



Office of the Chief District Medical Officer- Koraput

(Revised National Tuberculosis Control Programme, ZSS RNTCP- Koraput)

Dated: 09.07.18

RE-ADVERTISEMENT

Applications invited from credible agency for implementation of three numbers of Scheme such as **01. LT Scheme 02. DMC (A) Scheme 03.ACSM at Community level**, with specific fund provision. Empanelment of NGO to strengthen RNTCP activities in partnership mode.

The registered NGO/ agency should have good track record and proven field experience in related field encouraged to apply. Preference will be given to the NGO/agency having its own establishment in Koraput District. Interested NGOs/agencies fulfilling eligible criteria mentioned in the ToR available in the District website www.koraput.nic.in are required to apply individually for each Scheme only in prescribed format along with all relevant signed documents in a sealed cover envelop superscripting '**APPLICATION FOR LT SCHEME, DMC (A) SCHEME AND ACSM at community level SCHEMES under RNTCP/ APPLICATION FOR EMPANELMENT OF NGO UNDER RNTCP**' through Speed post/Regd. Post only addressing to the CDMO Koraput (District Tuberculosis Control Centre) At/Po – District Tuberculosis centre CDMO office premises, Jail Road Koraput, Pin- 764020 on or before Date: 24.07.18 by 5pm. Incomplete application or application received in any other mode or application of Blacklisted NGOs/agencies or application not received within last date will be summarily rejected. The authority reserves the right for the cancellation of any/all the application(s) and modification of the guidelines of selection without assigning any reason there to. No personal inquiry shall be entertained.

Yours faithfully


CDM&PHO cum DMD
Koraput



LT SCHEME / EMPANELMENT OF NGO UNDER RNTCP
(For Strengthening RNTCP Diagnostic services & RNTCP Goals)

INTRODUCTION

This is a partnership option for supporting case detection through provision of trained LTs in such situations is such applicable in setting where there is a need for operating a RNTCP-Designated Microscopy Center-DMC, based on population considerations and workload, but where the constraint in human recourse (Laboratory Technician) has prevented the establishment of a designated microscopy center, or its effective and uninterrupted functioning. The infrastructure of the proposed designated microscopy center under this activity should be under the public sector (e.g. health department of the state/center, medical collages, municipality, corporation run labs, state run CDST labs other public sector health facilities like ESI , public sector undertakings, etc.)

In such an identified laboratory, a PPP partner working under this scheme could provide a solution for the Human Resources constraint by providing contractual Laboratory technician (s) who will be recruited and maintained by the PPP partner, but will be assigned to work under the head of the health facility where the designated microscopy center is located.

ELIGIBILITY

Any registered society with capacity and commitment to provide sustained support and at least have an existence in last 3 years is eligible to apply for this scheme. Preference may be give to that PPP partner having previous experience in managing HR activities or those have experienced paramedical personnel such as paramedical training institute or social-work organizations.

Budget: as per existing RNTCP contractual LT salary, + 15% overhead cost and recruitment cost reimbursement equal to one month salary. If the LT is in a tribal /hilly/ difficult area, additional fixed allowance as per RNTCP norms should be provided to LT as per tribal action plan.

The recruitment cost, salary and overheads will be borne by RNTCP. The salary of the Laboratory technician should be at par with the prevailing approved salary of such cadres of staff under RNTCP.

Role of PPP Partner

- Recruitment of a suitable laboratory technician via a competitive mechanism.
- RNTCP TOR should be utilized for recruitment of LTs
- Maintenance of the person on payroll and regular salary payment
- If there is a change in LT in the DMC, the PPP partner should ensure a candidate with suitable qualification (person with a minimum degree / diploma in lab technology and a minimum one year experience) is recruited and the DTO is informed for his training under RNTCP.
- First preference may be given to the pass outs from Govt. Colleges / Govt. of Odisha Approved Institutes having Candidates Registration Certificate from concerned authority. In case unavailability of the proffered candidate as mentioned earlier; candidates with adequate skill from private organizations/institutions may be entertained through observing a skill test / interview / practical under the control of CDMO - Koraput. The RNTCP ToR and the approved modalities of the selection criteria of ZSS – RNTCP Koraput may be referred for the purpose.
- Facilitating training of LTs.
- Deployment of the person to work at the designated microscope center.
- Payment of the honorarium of the LT
- Supervision and monitoring of Laboratory technician performance (with District RNTCP authorities as per RNTCP guidelines), including conduction of performance appraisals as and when required in consultation with the DTO and the head of the heath facility housing the designated microscopy center.



Reporting Mechanism

- Monthly attendance of the LT will be submitted to DTO for claiming salary of the LT. EQA records of the DMC will be used to appraise the performance of the LT
- The PPM partner would submit UC / and other deductions like (EPF/ESI / Taxes etc) by 10th of every succeeding month.

Monitoring Mechanism

The partner should be able to provide the services of the LT for 100% of the contract period, including the duration of training of one LT. The performance of the LT should be satisfactory as assessed from the QA records and in comparison to other LTs in the District. Extension of contract would be linked to performance as per EQA records. The performance of the LT would be periodically monitored by STLS of the concerned TU and to submit the same for proper evaluation at District Level.

Duration of the Project

The duration of the project shall be initially up to **31st March 2018**. However the project may be extended further considering the funds provision in the RNTCP/NHM PIP and performance of the NGO/Out sourcing agencies.

