

Government of Tripura
Directorate of Family Welfare & P.M
Agartala, Tripura
Email-dfwpmtripura@gmail.com

No.F.5(121-VEH)-DFWPM/MMU/2022

Dated Agartala, the 30/03/2022

NOTICE INVITING BIDS

Directorate of Family Welfare & Preventive Medicine, Govt. of Tripura, Agartala of the Bid inviting authority and the department/ agency hereinafter referred to as "**Mobile Medical Unit Service Procuring Agency (MMUSPA)**" invites sealed Bids from eligible bidders willing to maintain and operate Mobile Medical Units infrastructure to provide primary and selective secondary health care identified regions. The scope of services requires are enumerated in **Section-IV** of this document.

This document contains eight sections as follows:

Section I: Notice Inviting Bids

Section II Instructions to Bidder

Section III : Procedures for evaluations of Bids

Section IV: Responsibilities of Service Providers

Section V: Eligibility Criteria

Section VI: Terms and Conditions

Section VII: Formats of Appendices (A to F)

Section VIII: Standard format for Service level Agreement

Section IX: SOF

3. Schedule

Sl. No.	Description	Date/Place
1.	Date of sale of Bid Enquiry Documents	16-04-2022
2.	Pre bid Meeting (Date &Time)	25-04-2022 at 11.30 AM
3.	Pre-Bid Meeting Venue	Directorate of F.W & P.M, Gurkhabasti, Agartala, (Recreation Hall)
4.	Closing Date and Time of Receipt of Bid	10-05-2022 at 3.00 PM
5.	Time, Date and Venue of Opening of Technical Bid.	11-05-2022 at 3.00 PM office of the undersigned
6.	Time, Date and Venue of Opening of Financial Bid.	12-05-2022 at 3.00 PM office of the undersigned

4. Bidder may also download the Bid enquiry documents (a complete set of document is available on website) from the web site www.health.tripura.gov.in and submit its Bid by using the downloaded document, along with the required non-refundable fee as mentioned in Para 3 above. The Bid papers will be summarily rejected if the Bidder changes any clause or Annexure of the bid document downloaded from the web site.
5. The Bid shall be accompanied by Earnest Money Deposit (EMD) Rs. 6,00,000/- (Rupees Six lakh) only as specified in the Notice Inviting Bid (NIT) in the form deposit of Bank Draft / Bankers Cheque from the Schedule Bank in favour of **Director of Family Welfare & Preventive Medicine, Payable at State Bank of India, Agartala Branch.**
6. All prospective Bidders are requested to attend the Pre-bid meeting either in person or through their authorized representative. No representative is allowed to represent more than one prospective Bidder. The venue, date and time are indicated in Schedule of Events as in Para 2 above.
7. Bidders shall ensure that their bids complete in all respects, are dropped in the Bid Box located at (place to be inserted) on or before the closing date and time indicated in the Para 2 above, Bids submitted after the prescribed time will be treated as late bid and will not be considered. The Bids sent by post/ courier must reach the above said address on before the closing date & time indicated in Para 2 above, failing which the Bid will be treated as late bid and will not be considered.
8. In the event of Bid opening day being declared a holiday / closed day for the MMUSPA, the Bids will be received/ opened on the next working day at the same time.
9. The Bid Enquiry Documents are not transferable.

Done
20.11.22

Ex-Officio Jt. Secretary &
Director of Family Welfare & PM
Government of Tripura, Agartala

EXPRESSION OF INTEREST (EOI)

Health and Family Welfare Department
Govt. of Tripura

Address: Directorate of Family Welfare & Preventive Medicine

URL: www.health.tripura.gov.in

Email: dfwpmtripura@gmail.com

Telephone: 0381- 2326602

EOI No. -

Dated:


EXPRESSION OF INTEREST

1. Director, Directorate of Family Welfare & Preventive Medicine hereinafter referred to as "**Mobile Medical Unit Service Procuring Agency (MMUSPA)**" invites sealed EOI from eligible bidders willing to maintain and operate Mobile Medical Units infrastructure to provide primary and selective secondary health care in the 12 Aspirational Blocks of Tripura. The scopes of services required are enumerated in **Section-4** of this document.
2. This document contains nine sections as follows:
 - (i) Section 1: Expression of Interest.
 - (ii) Section 2: Instructions to Bidder
 - (iii) Section 3 : Procedures for evaluations of Bids
 - (iv) Section 4: Responsibilities of Service Providers
 - (v) Section 5: Eligibility Criteria
 - (vi) Section 6: Terms and Conditions
 - (vii) Section 7: Formats of Appendices (A to F) to attach
 - (viii) Section 8: Standard format for Service level Agreement.
 - (ix) Section 9 : SOP

3. Schedule

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

4. The MMUSPA will not be responsible for late receipt / non-receipt of Bid document by the vendor.
5. Bidder may also download the Bid enquiry documents (a complete set of document is available on website) from the web site **www.health.tripura.gov.in** and submit its Bid by using the downloaded document, along with the required non-refundable fee. The Bid papers will be summarily rejected if the Bidder changes any clause or Annexure of the bid document downloaded from the web site.
6. All prospective Bidders are requested to attend the Pre-bid meeting either in person or through their authorized representative. No representative is allowed to represent more than one prospective Bidder. The venue, date and time are indicated in Schedule of Events as in Para 3 above.
7. Bidders shall ensure the bids complete in all respects & are dropped in the Bid Box located at Store and Purchase Section, Directorate of Family welfare and preventive medicine, Gorkhabasti, Agartala, Tripura West, 799006 on or before the closing date and time indicated in the Para 3 above, Bids submitted after the prescribed time will be treated as late bid and will not be considered. The Bids sent by post/ courier must reach the above said address on or before the closing date & time indicated in Para 3 above, failing which the Bid will be treated as late bid and will not be considered.
8. In the event of Bid opening day being declared a holiday / closed day for the MMUSPA, the Bids will be received/ opened on the next working day at the same time.
9. The Bid Enquiry Documents are not transferable.


