197:2013 standards (In vitro diagnostics test systems-Requirements for blood-glucose monitoring systems for self testing in managing mellitus) issued from Certification Bodies accredited as per ISO/IEC 17025 standard. Such Certification Bodies may be Govt. Labs recognized by BIS or accredited to NABL or National Institute of Biological (NIB) etc.
CDSCO	The quoted medical device must be registered under CDSCO and submit the license for manufacture to sale or distribute the medical device.
Manufacturer Quality Standards	The manufacturer of the quoted product should have ISO 13485 certificate issued from a notified body or ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA.
Accuracy	Should have Accuracy: $\pm 15\%$ of glucose concentrations greater than equal to 100mg/dL.
Reproducibility/Precision	Acceptance criteria related to accuracy criteria of ISO 15197:2013. Criterion A (CV less than equal to 5% at glucose concentrations greater than equal to 100mg/dL).
Comprehensive Warranty	3 Years

4. DIGITAL HEMOGLOBINOMETER

PARAMETERS	SPECIFICATIONS
Connectivity	Bluetooth
Measurement Type	Invasive
Measuring Source	STRIP/ micro Cuvette

Accuracy	< 3%-5% CV
Measuring Range	2 to 24 g/dL
Test Time	30-60 seconds
Blood Volume	~ 8-15 μ L
Sample type	Capillary, venous or arterial whole blood.
Auto-calibration	Auto/Self calibration should be available. The Hb meter should be factory calibrated as per the recommendations/ guidelines of International Council for Standardization in Haematology (ICSH)
Operating Temperature	5 to 50 ° C
Error Check	Inbuilt process error algorithms
Battery	Yes
Clinical Parameters	Hb level
Self Life of (STRIP/ Cuvette)	Shelf life for storage should be at least 1 year with Open vial stability for cuvette /strip of at least 6 month.
Product Certification	The quoted model of the product should be USFDA approved (510 k / CFG) OR CE Certified
Manufacturer Quality Standards	The manufacturer of the quoted product should have ISO 13485 certificate issued from a notified body or ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA.
CDSCO	The quoted medical device must be registered under CDSCO and submit the license for manufacture to sale or distribute the medical device.
Comprehensive Warranty	3 Years

5. DIGITAL WEIGHING SCALE:

PARAMETERS	SPECIFICATIONS
Connectivity	Bluetooth
Maximum User Weight	180 kg / 400lb
Display	LED / LCD
Model Approval	The digital weighing scale should have Model Approval from Legal metrology Department and manufacturer should have valid manufacturing License issued from legal metrology.
Battery	Yes
Indication	Low Battery Indication
Sensors	High Precision strain gauge sensors
Other	Step power on/auto power-off
Clinical parameters	Body weight & BMI and upto 10-13 Key Body Composition Analysis

Conversion	KG/LB/ST
Comprehensive Warranty	3 Years

6. DIGITAL STETHOSCOPE

PARAMETERS	SPECIFICATIONS
Product Certification	<ul style="list-style-type: none"> The manufacturer of the quoted product should have ISO 13485 certificate issued from a notified body or ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA. The quoted medical device must be registered under CDSCO and submit the license for manufacture to sale or distribute the medical device. The quote model should be USFDA(510k/ CFG) / CE certified
Connectivity	Bluetooth
Measuring Frequency Range	Heart Sounds 20Hz to 500hz; Lung Sound 20Hz to 500Hz
Type of Battery	Lithium Ion-RECHARGEABLE
Others	16 X Amplification with Noise Cancellation, Speaker and Headphone Compatibility
Power Adapter Available	Yes
Comprehensive Warranty	3 Years

7. Digital Fetal Heart Monitor

Features	Specifications
Connectivity	Bluetooth
Working mode	Continuous Doppler
Measurement Range	50-230bpm
Accuracy	±2bpm
Working Frequency	2.0MHz - 3.0MHz
Battery	Yes
Certifications	<ul style="list-style-type: none"> The manufacturer of the quoted product should have ISO 13485 certificate issued from a notified body or ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA. The quoted medical device must be registered under CDSCO and submit the license for manufacture to sale or distribute the medical device. The quote model should be USFDA(510k/ CFG) / CE certified

Comprehensive Warranty	3 Years
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8. Digital Urine Analyzer (AI Enabled)

Clinical Purpose	The urine analyzer is designed to automate the testing and analysis of urine samples, supporting early detection, diagnosis, and monitoring of various diseases and health conditions.
Intended Users	The device is suitable for operation by semi-skilled personnel, health workers, volunteers, paramedical staff, and clinicians with minimal training
Assay Method	Image analysis using AI-enabled computer vision
Test Duration	Up to 2 minutes per test, including patient on boarding and report generation
Sample Type	Fresh urine sample (collected in a sterile container)
Throughput	Approximately 60 samples per hour (may vary by model)
Test Strip Compatibility	Compatible with multi-parameter urine test strips (10, 11, or 14 parameters)
Connectivity:	Wi-Fi, Bluetooth, USB, Ethernet
Data Storage	Local storage with optional cloud synchronization
Result Display	On-screen or via a connected Android mobile app or tablet
Accuracy	<ul style="list-style-type: none"> • Colorimetric Accuracy: ± 1 color block compared to the reference standard under controlled lighting conditions • Reproducibility: $\geq 95\%$ consistency in repeat measurements • Laboratory Matching: $\geq 90-95\%$ correlation with lab results
User Interface	Android mobile or tablet-based user interface
Software and Communication	<ul style="list-style-type: none"> • Offline Functionality: Supports testing without internet connectivity • Bluetooth Connectivity: Enables seamless data transfer to smart phones or tablets • Patient On boarding: Local language support for patient registration and history collection • API Integration: Open API for external system integration • QR Code Scanning: For test strip and urine container tracking to ensure accuracy • Referral Feature: Allows tracking of patient referrals • Printer Support: Compatible with thermal

	printers for customized report printing
Data Analytics	<ul style="list-style-type: none"> • QR Code Generation: Automatically generates QR codes per patient to streamline workflow • IoT-Enabled: Supports real-time monitoring and remote data access for faster treatment decisions • Dashboard: Provides an interactive, real-time dashboard with geo-tracking and multi-user access • Export Features: Download data in Excel or PDF formats, filtered by patient status, location, gender, and age group • Impact Dashboard: Displays impact analysis over user-defined timeframes
PHYSICAL CHARACTERISTICS	<ul style="list-style-type: none"> • Weight: Portable • Portability: Includes a protective carry case for enhanced portability
Power Requirements	<ul style="list-style-type: none"> • Battery: Rechargeable with a minimum backup of 8 hours continuous use • Charging: Type-C charging cable included • Power Supply: DC 5V or 12V (via adapter or battery)
Operating Conditions	<ul style="list-style-type: none"> • Temperature: 15°C to 45°C • Humidity: 15% to 90% (under ideal conditions)
Certifications and Compliance for both Urine analyzer and Urine Test Strips	<ul style="list-style-type: none"> • The manufacturer of the quoted product should have ISO 13485 certificate issued from a notified body or ICMED 13485 (with or without plus) certificate issued from certification bodies accredited by NABCB / Nationally Recognized Accreditation Board under IAF MLA • The quoted medical device must be registered under CDSCO and submit the license for manufacture to sale or distribute the medical device. • Validation: Verified by NABL-accredited labs, hospitals, or other authorized bodies with documented proof of measurement accuracy
Comprehensive Warranty	3 Years