Signing of the MOU/ Agreement and release of funds to the NGO:

Selected NGO will sign a MoU with Zilla Swasthya Samiti (ZSS) – RNTCP – Koraput along with deposit of bank guarantee i.e. 1% of the project cost in the name of ZSS. Thereafter fund as per norm shall be released to the NGO by the ZSS.

Selection Procedure

In a district maximum up to 5 partnership projects under NHM can be sanctioned to a particular NGO. The following selection process shall be carried out at district level under supervision of the Dist. NGO Selection committee.

1. Desk appraisal of the applications received within the due date shall be done by a Desk Appraisal Committee as nominated by the CDMO, Koraput.
2. Only applications shortlisted in the desk appraisal shall be considered for field appraisal by a joint Field Appraisal Committee.
3. The field appraisal shall be done on the basis of documents submitted with the proposal/application only. Based on the field assessment findings, the field Appraisal Committee will award score in the prescribed format in the presence of the organization Functionary and his/her signature shall be taken on that filled up scoring sheet. Those NGOs will secured **minimum 50% mark as cut off** shall be shortlisted and referred to the District NGO Selection Committee for decision.


09/12



Advocacy Communication and Social Mobilization

Introduction

There is an unmet need for improved advocacy, communication, and social mobilization (ACSM) to support ongoing TB control efforts in most districts. Improved ACSM is expected to achieve the following outcomes:

- Mobilization of local political commitment and resources for TB
- Improved case detection and treatment adherence
- Empower people and communities affected by TB
- Reduced stigma and discrimination against persons and families affected by TB.

The PPP Partner will be expected to coordinate with District RNTCP units to implement a minimum set of advocacy, communication, and social mobilization interventions in a district, either by themselves or with partners. Implementing partners can include (PRI), Self-Help Groups (SHG), faith-based organizations, Community-based organizations, Rotary Club chapters, other NGOs, Panchayati Raj institutions, etc. The activities should reach an area with a minimum of 1,00,000 population, but preferably should cover 10,00,000 (1million) population or greater.

Eligibility

Any registered entity registered under Act of parliament viz. Society registration Act/Indian Trust Act/Companies Act etc (NGO/ private agency/institution) with capacity to carry out ACSM activity with at least 1 year experience in social mobilization activities/advocacy/public health/health communication activities and grass root level activities. Local presence and familiarity with local culture will be desirable.

Budget

Budget: Rs 2,50,000 per 1 million population per year, pro-rata for population covered. If a larger population is covered with a larger series of ACSM activities, then RNTCP support for the scheme would be scaled up on a pro-rata basis.

The budget will include cost of activities and transportation/ mobility cost for the staff of PPP partner to undertake these activities in the area of coverage. The PPP partner will be expected to undertake certain minimum number of activities every month as per agreed upon plan within the assigned /agreed upon geographical area/population within the district.

There will be flexibility about the activities depending upon the assessment of the situation by the PPP partner and deliverable (activities proposed in the annual work plan with the time line) identified by the PPP partner for the district in consultation with the RNTCP officials of the district.

Role of PPP partner

- Plan and undertake a series of ACSM activities in consultation with the District Health Society and in close coordination with District TB Officer or representative deputed by him/her and as per the plan submitted under the partnership option.
- Submit **Annual work plan** to the District Health Society apprising them of specific ACSM activities to be carried out in the year.
- Involve the DTO or a representative deputed by him to observe ACSM activity planned by the PPP partner. Key opinion makers in the area and people representatives should be invited for the activities.
- The PPP partner would submit separate detailed report of each ACSM activity carried out in the quarter along with the photographs and other related documents of the activities.



- The activities planned should be based on the need assessment, programme performance, and should be linked to work plan submitted.
- Reproduce good quality communication materials, ideally using prototype materials obtained from the District / RNTCP website, which can be adapted for the local language and context if necessary. The key messages of RNTCP should not be changed and the materials need to be approved by the DTO.

Role of RNTCP (DTO/STO)

- The role of the DTO/STO will include joint planning with the PPP partner for identification of issues that needs to be addressed to strengthen ACSM component.
- District Health Society will help the PPP partner in identification of pockets within the district which needs attention for awareness generation, social mobilization and community empowerment.
- District Health Society will also share ACSM District plan with the PPP partner in order to avoid duplication of efforts.
- DHS will make available prototype material developed by the district/ state/ centre. DTO would monitor and supervise ACSM activities in the field.

Reporting Mechanism

The following document should be submitted by the ACSM partner:

- Annual Work Plan
- Quarterly Progress Report (The progress report should specify the date of each activity, target group, population covered, description of the activity, involvement of key opinion makers and RNTCP officials, outcome of the activity and follow-up to the activity. Each report should have photograph of the activity. The report should have both quantitative and qualitative aspects to highlight ACSM activity as also the involvement of stakeholders in RNTCP. The PPP partner should submit relevant document like list of participants with signature wherever applicable)
- Utilization Certificate(UC)

Monitoring Mechanism

- DTO would monitor and supervise ACSM activities in the field. The ACSM activity should be monitored in terms of involvement of community, quality of program, accuracy of the RNTCP messages disseminated.
- RNTCP will very outcome in terms of increased referral from the project area and number of notification of TB cases from the area.
- The program should be validated by the report submitted by the partner each quarter. Biannual review of ACSM activities should be carried out by the DTO. Responsible representative of partner should attend monthly review meeting held by district/State



Diagnosis and Treatment

A) Designated Microscopy Centre

General Description

A private health facility having its own laboratory serves as an approved microscopy centre and is designated as such by the RNTCP. Patients are not charged for AFB microscopy, and the materials for microscopy are provided to the microscopy centre by the Programme. This may be effectively displayed in form of a signage etc. In general, this should be considered for heavily utilized laboratories already having a large volume of patients being examined for diagnosis. It may also be considered for areas where the governmental infrastructure is not sufficient to ensure effective RNTCP implementation and where an effective private organization is currently working in the health field in this area.