Ex-Officio Jt. Secretary &
Directorate of FW & PM
Government of Tripura

INSTRUCTIONS OF BIDDER

1. General Instructions

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

2. Earnest Money Deposit (EMD)

- a) The Bid shall be accompanied by Earnest Money Deposit (EMD) not less than 2% of the estimated cost. as specified in the Notice Inviting Bid (NIT) in the form of Bank Draft / Bankers cheque from any Schedule Bank in favour of **O/o Director, Directorate of Family Welfare & Preventive Medicine** payable at SBI Melarmath Branch, Agartala Tripura Pin 799001.
- b) No Biding entity is exempted from deposit of EMD. Bids submitted without EMD shall not be considered.
- c) The EMD of unsuccessful Bidder will be returned to them without any interest, after conclusion of the resultant agreement. The EMD of the successful Service provider will be returned without any interest, after receipt of performance security as per the terms of agreement.
- d) EMD of Bidder may be forfeited without prejudice to other rights of the MMUSPA, if the Bidder withdraws or amends its Bid or impairs or derogates from the Bid in any respect within the period of validity of its Bid or if it comes to notice that the information/ documents furnished in its Bid are incorrect, false, misleading or forged. In addition to the aforesaid grounds, the successful Bidder's EMD will also be forfeited without prejudice to other rights of MMUSPA, if it fails to furnish their required performance security within the specified period.

4. Preparation of Bid

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

- (I) The **first envelope** shall be marked in bold letter as "**TECHNOCOMMERCIAL BID**" which shall be sent along with forwarding letter **Appendix 'C'** and shall include the following:
1. Receipt regarding payment of Bid cost or Bank draft drawn in favour of MMUSPA or the amount of non refundable fee if the Bid documents have been downloaded from web.
 2. Bank Draft/ Bankers Cheque towards E.M.D.
 3. Successful bidder before awarding of contract should execute performance security of not less than 5% of the estimated cost .
 4. Original Bid document duly stamped and signed by the authorized personnel in each page along with the forwarding Letter confirming the assignment as per **Appendix 'C'**.
 5. Particulars of the Bidder as per **Appendix 'B'** Copy of the Income Tax Returns acknowledgement for last three financial years.
 6. Power of attorney in favour of signatory to Bid documents.
 7. Copy of the certificate of registration of EPF, ESI and Service Tax with the appropriate authority.
 8. A declaration from the Bidder in the format given in the **Appendix 'F'** to the effect that the firm has neither been declared as defaulter or black-listed by any competent authority of a government department, government undertakings, local bodies, authorities.
- In addition to the above documents,
9. The Bidder shall provide certificate of other similar services provided in private /public sector in last three years and user's certificate regarding satisfactory completion of such jobs as per proforma given in **Appendix 'A'**
- (II) The second envelope shall contain the financial proposal and shall be marked in bold letters as "**FINANCIAL BID**". Prices shall be inclusive of all taxes & duties and quoted in the proforma enclosed at **Appendix 'D'** as per scope of work / service to be rendered.

10. **Bid Validity Period**

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

11. **Bid Submission**

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

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

12. **Opening of Bids:**

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

EVALUATION OF BIDS

1. Scrutiny of Bids

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

2. Infirmary / Non-Conformity

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

3. Bid Clarification

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

4. Evaluation of Technical Proposal:

Criteria/Parameter	Marks Tally	Maximum Marks
1. Experience of the Bidder/ Consortium in implementing similar Project at community level: a. 5 years and above b. 3-5 years c. 0-3 years	10 5 3	10
2. No. of MMU being operated in States in last 5 years a. 30 and above b. 10-30 c. Less than 10	10 5 3	10
3. Quality of skilled Human Resources in the Provided a. 2 (two) Doctors b. 1 (one) Doctor	10 5	10

JOB DESCRIPTION/SCOPE OF SERVICES/RESPONSIBILITIES OF SERVICE PROVIDER**1. Service Aims**

1 - The primary obligation of the service provider will be to operate the Mobile Medical units to provide primary and selected secondary health care **"Annexure I"**.

- a. Is fully equipped with equipments listed in **"Annexure II"** of Service Agreement list;
- b. Is manned by adequate manpower resources as per the requirement enumerated in **"Annexure III"** of the Service agreement list.
- c. The MMUs are provided with necessary fuel for carrying on operations on regular basis

2 - It is the responsibility of Service provider to arrange supplying good quality generic drugs and consumables of the required standards as per the requisitions received from the MMUSPA.

Service provider would make all effort to keep the MMUs well stocked with drugs and consumables at all the times.

