



Government of West Bengal
District Health & Family Welfare Samiti
Office of the Chief Medical Officer of Health
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Memo No. DH&FWS/2012/ NRHM/568

Date: 28th May 2012

EXPRESSION OF INTEREST

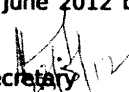
An Expression of Interest (EOI) is hereby invited by the District Health & Family Welfare Samiti, North 24 Parganas from the reputed NGOs/ CBOs /Trusts etc for the following schemes under different National Programmes.

Name of the Scheme:

1. Delivery of vaccines in the Hingalgunj and Sandeshkhali-II Blocks (RCH-II)
2. Tuberculosis Unit Model for 4 TUs in riverine belt (RNTCP)
3. LT scheme for one DMC (RNTCP)
4. Sputum Collection & Sputum pick-up and transport for 1 centers (RNTCP)

The detailed terms and conditions of EOI along with the application formats are available in the official website of North 24 Parganas i.e. www.north24parganas.gov.in

The last date of submission of the aforesaid EOI is 12th June 2012 by speed post only.


Secretary
District Health & Family Welfare Samiti &
Chief Medical Officer of Health
North 24 Parganas

28/5/12

Tuberculosis Unit Model

General Description

The NGO provides all RNTCP services earmarked for a Tuberculosis Unit (TU; approximately 5 lakh population). Strict compliance with the Technical and the Operational Guidelines of the RNTCP is mandatory. In general, this should only be considered in areas where the governmental infrastructure is not sufficient to ensure effective RNTCP implementation, and/or where an effective NGO is currently working in the field of health in this area. One NGO may cover more than one TU, but must meet all eligibility criteria for each TU.

Role of the NGO

The NGO ensures full services for microscopy, treatment, direct observation, defaulter retrieval, recording and registration, supervision, etc. NGOs should comply with the relevant sections of the Operational Guidelines of the RNTCP (particularly Chapter 2, Organizational Structure and Functions) and ensure all programme implementation responsibilities. The NGO must also coordinate closely with all public and other health facilities in the area. The NGO must ensure the fulfillment of all the general functions of the Tuberculosis Unit. It is of utmost importance that the NGO scrupulously maintains RNTCP records and submits quarterly reports to the District TB Officer in the prescribed manner and in a timely fashion.

Role of the District Health Society

The DHS provide technical orientation, guidance, and supervision. They ensure good integration of the TU operated by the NGO with other TUs in the District. They include the staff of the TU in all regular meetings of nodal RNTCP implementing staff. In the case of TU scheme, prior to rejecting any NGO proposal, the District Health Society/ State Health Society must seek the approval of the Central TB Division.

Commodity Assistance

In kind

The RNTCP will provide materials for training and implementation, including formats and registers; and in-kind provision of anti-TB drugs, cotrimoxazole (if necessary) and microscopes. Upgradation of microscopy facilities may be done as commodity assistance by the DHS, or by grant-in-aid. If required, a 2-wheeler for mobility of the STS/STLS will be provided. Laboratory consumables may be provided in kind or as grant-in-aid.

Grant-in-Aid

The available Grant-in-aid is given below. This is to be released by the DHS to the NGO on a yearly basis (in two installments).

Start-up Activities (one-time only)

Item	Amount (in Rs)
Civil works for upgradation of microscopy centres (up to Rs 30,000 per microscopy centre)	Rs.1,50,000*
Funds for training of multi-purpose workers and other staff	Rs.40,000 #
Funds for training of multi-purpose supervisors and related staff	Rs.10,000
Sub-total available for one-time assistance	Rs.2,00,000

* This is the maximum amount for a TU, to be based on actual plans for renovation of the actual number of microscopy laboratories in the manner laid down in the Guidelines for the District Tuberculosis Control Society (May, 1998).

MO training to be paid for by the DHS. If MO training is not paid for by the DHS, then grant-in-aid would be adjusted by the proportionate amount as per guidelines for DHS.