Role of PPP partner

- The health facility must strictly adhere to RNTCP policies on sputum microscopy as outlined in the Manual for Laboratory Technicians and the Laboratory Technicians Module, including proper maintenance of a TB Laboratory Register. Ensure that qualified medical practitioners are involved in referral of patients for sputum
- LT should also preserve slides for cross checking by STLS as per quality assurance protocol of RNTCP. All diagnosed TB patients must be informed of the availability of free services and referred to Government public health institution or DOT centres for categorization and treatment.
- If trained doctor is available in such health facility, the categorization should be done by him/her. It is the laboratory's responsibility to ensure that the results of microscopy are conveyed to the referring institution/worker/doctor, generally within one day. This should be strictly ensured for patients found to have one or more positive AFB smears.
- In case its services are disrupted for any reason, the laboratory should inform all referring physicians and the DHS in advance.

Role of District Health Society

- The District Health Society will provide training and technical guidance and perform laboratory quality control.
- District Health Society should ensure that the smear-positive patients who live outside the area of services of the microscopy centre are referred appropriately.
- The TB programme will monitor diagnostic quality and will list the facility as a designated RNTCP microscopy centre, as long as services are free and performance is acceptable. This may be conveyed at all forums to the referring doctors and may also be displayed in the PHI Directory.
- The District Health Society should ensure that the microscopy centre provides feedback on results of evaluation of patients referred by PPs within the stipulated time.
- District Health Society should provide a signboard to be displayed prominently in local language that it is a government-approved RNTCP laboratory for carrying out sputum microscopy for TB free of cost. The District Health Society should ensure that the system guarantees the initiation of treatment within a week of the diagnosis. Review of approval as microscopy centre on an annual basis must also be carried out.



- The District Health Society will provide Laboratory materials and reagents as well as laboratory forms and TB Laboratory registers. If needed and available, the TB Programme may provide a binocular microscope unless functioning binocular microscope is already available.

Grant-in-Aid

Rs 30 per slide for ZN smear microscopy and Rs 40 for florescent microscopy, but subject to review if fewer than 4% of suspects examined for diagnosis are found to be Bacteriological positive. The review would be done by DTO every quarter and with a provision for discontinuation if the partnership is not working. The laboratory has to agree to EQA under the RNTCP.

Requirements/Eligibility Criteria

The health facility must have available necessary infrastructure, a trained microscopist, and a room for the laboratory. The health facility staff must undergo modular training in microscopy as per RNTCP guidelines; only specified LTs who have been successfully trained will conduct sputum examinations; the Laboratory Forms and Laboratory Register will be maintained as per RNTCP policy and the facility will be open to on site monitoring by STLS/DTO and other RNTCP supervisory staff. Binocular microscope should be used for carrying out sputum microscopy. Reagents of good quality should be used and properly maintained. A 24 Nodal person should be designated by the concerned institution for reference in case of any issues observed by the supervisory staff. Preference should be given to involving the most heavily utilized laboratories. The laboratory should, on an average, have at least 2 chest symptomatic for sputum examination/day after 1 year of participation in the programme.

Reporting Mechanism

Record-keeping is to be done per RNTCP policy. The PPP microscopy centre would send monthly report to the TU as per the reporting format for public health institution having DMC.

Monitoring Mechanism

The TB Programme will monitor diagnostic quality (two smears taken for diagnosis and two for follow-up, proportion of positive smears, proportion of smear-negative cases, if any). Monitoring of the DMC would be carried out by the STLS. Biannual review of the DMC should be carried out by the DTO/STO.



ELIGIBILITY CRITERIA FOR NGO

- 1) To Provide Services on LT Scheme
- 2) DMC(A) Scheme &
- 3) ACSM Scheme

The following are the criteria of eligibility for an organization to apply:

1. **Registration:** Three years under the Society Registration Act 1860 / Indian Trust Act 1882 / Charitable and Religious Act 1920 with registration under section 12-A of Income Tax Act, 1961.
2. **District presence:** The organization must have functional office setup & operational of project in the same district for minimum two years for which it is seeking funding for the project.
3. The NGO which have **Unique ID in NGO-DARPAN** portal of NITI Aayog would be given preference.
4. **Experience:** Minimum in any **Public Health & Sanitation** activities will be preferred for the NGOs submitting proposal. The **SCORING SHEET: LT SCHEME/DMC(A)/ ACSM Scheme/ EMPANELMENT OF NGO UNDER RNTCP** may be referred in this context.
5. **Assets:** Minimum fixed assets of rupees One lakh in the name of the organization In term of land /building /assets.
6. **Turnover:** Minimum of Rs. twenty lakhs as per the last balance sheet.
7. **Not been blacklisted** or placed under funding restriction by any Government or Govt. Agencies.
8. **Adverse report** from the District /NHM/H&FW Department or poor performing organization as per the external evaluation report will not be eligible and shall be disqualified without assigning any reason thereof.

The NGOs will have to ensure that qualified and experienced person in the related field to be engaged for the purpose of RNTCP related activities.

The NGO will maintain a web-site for its specific project activities, to be hyperlinked to RNTCP for providing relevant information on its staffing, activities and funds in public domain and adhere to guideline as may be issued by RNTCP in this regard from time to time.

