



# Schedules



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# Schedule A - Site of the Project

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## Site: Tehri Cluster

### 1. District Level Facility: Baurari District Hospital

The Baurari District Hospital is a 40 bed facility situated in Pratapnagar block of Tehri Garwal district. The facility was upgraded to District Hospital in the year 2001. The District Level Facility building is approachable by motorable road and is 0.5 km from Bauradi bus stand.

The Healthcare Facility provides secondary care Healthcare Services focusing on basic specialties such as General Medicine, Emergency, OBG, Orthopaedics, Ophthalmology and Dentistry. Basic lab facilities and some of the radio-diagnostic facilities including X-ray and ECG are available in the facility. However, USG service is not available. Blood Bank is available in the healthcare facility.

The District Level Facility has 11 OPD rooms, two OT, one for general surgery and other for orthopaedics and a labour room. In terms of bed distribution, the Healthcare Facility has 4 private beds, 12 beds each for OBG and medicine, 6 beds each for surgery and orthopaedics and 3 ICU beds. However, the ICU beds are currently non-functional.

Staff quarters are available in the Healthcare Facility premise for MOs and staff nurses.

Infrastructure: The infrastructure details of the District Level Facility are set out in [Annexure I to Schedule A](#).

Equipment: The equipment available in the District Level Facility is set out in [Annexure II to Schedule A](#).

### 2. Community Health Centre: Beleswar

CHC Beleswar is a 30 bed secondary care facility. It was constructed in the year 2006 and is approachable by motorable road.

The Healthcare Services presently being provided by the Healthcare Facility includes General Medicine, gynaecology and AYUSH. It has 24 general beds and 6 ICU cabins. However, the ICU is currently non-functional.

The Healthcare Facility provides basic lab facilities, while no radio-diagnostic services are being provided. X-ray and ECG machine are available at the CHC, but are non-functional due to non-availability of technicians. Besides, a Blood Storage Unit is also available, but non-functional due to staff shortage.

Staff quarters are available in the Healthcare Facility premise for MOs, staff nurses & class 4 staff.

Infrastructure: The infrastructure details of the Healthcare Facility are set out in [Annexure I to Schedule A](#).

Equipment: The equipment available in the Healthcare Facility is set out in [Annexure II to Schedule A](#).

### 3. Community Health Centre: Devprayag

CHC Devprayag is a 30 bed secondary care Healthcare Facility. It was constructed in the year 2012 and is approachable by motorable road.

The Healthcare Services presently being provided by the CHC includes General Medicine, Gynaecology, Dentistry and AYUSH. The CHC provides basic lab facilities, but no radio-diagnostic services are being provided. X-ray machine is available in the CHC, but is non-functional due to non-availability of technicians.

Staff quarters are available in the Healthcare Facility premise for doctors, nurses and other staff categories.

Infrastructure: The infrastructure details of the Healthcare Facility are set out in [Annexure I to Schedule A](#).

Equipment: The equipment available in the Healthcare Facility is set out in [Annexure II to Schedule A](#).

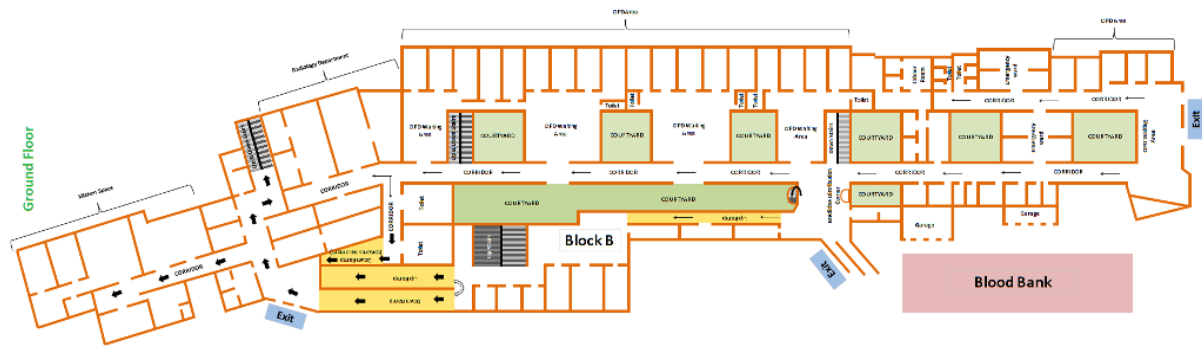
# Annexure I to Schedule A

The full size site maps can be downloaded from the following link.

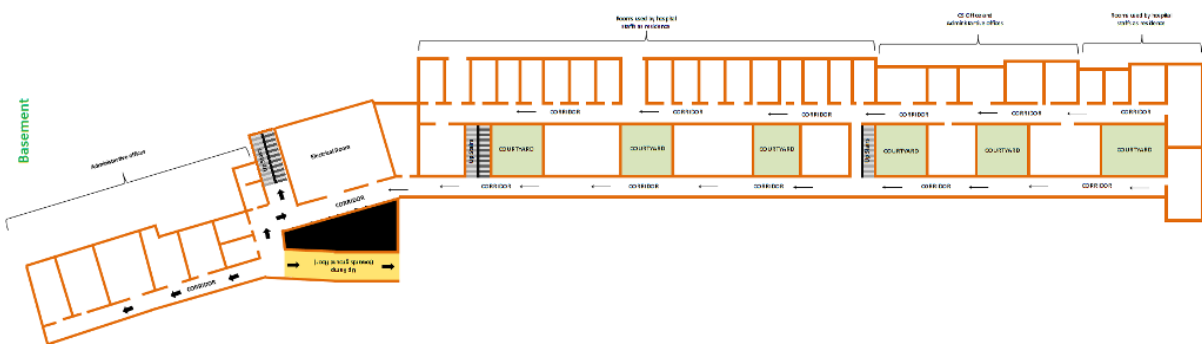
<https://www.dropbox.com/s/ycxqz3p6zf3bia/Infrastructure%20layouts.zip?dl=0>

## Site Layout & Infrastructure: Baurari District Hospital

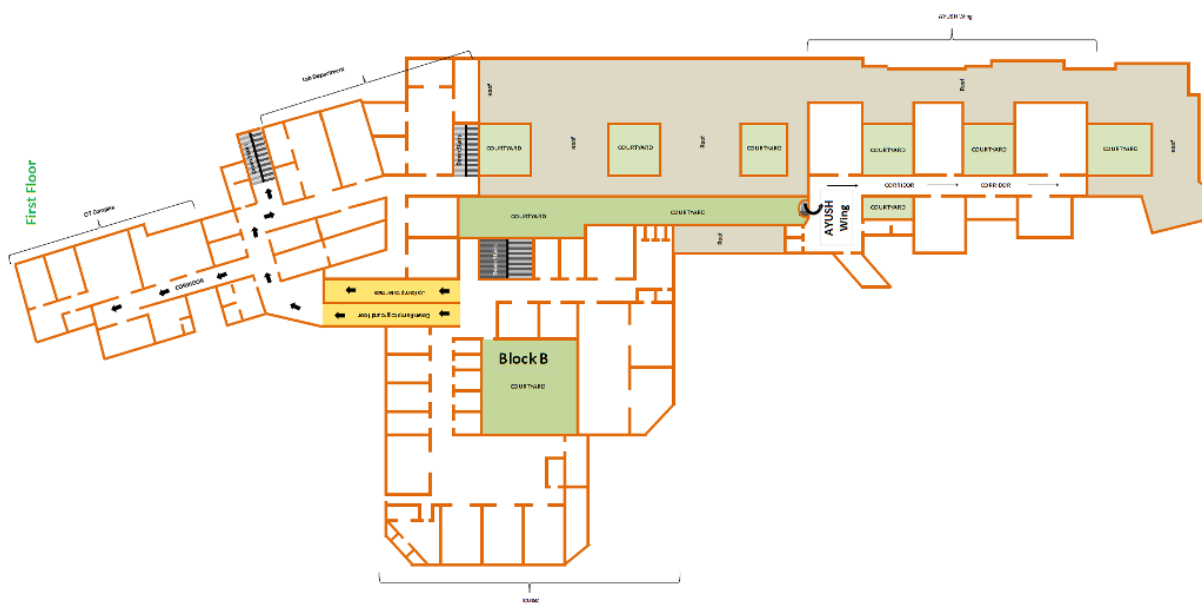
The site layout of the District Level Facility is set out below:



Ground Floor



Basement



First Floor

For the avoidance of doubt, it is clarified that the Authority or the DMH&FW will continue to operate the AYUSH wing, which area will not be handed over to the Service Provider.