2. Obligations of the service provider:

- 1. It will be the responsibility of service provider to arrange MMU vehicles along with all the listed equipments, drugs, consumables and human resources to maintain the MMU operational .All the maintenance cost of equipment as well as vehicles will be borne by the service provider since vehicles and equipment are to be provided by the service provider. The vehicles should not be more than two years old from the date of manufacturer on the day of commencement of service .At no point of time during the currency of the Service agreement, the vehicle will be more than 5 years old from the date of manufacturer.

2. Vehicle Type.

The mobile medical unit will have to be fabricated on minimum 2 (two) wheel driven, BS-VI, Air Conditioned, power steering, (i.e TATA , Force, SML, Mahindra, Eicher or equivalent). The fabrication design for the cabin should provide space for the following:

- a. OPD station for the Doctor.
- b. Staff Nurse/ ANM station (ANC/PNC counter).
- c. Examination bed with adequate provision for maintaining privacy and having sufficient space around it so that it can also be used for conducting deliveries (in exceptional case only).

- d. A semi auto analyzer and a micro-scope, both mounted / fixed in a manner that they are well protected from possible shock / bumps during travel.
- e. A registration-cum-medicine dispensing window / counter fitted with lap-top and printer.
- f. Space for storing medicines, cold box (Vaccines) and folding table/ chair.
- g. Collapsible / foldable awnings mounted on top of the cabin on both sides of the vehicle to provide protection against direct sun light (in summer) / rain to the customers/ users of the services.
- h. Having sufficient space for Amplifier, Sound box, Generator & LED TV. i.e P.A System and IEC activities.

All equipment onboard have to be functional during the camp irrespective of whether or not electricity / access to electricity is available

3. Monitoring & Evaluation

The scheme based on the experience, regular will be one through the State / District (Aspiration Block Area) .

Indicator for monitoring the evaluation will be:

- a. No. of camps held 4 – 5 days in every week.
 - b. Regularity of camps.
 - c. Patients attendance
 - d. Referral.
4. The service provider shall follow the standard operating procedures (SOPs) as approved by the competent authority in MMUSPA.
 5. The service provider would recruit, deploy and maintain a team of competent personnel for running the MMU. A list of minimum key personnel required with their qualifications is given in "**Annexure IV**". The staffs so recruited / appointed shall be exclusively on Payroll of the service provider. The Service Provider will ensure deployment of the minimum personnel as enumerated above to keep the MMUs operational and capable of providing the services as agreed upon.

6. The Service provider shall follow the Service Plan/ Route plan/ Calendar for MMU as approved by CMO. It is expected that Sunday will be the day on which no service would require to be provided and the weekly off on Sunday it could be used for maintenance, refilling and data entry purposes .However ,the competent authority may declare any other day in the week days as "off-day". In exceptional circumstances, the weekly off day can be cancelled by the competent authority and the MMU may be requisitioned for deployment.
7. The MMU should be equipped with the all the equipments proposed in "Annexure II" of point -1 above.
8. All drugs should be provided free to the beneficiaries.
9. The service provider shall submit data to the state government every month as per reporting format as prescribe in "**Annexure-V**".
10. The service provider would procure all necessary road and goods permits for the MMU and maintain the same throughout the period.
11. The log book of movement of the MMU shall be maintained by the MMU driver and supervised by the Medical Officer In charge of the MMU .Log book shall be made available for verification by the any authority nominated by MMUSPA.
12. Service provider shall communicate the names and addresses of the Team manning a particular MMU during the currency of the agreement and any change in the composition of the team must be intimated to the authority nominated by the MMUSPA. The names of technical person at work at the MMU at any point of time must also be displayed prominently on the MMU.
13. The Service provider will also comply with confidentiality and privacy laws including patient details.
14. All records maintained by the Service provider regarding operations of MMUs will be made available to any government authority including audit on demand.
15. It should be clearly understood that under no circumstances, the MMUs will be used to advertise the operations of the service provider. It should be clearly mentioned on the outer body of the MMU that the service is provided by the MMUSPA.
16. Requirements of any Act promulgated by the Central / State Law will have to be met by the service provider. Details as required under RTI should be notified in the MMU.

SECTION-5

ELIGIBILITY CRITERIA

1. The bidder shall be a sole provider or a group of providers/ NGO (maximum 3) coming together as Consortium to implement the Project, represented by a lead member. The bidder cannot be an individual or group of individuals. A bidder cannot bid as a sole provider as well as a partner in a consortium. No bidder can place more than one bid in any form in the State. The bidder should be registered as a legal entity.
2. The bidder and in case of a consortium all the participants shall have at least three years experience in providing medical care at community level. In support of this, a statement regarding assignments of similar nature successfully completed during the last three years should be submitted as per Appendix 'A'. Users' certificate regarding satisfactory completion of assignments should also be submitted. The assignment of Govt. Dept. /Semi Govt. Depts. should be specifically brought out. (The decision of the State Government as to whether the assignment is similar or not and whether the bidder possesses adequate experience or not, shall be final and binding on the bidders). The bidders may in addition provide any other Documentation in support of their claims of experience in providing community health care.
3. The bidder should not be presently black listed by the MMUSPA or any government agencies/ local bodies.
4. In case of Consortium, the lead member shall be legally responsible and shall represent all consortium members, if any, in all legal matters.
5. The bidders shall provide the balance sheet (Income & Expenditure account in case of NGOs) of last three years.
6. The bidder (s) must have turnover not less than 60% of the bid amount quoted for each of the last three years. In case of NGOs, cost of community health care services provided should not be less than 60% of the bid amount quoted for each of the last three years.
7. In case there are multiple L1 bidder one having higher aggregated turnover during the last three years shall be considered.