9. MOBILE

PARAMETERS	SPECIFICATIONS
OS	Android
Display	6.65" HD +Display
RAM	Minimum 4GB or more
Display	Touch LCD

Network and connectivity	WIFI , Bluetooth
Memory	64 GB or more
Battery	Rechargeable lithium battery
Comprehensive Warranty	3 Years

10. Rapid Test Kits* / Consumables:

A Test Strips*

- 1 Glucose Strips for Glucometer
- 2 Hemoglobin Strips for Hemoglobino meter
- 3 Urine Dipstrips for Urine Analyzer

B Consumables

- 1 Urine Collection Container (PVC Sterlized 30-40 ml.)

**The above-mentioned tests should be able available in Android platform*

11. Carry Bag :

- a) Customized, Portable , light in weight and Compact in size
- b) Shall easily accommodate all the POC devices.
- c) The total weight with accessories should not increase 6 Kg

12. MOBILE APPLICATION REQUIRMENT

- a) Operating System: Android
- b) **Single Mobile Application** for Multiple Points of Care Devices
- c) All necessary tests should be conducted by multiple individual devices for different parameters, connected in a single Android mobile platform.
- d) Data captured directly through Bluetooth, Micro USB, or Audio Jack connected Medical Devices
- e) Digital Report Delivery via SMS, WhatsApp or Email
- f) Error Prevention Algorithms to detect abnormal readings
- g) Internet Connectivity: 4G and above
- h) Application should operate in offline mode

AGREEMENT

This agreement made this ____ day of ____ 20__ BETWEEN the **Mission Directorate, National Health Mission, Odisha** (hereinafter called "the **Authority**" which expression shall, where the context so admits, be deemed to include his successors in office and assigns) of the one part AND **M/s. _____, a Company/Society/Trust/Partnership Firm registered under _____Act, __ (year)__ and having its registered at _____** (hereinafter called "the **Service Provider**"), which expression shall, where the context so admits, be deemed to include his heirs, successors, executors and administrators) of the other part.

Whereas the service provider has agreed with the Authority for Operation & Management of Mobile Health Unit in PPP Mode in Odisha" (hereinafter call "the Project") in selective Blocks of the State of Odisha in the manner set forth in the terms of the Request for Proposal (RFP) and Scope of Work (SOW) issued for the said service;

And whereas the approved service provider has deposited a sum of Rs _____/-(Rupees _____) only in the form of **Bank Guarantee only** form a scheduled bank having branch at Bhubaneswar of the equal amount before signing of this agreement as performance security deposit.

1. Now these present witnesses and the parties hereto hereby agree as follows:-
 - (a) The service provider shall be paid the **operation & management cost of Rs. _____ per MHU per month** on the basis of quoted price in the tender.
 - (b) In consideration of the payment to be made by the Government, as above the service provider shall duly implement the project in the manner as agreed on the Request for Proposal (RFP) and Scope of Work (SOW) developed there under and form part of this agreement.
 - (c) Following documents/correspondence undertaken between the parties shall also form part of this agreement-

The Government of Odisha	The Service Provider
(I) Request for Proposal (RFP)	(I)
(II) Scope of Work (SOW)	

2. Period of Engagement

The project period will be initially for a **period of 3 years** which may be extended for another 2 years based on satisfactory performance of the service provider and fund provision under the State Budget.

3. Commencement of Service

The Selected Service Provider shall engage the vehicle for MHU and deployment of required HR for MHU operation to commence the service within 30 days time of signing of Contract.

If the bidder fails to commence the service as specified herein, the tender inviting authority may, unless it consents to the extension of time thereof may cancel the MoU and forfeit the Performance Security.

4. Scope of Work

4.1 Total **174 MHUs** are proposed to be operationalized at 173 Blocks through a single service provider agency. The detail list of blocks (District wise) where MHUs shall be operationlied is mentioned at **Annexure E**.

4.2 Nature of services to be provided by the MHU:

The Comprehensive primary health care (CPHC) is an effective way to respond to the challenges of changing epidemiology, growing population expectations, and universal health coverage. Here in this level, MHU is expected to provide **12 packages of services** as per CPHC mandate. All services provided by the MHU shall be FREE OF COST. Detailed expected services & defined deliverables are given below:

Sl. No	Services	Services/ Deliverables
1	Maternal Health	<p>Services:</p> <ul style="list-style-type: none"> • Antenatal Care (via MHU): Conduct early registration, Hb and BP checks, abdominal examinations, provide IFA, calcium, and deworming tablets, and offer counseling on nutrition and danger signs. • Postnatal Care (via MHU): Provide postnatal check-ups during outreach (within 48 hours to 6 weeks), with counseling on breastfeeding, nutrition, and postpartum family planning. • Referral & Follow-up: Identify and refer high-risk pregnancies and postnatal complications to higher health facilities for appropriate care. <p>Major Deliverables:</p> <ul style="list-style-type: none"> • Atleast one additional ANC checkup (over & above 4 ANC Checkups by concerned ANM))& screen for High risk conditions -90% ANC Beneficiaries covered • Ensure visit of identified High Risk Pregnancy cases at PMSMA Session – Minimum 70% beneficiaries covered • Ensure Institutional Delivery– Minimum 90% beneficiaries covered • Similarly, ensure at least one PNC Checkup -90% PNC Cases covered
2	Neonatal, Infant and Child Health	<p>Services:</p> <ul style="list-style-type: none"> • Newborn Health (via MHU): Provide counseling on thermal care and exclusive breastfeeding, screen for low birth weight and visible birth defects, and refer newborns with danger signs to higher facilities. • Child Health (via MHU): Conduct growth monitoring, manage common illnesses (fever, diarrhea, ARI), and distribute ORS and zinc.