Annual Grant-in-Aid	Amount (in Rs)
<i>Personnel</i> (NGO to ensure full-time, mobile staff to serve as Senior treatment Supervisor & Senior Tuberculosis Laboratory Supervisor)	Rs.1,80,000
Honoraria for directly observed treatment (@ Rs 250/patient with an assumption that 25% patients will be with the Community volunteers)	Rs 50,000
General Support (to cover all administrative and technical costs of running the programme, including ensuring the presence of an MO of the TB Unit, book-keeping, getting the accounts audited annually by a chartered accountant, POL and maintenance of vehicles, phone calls, faxes, photocopying, accounting expenses, etc.)	Rs. 3,00,000
Amount available for annual assistance	Rs. 5,30,000

Requirements/Eligibility Criteria

The NGO must be registered under the Societies Registration Act, having a minimum of 3 years experience in health care. It should have the infrastructure, staff, or volunteers required in the field. The NGO should give a specific undertaking to the District Health Society indicating its commitment to provide effective, uninterrupted service in the area. The NGO must have an established health facility with a proven track record. All diagnosis, treatment, recording, reporting, and supervision must be done according to the RNTCP policy. Drugs and all other services under the RNTCP must be provided free of cost to patients. The NGO must submit a detailed plan of action, including available staff, expected TB caseload, diagnostic policies and treatment procedures. The Memorandum/Letter of Understanding between the DHS and the NGO must be signed. Upon approval by the DHS and the State TB Cell, all relevant materials are forwarded to the Central TB Division, for review and approval. In case the Tuberculosis Unit does not submit quarterly reports regularly, or if the quarterly reports show problems in programme implementation which do not improve after joint supervision, then the arrangement is liable to be cancelled and an alternative arrangement made by the DHS. Accounts must be audited every year and audited reports made available to the District Health Society no later than 15 June each year.

The project area is liable to be visited by the officers of the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India, New Delhi and the State Health Officer. All the records and registers maintained, the staff, material, and equipment provided as well as the work done is liable to be inspected. If the work of the voluntary organizations is not up to the required standards, and/or if it does not comply with the standards laid down by the Government of India and if the RNTCP work is stopped, the assets acquired out of these grants, viz. vehicles, equipments, etc. are returnable or transferred to a new organization as per advice of the Government of India/DHS, and the grant-in-aid returned on pro-rata basis.

LT Scheme: Strengthening RNTCP diagnostic services

Introduction

This activity under the scheme for case detection is applicable in settings where there is a need for operating a RNTCP-designated microscopy centre, based on population considerations and workload, but where the constraint in human resource (Laboratory Technician) has prevented the establishment of a designated microscopy centre, or its effective and uninterrupted functioning. The infrastructure of the proposed designated microscopy centre under this activity should be under the public sector (e.g. health department of the state/centre, medical colleges, other public sector health facilities like ESI, public sector undertakings, etc).

In such an identified laboratory a NGO partner working under this scheme could provide a solution for the human resource constraint by providing contractual laboratory technician(s) who will be recruited and maintained by the partner NGO, but will be assigned to work under the head of the health facility in which the designated microscopy centre is located. Such a laboratory technician will be supervised and guided by the DTO and the local STLS. All designated microscopy centre under this activity should be under the RNTCP external quality assessment system. This support by the NGO should be provided to address short term human resource constraints, usually not exceeding 3 years. Every effort should be made by the local RNTCP programme manager to address in the longer term this human resource constraint through the government health system and initiatives/projects that target health system strengthening.

Eligibility

Any registered NGO with capacity and commitment to provide sustained support for at least 3 years

Grant-in-aid: As per existing RNTCP contractual Lab Technician salary, + 5% overhead, and recruitment cost reimbursement equal to one month salary.

The recruitment cost, salary and overheads will be borne either by the partner NGO, or by RNTCP. In either case the salary of the laboratory technician should be at par with the prevailing approved salary of such cadres of staff under RNTCP. In case of RNTCP funding, the total amount payable by RNTCP to the partner NGO will be worked out by taking the prorated salary(s) of laboratory technician(s) for the duration of support and adding to it a recruitment cost of one month salary (only for new recruits) and an overhead cost at the rate of 5% of the total salary. E.g. when the RNTCP salary for LT is Rs.6500 per month the amount payable per laboratory technician per annum to the NGO will be Rs.88, 400.

Role of NGO/Collaborating partner

- ▶ Recruitment of a suitable laboratory technician via a competitive mechanism
- ▶ Maintenance of the person on payroll and regular salary payments
- ▶ Deployment of the person to work at the identified designated microscopy centre
- ▶ Supervision and monitoring of laboratory technician performance (with District RNTCP), including conduction of performance appraisals as and when required in consultation with the DTO and the head of the health facility housing the designated microscopy centre.