TERMS AND CONDITIONS**1. Signing of Agreement**

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

2. A model copy of service agreement is at the Appendix -F**3. Modification to agreement:**

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

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

4. Performance Security

a) The successful bidder shall furnish a performance security in the shape of a Demand Draft / Bank Guarantee issued by a Nationalized Bank in favour of EOI Inviting Authority for an amount equal to 5% of the total agreement value. The Bank guarantee shall be as per proforma at Appendix 'E' and remain valid for a period, which is three months beyond the date of expiry of the agreement. This shall be submitted within 15 days (minimum) of receiving of Notice for Award of Agreement and before signing of the agreement failing which the EMD may be forfeited.

b) If the agreement is cancelled at any time during the validity period of the agreement in terms of para 3 above the Performance Security shall be forfeited.

c) The MMUSPA will release the Performance Security without any interest to the firm/Contractor on successful completion of contractual obligations.

d) The total cost of tender would be the basis to calculate non operative cost per MMU per day. For all days when a certain number of MMU has not been functional, cost deducted would be:

(Cost per MMU per day)* (Total Number of MMU non operative)* (Number of days Non operative) as per point No 03 of Obligations of the service provider.

5. Compliance of Minimum Wages Act and other statutory requirements

The Service provider shall comply with all the provisions of Minimum Wages Act and other applicable labour laws. The Service provider shall also comply with all other statutory provision and eligibility criteria of human resources used by the Service provider for providing the services, biomedical waste management, and bio safety, occupational and environmental safety.

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

6. Income Tax Deduction at Source

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

7. Periodicity of Payment

The bills should be submitted on monthly basis as per the service agreement list. The Service provider will raise its invoice on completion of services during this period duly accompanied by evidences of services provided. The payment will be subject to TDS as per Income Tax Rules and other statutory deductions as per applicable laws.

8. Damages for Mishap / Injury

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

9. Termination of Agreement:

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

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

10. Arbitration

- a) If dispute or difference of any kind shall arise between the MMUSPA and the firm/ contractor in connection with or relating to the agreement, the parties shall make every effort to resolve the same amicably by mutual consultations.
- b) If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the MMUSPA or the firm/Contractor may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act, 1996 of India. In that event, the dispute or difference shall be referred to the sole arbitration of an officer to be appointed by the Bid issuing authority as the arbitrator. If the arbitrator to whom the matter is initially referred is transferred or vacates his office or is unable to act for any reason, he / she shall be replaced by another person appointed by to act as Arbitrator.
- c) Work under the agreement shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the MMUSPA or the firm / contractor shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.
- d) Reference to arbitration shall be a condition precedent to any other action at law.
- e) Venue of Arbitration: The venue of arbitration shall be the place from where the agreement has been issued.

11. General Terms and Conditions:

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

12. Any corrigendum / addendum / modification etc effective in the Expression of Interest (EOI) subsequent to its initial publication shall be considered as an integral part of the original EOI.

13. Applicable Law and Jurisdiction of Court:

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

Ex-Officio Jt. Secretary &
Directorate of FW & PM
Government of Tripura

Appendix-A

Community based Health services provided in last 3 years.

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

Note: Attach extra sheet for above Performa if required.

Signature.....

Name

SL. NO.	Assignment Arrangement No. & Date	Agreement price of Assignment	Date of Commencement	Date of Completion	Was Assignment satisfactorily/Completed or It is ongoing	Address of Organization with Ph. No where Assignment Done
1						
2						
3						
4						
5						
6						

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

Date:.....

To
The Director
Family Welfare & Preventive Medicine
Govt. of Tripura

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

Sir,

We are submitting, here with our Bid for providing annual maintenance services/ comprehensive maintenance services for.....

We are enclosing Receipt No.....or Bank Draft/ Bankers Cheque No

Dated.....(amount.....) towards Bid cost/ fee (if documents have been

Downloaded from website) and Bank Draft/Bankers Cheque No.....Dated.....

(Amount.....) towards Earnest Money Deposit (EMD), drawn on..... Bank in favour of < >.

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

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

Enclosures:

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

Signature of the Bidder.....

Seal of the Bidder.....

FINANCIAL BID

1. Name of the Bidder...

2. Prices Quoted

Sl. No	Cost Head per MMU	Operational Cost per Annum	No. of Units Quoted for	Total Cost
1	Human Resources (Per MMU)			
2	Maintenance and Repair of vehicle POL			
3	Equipment			
4	Consumables & Regents (excluding drugs)			
5	Fuel			
Total Cost of the proposed project per annum				
Total Cost per MMU per annum				

(In words.....)