The infrastructure details of the District Hospital, Baurariare set out in the table below (as per the partial architectural drawing available):

Departments	Length (in feet)	Breadth (in feet)	Total Area (in Sq.Ft.)
Surgeon's Room	9	11	99
EMO Room	7.5	11	82.5
Orthopaedics Room	9.1	11	100.1
Registration Room	9.4	11.8	110.92
Dressing Room 1	9.6	11.5	110.4
General Ward	26.7	14.1	376.47
Toilet-4 nos	4.1	4	65.6
General Ward Male	26.7	19.1	509.97
Dressing room 2	9.5	14.1	133.95
Pharmacist Room	11.2	7.7	86.24
Nurse Room	7.8	7.7	60.06
LMO Room	9.3	7.7	71.61
Toilet-2 nos	4	7.7	61.6
Power House	9.1	7.7	70.07
Emergency OT	16.8	14.8	248.64
Emergency OT Store	10.11	7.7	77.847
Emergency Nurses Duty Room	10.11	7.7	77.847
Plaster Room	17.7	11.6	205.32
Stores/MS Room	8.11	15.2	123.272
Stores/Office	8.11	15.2	123.272
Stores/Office	7.9	15.7	124.03
OPD STAFF ROOM	7.9	15.7	124.03
WC	6.9	9.5	65.55
Toilet	2.1	2.4	5.04
General Ward Female	16.11	22.9	368.919
Laboratory	9.6	12.4	119.04
Allied room 1	6.1	4.9	29.89
Allied room 2	6.1	7.8	47.58
ANM Room	9.8	12.4	121.52

Residential Infrastructure* (Type)	Number
Type I	-
Type II	-
Type III	4
Type IV	12
Any other	-



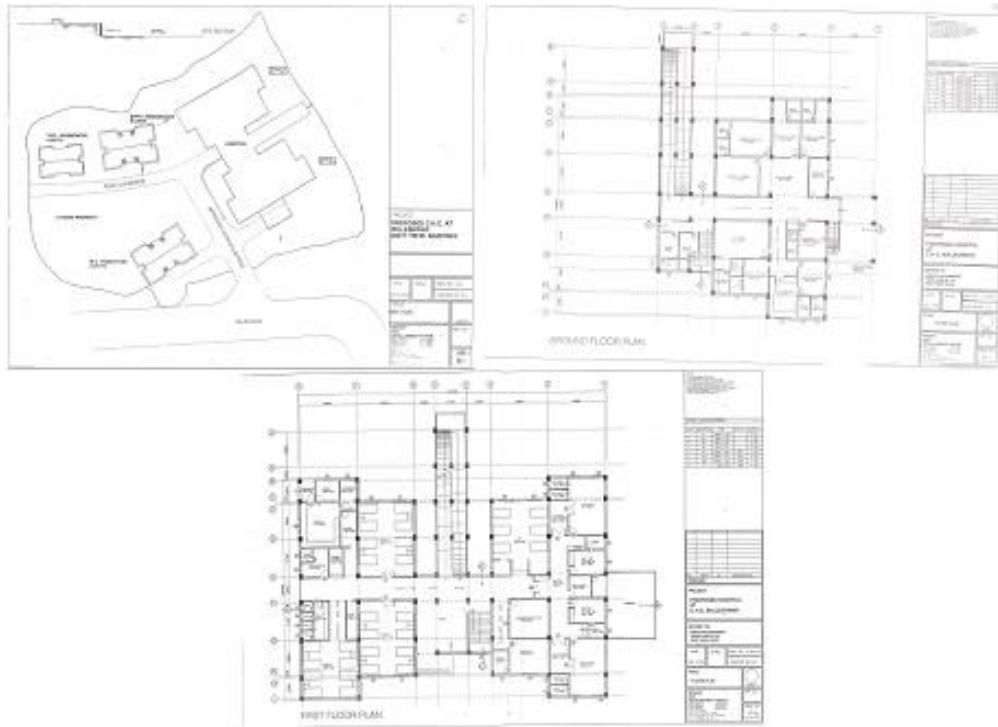
Residential Infrastructure* (Type)	Number
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*Note: The residential details provided are only for information and the state will help to provide it on a best effort basis without any commitment to the same.*

Transformer Capacity Available is 630 KVA

## Site Layout & Infrastructure: Community Health Centre, Beleswar

The site layout of the CHC Beleswar is set out below:



The infrastructure details of the CHC Beleswar are set out in the table below:

	Departments	Length (in feet)	Breadth (in feet)	Total Area (in Sq.Ft.)
Ground Floor	Senior MO Room 1	10.09	12.55	127
	Senior MO Room 2	10.09	12.55	127
	Senior MO Room 3	5.63	12.55	71
	Senior MO Room 4	10.09	12.55	127
	Waiting Lobby	17.93	14.19	254
	Pharmacy	6.77	13.81	94
	Toilets	4.92	7.82	39
	Toilets	4.92	6.07	30
	X-ray room	13.44	1.75	23
	Dark room	5.91	8.23	49
	Radiologist room	9.17	12.55	115
	Registration counter	4.00	5.58	22
	Emergency injection room	10.09	13.81	139
	Store	3.94	7.71	30
	Pathology lab	11.27	14.47	163
	Pathologist room	10.09	12.55	127
	Store room	4.10	7.84	32
Toilet	4.92	7.84	39	
First Floor	Kitchen	14.47	16.21	234