Sl. No	Services	Services/ Deliverables
		<ul style="list-style-type: none"> • Preventive Services: Support outreach for immunization (in coordination with cold chain points), and provide Vitamin A supplementation and deworming tablets.. • Any other activity/ies as assigned from time to time <p>Deliverables:</p> <ul style="list-style-type: none"> • HBNC & HBYC Visits: Cross Monitoring of at least 50 % cases through Home visits in the targeted villages & provide support as per need. • Immunization : Conduct at least one catch up immunization session each at 20% poor performing targeted villages and assure 95% overall Full Immunisation coverage. • Referral of SAM Cases to NRCs for Treatment/ Management: Minimum 70%of beneficiaries mobilized • Follow up of at least 95% discharged cases(SNCU/NBSU/NRC/DEIC) at their home & support thereon as per need.
3	Adolescent Health	<p>Services:</p> <ul style="list-style-type: none"> • Adolescent Health Services (via MHU): Provide on-site counseling on nutrition, mental health, menstrual hygiene, substance abuse, and reproductive health during outreach visits. • Preventive Care & Referrals: Distribute IFA tablets (under WIFS), screen for anemia and BMI, and refer adolescents to Adolescent Friendly Health Clinics (AFHCs) for specialized care as needed. • Any other activity/ies as assigned from time to time <p>Major Deliverables:</p> <ul style="list-style-type: none"> • Organize Adolescent Health Mela – At least once in half year basis at two selected village (among all targeted villages).
4	Reproductive Health and Contraceptive Services	<p>Services:</p> <ul style="list-style-type: none"> • Family Planning Services: Provide counseling on spacing and limiting methods, distribute contraceptives (OCPs, condoms, ECPs), and refer clients to fixed-day or nearby facilities for IUCD insertion/removal and permanent methods (Tubectomy/NSV) • Injectables & IUCD: Administer injectables like Antara and perform IUCD insertion, if trained personnel and equipment are available. • Reproductive Health Care: Screen for RTIs/STIs and refer complicated cases for further treatment. • Menstrual Hygiene: Offer education and distribute sanitary pads, especially targeting adolescent girls and women in underserved areas. • Any other activity/ies as assigned time to time

Sl. No	Services	Services/ Deliverables
		<p>Major Deliverables:</p> <ul style="list-style-type: none"> • EC Meeting : Half yearly once at 100% targeted villages conducted • First aid for GBV- link beneficiary if any to referral centre and legal support centre.
5	Management of chronic Communicable Diseases	<p>Services:</p> <ul style="list-style-type: none"> • TB Services: Line listing of Vulnerable population . Mobilize them for screening through chest X-ray and NAAT and initiate treatment as required, also provide counseling. • Leprosy Services: Conduct annual home visits for active case detection, refer suspected cases, and support treatment initiation. • Malaria Control: Undertake strategic interventions (Following Core-1/2/3 village plan), Implement vector control measures with community awareness and proper documentation. • Follow-up & Referral: Ensure timely referral and follow-up for all confirmed cases across TB, leprosy, and malaria. • Any other activity/ies as assigned time to time <p>Major Deliverables:</p> <ul style="list-style-type: none"> • TB – Ensure 100% eligible vulnerable cases undergone screening through upfront NAAT at nearest facilities. • Leprosy - Conducted drive at least once in a year to identify suspect cases through 100% home visits & confirmation & ensure treatment thereon • Malaria- Initiated vector control drive in each targeted village & documented the same before monsoon.
6	Management of Common Communicable Diseases & Basic OPD care- (acute simple illness)	<p>Services:</p> <p>Diagnosis and management of common fevers, ARIs and diarrhea, Urinary Tract Infections, skin infections. (scabies, abscess), indigestion, acute gastritis. Symptomatic care for aches and pains.</p> <p>Major Deliverables:</p> <ul style="list-style-type: none"> • OPD Load (all cases including communicable disease cases) – minimum 30 per session. • 2 Visits per month to higher facilities (1 visit to Block CHC & other to DHH) to ensure treatment /management of selected cases need support at higher facilities.
7	Management of Common Non-Communicable Diseases	<p>Services</p> <ul style="list-style-type: none"> • Opportunistic Screening: Screen individuals attended treatment Clinic, aged 30+ for common NCDs (Diabetes, Hypertension & oral Cancer) and refer to nearest facility for confirmation & uploading of data in the portal & initiation of treatment if any . • Referral Services: Identify high-risk or complicated cases and refer them to nearby health facilities or specialists for further

Sl. No	Services	Services/ Deliverables
		<p>evaluation and management.</p> <ul style="list-style-type: none"> • Respiratory Morbidity Care: Diagnose and manage common respiratory conditions such as COPD and bronchial asthma, provide inhalers/medications, and refer severe cases as needed. <p>Major Deliverables:</p> <ul style="list-style-type: none"> • Opportunistic Screening of all 30 + population for common NCD, refer for confirmation and data upload in the portal. • Follow up of on treatment cases: Patient support group meeting once in a quarter in each targeted village.
8	Management of Mental Illness	<p>Services :</p> <ul style="list-style-type: none"> • Screening and Early Identification for conditions like common mental disorders, Severe mental illness, Substance Use Disorders, Suicidal ideation, Cognitive decline in elderly (e.g., dementia), Developmental delays and behavioral issues in children and report to District mental Health Cell . • Basic Management and First-Line Support, like psychoeducation, supportive counseling, Basic pharmacotherapy • Monitoring and follow-up • Referral and Linkage to Higher Facilities <p>Major Deliverables :</p> <ul style="list-style-type: none"> • Referral Reporting: Refer and report 100% of identified moderate to severe cases identified at treatment clinics to the District Mental Health Cell or designated facility. • Basic Support Services: Provide first-line counseling and psycho-education to at least 80% of screened positive cases. • Follow-Up Compliance: Ensure follow-up and treatment adherence checks for at least 60% of referred mental health cases during subsequent visits
9	Dental Care	<p>Services :</p> <p>Education on Oral Hygiene & Substance Abuse, in community-recognition of dental fluorosis- Referral for gingivitis, dental caries, oral cancers, Treatment for glossitis, candidiasis, fever blisters, aphthous ulcers.</p> <p>Major Deliverables:</p> <ul style="list-style-type: none"> • Referral & Basic Treatment: Provide basic treatment (e.g., for glossitis, candidiasis, ulcers) and ensure referral of 100% suspected cases of oral cancer or advanced dental issues.

Sl. No	Services	Services/ Deliverables
10	Eye Care/ENT care	<p>Services : Screening for congenital disorders and referral, Counseling 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.</p> <p>Deliverables:</p> <ul style="list-style-type: none"> • Early Identification & Referral: Ensure 100% referral of suspected cases of congenital eye/ear disorders, blindness, severe infections (e.g., ASOM), and trauma to higher facilities. • Treatment of Common Conditions: Provide basic treatment and first aid for common eye (conjunctivitis, xerophthalmia) and ENT (colds, pharyngitis, rhinitis) conditions at treatment clinics • Health Education Coverage: Conduct awareness sessions on eye hygiene, ear care, and danger signs in at least 75% of outreach sessions per month.
11	Elderly and Palliative health care services	<p>Services :</p> <p>A. Services for Elderly Care (Geriatric Services)</p> <ul style="list-style-type: none"> • Routine screening for NCDs, Vision and hearing loss, Nutritional deficiencies, Osteoarthritis, back pain, mobility issues • Screening for Cognitive decline, Depression and mental health (using PHQ-9) • Basic treatment and follow-up for conditions like Chronic pain, Urinary issues like incontinence, UTIs, Sleep disturbances, Constipation • Monitoring and medicine refill for chronic conditions • Support for minor ailments and infections • Counseling and Support for nutrition, exercise and mobility, and use of assistive devices <p>B. Palliative Care Services</p> <ul style="list-style-type: none"> • Identification and Registration of terminally ill, cancer patients, bedridden elderly, or those with end-stage organ failure and intimate to NCD Division at district level • Symptom Management - Basic management of conditions like pain, nausea/vomiting, bed sores, wound care, mouth care • Counseling and End-of-Life Support • Coordination with District-level palliative care units and referral. <p>Deliverables:</p> <p>A. Services for Elderly Care (Geriatric Services)</p> <ul style="list-style-type: none"> • Screening & Assessment: Conduct special screening camp for