SELECTION OF NGO:

As per the markings, subsequent gradation will be prepared of all eligible NGOs applied to provide their voluntary services in association with RNTCP, Koraput (**N.B.: without any financial assistance**). The highest scorer NGO will be selected as the Service Provider, and the rest of the NGO will be called as Empanelled NGOs to work to achieve the goals of RNTCP in the district. There is no limit in number for providing voluntary services to RNTCP, Koraput for realization of the district target.

Further, the Empanelled NGOs may be engaged in future as Treatment Supporter (**N.B.: under the due approval of ZSS/ RNTCP, Koraput if needed and completely basing on the programme need**). All Empanelled NGOs interested to provide voluntary services to RNTCP – Koraput will have to execute an MOU with RNTCP to avoid future complications.

The Gradation of NGOs may be as under:

- A: 90 to 100
- B: 80 to 90
- C: 70 to 80
- D: 60 to 70
- E: 50 to 60



1. Document to be verified by the team

SL. No.	Name of the Documents	Remarks
1	Original Documents relating to district presence since last 2 years	
2	Original Documents relating to functional office set up either in own building/rented building (Rent/Lease agreement)etc.	
3	Original registration certificates	
4	Original 12-A Registration Certificate	
5	Original 80-G Registration Certificate	
6	Annual reports(2014-15, 2015-16, 2016-17)	
7	Audit Report(2014-15, 2015-16, 2016-17)	
8	Grant-in-aid letters received from different funding agencies	
9	Original MoU / agreement copies of work experience	
10	Case Book, Ledger, Stock, Acquaintance Register, Bank Passbook, Pan Card, NGO Darpan Regn. no. etc.	
11	Detail verification of Office Bearers with the organization Bye-Law	
12	Notice/Proceeding register	
13	Original Documents relating to receipt of fund/programme of the organization from any Govt. or funding. Agencies, if any	
14	Human resource engagement register/ file	
15	Any other	

Remarks/Recommendation of the joint assessment team:

Name of the joint Evaluation Team members	Designation	Signature of the members

Signature of the Chief Functionary of the Organization



APPLICATION FORM

Name of the Project: (LT Scheme / DMC (A) / ASCM scheme
Empanelment of NGOs Under
RNTCP): _____
NGOs Under RNTCP): _____
Name of the District : _____

1	Name of the Organization.	
2	Registered Office address with phone, fax number and email.	
3	Name of the chief Functionary with mobile number.	
4	Detail address with phone number of the District office for which seeking funding.	
5	Whether district office located in own or rented building. (Documents to be attached)	
6	Year of operation of the activities in the district for which seeking funding (documents to be attached).	
7	a. Act under which the organization has been registered b. Registration number and year of registration of the organization (documents to be attached).	
8	Year of 12A registration (documents to be attached).	Yes / No
9	Whether registered under 80G (documents to be attached).	Yes / No
10	Whether FCRA registered organization (documents to be attached).	Yes / No
11	Bank details (Name of the Bank, Account number, IFSC Code and address of the Bank)	
12	PAN Number (Attach photocopy)	Yes / No

13. Financial turnover of last three years:

Year	Income(Rs.)	Expenditure(Rs.)	Fixed asset as per the balance sheet (Rs.)
2014-15			
2015-16			
2016-17			



14. Experience exclusively in RNTCP project activities in the district applied for.

Name of the Project	Supported/ Funded by	Project Location	Remark if any

(Attach copy of the proof document where the duration of the project has been indicated)

15. Experience exclusively in RNTCP activities in other than the applied district.

Name of the Project	Supported/ Funded by	Project Location	Remark if any

(Attach copy of the proof document where the duration of the project has been indicated)

16. Any other Experience in Public Health & Sanitation or any other social development programme out of Govt. /other source of Funding in the district applied for (experience other than at SINo.14 & 15)

Name of the Project	Supported by Govt/ others (Specify)	Name of the supporting/ funding agency	Project Location	Remark if any

(Attach copy of the proof document where the duration of the project has been indicated)

17. Details of Managing Committee members or of the organization:

SL.No	Name & address	Male/Female	Age	Occupation

18. Details of the existing staff position of the organization:

Categories of staff	Full Time(Number)	Part time(Number)



19. Details of the National /state/ District level awards received from any Govt. or Govt. Agencies by the organization for significant contribution in social sector

Name of the Award	Award issuing institutions / Organization with date	Remarks

(Attach copy of the proof document)

20. Undertaking of the NGO that; any office bearer on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence.

21. Undertaking of the NGO that; has not been blacklisted by any Government (State or Central) Department or Agency in India, which is in force during the currency of the contract.

22. Any other information:

Declaration

I hereby certified that, I have read the rules and regulation of the Scheme / Project and the above information furnished is true to the best of my knowledge and belief.