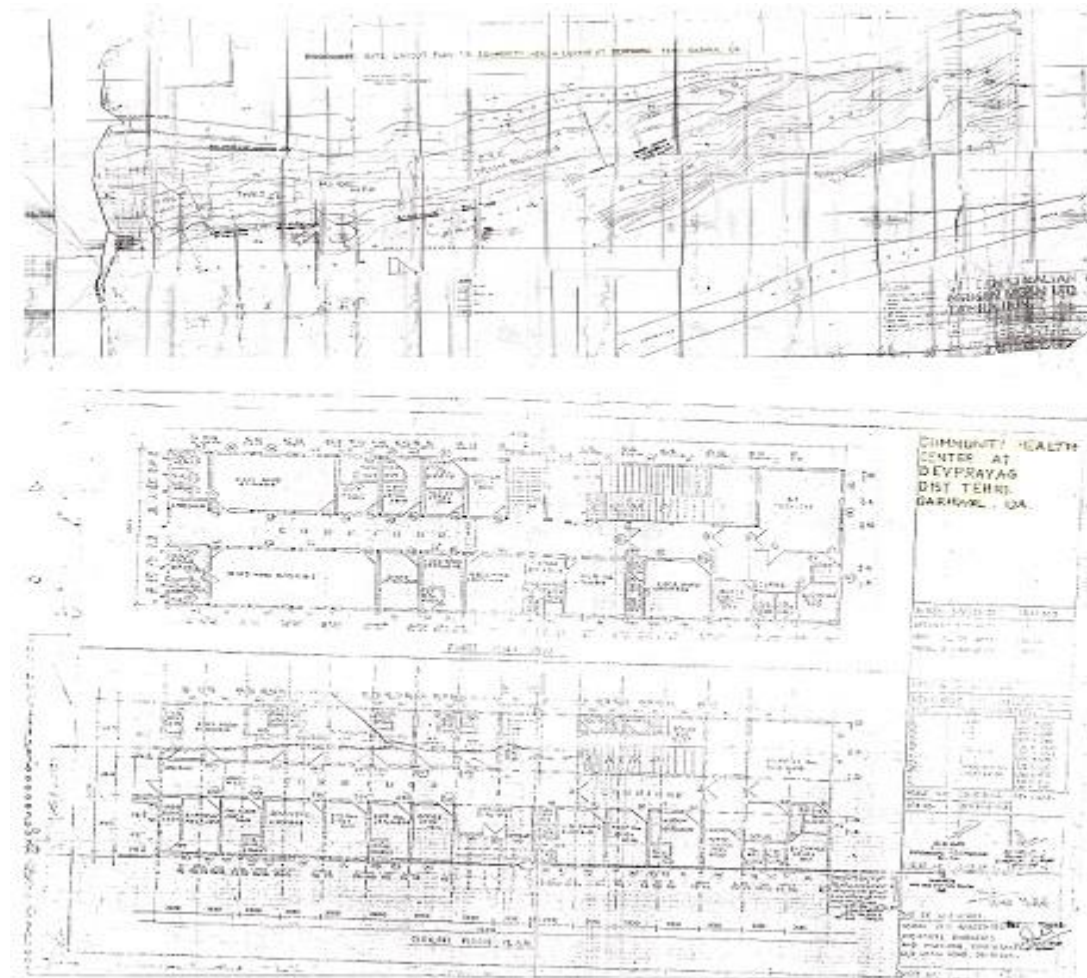
	Departments	Length (in feet)	Breadth (in feet)	Total Area (in Sq.Ft.)
	Store	8.79	7.45	65
	Washing area	5.91	10.78	64
	Pantry	5.91	12.88	76
	Ward -1	20.75	10.33	214
	Nurses room	10.53	10.09	106
	Nurse station	4.99	9.43	47
	Toilet	3.99	4.92	20
	Ward -2	20.75	10.33	214
	Toilet	10.01	13.81	138
	Store	4.46	13.81	62
	Ward -3	20.75	21.52	447
	I.C.U	20.75	26.36	547
	Major O.T	13.50	20.57	278
	Patient preparation area	6.87	12.37	85
	Doctor's changing room	11.53	8.69	100
	Drug's store	7.87	8.20	65
	Administrative room	14.47	13.99	202
	Nurse changing room	11.53	8.69	100
	Toilet	6.18	4.92	30
	Chief M.O	14.47	12.37	179
	Labour room	6.87	12.37	85
	Toilet	5.91	8.23	49
	Delivery room	13.50	20.57	278
	Sterility	3.69	6.87	25
	Toilet	3.69	6.87	25
<b>TOTAL HOSPITAL AREA-CARPET AREA(in Sq. Feet)</b>				<b>5343</b>

Residential Infrastructure* (Type)	Number
Type I	2
Type II	2
Type III	2
Type IV	-
Any other	-

*Note: The residential details provided are only for information and the state will help to provide it on a best effort basis without any commitment to the same.*

## Site Layout & Infrastructure: Community Health Centre, Devprayag

The site layout of the CHC Devprayag is set out below:



The infrastructure details of the CHC Devprayag are set out in the table below:

	Departments	Length (in feet)	Breadth (in feet)	Total Area (in Sq.Ft.)
Ground Floor	X-ray room	14.55	15.25	222
	M.O	9.09	21.81	198
	M.O	9.09	21.81	198
	Delivery room	19.31	21.91	423
	Store	4.62	15.25	70
	Dispensary	9.20	15.25	140
	Injection room	9.47	15.25	144
	Dentist/M.O	14.17	14.66	208
	Emergency room	9.09	15.25	139
	Superintendent room	9.09	15.25	139
	Office	9.09	15.25	139
	2 bedded ward	11.24	15.25	171
	Preparation room	9.82	15.25	150
	Labour room	12.00	15.25	183

	Departments	Length (in feet)	Breadth (in feet)	Total Area (in Sq.Ft.)
First Floor	Nurse change room	9.27	10.38	96
	Doctor change room	9.28	10.38	96
	8 bedded ward	28.77	15.25	439
	Nurse's duty room	9.09	15.25	139
	Toilet	5.00	6.00	30
	1 bed ward	9.09	15.25	139
	Store	9.09	7.60	69
	Pantry	9.09	7.60	69
	Kitchen	9.09	15.25	139
	10 bedded ward	3.84	15.25	59
	Store	9.09	15.25	139
	Toilet	5.00	6.16	31
	1bed ward	9.09	15.25	139
	4 bedded ward	14.46	15.25	220
	Multi room	14.16	13.28	188
	4 bedded ward	15.63	15.25	238
	O.T	19.31	28.16	544
	Nurse change room	9.27	10.38	96
	Toilet	4.73	9.27	44
	Doctor change room	9.28	10.38	96
<b>TOTAL HOSPITAL AREA-CARPET AREA(in Sq. Feet)</b>				<b>5533</b>

Residential Infrastructure* (Type)	Number
Type I	6
Type II	6
Type III	-
Type IV	4
Any other	-

*Note: The residential details provided are only for information and the state will help to provide it on a best effort basis without any commitment to the same.*

## Annexure II to Schedule A

[Note: The information provided in this Annexure II to Schedule A is only indicative and not exhaustive. Bidders are required to undertake their own due diligence.

The inventory of equipment and furniture at the Healthcare Facilities will be conducted bilaterally by the Parties in accordance with Article 9 of the PPP Contract.]

The list of major equipment available at the Healthcare Facilities is provided below. The exhaustive list of equipment available at the Healthcare Facilities can be downloaded from the following link:

<https://www.dropbox.com/s/0r42pag1dcswp7b/Equipment%20%26%20Other%20Information.zip?dl=0>

### Equipment: Baurari District Hospital

The major equipment available in the District Level Facility includes the following:

Sl. No	Name	Model/ Make	AMC / CMC at Receipt	Supplier	Placed at Hospital	Date of Receipt	Installation Dt.	#
1	Autoclave Horizontal	-	1 Year Waranty + 1 Year AMC	Surgicon Medequip, Sonapat Haryana	OT	07-09-2007	08-09-2007	1
2	Autoclave Verical	-	-	Surgicon Medequip	OT	31-03-2008	31-03-2008	1
3	Autoclave Verical	-	-	Balaji Enterprises, Bimal Niketan, Saharanpur, U.P.	Pathology	21-03-2013	22-03-2013	1
4	C Arm Compatible	-	-	Samiksha Industries, Dehradun	OT	13-09-2007	18-09-2007	1
5	C Arm Operating Table	-	-	Samiksha Industries, Dehradun	OT	27-03-2008	27-03-2008	1
6	Research Binocular Nicroscope	Microscan - 20	-	Scientific India, Ambala	Pathology	27-08-2008	30-09-2008	1
7	Slit Lamp	Appasami (Model A/A-11)	-	Spark Agencies, Dehradun	Eye Section	30-12-2008	07-01-2009	1
8	Motorized Table for Slit Lamp	-	-	Bhagirathi Pharma	Eye Section	31-12-2008	07-01-2009	1
9	Ophthalmoscope Imported	Welch Allyne	-	Spark Agencies, Dehradun	Eye Section	31-12-2008	07-01-2009	1
10	ENT Surgical Operation Microscope	OM 100 FI	5 Yrs CMC	Ecleris Aganta	OT	16-01-2009	24-03-2009	1
11	X-Ray Unit 100 mA	-	1 Year Waranty + 3 Year	General Medical Equipment,	X-Ray Dept	07-03-2009	07-03-2009	1