Sl. No	Services	Services/ Deliverables
		<p>at least 4 times in a year & screen using the Geriatric Assessment Tool (as per NPHCE) to identify NCDs, sensory loss, mobility issues, cognitive decline, and depression</p> <ul style="list-style-type: none"> • Treatment & Follow-up: Provide basic treatment, medicine refills, and follow-up care to elderly patients with common conditions like chronic pain, urinary issues, and constipation. <p>B. Palliative Care Services</p> <ul style="list-style-type: none"> • Identify and register of all terminally ill, cancer, or bedridden patients need palliative care. • Support minimum 20 identified cases on regular basis through home visits
12	Emergency Medical Services	<p>Services :</p> <ul style="list-style-type: none"> • Basic Life Support (BLS) and First Aid if available at site - includes airway management, breathing support, ensure circulation, provide basic CPR and stabilize the victim • Trauma and Injury Care • Management of Common Emergencies like asthma, hypertensive crisis, Hypo/hyperglycemia, seizures • Manage Obstetric Emergencies (Initial Stabilization & Referral) like Severe PE/Eclampsia, PPH, Obstructed labour • Poisoning or Snake/Insect Bites • Mental Health Emergencies <p>Major Deliverables :</p> <ul style="list-style-type: none"> • Initial stabilization and referral of obstetric emergencies (severe PE/eclampsia, PPH, obstructed labor) and poisoning/snake bites, achieving 100% timely referrals to higher centers
13	Emergency Management	Provide emergency services during any epidemic/ disaster/ public health emergency/accidents, as required

4.3 MHU Operational Strategy:

4.3.1 MHU Operational Area:

- The operational areas of MHU shall be decided by the District / Block Health Administration.
- On priority basis the MHU shall cover the villages under Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN) and Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DAJUGA), if exists in the Block and villages having no health facilities within 5 KM radius.
- The MHU will be stationed at Block CHC and from there it will proceed to the field and back to the CHC for stationed. The MHU will report to the Block Public Health Officer (BPHO).

4.3.2 MHU visit schedule:

- The MHU will have minimum 24 days micro-plan in a month and as per the approved micro-plan the camps will be organized at least two sessions in a day (morning & afternoon session) for 22 days and for rest 2 days, MHU team shall be engaged for referral of identified critical cases to the higher health facilities by the MHU team.
- The MHU will provide the services in the fixed day, fixed site/location & fixed timing in the village. Branding of the treatment site fixed for MHU shall be the responsibility of the Agency.

4.3.3 Pre arrival intimation to the community on health camp:

- Pre arrival information to the ASHA/AWW/ANM/SHG/PRI of that village shall be provided by the MHU AYUSH MO, so as to ensure more gathering of patients at the treatment point.

4.3.4 Types of vehicles to be used for MHU Service:

- Types of vehicles to be engaged (**BS VI Compliant**): Diesel / Petrol / EV vehicle having sitting capacity nine to ten persons including Driver with minimum ground clearance of above 170 mm. The **vehicles should not be more than two years old** from the date of manufacturer on the day of commencement of service. The fitness certificate of the engaged vehicle need to be furnished annually to the concerned health facility.

4.3.5 VLTD device in the MHU and IT application:

- All MHU vehicles should have fitted with VLTD confirming to AIS 140 duly approved by the State Transport Authority.
- Daily up time of the VLTD should not be less than 95% as per the data retrieved /sourced from State Command Centre set up by State Transport Authority, Odisha.
- The MHU vehicle shall be allowed a maximum two days' down time of the VLTD in a month in case of defect / replacement of the VLTD.
- The STA approved VLDT manufacturers list can be obtained from the STA website: <https://vltod.odishatransport.gov.in/manufacturer>.
- MHU operation shall be monitored on a real-time basis through a MHU Monitoring Portal /App to be developed by the Agency. Daily reporting on the MHU services in the MHU monitoring portal/App and its access shall be given to the District and State for monitoring of the MHU activities on daily & real time basis.

4.3.6 Branding of MHU vehicle:

- Branding of the MHU vehicle is the responsibility of the Agency. State will share MHU branding prototype to the Agency.

4.3.7 Permissible off-road for MHU vehicle and holidays for the Staff :

- Every Sunday, 2nd & 4th Saturday will be the days on which no service would require to be provided by the MHU. Sunday, 2nd & 4th Saturday could be used for maintenance of MHU vehicle, refilling and data entry/reporting purposes. In exceptional circumstances, the weekly off days can be cancelled by the competent authority.

4.3.8 Provisioning of drugs, consumables & instruments in the MHU:

- The drugs & consumables required shall be provisioned by **the concerned health facility** for the MHU vehicle.

4.3.9 However, the Service Provider has to ensure provisioning of screening equipment/ instrument and Furniture & Fixtures (mentioned in the Annexure-A) in each of the MHU vehicle. Hence, the **per vehicle per month cost** to be quoted in the price schedule (Form F2) should take into consideration the provisioning of the screening equipment/instrument and Furniture & Fixtures mentioned at **Annexure-A**.

4.3.10 Community awareness on MHU services:

- Apart from the Govt. initiatives, the Service Provider will undertake awareness activities on the MHU services at the community level by its own system of communication strategy to increase footfall and awareness on MHU services.

4.3.11 Engagement of MHU during Emergency service:

- MHU may be engaged to render emergency services during any epidemic/disaster /emergency situation as required by the Block/District Administration.

4.4 Human Resources for MHU:

The Staff so engaged by the Service Provider shall be exclusively on the pay roll of the Service Provider and shall under no circumstances the staff will ever have any claim, whatsoever for appointment with the Government. The Service Provider shall be solely responsible for the performance and conduct of the staff notwithstanding the source of hiring such staff. The Service Provider shall be fully responsible for adhering to provisions of various laws applicable on them including labour laws. In case the Service Provider fails to comply with the provisions of applicable laws and thereby any financial or other liability arises on the Government by Court orders or otherwise, the Agency shall be fully responsible to compensate/ indemnify to the Government for such liabilities. For realization of such damages, Government may even resort to the provisions of any Act, which is in force or other laws as applicable on the occurrence of such situations.