Signature of Chief Functionary with seal

Name of the Chief Functionary _____



CHECKLIST FOR DESK APPRAISAL:
LT /DMC(A)/ACSM(at community level) SCHEMES/ EMPANELMENT OF NGO UNDER RNTCP

NAME OF THE ORGANIZATION :

Name of the District applied for :

Date of receipt of the application :

SL.No	Details of the submission /documents	Whether submitted (yes/No)	Remarks
1	Whether application is received in due date and by post		
2	Whether all pages of proposal & documents are signed by chief Functionary of the organization?		
3	a. Whether copy of the society registration Act/India trust Act/charitable & religious Act certificate submitted?		
	b. Whether the organization completed 3 years of registration by date of advertisement?		
	c. Whether copy of the 12-A registration certificate submitted?		
4	Whether copy of the Audit report for last 3 years submitted?		
5	Whether copy of the last 3 years annual reports submitted?		
6	a. Whether organization having minimum fixed assets of Rs. 1 lakh in item of land/building/other asset as per last balance sheet?		
	b. Whether the organization having minimum turnover of Rs.20 lakhs as per the last balance sheet(31/03/2017)		
	c. Whether copy of the balance sheet is submitted?		
	d. Specify EPF Registration No. (Documents to be attached in Separate sheets)		
7	Whether the organizations have functional office set up and operational of Govt. projects / Schemes/Programme in the district since last 2 years. Whether relevant documentary proof submitted?		
8	Whether the organizations have valid unique ID obtained through registration in the NGO DARPAN portal of NITI Aayog and proof of the document copy submitted?		
9	Whether Bye-law and memorandum of the organization submitted?		



10	Whether detail list of the managing committee members submitted?		
11	Whether PAN number has been submitted with the application?		
12	a. Whether the organizations possesses minimum three years experience in RNTCP or Health related activities ?		
	b. Whether proof of the experience documents with the application?		
13	Whether detail staff position of the organization has been submitted?		
14	Whether project proposal with detail implementation strategy framed and attached with the application?		
15	Whether copy of the Bank passbook submitted?		
16	Whether the organization has submitted an undertaking in the form of affidavit regarding not blacklisted or place under funding restriction by any Government or Govt. Agencies?		
17	Whether submitted an undertaking in the form of affidavit that any office bearer on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence?		

Decision: whether Accepted or rejected? If rejected, reasons to be specified at below:

Signature of the appraisers



SCORING SHEET: LT SCHEME /DMC(A)/ EMPANELMENT OF NGO UNDER RNTCP

Name of the Organization :

Name of the District Applied for :

SL NO	AREAS OF ASSESSMENT	Maximum marks	Marks Obtained
1	Registration & establishment (15 marks)		
	a. Registered under society Registration Act/Indian trust Act /Indian Religious and Charitable Act for more than 3 years.	4	
	b. 12 A registration (if yes-2 if no-0)	2	
	c. Registered under 80G(if yes-2 if no-0)	2	
	d. Presence of functional district office since last 2 years	5	
	e. Own building (2 marks), for rental building (1 mark)	2	
2	Field level experience (45 marks)		
	a. Experience in RNTCP activities in the district applied for (maximum 15 marks) (Up to 3yrs: 10 marks, >3yrs to 5 yrs: 12marks, >5yrs :15 marks).	15	
	b. Experience in RNTCP activities in other than the applied district (maximum 10 marks) (Up to 3yrs: 5 marks, >3yrs to 5 yrs:8 marks, >5yrs :10 marks).	10	
	c. Experience in Public Health & Sanitation or any other social development programme out of Govt. /other source of Funding in the district applied for (experience other than at sl. No.2.a&2.b) (maximum 20 marks)(Up to 3yrs: 06 marks, >3yrs to 5 yrs:12 marks, >5yrs :15 marks). Experience in Public Health & Sanitation works for completed one year will be awarded with 3 marks per year with maximum upto 5 Marks	20	
3	Financial strength / capacity (20 marks)		
	a. Financial turn over (maximum 20 lakhs as per last audit report (2016-17). (Minimum 10 lakhs- 5 marks, >10 lakhs to 20 lakhs-8 marks, >20lakhs- 10 marks)	10	
	b. Proper maintenance of books of accounts (Assessed through verification)	4	
	c. Fixed assets in the name of the organization as per last audit report (2016-17). (minimum Rs 1 lakh assets – 4 marks , >1 lakh to 5lakhs assert– 5 marks, >5 lakhs assets -6 marks)	6	
4	Human resource strength (10 marks)		
	a. The organization having a full-time staff in the payroll with minimum qualification of DMLT, Approved by Govt. of Odisha.	3	
	b. The organization having a full-time office staff in the payroll, other than office bearers (Documents to be verified). (Up to 4 staffs-1 mark, >5 staffs-2 marks).	2	
	c. Any office bearer/existing staff of the organization have undergone training programme exclusively on RNTCP.	5	
5	Other activities(10 marks)		
	a. The organization has maintained a unique web-site for its specific RNTCP activity hyperlinked to the web-site of Ministry of Health &FW, Govt. of India for sharing of information.	1	



b. If the organization received any National /state / District level awards from any Govt. or Govt. organization for significant contribution towards social sector.	3	
c. Any special achievement/innovation /Publications /Research work /Documentation have done on gender issue/RNTCP/ Sanitation & Public Health projects by the organization.	3	
d. Overall impression of the Zilla Swasthya Samiti on the organization's participation and support during Field Appraisal	3	
Total	100	

Signature of the Appraisers



SCORING SHEET : ACSM(Advocacy Communication Social Mobilization)