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

Signature

Name

Appendix-E

PROFORMA FOR BANK GUARANTEE

To

< >

WHEREAS.....(Name and address of the Service

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

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

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

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

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

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

Name and designation of the officer

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

DECLARATION BY SERVICE PROVIDER

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

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

Signature of the Service provider:

Date:

Name & Address of the Firm:

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

Service Level Agreement

No-----

SERVICE LEVEL AGREEMENT

Between

(MMU Service Procuring Agency)

And

(Service Provider)

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

Service Level Agreement

DECLARATION BY SERVICE PROVIDER**1. BACKGROUND**

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

2. SERVICE AIMS

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

3. SERVICE OBJECTIVES

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

4. SERVICE DESCRIPTION AND RESPONSIBILITIES

Out-patient services:

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

Service Component:

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

1. REFERRAL PROCESS & ELIGIBILITY

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

2. INFORMATION AND REPORTING REQUIREMENTS

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

**"Mobile Medical Unit
Run by
Agreement No <No of the Agreement>
Between <Name of the Service Procuring Agency> and <Name of the Service Provider>"**

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

3. PERFORMANCE

- 7.1 An half yearly review meeting will be held and attended by appropriate levels of officials of Service procuring agency and Service providers to consider the performance, the anticipated outcome of the agreement and future service developments and changes. Further meetings may be arranged at any time to consider significant variation in the terms or conduct of the agreement and where corrective action on either part is indicated.
- 7.2 Both the Service procuring agency and Service Provider agree to consider introduction of any further service in line with any new initiative of the government or in response to local demand which could not be anticipated earlier.
- 7.3 Both the Service procuring agency and Service Provider agree that such services should be provided without extra cost. However, if it is felt by both the parties that the additional services would require additional resources/manpower, the Service procuring agency agrees to consider reasonable increases in amount disbursed to the Service provider. It is agreed that the Service provider will be under no obligation to introduce the additional service unless a commitment to reimburse additional cost has been provided to him.

4. HEALTH AND SAFETY

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

5. DATA PROTECTION, CONFIDENTIALITY AND RECORD KEEPING

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

6. STAFFING

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

7. FINANCE ARRANGEMENTS

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

2. VARIATION

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

2. DISPUTES

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

3. ARBITRATION

- 14.1 If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the Service procuring agency or the Service provider may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act 1996 of India. In that event, the dispute or difference shall be referred to the sole arbitration of an officer as the arbitrator to be appointed by the <Name of the MMUSPA>. If the arbitrator to whom the matter is initially referred is transferred or vacates his office or is unable to act for any reason, he / she shall be replaced by another person appointed by <Name of the MMUSPA> to act as Arbitrator.
- 14.2 Work under the agreement shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the MMUSPA or the firm / contractor shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.
- 14.3 Reference to arbitration shall be a condition precedent to any other action at law.
- 14.4 Venue of Arbitration: The venue of arbitration shall be the place from where the agreement has been issued.

4. TERMINATION

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

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

5. Indemnity

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

2. PERIOD OF AGREEMENT

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

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

(MMUSPU).....

Signed:

Name:

Designation:.....

Date:.....

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

Signed:.....

Name:.....

Designation:.....

Date:

Witnesses:

1) _____

2) _____

3) _____

Guidelines for the Operationalisation of Mobile Medical Unit (SOP)

Introduction

Access to health care and equitable distribution of health services are the fundamental requirements for achieving the Sustainable Development Goals. Many areas in the Country, predominantly tribal and hilly areas, even in well-developed States, lack basic health care infrastructure limiting access to health services at present. Over the years, various initiatives have been taken to overcome this difficulty with varied results. Many States/NGOs have successfully tried out operationalisation Mobile Medical Units. Taking health care to the doorsteps is the principle behind this initiative and is intended to reach underserved areas. Mobile Medical Unit (MMU) in each aspirational block is one of the strategies to improve access. For the State of Tripura due to their difficult hilly terrain, non-approachability by public transport, long distances for reaching the health centres necessitate the need of MMU with specialized facilities for the patients requiring basic specialist examination. Otherwise, the basic purpose of taking the health care to the door step of the needy people in rural areas would be defeated due to non-possibility of diagnostic examination to be conducted. The States are expected to address the diversity and ensure the adoption of the most suitable and sustainable model for the MMU to suit their local requirements. States are also required to plan for long term sustainability of the intervention.

Objectives

- To operationalise Mobile Medical Units in each aspirational Block for improved access to health care services.
- To make health care services available in underserved or remote areas.

Type of services to be provided

Every Mobile Medical Unit has to provide the following services:-

Curative:

- Referral of complicated cases;
- Early detection of TB, Malaria, Leprosy, Kala-Azar , and other locally endemic communicable diseases and non-communicable diseases such as hypertension, diabetes and cataract cases etc.

- Minor surgical procedures and suturing
- Specialist Services such as O&G Specialist, Pediatrician and Physician.

Reproductive & Child Health Services:

- Ante-natal check up and related services e.g. injection - tetanus toxoid , iron and folic acid tablets, basic laboratory tests such as haemoglobin, urine for sugar and albumin and referral for other tests as required;
- Referral for complicated pregnancies:
- Promotion of institutional delivery:
- Post-natal check up:
- Immunization clinics (to be coordinated with local Sub-centres /PHCs:
- Treatment of common childhood illness e.g diarrhoea, ARI/ Pneumonia, complication of measles etc.
- Treatment of RTI/STI:
- Adolescents care such as lifestyle education, counseling, treatment of minor ailments and anemia etc

Family Planning Services:

- Counselling for spacing and permanent method:
- Distribution of Nirodh, oral contraceptives, emergency contraceptives:
- IUD insertion.

Diagnostic:

- Investigation facilities like hemoglobin, urine examination for sugar and albumin;
- Smear for malaria and vaginal smear for trichomonas;
- Clinical detection of leprosy, tuberculosis and locally endemic diseases;
- Screening of breast cancer, cervical cancer etc.