Following categories of manpower shall be required and to be positioned for operation of MHU.

S.N	Category of Staff	No of post	Eligibility Qualification
1.	AYUSH Medical Officer	1	<ul style="list-style-type: none"> • Age- S/he must have attained the age 21 years by the date of engagement. • Minimum Qualification- The candidate must have a Bachelor Degree in Ayurvedic medicine & Surgery (BAMS)/Bachelor in Homeopathic Medicine & Surgery (B.H.M.S) as the case may be, from a recognized university. He/ She must have completed the internship training if any. • Registration Certificate- Must have valid Registration Certificate from the State Ayurvedic/Homeopathic Council. No

S.N	Category of Staff	No of post	Eligibility Qualification
			<p>provisional registration certificate will be entertained.</p> <ul style="list-style-type: none"> • He/She should have passes Odia language in M.E standard.
2.	Pharmacist	1	<ul style="list-style-type: none"> • Age- H/She must have attained the age 21 years by the date of engagement. • Minimum Qualification- Degree/Diploma in Pharmacy from a Govt./Govt. recognized Institution. Minimum 1 year Experience in managing a drug store in a reputed hospital/health center organized by the Govt. • He/She should have passes Odia language in M.E standard.
3.	ANM (Health Worker-F)	1	<ul style="list-style-type: none"> • Age- She must have attained the age 21 years by the date of engagement. • Minimum Qualification-The candidates must have passed the HSC examination & shall have completed ANM course from institution recognized by Govt and approved INC. • Registration Certificate- Must have registered in the Odisha Nursing Council and must possess valid Registration Certificate. • She should have passed Odia language minimum in M.E standard.
4.	Attendant (Male)	1	<ul style="list-style-type: none"> • Age- He must have attained the age 21 years by the date of engagement. • Minimum Qualification- Minimum 8th Standard.

4.5 Performance Parameter of MHU:

- i. The MHU will visit minimum 24 days in a month (including 2 days for referral of critical cases from field) to the field areas as per the approved micro-plan.
- ii. The MHU will provide the services in the fixed day & fixed point as identified and declared as treatment points.
- iii. The operational micro-plan should not be deviated without prior approval of Block Public Health Officer.
- iv. VLTD device installed in the MHU vehicle and always in working condition throughout the contract period.

- v. The MHU vehicle should not be off-road / out of service more than 6 days in a month including permissible holidays (Sunday-4 days, 2nd & 4th Saturdays -2 days) for routine & preventive maintenance.
- vi. Detail tour report along with categories of patients screened, refereed, follow up etc must be maintained in record.
- vii. Regular submission of daily/monthly reporting in a standardized format both in online and offline.
- viii. The approved plan will be circulated to the respective GPs, Blocks, District for public awareness. The telephone number of the MHU will be circulated to the different stakeholders.

4.6 Sharing of Roles & Responsibility between the Service Provider and Government:

Following roles & responsibilities are to be undertaken by the Service Provider and the Authority.

Service Provider	Authority
<ul style="list-style-type: none"> i. Engagement of MHU vehicle as per the prescribed vehicle specifications, vehicle maintenance and POL/DOL. ii. Uniform branding of the MHU vehicles. iii. Branding of the MHU treatment points. iv. Engagement & retention of HR adhering to the minimum qualification norm for MHU. Monthly payment to be made to the MHU staff by the Service Provider. v. Fitting of VLTD device in the MHU vehicles and development of monitoring portal & dashboard for real-time monitoring of MHU vehicle and report generation. vi. Bio-metric attendance system through face recognition for the MHU staff in the MHU vehicle. vii. Provide access of MHU Monitoring portal & dashboard to the District & State. viii. Provisioning of medical equipment /instrument in the MHU for screening of patient (List as per Annexure-A). ix. Operation of MHU as per Scope of Work shared by Govt. x. No user charges shall be collected from the patients attending MHU services 	<ul style="list-style-type: none"> i. Signing of MoU with the selected Service Provider for operation of MHU in the assigned areas. ii. Sharing of Scope of Work for MHU operation. iii. Sharing of list of villages with micro-plan for conducting health screening camps. iv. Release of funds to the Service Provider. v. Capacity Building of MHU Staff on various health programmes. vi. Govt. will supply drugs & consumables to the MHU. vii. Periodical review of MHU activities by the Block/District/State level Officials. viii. Monitoring of MHU activities by the Block/District/State level Officials. ix. Sharing of programme guidelines/circulars which are required for MHU programme. x. Govt may relocate the MHU, as per situational need. xi. Third Party evaluation of MHU Programme as and when required. xii. The Government reserves its rights to give directions to the Agency in public interest regarding operation of MHU. xiii. Government may introduce any new programme in MHU or in response to local demand as and when required.

Service Provider	Authority
<p>towards consultation, drugs, lab tests or referral etc. Entire services shall be provided free of cost to the community.</p> <p>xi. The Service Provider shall follow the Route plan/Calendar for MHU as approved by the Block /District Health Administration.</p> <p>xii. MHU staff must wear proper uniform with Identity Card as per Govt. protocol during their duty hour.</p> <p>xiii. Permits of the vehicle, insurance, maintenance of vehicle log book.</p> <p>xiv. Record keeping and documentation: The Agency shall maintain daily camp screening register, drug dispensing register, lab test register, referral register and any other register maintained by the MHU team.</p> <p>xv. The Service Provider shall maintain confidentiality of medical records including patient details and shall make adequate arrangement for cyber security. All records will be made available to any Government authority including audit on demand. The Service Provider would preserve these records carefully and hand over the same to the Government at the time of exit from the project.</p> <p>xvi. The Service Provider will not indulge in promotion or encouragement of any religious or political activities. The MHU team should be sensitive to the local sensibilities and the tribal culture & practices.</p> <p>xvii. Sharing of programme performance reports/compliances and other information relating to the MHU programme to the Block/District/State as and when required.</p> <p>xviii. Submission of SoE/UC and Statutory reports.</p>	

Service Provider	Authority
<p>xix. Setting up of own Programme Management Unit for internal monitoring of the MHU programme and HR management.</p> <p>xx. The Service Provider shall comply with all the provisions of Minimum Wages Act and other applicable labor laws. The Agency shall also comply with all other statutory provision.</p> <p>xxi. Periodic feedbacks from patients are to be taken on structured questionnaire by the MHU. Result would be analyzed by the State Government for further improvement in the services.</p> <p>xxii. In case of accident of MHU vehicle, it is the responsibility of the Agency to take necessary action for insurance claim settlement and repairing of the vehicle to put them back to service or arrangement of alternative vehicle.</p> <p>xxiii. The Service Provider can bring innovations /mobilize additional for supplementary support to improve the service delivery.</p> <p>xxiv. Any assets created under the project shall be the property of Government and to be handed over to Government by the Service Provider after exists from the project operation.</p> <p>xxv. Agency to accept introduction of any new programme of the Government in the MHU or in response to local demand which could not be anticipated earlier.</p>	

4.7 **Monitoring Mechanism:**

- (a) The performance of the MHU programme will be monitored largely on the basis of output based performance parameters. These performance standards can be suitably expanded and/ or modified in the interest of better service delivery to the general public.
- (b) The Block/District/State Health Officials will monitor the MHU activities through MHU Monitoring Portal on real time basis.