SL NO	AREAS OF ASSESSMENT(ACSM)	Maximum marks	Marks Obtained
1	Registration & establishment (10 marks)		
	a. Registered under society Registration Act/Indian trust Act /Indian Religious and Charitable Act for more than 3 years.	4	
	b. 12 A registration (if yes-2 if no-0)	2	
	c. Registered under 80G(if yes-2 if no-0)	2	
	d. Presence of functional district office since last 2 years	5	
	e. Own building (2 marks), for rental building (1 mark)	2	
2	Field level experience (45 marks)		
	a. Experience in RNTCP activities in the district applied for (maximum 15 marks) (Up to 3yrs: 10 marks, >3yrs to 5 yrs: 12marks, >5yrs :15 marks).	15	
	b. Experience in RNTCP activities in other than the applied district (maximum 10 marks) (Up to 3yrs: 5 marks, >3yrs to 5 yrs:8 marks, >5yrs :10 marks).	10	
	c. Experience in Public Health & Sanitation or any other social development programme out of Govt. /other source of Funding in the district applied for (experience other than at sl. No.2.a&2.b) (maximum 20 marks)(Up to 3yrs: 06 marks, >3yrs to 5 yrs:12 marks, >5yrs :15 marks). Experience in Public Health & Sanitation works for completed one year will be awarded with 3 marks per year with maximum upto 5 Marks	20	
3	Financial strength / capacity (20 marks)		
	a. Financial turn over (maximum 20 lakhs as per last audit report (2016-17). (Minimum 10 lakhs- 5 marks, >10 lakhs to 20 lakhs-8 marks, >20lakhs- 10 marks)	10	
	b. Proper maintenance of books of accounts (Assessed through verification)	4	
	c. Fixed assets in the name of the organization as per last audit report (2016-17). (minimum Rs 1 lakh assets – 4 marks , >1 lakh to 5lakhs assert– 5 marks, >5 lakhs assets -6 marks)	6	
4	Human resource strength (10 marks)		
	a. The organization having Field staff for Doing ACSM activity.	3	
	b. The organization having a full-time office staff in the payroll, other than office bearers (Documents to be verified). (Up to 4 staffs-1 mark, >5 staffs-2 marks).	2	
	c. Any office bearer/existing staff of the organization have undergone training programme exclusively on RNTCP.	5	
5	Other activities(10 marks)		
	a. The organization has maintained a unique web-site for its specific RNTCP activity hyperlinked to the web-site of Ministry of Health &FW, Govt. of India for sharing of information.	1	



b. If the organization received any National /state / District level awards from any Govt. or Govt. organization for significant contribution towards social sector.	3	
c. Any special achievement/innovation /Publications /Research work /Documentation have done on gender issue/RNTCP/ Sanitation & Public Health projects by the organization.	3	
d. Overall impression of the Zilla Swasthya Samiti on the organization's participation and support during Field Appraisal	3	
Total	100	

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FORMAT FOR FIELD APPRAISAL OF THE ORGANISATION

Name of the District :
Name of the Organisation :
Name of the City applied for :
Date of visit to the Organization :

A: Organizational profile

- Address :
- Contact numbers with e-mail :
- Name & designation of Chief Functionary :
(To be cross check with the organization bye-law)
- Name of other office bearers & their contact numbers & address (Attach in Separate sheet) :
(To be cross check with the organization bye-law)
- Act under which registered and date of registration :
- 12 A registration number :
- 80 G registration number :
- FCRA No. (if available) :
- Banking details :
(Account no. , name & address of bank) :
- PAN No. (if available) :
- Fixed assets (Land/building/ others) :
(Minimum Rs. 8 lakh as per audited Balance sheet)
- Annual turnover during 2016-17 :
(Minimum Rs. 20 lakh as per audited balance sheet)
- Number of full & part time staff of the organization :
- Since when the Organization has presence in the district/city for which grant is sought :
- Has any Government Department/ Ministry Blacklisted or imposed funding restriction on the Organization as per the latest information ? :



B. Brief resume of work experience in Health and other social development sectors out of funding support from Govt./Development Agencies/UN Agencies/Corporates/Others.

Duration of Operation			Funding Deptt./Agency	Name of the project	Area of operation	Total Budget(Rs.)
From	To	Total year of Operation				

(Attach separate sheet as per requirement)

C. Financial details

Year(last three years)	Income	Expenditure	Asset
2014-15			
2015-16			
2016-17			

D. Name of the financial records properly maintained by the organization:

E. Name of the other records maintained by the organization :

F. Major current activities of the Organization :

G. Regular meeting of GB/EB of the organization :

(Mandate and no. of meeting held during 2016-17)

Types of meeting	Year	Mandated	Organized
GB			
EB			

H. Details of the National/ State/ District level awards received by the organization for significant contribution in development of social sector:

Name of the award	Award issuing institution/ Organization with Date	Remarks

[Handwritten signature]



I. Human resources

Staff categories	Full time (Number)	Part time (number)
Office		
Field		
Doctors		
Paramedical staff		
Other		
Total		

J. Documents to be verified by the team

S l o N o	Name of the Documents	Remark
1	Original documents relating to district presence since last three years.	
2	Original documents relating to functioning of the office in own building/rented aggrement etc.	
3	Original registration certificate	
4	Original 12-A registration certificate	
5	Original 80-G registration certificarte	
6	Annual reports(2014-15,2015-16,2016-17)	
7	Audit reports (2014-15,2015-16,2016-17)	
8	Grant-in-aid letters from Govt. for implementation of Health and any other Social development Programme.	
9	Sanction letters from other Development Agencies/UN Agencies/ Corporate for implementation of health and any other Social development Programme.	
10	MOU/agreement copies of above work experiences.	
11	Cash book, Ledger, stock, acquaintance register, bank passbook etc.	
12	Details verification of office bearers with the organization bye-law.	
13	Human resource engagement register/file	
14	Notice/ proceeding/membership register	
15	Original documents relating to Awards/ Recognisations received by the Organisations, if any.	
16	Experience in management of hospital if any	
17	Any other	



Remarks/ Recommendation of the joint assessment team:

Name of the Joint Evaluation Team members	Designation	Signature of the members

A handwritten signature in blue ink, consisting of a stylized 'A' shape with a horizontal line underneath it.