Sl. No	Name	Model/ Make	AMC / CMC at Receipt	Supplier	Placed at Hospital	Date of Receipt	Installation Dt.	#
			AMC	Gautam Budh Nagar, U.P.				
12	X-Ray Unit 300 mA	-	-	Medical Systems Ltd. Solani, H.P.	X-Ray Dept	30-03-2005	17-04-2006	1
13	Pulse Oxymeter	Oxycorr	1 Yr. Warranty + 3 Yr. AMC	Concept Integrations Pvt. Ltd., Pune	OT	20-03-2009	20-03-2009	1
14	Laproscope Single Puncture	-	-	-	OT	24-03-2009	24-03-2009	1
15	Otodynamical Analyser	Elkon	-	-	OT	24-03-2009	24-03-2009	1
16	Bed Side Monitor	Excello Eco Plus	-	BPL Limited, New Delhi	OT	26-01-2010	04-02-2011	1
17	Bed Side Monitor	Excello Eco Plus	-	BPL Limited, New Delhi	Indoor (IP)	26-01-2010	04-02-2011	2
18	Bed Side Monitor (L&T make)	Micromon-4	-	Mediron Megistic Complex, Dehradun	ICU	19-03-2003	-	1
19	Table Top Centrifuge	-	-	Balaji Enterprises, Bimal Niketan, Saharanpur, U.P.	Blood Bank	24-01-2012	16-02-2012	2
20	Table Top Centrifuge	-	-	Same as above	Pathology	21-03-2013	22-03-2013	1
21	VDRL Shaker	-	-	Same as above	Blood Bank	24-01-2012	16-02-2012	1
22	VDRL Shaker	-	-	Same as above	Pathology	21-03-2013	22-03-2013	1
23	Dry Incubator	-	-	Same as above	Blood Bank	24-01-2012	16-02-2012	1
24	Dry Incubator	-	-	Same as above	Pathology	21-03-2013	22-03-2013	1
25	Hot Air Oven	-	-	Same as above	Blood Bank	24-01-2012	16-02-2012	1
26	Water Bath	-	-	Same as above	Blood Bank	24-01-2012	16-02-2012	1
27	Water Bath	-	-	Same as above	Pathology	21-03-2013	22-03-2013	1
28	Comibix 330 with Barcode Reader	-	-	Remi Sales & Engineering Ltd., Thane	Blood Bank	26-02-2012	17-02-2012	1
29	Hematron CR-6	-	-	Same as above	Blood Bank	26-02-2012	17-02-2012	1

Sl. No	Name	Model/ Make	AMC / CMC at Receipt	Supplier	Placed at Hospital	Date of Receipt	Installation Dt.	#
30	Clinical Chemistry Analyser (Fully Automated Random Access )	-	-	Transasia Biomedical, Andheri (E) Mumbai	Pathology	22-03-2012	10-05-2012	1
31	Blood Collection Monitor	Make- Joye Automation Model - JACM 91	-	Pawar Electric Sysmtems Pvt Ltd, Nashik, Maharashtra	Blood Bank	22-02-2013	22-02-2013	1
32	Mixed Oxidant Generation System	Sterigen S4 400	-	Faith Innovations, Rurkee Branch, Lajpat Nagar, New Delhi	-	22-02-2013	-	1
33	Environmental Decontamination System	Steri Air Ultima FTSS	-	Faith Innovations, Rurkee Branch, Lajpat Nagar, New Delhi	-	22-02-2013	-	1
34	Donor Couch	-	-	Termo Pen Pol Ltd., Jawahar Nagar, Kowdiar, Kerala	Blood Bank	18-02-2013	18-02-2013	1
35	Pathological Microscope with Coaxol Focussing Control	Microlux - 16	-	Scientific India, Ambala	Pathology	23-05-2007	23-05-2007	1
36	Infusion Pump	Akas Model Infu 505	-	-	ICU	-	-	1
37	Hydraulic OT Table	-	-	-	Eye Section	-	-	1
38	Operating Microscope Manual	Takaji Model OM-8	-	Towa Sales Corporation Ltd., Okhla, Industrial Estate, New Delhi	OT	26-08-2014	-	1
39	Biochemistry Analyser (Semi Automatic) with accessories	Keylab	3 Year Waranty	Compact Diagnostics (India) Pvt. Ltd., Janakpuri, New Delhi	Pathology	17-10-2014	17-10-2014	1
40	50 KVA Generator Set	-	-	-	-	-	-	1

Other Equipment available:

- Radiant Warmer
- Autoanalyser
- Boyels Apparatus (OT)
- Dental Chair



- Phototherapy Unit
- Suction Machine
- Hot air oven
- ECG (12 Channel)/ Pulse oxymeter
- Electro Cautery

**Furniture:** The furniture available in the District Level Facility includes the following:

Furniture	Number
I V Stand	35
Stretcher on trolley	2
Instrument & / Mayo's table trolley	2
Examination table for OPDs	4

### Equipment: CHC Beleswar

The equipment available in the CHC Beleswar includes the following:

Name of Equipment	Number
X-ray (100 mA)	1
Microscope	3
Centrifuge machine	2
ECG (12 Channel)/ Pulse oximeter	1
Foetal Doppler	2
Labor Table (2 Table/Room)	2
Baby Warmer	1
Phototherapy Apparatus	5
Nebulizer	4
Oxygen Concentrators	2
OT Table (General)	1
OT Lights (General) Hydraulic	1
Suction Apparatus	5
Anesthesia Machine - Boyles	1
Steam sterilizer (Vertical)	2
Dental Chair	1

**Furniture:** The furniture available in the healthcare facility includes the following:

Furniture	Number
IP Beds	30
Stretcher on trolley	3
Bedside Locker	24
Instrument & / Mayo's table trolley	1
Bedside screens (three folds)	9

Furniture	Number
Examination table for OPDs	1

### Equipment: CHC Devprayag

The major equipment available in the CHC Devprayag includes the following:

Name of Equipment	Number
X-ray (100 mA)	2
X-ray room accessories (Lead Panels, Apron)	1
X - ray Viewer (1 Film Panel)	1
ECG (12 Channel)	1
Dental Chair	1
Airotar	1
Wax Bath	1
Incubator	2
Hot air oven	1
Centrifuge machine	2
Baby Warmer	1
Phototherapy Apparatus	1
Suction Apparatus	4
Steam sterilizer (Vertical)	2
Oxygen Concentrators	2
IV Stands	4

**Furniture:** The furniture available in the healthcare facility includes the following:

Furniture	Number
IP Beds	31
Stretcher on trolley	1
Bedside Locker	22
Instrument & / Mayo's table trolley	3
Bedside screens (three folds)	3
Cupboards	13
Examination table for OPDs	1