- (c) Performance analysis of MHU activities based on daily/monthly report at various levels to be undertaken.
- (d) Third party evaluation of the project may be conducted by an External Independent Agency.

5. Payment terms & conditions:

- i. Payment towards operational cost shall be made to the Service Provider as per **price quoted per MHU per month.**
- ii. Payment shall be made at the **respective District level.**
- iii. The operational cost to the Service Provider shall be released on **monthly basis.**
- iv. The Service Provider shall raise invoice on completion of service duly accompanied by all supporting documents in support of claims against the number of MHU operational in a month and submit the same to the concerned district by **5th of every month.**
- v. After receipt of invoice, the District will **release 75% amount against the invoice** immediately within a period of 7 days. The **remaining 25%** shall be released after detailed verification of bills & records and due compliance by the agency, if any, within 10 days of receipt of such compliance. In case District has no observations to comply, then remaining payment shall be made within 20 days of receipt of invoice.
- vi. The payment shall be subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws.
- vii. 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 Agency under intimation to the Agency.
- viii. 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.
- ix. The amount would be deducted, if the MHU becomes non operative as mentioned and calculated.
- x. It is compulsory that Mobile Health Unit staff remuneration should **transfer through online banking** from the Service Provider. The Service Provider should provide details financial documents regarding staff remuneration on monthly basis.
- xi. No payment shall be made in advance nor any loan from any bank or financial institution be recommended on the basis of the order of award of work.

6. Penalty Provision:

The Service Provider shall be liable for penalty for any deviation in the following parameters on operation of MHU, which includes and not limited to:

Sl.	Deliverable	Extent of Penalty	Remarks
1	Operationalization of MHUs: Conditions: <ul style="list-style-type: none"> • <= (less than equal to) 80% operational after 3 months from MOU signing. • <= (less than equal to) 80% operational after 6 months from MOU signing. 	1% of total monthly bill raised based on the no. of operational MHUs. 2% of total monthly bill raised. The said penalty will continue till the given conditions are	Total number of MHU vehicles in a particular District operated by the Agency as per sanctioned

Sl.	Deliverable	Extent of Penalty	Remarks
		achieved.	number of MHU at Annex-E to be considered while calculation of penalty by the individual District.
2	Total HR in Place: Conditions: If at any point of time the total HR of each categories of manpower as per Clause No. 3.7 in place is <= (less than equal to) 20% of the total HR of the same category against sanctioned number of MHU in the District (counting AYUSH MO-1, Pharmacist -1, ANM-1, Attendant-1 positions in each MHU).	5% of total monthly bill raised till the given conditions are achieved.	Total count of each categories of manpower for the concerned District to be considered while calculation of penalty by the individual District.
3	Non Availability of MHU Vehicles and Replacement of Vehicles not provided / Absence of Driver & replacement of Driver not provided.	@ Rs.3,000/- per day per vehicle	For every Instance / Vehicle / Day
4	If the MHU visit micro-plan deviation is more than 2 days per vehicle per month without approval from appropriate authority (concerned MO I/C to take prior approval of CDM&PHO and intimate to the MHUs.	Show cause will be issued to the team & the agency.	This will also be recorded for future reference & assessment for continuation.

7. Performance Monitoring and Standard of Services

- a) The performance of the Service Provider will be monitored largely on the basis of output based indicators specified in the **key deliverables at 4.1**. These indicators and performance standards can be suitably expanded and/ or modified in the interest of better service delivery to the general public.
- b) The indicators of health service delivery expected from the Service Provider are of the minimum standard. The Service Provider would be encouraged to serve as a role model and to provide services at a much higher standard.

- c) State shall use other mechanisms such as monthly report and external monitoring process to assess performance on key indicators.
- d) At the State level, NHM through its PPP Cell will monitor and evaluate the programme. NHM will review the work done by MHU, suggest suitable improvement and mid-course correction and address the difficulties faced by the Agency in running of the Project.
- e) Concurrent monitoring shall be conducted by NHM representatives along with the District Health Administration as and when required and submit the report to appropriate authority besides Mission Director. The District Programme Management Unit (DPMU) and Block Programme Management Unit will monitor the project and provide supportive supervision.
- f) Third party evaluation of the project may be conducted by an External Independent Agency.

8. Appreciation Conditions:

- (a) Any good practices undertaken by the MHU teams shall be documented by themselves and report to the district authority through MO I/C concerned.
- (b) The documents will be assessed on an annual basis and the best performing MHU team along with the agency will be recognized in a special occasion at district level.

9. Report Returns:

- (a) Individual MHU wise Monthly Progress Report (MPR) in the desired format shall be extracted through online by the Service Provider and to submit concerned Block MO I/C with a copy to CDM&PHO.
- (b) Annually, the documented best practices shall be submitted to the concerned Block MO I/C in the month of January and the MO I/C in turn will submit the same to the CDM&PHO for consideration.
- (c) Any other report required by the authority from time to time.

10. Arbitration

- (a) If the Service Provider fails to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the Authority 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 Authority. If the arbitrator to whom the matter is initially referred is transferred or vacates his office or is unable to act for any reason, he / she shall be replaced by another person appointed by the Authority to act as Arbitrator.
- (b) Services under this agreement shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the Authority shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.
- (c) Unless such payments are the direct subject of the arbitration.
- (d) Venue of Arbitration: The venue of arbitration shall be the place from where the agreement has been issued.

11. Breach

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

12. Force Majeure

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

13. Indemnity

(a) By this agreement, the Agency indemnifies the Government Odisha against damages of any kind or for any mishap/injury/accident caused to any personnel/property of the facilities.

(b) The Agency agrees that all liabilities, legal or monetary, arising in any eventuality shall be borne by the Agency.

14. Redressal of Grievances

The grievance related to the "Operation & Management of MHU in PPP mode" is to be redressed at the level of State Level Committee.

a. The concessionaire agrees that the date of handing over will not be more than 15 calendar days from the date of termination.

15. Forfeiture of Security Deposit

The security deposit is for due performance of the agreement. The Authority in the following circumstances can forfeit it:-

(i) When any terms or conditions of the agreement are infringed.

(ii) When the service provider fails in providing the services satisfactorily.

16. Modifications

Modifications in terms of reference including scope of the services can only be made by written consent of both the parties. However, basic conditions of the agreement shall not be modified.