Memorandum of Understanding

Revised National Tuberculosis Control Programme

Memorandum of Understanding (MoU) for the participation of Non-Governmental Organisations (NGOs)/Private Providers/PPP Partner

This MOU is executed on between the _____ District/State Health Society [Name of the District/State Health Society] having its office at _____ [Address], acting through its Jt. Secretary - State TB Officer (Hereinafter called "the Grantor, which expression shall unless exclude by or repugnant to the context include its successors in-interest, executors, administrators and legal representatives) And [Name of NGO/ Private Provider / private sector partner] hence forth referred to as PPP Partner, having its office at [address] acting through its (Hereinafter called "the Grantee", which expression shall unless excluded by or repugnant to the context include its successors it, interest, executors, administrators and legal representatives).

WHEREAS the Grantor plans to implement "RNTCP (Revised National TB Control Programme) the partnership option

1. _____ [list out the partnership option] through the Grantee

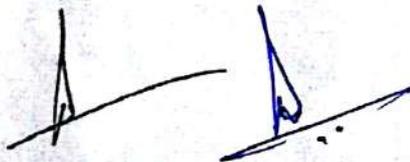
AND WHEREAS the Grantor has agreed to engage the services of the Grantee, subject to terms and as hereunder.

1. The activities would be implemented in the District/s of _____ [Name of District/s], in the State/s / Union Territory of _____ [Name of States / UTs] for performance of the following activities in accordance with RNTCP policy;

2. Project Location

The PPP Partner would be providing the services as specified above at the following location/ (s) as decided in consultation with concerned DTO/STO

- a. Urban/ Rural
- b. District/ TU/ Block/ (s): _____



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c. Urban Wards/ Panchayats covered: _____

d. Population Covered: _____

3. Period of Co-operation:

The PPP Partner agrees to perform all activities outlined in the guideline for partnerships in above mentioned area. The duration of cooperation will be from ____/____/____ (dd/mm/yyyy) to ____/____/____ (dd/mm/yyyy) or the day of the starting the activity / function whichever is later.

Contract will normally be signed for a period of three year, renewable every year as per the needs of the programme, subject to satisfactory performance. The contract can be terminated by the District Health Society/ State Health Society or the PPP Partner any time with one month prior notice. The contract will automatically end on the last day of the contract if not renewed.

4. Terms, conditions and specific services during the period of the MOU.

A. The District/State Health Society shall (please strike out whichever is not applicable)

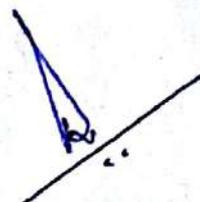
- I. Provide financial and material support to the NGO/ PP for carrying out the activities as mentioned in the partnership guideline.
- II. Provide relevant copy of technical guidelines, updates, manuals & circulars, etc.)
- III. Provide RNTCP drugs, logistics and laboratory consumables for use as per RNTCP policy as outlined the partnership guideline
- IV. Periodically review the performance and activities being undertaken by the NGO/ PP Partner

B. The NGO/Private Provider / PPP Partner will: -

- i. Perform all activities as agreed upon and signed under the partnership option MoU.
- ii. Submit utilization certificate indicating expenditure during the quarter and available unspent balance to the respective State/District Health Society on quarterly basis.



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- iii. Maintain adequate documentation of as per RNTCP policy which is mentioned under the partnership option. On completion of tasks in the said project the Grantee will furnish to the Grantor a copy of an administrative /yearly report covering the details of project activities and studies undertaken by it. The Grantor shall have a right to call upon the Grantee to furnish such additional supplementary reports, or other documents, papers or writing as in the opinion of the Grantor are necessary or proper in connection with completion of the project
- iv. Submit quarterly performance report to DTO/STO.
- v. Get commodity assistance as per guideline.
- vi. The Grantee shall not delegate, transfer or assign sublet this MOU in whole or in part or otherwise, the obligations under this MOU to any person, firm or company or any other institution/ organization without obtaining the prior written approval of the grantor.

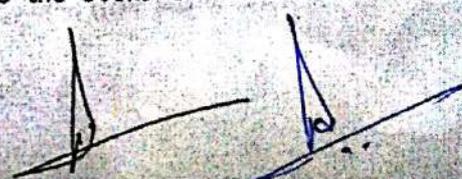
5. Grant-in-Aid

Fund shall be released by the respective health society in the name of the NGO/Private Provider/ PPP Partner for initial six months and subsequently bi-annually, within 30 days of the satisfactory completion activities and submission of required documents. The NGO/Private Provider will submit utilization certificate indicating expenditure during the particular quarter and available unspent balance to the respective State/District Health Society on quarterly basis. The subsequent release will depend on the unspent balance and committed liability (if any).

6. Fund Management

Funds under this MOU shall be placed at the disposal of the Grantee in separate account opened by it, subject to its furnishing to the Grantor a letter of commitment containing such conditions as may be approved by the Grantor from the bank that the bank shall not exercise a lien over the said account or may right to set off or adjust any amount due to payable under any loan or credit arrangement which the Grantee may be having or may have with the bank against the amounts standing to the credit of the Grantee in the said amount.

The Grantee shall install and maintain separate books of accounts on cash basis accounting along with proper vouchers for expenditure incurred and with details of outstanding liabilities, if any. The Grantor shall have the right to inspect by its authorized officers of independent agencies the books of accounts and other



Date 2/5

records relating to the project fund kept by the Grantee any time during the agreement period or thereafter.