# Schedule B - Minimum Healthcare Services, Infrastructure, Personnel and Equipment Requirements

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[*Note: The minimum requirements set out in this Schedule B and the Annexures to Schedule B are specified for each level of Health Care Facility. Each Healthcare Facility must comply with the requirements specified for its level.*]

## 1. District Level Facility

### 1.1. Minimum Healthcare Services

The District Level Facility shall provide, at a minimum, the following Healthcare Services:

a) Clinical and Curative Services (Running Daily OPD and IPD services):

- i. Emergency (Accident & other emergency)
- ii. General Medicine
- iii. General Surgery (including trauma care)
- iv. Obstetrics & Gynaecology Services: Management of Obstetrics and Gynaecology services including: Ante-natal care for all 4 visits; 24-hour delivery services (including normal and C-section); Essential and Emergency Obstetric Care; and Provision of care under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) as per the approved guidelines (JSY & JSSK guidelines);
- v. Paediatrics, including Neonatology and Immunization
- vi. Orthopaedics
- vii. Ophthalmology
- viii. Otorhinolaryngology (ENT)
- ix. Dental care
- x. Intensive Care (ICU)
- xi. Anaesthesia
- xii. Family Planning: All Family Planning services i.e. Counseling, Tubectomy (Both Laparoscopic and Minilap), NSV, IUCD, OCPs, Condoms, ECPs and Follow up services
- xiii. Health Programmes: Management of routine and emergency cases under the Health Programmes.

b) Diagnostic and other Para clinical services regarding

- i. Radiology services including X-Ray, CT Scan and USG.
- ii. Provide tele-radiology support to the CHCs and MHVs, to augment the radiology capabilities at those levels.
- iii. Laboratory services including Biochemistry, Microbiology, Histopathology, Serology, Cytology
- iv. ECG
- v. Blood Storage Unit  
Note: Operate and maintain Blood Bank at Baurari District Hospital when the licence is received (strive for the licence while still pending)
- vi. Physiotherapy
- vii. Drugs and Pharmacy

c) Ancillary and support services

- i. Ambulance services for transport both within and outside the Cluster, in addition to the 108 services being run by the DMH&FW
- ii. Dietary services
- iii. Laundry services
- iv. Security services
- v. Biomedical Waste Management, including collection, transport (if required) and safe disposal, in full compliance with Applicable Laws relating to environment and safety and the state's Environmental and Social Management Plan.  
The DMH&FW is in the process of implementing a system for the centralized collection and disposal of bio-medical waste in Uttarakhand. Once this system is implemented, the Service Provider may opt to have the bio-medical waste at the District Level Facility collected by the centralized agency, although the onus for full compliance will continue to vest in the Service Provider.
- vi. Maintenance and repair
- vii. Heating, ventilation and air-conditioning, provided that air-conditioning will be required at a minimum in OT and ICU
- viii. CSSD - Sterilization and Disinfection

d) Administrative services

- i. Medical records
- ii. Processing and facilitating Claims filing under Health Insurance Scheme
- iii. Hospital Management Information System
- iv. Facilitation, Public Relations & Grievance Redressal Services

**1.2. Availability of District Level Facility**

The District Level Facility, including the trauma and emergency care department, shall be operational 24 (twenty four) hours a day, seven days a week throughout each Year. All specialists at the District Level Facility shall be available for at least 26 working days in a month or all the working days in the month as per state Health Department's list of published holidays. The District Level Facility shall maintain OPD hours of at least 6 hours per day between: 8am and 2pm during summers (April to September); and between 9am and 3pm in winters (October to March).

**1.3. Minimum Lab testing facilities to be available at the District Level Facility**

a) Haematology & Clinical Pathology

- ✓ Haemoglobin estimation (Hb%)
- ✓ Total Leukocytes count
- ✓ Differential Leucocytes count
- ✓ Absolute Eosinophil count
- ✓ Reticulocyte count
- ✓ Total RBC count
- ✓ E. S. R.
- ✓ Coagulation Test (BT, CT, APTT collectively can be put under this)
- ✓ Sick cell anaemia
- ✓ Thalassemia (Hb Electrophoresis)
- ✓ Bleeding time
- ✓ Clotting time
- ✓ Prothrombin time
- ✓ Peripheral Blood Smear
- ✓ Malaria/Filaria Parasite
- ✓ Platelet count

- ✓ Packed Cell volume
- ✓ Blood grouping
- ✓ Rh typing
- ✓ Blood Cross matching
- ✓ APTT
- ✓ Urine RE (Albumin, Sugar, Deposits, bile salts, bile pigments, acetone, specific gravity, Reaction (pH))
- ✓ Stool for Ovacyst (Ph)
- ✓ Occult blood

b) Cytology

- ✓ Semen Analysis
- ✓ CSF Analysis ( Cell count )
- ✓ Aspirated Fluid (Cell count) cytology
- ✓ Pap Smear & Cytology
- ✓ FNAC
- ✓ Sputum Analysis
- ✓ Bone Marrow Cytology

c) Microbiology

- ✓ KOH study for fungus
- ✓ Smear for AFB
- ✓ KLB (Diphtheria) C/S
- ✓ Culture and Sensitivity of sputum, pus, urine & Stool
- ✓ Culture and sensitivity for blood,
- ✓ Stool culture for Vibrio Cholera and other bacterial enteropathogene
- ✓ Grams Stain for Throat swab, sputum etc.

d) Biochemistry

- ✓ Blood Sugar
- ✓ Glucose Tolerance Test
- ✓ Glycosylated Hemoglobin
- ✓ Blood urea, blood cholesterol
- ✓ Serum bilirubin
- ✓ Liver function tests (Aspartate aminotransferase (AST), Alanine aminotransferase (ALT), Alkaline phosphatase (ALP), Total bilirubin and direct bilirubin, Albumin and total protein)
- ✓ Kidney function tests (Serum urea. Creatinine)
- ✓ Lipid Profile (Total cholesterol, HDL, LDL, Triglycerides)
- ✓ Blood uric acid
- ✓ Serum calcium
- ✓ Serum Phosphorous
- ✓ Serum Magnesium
- ✓ CSF for protein, sugar
- ✓ Blood gas analysis
- ✓ Thyroid T3 T4 TSH
- ✓ CPK
- ✓ Chloride
- ✓ Sodium
- ✓ Potassium
- ✓ Bi Carbonate
- ✓ Microalbumin
- ✓ FT3, FT4
- ✓ Cortisol, Serum

- ✓ Estradiol (E2), Serum
- ✓ ACTH
- ✓ Testosterone
- ✓ Progesterone
- ✓ GH
- ✓ FSH: Follicle Stimulating Hormone
- ✓ LH: Luteinising Hormone
- ✓ DHEA: Dehydroepiandrosterone
- ✓ Estriol Unconjugated / Free (µE3)
- ✓ Hepatitis B Core Antibody (Anti-HBc), IgM
- ✓ HCG, Beta
- ✓ Torch Panel Avidity, IgG \*Toxoplasma \*Rubella \*Cytomegalovirus
- ✓ Cytomegalovirus (CMV) Avidity, IgG
- ✓ Toxoplasma Avidity, IgG
- ✓ Rubella (German Measles) Avidity, IgG
- ✓ Coombs Test, Indirect
- ✓ Toxoplasma Antibody, IgM
- ✓ Rubella (German Measles) Antibody, IgM
- ✓ Herpes Simplex Virus (HSV) 1+2, IgG, Serum

e) Serology

- ✓ RPR Card test for syphilis
- ✓ Leptospirosis, Brucellosis
- ✓ WIDAL test
- ✓ Elisa test for HIV, HBsAg, HCV
- ✓ RA factor, ANF

f) Histopathology

- ✓ All types of specimens, Biopsy

#### 1.4. Minimum Infrastructure, Personnel and Equipment

The minimum [infrastructure](#), [Personnel](#) and [equipment](#) requirements for the District Level Facility are set out in the [Annexures I-III to Schedule B](#).