17. Saving Clauses

In the absence of any specific provision in the agreement on any issue, the RFP and SOW developed in accordance with RFP and as form part of this agreement shall be applicable.

18. Settlement of Dispute

If any dispute with regard to the interpretation, difference or objection whatsoever arises in connection with or arises out of the agreement, or the meaning of any part thereof, or on the rights, duties or liabilities of any party, the same shall be referred to the State Level Committee for decision.

19. Termination

- a. Either party may terminate this agreement by giving not less than sixty days notice in writing to the other. This notice shall include reasons as to why the agreement is proposed to be terminated.
- b. The Government may terminate the agreement, or terminate the provision of any part of the Services, by written notice to the Agency with immediate effect if the Agency is in default of any obligation under the agreement, where the default is capable of remedy but the Agency has not remedied the default to the satisfaction of the Government within 30 days of at least two written advice after serving of written notice specifying the default Cine requiring it to be remedied; or
 - i. the default is not capable of remedy; or
 - ii. the default is a fundamental breach of the agreement
 - iii. If the Government terminates the agreement and then makes other arrangements for the provision of the Services, it shall be entitled to recover from the Agency any loss that had to be incurred due to such sudden termination of agreement.
- c. Both the parties agree that no further payment would be made to the Agency, even if due till settlement of anticipated loss as a result of premature termination of the agreement.
- d. The Government reserves the right to terminate the agreement without assigning any reason if services of the Agency create serious adverse publicity in media and prima facie evidence emerges showing negligence of the Agency.
- e. At the time of termination, the Agency agrees to hand over all moveable and immoveable assets to the authorized representative of the State Government on a mutually agreed date on "as is where is" basis.
- f. The Agency agrees that no asset will be moved out of the premises or destroyed other than consumables used during the normal course of operation of the facilities, at any time during the period from the effective date to the date of termination without the prior written approval of the OSH&FW Society.

20. Jurisdiction of Court

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

21. Compliance with existing laws:

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

In witness whereof the parties hereto have set their hands on the.....day of.....2025.

For and on behalf of the OSH&FW Society

Signature of the Service Provider

Date:

Witness No.1.

Name:

Address:

Witness No.2.

Name:

Address:

Signature & Designation,

Date:

1. Witness

Name:

Address:

2. Witness

Name:

Address:

BANK GUARANTEE FORM FOR EMD

[The Bank shall fill in this Bank Guarantee Form in accordance with the instructions indicated.]

To

**The Mission Director,
National Health Mission,
Odisha**

Whereas (insert the name of the bidder) (hereinafter called the "Bidder") has submitted its proposal dated (insert date) for the Service towards Operation & Management of MHU in PPP Mode in Odisha. (hereinafter called the "Proposal") against the RFP (Insert RFP reference number) issued by Mission Director, National Health Mission - Odisha (hereinafter called "Authority").

Know all persons by these presents that we (insert name of the bank) of (insert address of the bank) (Hereinafter called the "Bank") having our registered office at (insert regd. office address of bank) are bound unto <insert the name and address of the procuring authority> (hereinafter called the "Authority") in the sum of (insert guarantee amount) for which payment will and truly to be made to the said Authority, the Bank binds itself, its successors and assigns by these presents.

Sealed with the Common Seal of the said Bank this ____ day of _____ 20____.

The conditions of this obligation are:

If the Bidder withdraws or amends, impairs or derogates from the tender in any respect within the period of validity of this Bid.

If the Bidder having been notified of the acceptance of his Bid by the Authority during the period of its validity: -

 Fails or refuses to furnish the performance security for the due performance of the contract. or

 Fails or refuses to accept/execute the contract. or

 If it comes to notice that the information/documents furnished in its tender is incorrect, false, misleading or forged

We undertake to pay the Authority the above amount upon receipt of its first written demand, without the Authority having to substantiate its demand, provided that in its demand the Authority will note that the amount claimed by it is due to it owing to the occurrence of one or both the two conditions, specifying the occurred condition(s).

This guarantee will remain in force up to _____ *[(till the date), 8 months from the date of bid submission]* and any demand in respect thereof should reach the Bank not later than the above date.

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

Signature of the Authorised Officer of the Bank

Name and Designation of the Officer

Seal, Name & Address of the Bank and the Branch

FORMAT FOR BANK GUARANTEE FOR PERFORMANCE SECURITY
(to be furnished by the selected Service Provider at the time of signing of contract)

To

**The Mission Director
National Health Mission, Odisha**

WHEREAS.....(Name and address of the Service Provider) (Hereinafter called " service provider" has undertaken, in pursuance of contract No..... dated (herein after "the contract") to provide the Service towards Operation & Management of MHU in PPP Mode in Odisha.

AND WHEREAS it has been stipulated by you in the said contract 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 contract;

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 contract and without cavil or argument, any sum or sums within the limits of (amount of guarantee) as a foreside, 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 contract to be performed there under or of any of the contract 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 _____ months [(40 months: Max. contract Period 36 months + 4 months] from the date of signing of contract 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.

Block wise Mobile Health Units proposed for operational

Sl. No.	Name of the Districts	Name of the Blocks	Total Nos. of MHU
1	ANGUL	Angul Block	1
2	ANGUL	Athamallik Block	1
3	ANGUL	Banarpal Block	1
4	ANGUL	Chhendipada Block	1
5	ANGUL	Kaniha Block	1
6	ANGUL	Pallahada Block	1
7	ANGUL	Rajakishorenagar Block	1
8	ANGUL	Talcher Block	1
9	BALASORE	Bahanaga Block	1
10	BALASORE	Balasore Block	1
11	BALASORE	Baliapal Block	1
12	BALASORE	Basta Block	1
13	BALASORE	Bhogarai Block	1
14	BALASORE	Jaleswar Block	1
15	BALASORE	Khaira Block	1
16	BALASORE	Oupada Block	1
17	BALASORE	Remuna Block	1
18	BALASORE	Simulia Block	1
19	BALASORE	Soro Block	1
20	BARGARH	Ambabhona Block	1
21	BARGARH	Attapura Block	1
22	BARGARH	Bargarh Block	1
23	BARGARH	Barpali Block	1
24	BARGARH	Bhatli Block	1
25	BARGARH	Bheden Block	1
26	BARGARH	Bijepur Block	1
27	BARGARH	Gaisilet Block	1
28	BARGARH	Jharabandha Block	1
29	BARGARH	Padmapur Block	1
30	BARGARH	Paikamal Block	1
31	BARGARH	Sohela Block	1
32	BHADRAK	Basudevpur Block	1
33	BHADRAK	Bhadrak Block	1
34	BHADRAK	Bhandaripokhari Block	1
35	BHADRAK	Bonta Block	1
36	BHADRAK	Chandabali Block	1
37	BHADRAK	Dhamnagar Block	1
38	BHADRAK	Tihidi Block	1
39	CUTTACK	Athagarh Block	1
40	CUTTACK	Banki Block	1
41	CUTTACK	Baramba Block	1
42	CUTTACK	Baranga Block	1
43	CUTTACK	Cuttack Block	1