- ▶ In cases where this activity will be funded by the NGO, the responsibility of resource mobilization will lie with the NGO.

Role of RNTCP (DTO/STO)

- ▶ Joint planning with the NGO for identification of potential designated microscopy centres where such support will be required in order to improve access and quality of sputum microscopy.
- ▶ Coordination with the NGO and the health society in order to ensure timely payments to the NGO and the laboratory technician.
- ▶ Ensure that the lab technician is trained as per RNTCP guidelines
- ▶ Ensure that the RNTCP external quality assessment protocol is implemented at the designated microscopy centre.
- ▶ Supervision and monitoring of the performance of the laboratory technician.

SC Scheme: Sputum Collection Centre/s

Introduction

Quality assured sputum smear microscopy is the backbone of tuberculosis diagnosis. However, persons suspected of having TB are required to submit sputum specimens two to four times during diagnosis; if diagnosed with TB, again sputum specimens are required several times throughout treatment to monitor progress. To enhance equity and accessibility of TB health care delivery services, sputum collection should be as close and convenient to patients as possible.

RNTCP has established over 12,000 Designated Microscopy Centres (DMCs) in the entire country, but there are still areas where accessibility to DMCs is sub-optimal. The expansion of the DMC network is limited due to the strict requirement for quality assurance of services and for maintaining proficiency of laboratory technicians. Hence in these areas with sub-optimal access to DMCs, it is envisaged that NGO/private provider supported sputum collection centres can be established to provide ease of accessibility to patients. Sputum specimens collected will be subsequently transported to the nearest DMC, enhancing the coverage of RNTCP and improving convenience to patients.

Eligibility

Any institution in "underserved" areas with convenient access at appropriate times to the population served. Underserved areas are defined as those settings with justifiably difficult access to microscopy services. This may be difficulty based on distance, poor public transport network connectivity, population characteristics that complicate access to existing DMCs (e.g. a slum in an urban area, or tribal village). The institution should have a conducive area for sputum

collection, including well ventilated open spaces for sputum expectoration. The manpower to conduct the related activities as per RNTCP guidelines should be present.

Role of NGO/Collaborating partner

- ▶ Sputum collection from TB suspects referred from outpatients of the same facility, the surrounding community, and other facilities linked in the vicinity
- ▶ Collect diagnostic and follow up sputum specimens following RNTCP guidelines.
- ▶ Ensure adherence to guidelines on sputum collection in order to obtain good quality sputum samples.
- ▶ Ensure accurate recording in lab forms and dispatch lists, labelling, recording and packaging of samples.
- ▶ Ensure that a mechanism for transportation is in place (via Transport Scheme or via general health system), and that there is timely communication of sputum results back to referring providers.
- ▶ Standardized kits for transportation to be procured by the NGOs

Role of RNTCP (DTO/STO)

- ▶ Identification of underserved areas for Sputum Collection Centre, and planning in collaboration with prospective partner implementing scheme and nearby DMC.
 - ▶ Arrange for sputum microscopy at DMC and timely transmission of results for treatment initiation and follow up
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- ▶ Training of the concerned staff and provision of materials, including sputum cups.
- ▶ To ensure the mechanism for transport of sputum is in place prior to initiation of operations of a sputum collection centre.

Grant-in-aid: Rs 60,000 per annum, per centre

Based on estimate of Rs 3000 facility cost reimbursement and Rs 2000 service cost reimbursement (monthly), a total reimbursement of Rs 60,000/- per annum per sputum collection centre, lump sum has been established.

Rs 350 per sputum collection box to be reimbursed by District Health Society (DHS). No. of boxes provided by DHS can be worked out according to the workload, and should be included in the MOU.

Specifications for the new sputum “transporting box” for Safe, Convenient collection, Storage & Transportation of Sputum.