The Service Provider acknowledges, confirms and warrants that notwithstanding and without prejudice to the minimum requirements in respect of the infrastructure, Personnel and equipment for the District Level Facility that are set out in the Annexures to Schedule B, the Service Provider shall be solely responsible for determining and providing the infrastructure, Personnel and equipment required for it to meet the KPIs set out in [Schedule C](#) and the other requirements of this Agreement.

## 2. [Community Health Centre](#)

### 2.1 [Minimum Healthcare Services](#)

EachCHC shall provide, at a minimum, the following Healthcare Services:

a) Clinical and Curative service (Running Daily OPD and IPD services):

- i. Emergency (Accident & other emergency)
- ii. General Medicine: A GDMO will Conduct daily OPD and handling all routine ailments and emergencies such as: Dengue Hemorrhagic Fever, Cerebral Malaria and others like Dog & snake bite cases, Poisonings, Congestive Heart Failure, Left Ventricular Failure, Pneumonias, meningoencephalitis, acute respiratory conditions, status epilepticus, Burns, Shock, acute dehydration etc..

- iii. General Surgery: Conducting daily OPD and handling dressings, incision and drainage, and surgery such as: Hernia, Hydrocele, Appendicitis, Haemorrhoids, Fistula, and stitching of injuries. Handling of emergencies like Intestinal Obstruction, Hemorrhage, etc. Other management including nasal packing, tracheotomy, foreign body removal etc. Fracture reduction and putting splints/plaster cast.
- iv. Obstetrics & Gynaecology Services: Management of Obstetrics and Gynaecology services including Ante-natal care for all 4 visits, 24-hour delivery services (including normal and assisted deliveries); Essential and Emergency Obstetric Care; Managing labour using Partograph; Provisions of Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) as per State approved guidelines;
- v. Paediatrics including Newborn care and Immunization: Essential Newborn Care and Resuscitation by providing Newborn Corner in the Labour Room and Operation Theatre with a designated newborn care corner; Provision of Sick Baby Care Unit (SBCU); Routine and emergency care of sick children; Full Immunization of infants and children against Vaccine Preventable Diseases and Vitamin-A prophylaxis as per guidelines of Govt. of India; Tracking of vaccination dropouts and left outs; Prevention and management of routine childhood diseases, infections and anaemia etc. Management of Malnutrition cases. Provision of care under Janani Shishu Suraksha Karyakram (JSSK) and Janani Shurakshya Yojana (JSY) (in compliance with JSY & JSSK guidelines).
- vi. Anaesthesia
- vii. Family Planning: All Family Planning services i.e. Counseling, Tubectomy (Both Laparoscopic and Minilap), NSV, IUCD, OCPs, Condoms, ECPs, Follow up services
- viii. Health Programmes: Management of routine and emergency cases under the Health Programmes.

*b) Diagnostic and other Para clinical services regarding*

- i. Radiology services including X-Ray and USG
- ii. Laboratory services: Basic Laboratory services and collection centre for advanced lab tests to be sent to District Hospital
- iii. ECG
- iv. Blood Storage Unit
- v. Drugs and Pharmacy

*c) Ancillary and support services*

- i. Ambulance services
- ii. Dietary services
- iii. Laundry services
- iv. Security services
- v. Biomedical Waste Management, including collection, transport (if required) and safe disposal, in full compliance with Applicable Laws relating to environment and safety and the state's Environmental and Social Management Plan.
- vi. Maintenance and repair
- vii. Heating, ventilation and air-conditioning, provided that air-conditioning will be required at a minimum in OT
- viii. CSSD - Sterilization and Disinfection

*d) Administrative services*

- i. Medical records
- ii. Processing and facilitating Claims filing under Health Insurance Scheme
- iii. Hospital Management Information System
- iv. Facilitation, Public Relations & Grievance Redressal Services

## 2.2 Availability of CHC

Each CHC, including the trauma and emergency care department, shall be operational 24 (twenty four) hours a day, seven days a week throughout each Year. All specialists at the District Level Facility shall be available for at least 26 working days in a month or all the working days in the month as per state Health Department's list of published holidays. The District Level Facility shall maintain OPD hours of at least 6 hours per day between: 8am and 2pm during summers (April to September); and between 9am and 3pm in winters (October to March).

## 2.3 Minimum Lab testing facilities to be available at CHC

### a) Haematology & Clinical Pathology

- ✓ Haemoglobin estimation (Hb%)
- ✓ Total Leukocytes count
- ✓ Differential Leucocytes count
- ✓ Absolute Eosinophil count
- ✓ Reticulocyte count
- ✓ Total RBC count
- ✓ E. S. R.
- ✓ Coagulation Test (BT CT APTT collectively can be put under this)
- ✓ Sickle cell anaemia\*
- ✓ Thalassemia (Hb Electrophoresys)\*
- ✓ Bleeding time
- ✓ Clotting time
- ✓ Prothrombin time
- ✓ Peripheral Blood Smear
- ✓ Malaria/Filaria Parasite
- ✓ Platelet count
- ✓ Packed Cell volume\*
- ✓ Blood grouping
- ✓ Rh typing
- ✓ Blood Cross matching
- ✓ APTT\*
- ✓ Urine RE (Albumin, Sugar, Deposits, bile salts, bile pigments, acetone, specific gravity, Reaction (pH))
- ✓ Stool for Ovacyst (Ph)
- ✓ Occult blood

### b) Cytology

- ✓ Semen Analysis
- ✓ CSF Analysis ( Cell count )\*
- ✓ Aspirated Fluid (Cell count) cytology\*
- ✓ Pap Smear & Cytology
- ✓ FNAC\*
- ✓ Sputum Analysis
- ✓ Bone Marrow Cytology

### c) Microbiology

- ✓ KOH study for fungus\*
- ✓ Smear for AFB



- ✓ KLB (Diphtheria) C/S\*
- ✓ Culture and Sensitivity of sputum, pus, urine & Stool
- ✓ Culture and sensitivity for blood,
- ✓ Stool culture for Vibrio Cholera and other bacterial enteropathogene\*
- ✓ Grams Stain for Throat swab, sputum etc.
- ✓ Cultured AFB (Mycobacterium),anti-tubercular drug sensitivity, rapid, single Drug Amikacin\*

d) Biochemistry

- ✓ Blood Sugar
- ✓ Glucose Tolerance Test\*
- ✓ Glycosylated Hemoglobin\*
- ✓ Blood urea, blood cholesterol
- ✓ Serum bilirubin
- ✓ Liver function tests (Aspartate aminotransferase (AST),Alanine aminotransferase (ALT),Alkaline phosphatase (ALP), Total bilirubin and direct bilirubin, Albumin and total protein)
- ✓ Kidney function tests (Serum urea. Creatinine)
- ✓ Lipid Profile (Total cholesterol, HDL, LDL, Triglycerides)
- ✓ Blood uric acid
- ✓ Serum calcium\*
- ✓ Serum Phosphorous\*
- ✓ Serum Magnesium\*
- ✓ CSF for protein, sugar
- ✓ Blood gas analysis\*
- ✓ Thyroid T3 T4 TSH\*
- ✓ CPK\*
- ✓ Chloride
- ✓ Sodium
- ✓ Potassium
- ✓ Bi Carbonate
- ✓ Microalbumin
- ✓ FT3, FT4\*
- ✓ Cortisol, Serum\*
- ✓ Estradiol (E2), Serum\*
- ✓ ACTH\*
- ✓ Testosterone\*
- ✓ Progesterone\*
- ✓ GH\*
- ✓ FSH: Follicle Stimulating Hormone\*
- ✓ LH: Luteinising Hormone\*
- ✓ DHEA: Dehydroepiandrosterone\*
- ✓ Estriol Unconjugated / Free ( $\mu\text{E3}$ )\*
- ✓ Hepatitis B Core Antibody (Anti-HBc), IgM\*
- ✓ HCG, Beta\*
- ✓ Torch Panel Avidity, IgG \*Toxoplasma \*Rubella \*Cytomegalovirus\*
- ✓ Cytomegalovirus (CMV) Avidity, IgG\*
- ✓ Toxoplasma Avidity, IgG\*
- ✓ Rubella (German Measles) Avidity, IgG\*
- ✓ Coombs Test, Indirect\*
- ✓ Toxoplasma Antibody, IgM\*
- ✓ Rubella (German Measles) Antibody, IgM\*