Specialised facilities and services:

- ECG
- Emergency services and care in times of disaster/epidemic/ public health emergency/ accidents etc.
- IEC Material on health including personal hygiene, proper nutrition, use of tobacco, diseases, PNDT Act etc., RT/STI, HIV/AIDS

Suggested composition of the Team

- Medical Officers: 1(One),
- Nurse: 1 (one)
- Laboratory technician: 1 (one)
- Pharmacist cum Administrative Asstt.: 1(one)
- Helper: 1(one)
- Drivers: 1(one)

Suggested Equipment and Accessories

Suggested list of equipments and accessories is at Annexure II

Suggested Drugs

The suggested list of life-saving drugs and for common ailments is at “**Annexure VII**”. A cold storage device (e.g. vaccine carrier) will be provided for storage of heat sensitive drugs and vaccines. Drugs under various National Health Programmes will be procured under the respective programmes.

Type of vehicle

One vehicle will be provided for the purpose. It will be a five seater to transport medical and para-medical personnel, carrying accessories/ diagnostic equipments such as portable ECG machine and generator along with basic laboratory facilities will be provided. The space at the back will be utilized for placing a couch. This couch will be used as the examination table during camps and for transfer of patients at times of emergency. The States will have the flexibility to decide the type and the number of vehicles to be procured within the given budget.

Operational Aspects

Overall operationalising of the scheme will be the responsibility of the District Collector/District Magistrate, who is the chairperson of the District Health Society.

- District will draw up an Action Plan for the proposed coverage through Mobile Medical Unit.
- The Mobile Medical Unit will be encouraged to use appropriate buildings at the site of camp, thus fostering better community participation.
- Location of the vehicle will be in the designated Health facility of the Block area.

Administrative Aspects

- Officer-in-charge will be the Chief Medical Officer at district level, who will be responsible for the operational aspects.
- The Medical Officer in charge in the Primary Health Centre/ Community Health Centre of the area of the camp will be the Supervising Officer.
- The local Sub-centre staff and ANM, MPW, ASHA will assist in the camp.
- Local NGOs will be present for the camp.
- Fixed day- fixed time will be intimated to all the concerned villages in advance and care should be taken to maintain regularity in these camps as per the schedule. The schedule will also be shared with Concerned Panchayet/ ADC villages with a request to mobilize the people.
- Referrals should be made, based on the case either to PHC, Community Health Centre, Sub Divisional Hospital, District Hospital or State Hospitals.
- Areas to be covered will be decided on the basis of need analysis.

Monitoring & Evaluation.

In order to achieve effective functioning and also to review /modify the scheme based on the experience, regular monitoring will be done through the States/districts health administration. This will be made possible through following mechanism:

- Record maintenance
- Periodic review of efficacy and effectiveness by Chief Medical Officer.

Indicators for monitoring and evaluation will be –

- No. of camps held
- Regularity of camps
- Patient attendance
- Referrals
- Antenatal and postnatal checkups
- HIV/TB, leprosy cases detected.
- Improvement in access to services as per evaluation by PRIs.

Suggested Package of Services to be provided at MMU

	Maternal Health	Early diagnosis of pregnancy, Early registration, MCH Cards, Birth planning (and preparing mothers and families in remote areas to shift to a facility at least one week before the due date, or to a maternity hut), Regular Ante-natal check-ups; includes Screening for Hypertension, Diabetes, Anemia, TT Immunization for mother, Iron-folic Acid & Calcium Supplementation, Identification and referral of High Risk Pregnancy, Post Natal Cases, Counselling, support and motivation for institutional delivery, Nutrition, Enabling Take Home Rations (THR) for pregnant woman through Anganwadi Worker,
	Neonatal and Infant Health (0 to 1 year old)	Examination of low birth weight /preterm newborn/other high risk newborns and management or referral as required), Counselling and support for early Breast Feeding, improved weaning Practices, Identification of congenital anomalies, other disabilities and appropriate referral, Family/ community education of Prevention of infections, Complete Immunization, Vitamin A Supplementation, Care of Common illnesses of new born, AGE with mild dehydration, pneumonia case management
	Child and , Adolescent health	Growth Monitoring, Prevention through IYCF counselling, access to food supplementation- convergence with ICDS, Deworming, Immunization- , prompt and appropriate treatment of diarrhoea/ARI, referral where needed, detection of Severe Acute malnutrition (SAM), referral and follow up care for SAM, Prevention of anaemia, use of iodised salt; Prevention of diarrhoea, Pre-school and School Child: Biannual Screening, School Health Records, Eye care, De-worming; Early detection of growth abnormalities, delays in development and disability, Adolescent Health services: personal hygiene, Detection & Treatment of Anaemia and other deficiencies in children and adolescents
	Reproductive health and Contraceptive Services	Identifying eligible couples, and motivating for Family Planning delaying first child, spacing between two children, Access to spacing methods- OCP, ECP, condoms, IUCD insertion and removal, RTI treatment- Syndromic management/partner treatment, First aid for GBV- link to referral centre and legal support centre