7. Grievance Redressal Mechanism

All grievances will be addressed within a period of thirty days by DTO/STO of the concerned district/ states. Final decision will rest with state/ district Health Societies. Annual review would be a platform for addressing grievance of PPM partners.

9. Right over Information/data

All documents, Information, statistics and data collected by the Grantee in the discharge of the obligation under the MOU incidental or related to it (whether or not submitted to the Grantor) shall be the joint property of the Grantor, and the Grantee

10. Indemnity

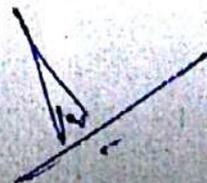
The Grantee hereby agrees to always keep the Grantor indemnified and harmless from all claims /demands / action and proceedings which may arise by reason of any activity undertaken by Grantee if the activity is not in accordance with the approved guidelines.

This MOU shall be enforceable in courts situated at [Place and State] ; any suit or application for enforcement of the above shall be filed in the competent court at [name of the place] and no other district of [State] or outside [State] shall have any Jurisdiction in the matter

11. Termination Mechanism

The partnership may be terminated by either side through written notice of one month. In case services of PPM partner are discontinued, unspent balance, if any will be refunded by the partner.

If the Grantor at any stage decides that the Grantee has misutilised the amounts (or any part thereof) already received from the Grantor or has fraudulently claimed any covenants, stipulation or obligations hereunder a commits a breach of any of the terms, conditions or provision of this MOU on its part to be observed and performed, or it at any stage reasonable ground exist to apprehend the breach of the terms and condition of the MOU in future or that the continuance of this project



ANNEXURE:1

Format for Utilization Certificate to be submitted by PPP Partner

UC for the Quarter.....to.....

Name of PPP Partner	
Date of MoU	
Name of District	
Name of Partnership Option	
Period of MoUto.....

A. DETAILS OF GRANT-IN-AID RECEIVED

Half-yearly period for which grant was given	Cheque dated	Cheque number	Amount (Rs.)
.....to.....			
.....to.....			
Total amount received			

B. EXPENDITURE

Approved Budget as per MoU	Total Grant Received till this Quarter	Cumulative Expenditure till this Quarter	Unspent Balance
Rs.	Rs.	Rs.	Rs.
	A	B	c=a-b

This is to certify that Grant-in-aid received from the.....(name of the Society) as per details mentioned above has been utilized as per terms of Memorandum of Understanding dated.....between(name of PPP Partner) and the Society

Name of Head of PPP Partner:

Signature of Head of NGO/PP:

Date:

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Seal:

may be prejudiced or be in jeopardy he/she may revoke this MOU wholly or partially and ask the Grantee to refund the amount received till then along with interest accrues, if any after giving at least fifteen days' notice and an opportunity of being heard to the Grantee.

12. Necessary approval of State Health Society has been obtained:

Yes/ No/ Not applicable.

13. Enclosures:

Copy of the National Guideline for Partnership.

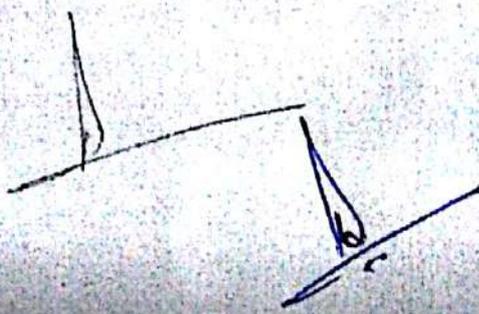
Copy of Application Format

Signature of STO/DTO
(on behalf of the respective SHS/DHS)

Seal

Signature of authorised signatory
(on behalf of the NGO/ PP)

Seal



Name of the Organization:
 Reporting Period: Year:
 State: District: TU:

Detail of Activity Undertaken under Partnership Options

Partnership Option: Case Management and reporting of TB cases

No of patients in OPD	No of TB cases diagnosed		No of patients Notified	No of TB patients referred to RNTCP	No of TB patients undergoing treatment	No of TB patients cured/treatment completed
	Pulmonary	EP				

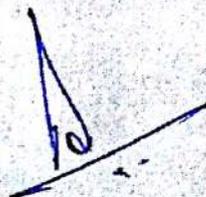
Key Issues (if any)

Comments and Recommendations:

Name of Reporting Officials

Date of submission of report

Signature and seal

ANNEXURE3:

Name of the Organization:

Reporting Period:

State:

District:

Year:

TU:

Partnership Option: Lab Technician

Sl No.	Number of LT provided	Number of LT working in RNTCP	Number of days of work by LT	Any existing vacancy	Remarks

Key Issues (if any)

Comments and Recommendations:

Name of Reporting Officials

Date of submission of report

Signature and seal

Handwritten signature and seal in blue ink, consisting of a stylized signature and a circular seal.

ANNEXURE:13

Name of the Organization: _____ Year: _____
 Reporting Period: _____
 State: _____ District: _____ TU: _____

Partnership Option: Designated Microscopy Centre

Sr No.	Name of Microscopy Centre	Nos. of TB suspects examined for diagnosis	Nos. of TB suspects found to be positive	Nos. of TB suspects undergoing repeat diagnostic examination	Nos. of TB suspects found to be positive on repeat diagnostic examination	Nos. of follow-up patients examined	Nos. of follow-up patients found to be positive	Total nos. of positive slides examined	Total nos. of negative slides examined	Total nos. of negative and positive slides examined

Key Issues (if any)

Comments and Recommendations:

Name of Reporting Officials

Date of submission of report

Signature and seal