- ✓ Herpes Simplex Virus (HSV) 1+2, IgG, Serum\*
- e) Serology
  - ✓ RPR Card test for syphilis\*
  - ✓ Leptospirosis, Brucellosis\*
  - ✓ WIDAL test
  - ✓ Elisa test for HIV, HBsAg, HCV
  - ✓ RA factor, ANF
- f) Histopathology
  - ✓ All types of specimens, Biopsy\*

**\*Note: The collection of sample for these tests can be done at CHC and sent to the District Level Facility for conducting the tests.**

### 2.3 Minimum Infrastructure, Personnel and Equipment

The minimum [infrastructure](#), [Personnel](#) and [equipment](#) requirements for each CHC are set out in the [Annexures I-III to Schedule B](#).

The Service Provider acknowledges, confirms and warrants that notwithstanding and without prejudice to the minimum requirements in respect of the infrastructure, Personnel and equipment for each CHC that are set out in the Annexures to **Schedule B**, the Service Provider shall be solely responsible for determining and providing the infrastructure, Personnel and equipment required for it to meet the KPIs set out in **Schedule C** and the other requirements of this Agreement.

## 3. [MobileHealth Van](#)

### 3.1 Minimum Healthcare Services

Each MHV shall provide, at a minimum, the following Healthcare Services:

- a) Reproductive and Child Health Services:
  - i. Ante-natal check-up and related services;
  - ii. Referral for complicated pregnancies;
  - iii. Promotion of institutional delivery;
  - iv. Post-natal check-up;
  - v. Immunization clinics to be coordinated with local Sub-centres/PHCs;
  - vi. Treatment of common childhood illness such as diarrhea, ARI/Pneumonia, complication of measles etc.;
  - vii. Treatment of RTI/STI;
  - viii. Treatment of minor ailments and anaemia etc.
- b) Curative:
  - i. Routine care and Treatment of minor ailments/common illness
  - ii. 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.;
  - iii. Minor surgical procedures and suturing;
  - iv. Health Programmes
  - v. Referral of complicated cases
  - vi. Providing Healthcare Services under the Health Programmes
- c) Family Planning Services:
  - i. Counseling for spacing and permanent method;
  - ii. Distribution of Nirodh, oral contraceptives, emergency contraceptives;
  - iii. IUD insertion.
- d) Emergency Services:

- i. Services and care required in times of disaster/epidemic/public health emergency/accidents etc.

e) Diagnostics:

- ii. Investigation facilities like haemoglobin, urine examination for sugar and albumin
- iii. Smear for malaria and vaginal smear for trichomonas
- iv. Clinical detection of leprosy, tuberculosis and locally endemic diseases;
- v. Screening of cervical cancer
- vi. X Ray connected through Tele-radiology
- vii. USG connected through Tele-radiology
- viii. Drugs and Medicines
- ix. Facilitation & Public Relations

### 3.2 Availability of Mobile Health Van

Each MHV is required to be functional for a minimum of: 20 days in the months of January-February and July-September;and 23 days during the months of March-June and October-December.

Furthermore, each MHV is required to cover all the locations set out in the Route Plan for each month of operations, such that each camp that it conducts functions for at least 5 hours. If any MHV is unable to cover any location(s) in the Route Plan in any month, due to landslides or other frequent natural disruptions to road connectivity, then the Service Provider will have the right to cover other location(s) in that month.

### 3.3 Minimum Infrastructure, Personnel and Equipment

The minimum [infrastructure](#), [Personnel](#) and [equipment](#) requirements for each MHV are set out in the [Annexures I-III to Schedule B](#).

The Service Provider acknowledges, confirms and warrants that notwithstanding and without prejudice to the minimum requirements in respect of the infrastructure, Personnel and equipment for each MHV that are set out in the Annexures to **Schedule B**, the Service Provider shall be solely responsible for determining and providing the infrastructure, Personnel and equipment required for it to meet the KPIs set out in **Schedule C** and the other requirements of this Agreement.

## Annexure I to Schedule B

[*Note. For the avoidance of doubt, the provisions of this Annexure I to Schedule B are subject to the provisions of Clause 12.5 of the Agreement.*]

### Minimum Infrastructure Requirements: District Level Facility

The Service Provider shall ensure that the District Level Facility is augmented and refurbished such that it shall have, at a minimum, the following infrastructure from the COD and at all times during the Operation Period:

Type	Facility	Total
OP/ IP Area	Inpatient Beds (including 6 ICU beds)	70
	Outpatient Rooms	10
Diagnostics	CT Scan	Yes
	USG	Yes
	X-ray	Yes
	ECG	Yes
Laboratory	Pathology, Microbiology, Biochemistry, Serology	Yes
Specialized Procedure Areas	Emergency Room	1 Unit
	Operation Theatres (OT)	2
	Labour/ Delivery Room	1
	OP Procedure Room	1
	Blood Storage Unit	1

### Minimum Infrastructure Requirements: Community Health Centre (CHC)

The Service Provider shall ensure that each CHC is augmented and refurbished such that it shall have, at a minimum, the following infrastructure from the COD and at all times during the Operation Period:

Type	Facility	Total
OP/ IP Area	Inpatient Beds	30
	Outpatient Rooms	4
Diagnostics	USG	Yes
	X-ray	Yes
	ECG	Yes
Laboratory (for basic lab tests and collection centre for advanced lab tests)	Pathology, Microbiology, Biochemistry, Serology	Yes
Specialized Procedure Areas	Emergency Room	1 Unit
	Operation Theatres (OT)	1
	Labour/ Delivery Room	1
	OP Procedure Room	1

Type	Facility	Total
	Blood Storage Unit	1

### **Minimum Infrastructure Requirements: Mobile Medical Van (MHV)**

The Service Provider shall ensure that each MHV is equipped such that it shall have, at a minimum, the following infrastructure from the COD and at all times during the Operation Period:

- (a) MHV specification:
  - i. AC Vehicle, with 4-wheel drive
  - ii. The vehicle/s must be GPS enabled
  - iii. 1 detachable and folding Stretcher Bed
  - iv. 1 beacon light bar on roof
  - v. Brackets for Oxygen Cylinder with adjustable straps
  - vi. Medicine & Instrument Cabinets
  - vii. Small refrigerator/ILR
  - viii. Wash basin with water storage device
  - ix. Power Supply System
  - x. Portable Generator
- (b) Mobile Van for MHV Personnel: One separate 7 seater vehicle to carry staff