Management of chronic Communicable Diseases	Tuberculosis; HIV, leprosy, Malaria, Kala-Azar, Filariasis, Other vector borne disease- identification, use of RDT/prompt treatment initiation, vector control measures, Sputum collection for TB, RDK + Lab testing and treatment for all vector borne disease examination, follow up medication compliance, Prevention – mass drug administration in filarias, immunization for JE,
Management of Common Communicable Diseases & Basic OPD care- (acute simple illness	Diagnosis and management of common fevers, ARIs and diarrhoeas, Urinary Tract infections, skin infections. (scabies, abscess), indigestion, acute gastritis. Symptomatic care for aches and pains
Management of Common Non-Communicable Diseases	Undertake screening for over 35 age group , at MMU on an annual basis or Opportunistic Screening for diabetes and hypertension, Hypertension / Diabetes mellitus –Medication, follow up diagnostics, refer for specialist consultation and early referral for complications, Silicosis, Fluorosis – follow up care, Diagnosis of common respiratory morbidities (COPD and bronchial asthma) and treatment in all “chest symptomatic”, Epilepsy- early case identification, enable specialist consultation through referral.
Management of Mental Illness	Community education and Preventive measures against Tobacco use and Substance Abuse, Identification of people for De-Addiction Centres, Referral of cases with mental illness, follow up medication, counselling/support.
Dental Care	Education on Oral Hygiene & Substance Abuse, in community and schools- recognition of dental fluorosis- Referral for gingivitis, dental caries, oral cancers, Treatment for glossitis, candidiasis, fever blisters, aphthous ulcers;
Eye Care/ENT care	School : Screening for blindness and refractive errors, Community screening for congenital disorders and referral, Counselling and support for care seeking for blindness, other eye disorders -first aid for nosebleeds, recognizing congenital deafness, other common ENT conditions and referral, Eye care in newborn, Screening for visual acuity, cataract and for Refractive Errors, Identification & Treatment of common eye problems- conjunctivitis; spring catarrh, xerophthalmia, first aid for injuries, referral, Management of common colds, Acute Suppurative Otitis media, (ASOM), injuries, pharyngitis, laryngitis, rhinitis, URI, sinusitis
Geriatric Care	Management of common geriatric ailments; counselling, supportive treatment, and Pain Management
Emergency Medicine	Snake bites, scorpion stings, insect bites, dog bites, Stabilization care in poisoning and referral first aid, trauma of any cause, Minor injury, abscess management,

Proposed List of Medical Equipment and Instruments of MMU

1	Microscope with Light source (Binocular)
2	Sterilizer 38 cms with electric drums
3	Dressing Drum (11x9)
4	Weighing Machines Adults Simple
5	Weighing Machines Baby Simple
6	Stethoscope
7	B.P. Apparatus
8	Haemoglobin meter (Manual & digital)
9	Centrifuge machine (mini)
10	Incubator
11	Micro typing Centrifuge
12	Nebulizer
13	Ambu bag Adult
14	Ambu bag Paediatric
15	Laryngoscope Adult
16	Laryngoscope Child
17	Suction apparatus with accessories
18	Torch & spot light
19	Glucometer
20	Refrigerator (capacity 50 to 60 liters)
21	Needle cutter (manually operated)
22	Laboratory table- Portable
23	2 computers- laptop preferred
24	Laser Printer
25	Broadband Internet Data Card
26	Digital camera
27	Speaker
28	Amplifier
29	LCD Projector
30	Water Purifier
31	Foldable Half Bench
32	Foldable seats for staff
33	Waste Collecting bins, as per Biomedical waste Management specifications
34	Cot
35	Examination table
36	Brackets for Oxygen Cylinder with adjustable straps
37	Detachable stretcher
38	Hooks for an intravenous bottle
39	Chairs
40	Generator
41	AC Fan

42	Transfusion Bottle Hook
43	Dvd Player
44	Fire Extinguisher
45	View Box
46	Digital clock
47	Height Measurement Instrument
48	Stainless Steel Cabinet
49	Water Storage Tank
50	Extension box
51	Screen (for privacy)
52	Emergency light
53	Soap Container
54	Towel Holder
55	Semi-Auto Haematology analyser (3 part)
56	Auto pipettes
57	Ophthalmoscope
58	Auto scope
59	Examination Torch
60	Mobile Lab
61	12 LED ECG Machine

Human Resources

The suggested HR for an MMU is as under:

- | | |
|---|-----------|
| 1. MO (MBBS only): | 01 (One) |
| 2. GNM: | 01 (One) |
| 3. Lab Technician: | 01 (One) |
| 4. Pharmacist cum Administrative Assistant: | 01(One) |
| 5. Driver cum Support Staff: | 01 (One) |

Staff Composition/Qualification

Name of Staffs	Qualification	No. of position
Medical Officer	M.B.B.S	
Nursing staff	GNM preferable- if not ANM	
Lab Technician	B.Sc DMLT/HSC DMLT	
Pharmacist cum Administrative Assistant	B.Pharma/ D. Pharma	
Driver cum Support Staff	SSC Heavy Vehicle License & Indemnity bond of Accident free driving in last three years.	