Specifications-	Box of '6' Sputum Containers (2 Boxes) - 12 Pcs. Containers - Covered with Pocket & Double Handle Belt.
Box of Sputum Container-	Made of Special Medical Grade polypropylene , Autoclavable, Translucent and Capacity – at least 6 Sputum Containers.
Plastic Sputum Container-	Made of Special Medical Grade <u>polypropylene</u> , Lock type Screw Cap-Air tight - Thin Plastic Translucent, Autoclavable Diameter- 4 cm, Capacity- 30 ml
Also Cap is made of Special Medical Grade Polypropylene	
Cover-	Made of Quality Water Resistant Washable Cloth, Double Handle Belt, One Outer Pocket for Keeping the document.

Transport Scheme: Sputum Pick-Up and Transport Service

Introduction

Quality assured sputum smear microscopy is the backbone of tuberculosis diagnosis. However, persons suspected of having TB are required to submit sputum specimens two to four times during diagnosis; if diagnosed with TB, again sputum specimens are required several times throughout treatment to monitor progress. To enhance equity and accessibility of TB health care delivery services, sputum collection should be as close and convenient to patients as possible. Sputum Collection Schemes may help bridge this gap, but transportation of specimens is still required, which might be done by the same organization running Sputum Collection Schemes, or a different organization altogether.

Keeping in view the need for safe and timely transportation of sputum while maintaining the acceptable quality of collected sample for microscopy examination, the programme envisages a Sputum specimen Pick-up and Transport Service of these samples by non governmental organizations or private agencies having their presence in the identified areas. Provision of such services would enable the programme to access the underserved populations of the country, enhancing the coverage of RNTCP and improving convenience to patients.

Eligibility

NGO / Community Based Organisation (CBO) with outreach workers, or private organization with the capacity to transport sputum specimens as per RNTCP guidelines.

Role of NGO/Collaborating partner

- ▶ Coordinate with the assigned Sputum Collection Centres and the DMCs.
- ▶ Transport samples safely to DMCs periodically.
- ▶ Convey the results in dispatch lists and forms to the Sputum Collection Centres.
- ▶ Maintain travel log book.

Role of RNTCP (DTO/STO)

- ▶ Planning and allocation of Sputum Collection Scheme and transportation in collaboration with DMC MO and external partners
- ▶ Training of the concerned staff and provision of materials listed
- ▶ Ensuring quality microscopy and timely transmission of results

Grant-in-aid: Rs 24,000 per annum (for a maximum of 20 visits per month)

APPLICATION FORM

Name of scheme applied for :

EOI Notice No:

Section A : Basic Information

1. Name of the Organization :

2. Postal Address :

Pin : District :

3. Telephone No. : Fax No. :

E-mail Address :

4. Legal status () Society () Trust () Other (specify)

5. a) Registration Detail :

Sl. No.	Particulars	Registration No.	Date
i	Public Charities Trust Act		
ii	Society under Societies Registration Act		
iii	Non-profit company under Indian Companies Act, 1956		
iv	Registration under Foreign Contribution (Regulation) Act, 1976		
v	Income Tax Registration		
	- Under Section 12A		
	- Under Section 80G		
	- Under Section 35 CCA		
	- Any other Section		

b) Whether organization is of all India Character.

6. Details of office bearer of the Organization :

Sl.No.	Name & Address	Male / Female	Age	Post	Qualification	Profession	Annual Income

7. Details of Managing Committee member of the Organization :

Sl.No.	Name & Address	Male / Female	Age	Post	Qualification	Profession	Annual Income

8. Facilities available with the organization :

Sl.No.	Details	Type
I	Infrastructure	
A	Land	Place Value :
B	Office Building	Place Value :
C	Office automation equipment (computer, fax, telephone etc.)	
II	Staff	Number
A	Administrative	
	- Permanent	
	- Temporary /Contractual	
B	Technical	
	- Permanent	
	- Temporary / Contractual	
III	Any other facility (specify)	

9. a) Details of the project(s) implementation by the organization during the last 5 years

Sl.No.	Name of the project	Area / location	Duration		Population covered	Funding (in Rs.)	Source of fund
			From	To			

10. Blacklisted by any Government authority, if yes provide details(Yes / No) :

11. Has the firm or its Principals convicted by any criminal case or case involving moral turpitude by any court,(Yes / No), if yes provide details. :

12. Any litigation against / by the firm or its Principals pending any court, if yes provide details.....(Yes / No)

I have gone through the eligibility criteria for participating in the EOI and certify that all conditions have been fulfilled.

Name and signature of the bidder

Date :

Place :