Sl. No.	Name of the Districts	Name of the Blocks	Total Nos. of MHU
44	CUTTACK	Dompara Block	1
45	CUTTACK	Kantapada Block	1
46	CUTTACK	Mahanga Block	1
47	CUTTACK	Narsinghpur Block	1
48	CUTTACK	Niali Block	1
49	CUTTACK	Nichintakoili Block	1
50	CUTTACK	Salepur Block	1
51	CUTTACK	Tangi Choudwar Block	1
52	CUTTACK	Tigiria Block	1
53	DEOGARH	Reamal Block	1
54	DEOGARH	Barkote Block	1
55	DEOGARH	Tileibani Block	1
56	DHENKANAL	Bhuban Block	1
57	DHENKANAL	Dhenkanal Block	1
58	DHENKANAL	Gandia Block	1
59	DHENKANAL	Hindol Block	1
60	DHENKANAL	Kamakhyanagar Block	1
61	DHENKANAL	Odapada Block	1
62	DHENKANAL	Parajanga Block	1
63	DHENKANAL	Kankadahada	1
64	GAJAPATI	Gosani Block	1
65	GAJAPATI	Mohana Block	1
66	GAJAPATI	Nuagada Block	1
67	GANJAM	Aska Block	1
68	GANJAM	Beguniapada Block	1
69	GANJAM	Belanguntha Block	1
70	GANJAM	Bhanjangar Block	1
71	GANJAM	Buguda Block	1
72	GANJAM	Chhatrapur Block	1
73	GANJAM	Chikiti Block	1
74	GANJAM	Dharakote Block	1
75	GANJAM	Digapahandi Block	1
76	GANJAM	Ganjam Block	1
77	GANJAM	Hinjilicut Block	1
78	GANJAM	Jaganathprasad Block	1
79	GANJAM	Kabisuryanagar Block	1
80	GANJAM	Khallikote Block	1
81	GANJAM	Kukudakhandi Block	1
82	GANJAM	Soroda Block	1
83	GANJAM	Polasara Block	1
84	GANJAM	Purusottampur Block	1
85	GANJAM	Rangeilunda Block	1
86	GANJAM	Sanakhemundi Block	1
87	GANJAM	Seragada Block	1
88	GANJAM	Patrapur Block	1

Sl. No.	Name of the Districts	Name of the Blocks	Total Nos. of MHU
89	JAGATSINGHAPUR	Balikuda Block	1
90	JAGATSINGHAPUR	Biridi Block	1
91	JAGATSINGHAPUR	Erasama Block	1
92	JAGATSINGHAPUR	Jagatsinghpur Block	1
93	JAGATSINGHAPUR	Kujanga Block	1
94	JAGATSINGHAPUR	Naugaon Block	1
95	JAGATSINGHAPUR	Raghunathpur Block	1
96	JAGATSINGHAPUR	Tirtol Block	1
97	JAJAPUR	Barachana Block	1
98	JAJAPUR	Bari Block	1
99	JAJAPUR	Binjharpur Block	1
100	JAJAPUR	Dangadi Block	1
101	JAJAPUR	Dasarthpur Block	1
102	JAJAPUR	Dharmasala Block	1
103	JAJAPUR	Jajpur Block	1
104	JAJAPUR	Korei Block	1
105	JAJAPUR	Rasulpur Block	1
106	JAJAPUR	Sukinda Block	1
107	JHARSUGUDA	Jharasuguda Block	1
108	JHARSUGUDA	Kirimira Block	1
109	JHARSUGUDA	Kolabira Block	1
110	JHARSUGUDA	Laikera Block	1
111	JHARSUGUDA	Lakhanapur Block	1
112	KALAHANDI	Narla Block	1
113	KALAHANDI	Lanjigarh Block	1
114	KANDHAMAL	Daringbadi Block	2
115	KANDHAMAL	Kotagada Block	1
116	KANDHAMAL	Rikia Block	1
117	KANDHAMAL	Tumudibandha Block	1
118	KENDRAPARA	Aul Block	1
119	KENDRAPARA	Derabish Block	1
120	KENDRAPARA	Garadapur Block	1
121	KENDRAPARA	Kendrapara Block	1
122	KENDRAPARA	Mahakalapada Block	1
123	KENDRAPARA	Marshaghai Block	1
124	KENDRAPARA	Pattamundai Block	1
125	KENDRAPARA	Rajakanika Block	1
126	KENDRAPARA	Rajnagar Block	1
127	KENDUJHAR	Anandapur Block	1
128	KENDUJHAR	Ghasipura Block	1
129	KENDUJHAR	Hatadihi Block	1
130	KENDUJHAR	Banspal Block	1
131	KHORDHA	Balianta Block	1
132	KHORDHA	Balipatna Block	1
133	KHORDHA	Banapur Block	1

Sl. No.	Name of the Districts	Name of the Blocks	Total Nos. of MHU
134	KHORDHA	Begunia Block	1
135	KHORDHA	Bhubaneswar Block	1
136	KHORDHA	Bolagarh Block	1
137	KHORDHA	Chilika Block	1
138	KHORDHA	Jatani Block	1
139	KHORDHA	Khurda Block	1
140	KHORDHA	Tangi Block	1
141	KORAPUT	Bandhugaon	1
142	KORAPUT	Lamtaput Block	1
143	KORAPUT	Narayanapatana Block	1
144	KORAPUT	Pottangi Block	1
145	MALKANGIRI	Khairput Block	1
146	MALKANGIRI	Kudumulgumma Block	1
147	MALKANGIRI	Mathili Block	1
148	MALKANGIRI	Podia Block	1
149	NAYAGARH	Bhapur Block	1
150	NAYAGARH	Dasapalla Block	1
151	NAYAGARH	Gania Block	1
152	NAYAGARH	Khandapada Block	1
153	NAYAGARH	Nayagarh Block	1
154	NAYAGARH	Nuagaon. Block	1
155	NAYAGARH	Odagaon Block	1
156	NAYAGARH	Ranapur Block	1
157	PURI	Astaranga Block	1
158	PURI	Brahmagiri Block	1
159	PURI	Delanga Block	1
160	PURI	Gopa Block	1
161	PURI	Kakatapur Block	1
162	PURI	Kanas Block	1
163	PURI	Krushnaprasad Block	1
164	PURI	Nimapara Block	1
165	PURI	Pipili Block	1
166	PURI	Puri Block	1
167	PURI	Satyabadi Block	1
168	SAMBALPUR	Dhankauda Block	1
169	SAMBALPUR	Jujmura Block	1
170	SAMBALPUR	Maneswar Block	1
171	SAMBALPUR	Naktideul Block	1
172	SAMBALPUR	Rengali Block	1
173	SAMBALPUR	Rairakhole Block	1
TOTAL			174