

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, PURI

(NTEP, ZSS PURI)

EXPRESSION OF INTEREST

Application invited from credible agency for implementation of (i)DMC-A(Microscopic Centre)(ii)ACSM activities at Community level for strengthening the NTEP activities in Partnership mode. The registered NGO/agency should have good track record and proven field experience in related to NTEP (National Tuberculosis Elimination Programme) are encouraged to apply. Preference will be given to the NGO / agency having its old establishment in Puri district. Interested NGOs/ agencies fulfilling eligible criteria mentioned in the ToR available in the District website www.puri.nic.in are required to apply only in prescribed format along with all relevant signed documents in a sealed cover envelop superscripting "Application for DMC-A(MicroscopyCentre) /Application for ACSM activities at community level" through Speed post /Regd.post only addressing to the Chief District Medical & Public Health Officer, Dist. TB Unit, Grand Road,Puri-752001 latest by 5 P.M. on or before 15.08.2020. Incomplete application or application received on any other mode or application of blacklisted NGOs/agencies or application not received within last date will summarily rejected. The authority reserves the right for the cancellation of any/all application(s) and modification of the guideline of selection without assigning any reason thereof. No personal inquiry shall be entertained.

Sd/-Chief District Medical & Public Health Officer, Puri

APPLICATION FOR DMC.A (MICROSCOPY) / ACSM SCHEME UNDER NTEP,PURI

Application Form

1. Name of the Organisation:
2. Registered office address with phone number and e.mail:
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 enclosed):
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 12 A registration: yes/No
9. Whether regd.under 80 G-Yes/ No
10. Whether FCRA registered-Yes / No
11. NiTI AYOG registration No:
12. Bank detail (Name of the bank , Account number, IFSC Code number) and address of the bank.:



13. PAN number (attached photocopy):

14. Financial turnover of last three years:

Year	Income	Expenditure	Fixed Assets as per balance sheet
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15. Experience exclusively in RNTCP Project activities in the district applied for.

Name of the Project	Supported by	Project Location	Remarks if any
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16. Any other experience in public health and sanitation or any social development programme out of Govt / or other sources of funding in the district applied for

Name of the project	Supported by Govt./or other	Name of the supporting agency	Project location	Remarks if any
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17. Details of Managing Committee members of the Organization.

Sl.No.	Name & address	Male/ Female	Age	Occupation
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18. Details of existing staff position of the Organization ;

Categories of Staff	Full time (Nos)	Part time (Nos)
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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 Institution with date	Remarks
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Attach copy of the proof documents

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 any 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 the Chief Functionary with Seal _____

Name of the Chief Functionary _____



Option 2: Diagnosis and Treatment

a) Designated Microscopy Centre (DMe - A)

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

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 symptomatics 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.

Option 1: Advocacy Communication and Social Mobilization

a. ACSM at Community level

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. *For 2020-21, Budget approved Rs. 25,000/- only for one lakh population.*

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.

(For example certain number of community meetings, minimum number of street plays, peer support group meetings along with DOT Provider[treatment supporter] have to be organized by the NGO in the assigned area. Exact number of proposed activities should be reflected in the annual work plan which needs to be developed on need basis by the NGO and submitted to the district at the time of signing of MoU)

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 workplan** 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 verify 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

**SCORING SHEET OF DMC (MICROSCOPY CENTRE)/ ACSM ACTIVITIES IN
NGO SCHEME UNDER NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME**

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 & Charitable Act for more than 3 years	4	
	b.12 A registration (if yes-2 if no-0)	2	
	c.Registered under 80 G(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 marks)	2	
2	Field level experience (45 marks)		
	a. Experience in RNTCP activities in the district applied for (maximum 15 marks) Up to 3 yrs : 10 marks>3 yrs to 5 yrs : 12 marks > 5 yrs above: 15 marks	15	
	Experience in RNTCP activities in other than the applied district (maximum 10 marks) Up to 3 yrs: 5 marks> 3 yrs to 5 yrs: 8 marks > 5 yrs: 10 marks	10	
	b. 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 & 2b)(maximum 20 marks)up to 3 yrs : 6 marks>3 yrs to 5 yrs : :12 marks,>5 yrs:15 marks)Experience in Public Health & Sanitation works for completed 1 year will be awarded with 3 marks per year with maximum up to 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,>20 lakhs to-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 5 lakhs asset: 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 staff:1 mark,> 5 staffs: 2 marks	2	
	c. Any other 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 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 n received any National /State/District level awards from any Govt. or Govt. organisation 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 organisation's participation and support during Field Appraisal.	3	
	Total	100	