Reporting Proforma for each functional MMU

SI No	Location of MMU	Number of OPD	Number of ANC/PNC	Number of Lab. Test conducted	Number of ECG/X-ray	Number of Patients referred	Near rest facility of MMU (name & type)

Duties and Responsibilities of the Staff of the MMU

1. Medical Officer

- a) MO will be the in-charge and overall responsible for the effective functioning of the MMU. The other staff of the MMU will work under his/her supervision on a day to day basis.
- b) In case of referral to the nearest facility, the MO shall maintain suitable records (detail address and the cause of emergency in the register and log book of the vehicle) and issue a clear descriptive referral slips. MO and MO i/c of the PHC shall take immediate appropriate actions during outbreaks of diseases and epidemic and inform concerned DHO and RCH officer as well as to render assistance as required and feasible.
- c) MO shall work in collaboration with the MO i/c of nearest PHC under whose area services are being rendered.
- d) MO shall work in coordination and cooperation with the health staff of the department & local authorities.

2. Staff Nurse/ANM

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

3. Pharmacist cum Administrative Assistant

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

4. Laboratory Technician

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

5. Role of ASHAs in MMUS

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

Drugs and Consumable List

	<u>EMERGENCY MEDICINE</u>	Inj. Atropine sulphate 0.6 mg Inj. Calcium Gluconate 10% Inj. Theophyllin 50.6 mg+ Etophyllin 169.4mg/2ml Inj. Dexamethasone 2mg/ml Inj. Oxytocin Inj. Sodabibarbonate 7.5mg Inj. ChlopheniramineMaleate (2ml) Inj. Adrenaline 1mg Inj. Lignocaine 2% Inj. Dopamine 200 mg Inj. Diazepam Inj. Vit K 10mg/ml (Menadion bisulphate) Inj. Anti-Snake Venom serum Inj. Frusemide Inj. Anti Rabies Tab. Amlodipine 5 mg
	<u>ANTIBIOTICS</u>	Tab. Roxithromycin 150mg Tab. Erythromycin 250mg Tab. Ciprofloxacin 250mg Tab. Norfloxacin 400mg Furazolidine tab. Furazolidine Syp. Bottles Metronidazole tab (400mg) Metronidazole tab (200mg) Cap. Amoxicillin 250mg Syp. Amoxicillin 250mg Septran SS Tab Sofracort Eye+ ear drops Soframycin Ointment Syp. Ampicilin Amoxicillin syp. Bottles Ampicillin caps (250 mg) Ciprofloxacin eye drop Ciplox-TZ tab Sy. Cotrimazole (septran)
	<u>ANTI AMOEBIC</u>	Sy. Furzolidine 60ml Tab. Furzolidine 100mg Tab. Metronidazole 200mg

	<u>ANTI FUNGAL</u>	Whitfield's ointment Griseofulvin tab. Fluconazole Tab Miconazole Tab Tab. Griseofulvin 125 mg.
	<u>NUTRIENTS</u>	Tab. Multivitamin Tab/Cap Iron Folic Acid (S R) Vitamin A/E Capsule Vit. A Solution Vit D Sachet Tab. Vit B Complex Tab. Calcium carbonate Tab. Etophylline & Theophylline SR
	<u>ANTI MALARIALS</u>	Primaquine tab. Pyrimethamine +Sulphadoxine tab. ACT (A/SP, Adult)DMO Chloroquine syrup bottles Chloroquine tab. ACT(RTSUN) ACT(A/SP, <1 yr)
	<u>WORMICIDALS</u>	Albendazole syp. Albendazole tab
	<u>GENERAL MEDICINE AND NON COMMUNICABLE DISEASES</u>	Amitriptyline tab. Omeprazole cap. Metoclopramide Hydrochlorothiazide Lasix tab. Amlodipine Tab Paracetamol Tab Phenobarbitone tablet Prednisolone Tablet Ranitidine tablet Salbutamol tab. Sorbitrate Cough syrup. Bottles CPM tab. Codeine Tablet Diclofenac+ Dicyclomine tab. Diclofenac SR tab. Diclofenac tab

		Dicyclomine tab. Digoxin tab Antacid tab Brufen tab. Aspirin tab Asthalin Respiratory solution Atenolol tab BC tab Betamethasone ointment (Betnovate) Calamine lotion Calcium tab Carbamazepine tab. Amlodipine tab.
	<u>OTHERS</u>	Sy. Albendazole 10 ml Tab. Albendazole 400mg Sy. Paracetamol 60ml Tab. Paracetamol 500mg Tab. Citrizine 10mg Urine Dip sticks Condoms Tab. Diclofenac sodium 50mg Inj. Diclofenac sodium Cap. Omeprazole 20mg Inj. Ondansetron 2mg/ml Inj. TT DEC Tab Inj. Tonaboline ORS Powder 27.5gm WHO Formula
	<u>LOCAL APPLICATION</u>	Gamma Benzene hexachloride 1% w/w lotion Framycetin sulphate BP 15mg (1.5%) Povidone-iodine-Ointment Cream. Miconazole Sukhad Oint- (Ayurvedic) Ciprofloxacin eye drop White petroleum Jelly Lignocaine 2% Jelly Gentamycin eye/ear drop Xylocaine Jelly 2 % Tab. Clotrimazole 100mg (Vaginal Pessary)
	<u>IV FLUIDS</u>	Normal Saline 500ml Dextrose 5% 500 ml I.V. Dextrose in Normal Saline 500ml Ringer lactate 500 ml
	<u>DISINFECTANTS</u>	Povidone Iodine Solution 500 ml Denatured spirit
	<u>OTHER CONSUMABLES</u>	

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

30.3.22

Ex-Officio Jt. Secretary &
Directorate of FW & PM
Government of Tripura

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