## Annexure II to Schedule B

### Minimum Personnel Requirements: District Level Facility

The Service Provider shall ensure that it shall at all times during the Operation Period, maintain at a minimum, the following number of Personnel having, at a minimum, the prescribed qualifications and experience:

Category	Sub-category	Minimum Personnel Requirement †	Qualification	Experience (in years)
MEDICAL	Consultants€	11	<ul style="list-style-type: none"> <li>General Medicine (MCI recognized PG degree/diploma or DNB in General Medicine)</li> </ul>	3 years & above
			<ul style="list-style-type: none"> <li>General Surgery (MCI recognized PG degree/diploma or DNB in General Surgery)</li> </ul>	3 years & above
			<ul style="list-style-type: none"> <li>Orthopaedics (MCI recognized PG degree or diploma in Orthopaedics or DNB in Orthopaedics)</li> </ul>	3 years & above
			<ul style="list-style-type: none"> <li>Obstetrics &amp; Gynaecology (MCI recognized PG degree/diploma or DNB in Ob&amp;G)</li> </ul>	3 years & above
			<ul style="list-style-type: none"> <li>Paediatrics (MCI recognized PG degree/diploma or DNB in Paediatrics)</li> </ul>	3 years & above
			<ul style="list-style-type: none"> <li>Anaesthesia (MD/DA/LSAS trained MO or DNB in Anaesthesia)</li> </ul>	3 years & above
			<ul style="list-style-type: none"> <li>Radiologist (MCI recognized PG degree/diploma or DNB in Radiology)</li> </ul>	3 years & above
			<ul style="list-style-type: none"> <li>Pathology (MCI recognized PG degree/diploma or DNB in Pathology)</li> </ul>	3 years & above
			<ul style="list-style-type: none"> <li>Ophthalmology (MCI recognized PG degree/diploma or DNB in Ophthalmology)</li> </ul>	3 years & above
			<ul style="list-style-type: none"> <li>ENT (MCI recognized PG degree/diploma or DNB in ENT)</li> </ul>	3 years & above
			<ul style="list-style-type: none"> <li>Dental(BDS)</li> </ul>	3 years & above

Category	Sub-category	Minimum Personnel Requirement †	Qualification	Experience (in years)
	GDMOs€	<ul style="list-style-type: none"> <li>• Sufficient to maintain doctor:patient ratio of 1:10 per shift*</li> <li>• at least 2 Lady doctors with PNDT Act certification</li> </ul>	<ul style="list-style-type: none"> <li>• MBBS</li> </ul>	1 year & above
NURSES	Matron/Head Nurse	1	<ul style="list-style-type: none"> <li>• GNM/B.Sc.(Nursing)</li> </ul>	5 years & above
	Staff Nurses	Sufficient to maintain nurse:patient ratio of 1:7 per shift*	<ul style="list-style-type: none"> <li>• GNM Nursing</li> </ul>	2 years & above
PARA-MEDICAL & TECHNICIANS	Physiotherapist	1	<ul style="list-style-type: none"> <li>• Masters in physiotherapy</li> </ul>	1 year & above
	Technicians	-	<ul style="list-style-type: none"> <li>• DMLT/ Diploma in Radio-diagnosis/ Diploma in other Allied services</li> </ul>	1 year & above
	Pharmacy and Stores	-	<ul style="list-style-type: none"> <li>• DPharm/ MPharm</li> </ul>	1 year & above
NON MEDICAL ADMINISTRATIVE	Managerial staff	-	<ul style="list-style-type: none"> <li>• DHA/MHA</li> </ul>	1 year & above
	Office & Data Entry executives	-	<ul style="list-style-type: none"> <li>• Graduate in Accountancy</li> <li>• Graduate in Computers</li> </ul>	1 year & above
OTHERS	Security, Housekeeping, Maintenance, etc.	-		1 year & above

† If the minimum number of Personnel required is not specified for any category, then the Service Provider shall be free to determine the number of Personnel required in such category.

€ These Personnel shall be deemed to be the **Key Medical Personnel**, for the purpose of this PPP Contract.

\* The number of GDMOs and nurses should at all times be determined based on actual Patient volumes, provided that the Service Provider shall provide its estimation of the Patient volumes for each quarter in a Year in advance, along with the names and qualifications of the GDMOs and nurses proposed to be hired for such quarter

## Minimum Personnel Requirements: Community Health Centre (CHC)

In respect of each CHC, the Service Provider shall ensure that it shall at all times during the Operation Period, maintain at a minimum, the following number of Personnel having, at a minimum, the prescribed qualifications and experience:

Category	Sub-category	Minimum Personnel Requirement ¥	Qualification	Experience (in years)
MEDICAL	Consultants€	4	<ul style="list-style-type: none"> <li>General Surgery (MCI recognized PG degree/diploma or DNB in General Surgery)</li> </ul>	1 year & above
			<ul style="list-style-type: none"> <li>Obstetrics &amp; Gynaecology (MCI recognized PG degree/diploma or DNB in Ob&amp;G)</li> </ul>	1 year & above
<ul style="list-style-type: none"> <li>Paediatrics (MCI recognized PG degree/diploma or DNB in Paediatrics)</li> </ul>			1 year & above	
<ul style="list-style-type: none"> <li>Anaesthesia (MD/DA/LSAS trained MO or DNB in Anaesthesia)</li> </ul>			1 year & above	
	GDMO€	<ul style="list-style-type: none"> <li>Sufficient to maintain doctor:patient ratio of 1:30 per shift *</li> <li>at least 1 Lady doctor with PNDT Act certification</li> </ul>	<ul style="list-style-type: none"> <li>MBBS</li> </ul>	1 year & above
NURSES	Matron/Head Nurse	1	<ul style="list-style-type: none"> <li>GNM/B.Sc. (Nursing)</li> </ul>	2 years& above
	Staff Nurses	Sufficient to maintain nurse:patient ratio of 1:10 per shift*	<ul style="list-style-type: none"> <li>GNM Nursing</li> </ul>	Fresher/ experienced
TECHNICIANS	Technicians	-	<ul style="list-style-type: none"> <li>DMLT/ Diploma in Radio-diagnosis/ Diploma in other Allied services</li> </ul>	1 year & above Fresher/ experienced
	Pharmacy and Stores	-	<ul style="list-style-type: none"> <li>DPharm/ MPharm</li> </ul>	Fresher/ experienced
NON MEDICAL ADMINISTRATIVE	Managerial staff	-	<ul style="list-style-type: none"> <li>DHA/MHA</li> </ul>	1 year & above
	Office & Data Entry executives	-	<ul style="list-style-type: none"> <li>Graduate in Accountancy</li> <li>Graduate in Computers</li> </ul>	Fresher/ experienced
OTHERS	Security, Housekeeping, Maintenance, etc.	-		Fresher/ experienced

¥ If the minimum number of Personnel required is not specified for any category, then the Service Provider shall be free to determine the number of Personnel required in such category.

€ These Personnel shall be deemed to be the **Key Medical Personnel** for the purpose of this PPP Contract.

\* The number of GDMOs and nurses should at all times be determined based on actual Patient volumes, provided that the Service Provider shall provide its estimation of the Patient volumes for each quarter in a Year in advance, along with the names and qualifications of the GDMOs and nurses proposed to be hired for such quarter



## Minimum Personnel Requirements: Mobile Health Van (MHV)

In respect of each MHV, the Service Provider shall ensure that it shall at all times during the Operation Period, maintain at a minimum, the following number of Personnel having, at a minimum, the prescribed qualifications and experience:

Category	Sub-category	Minimum Personnel Requirement	Qualification	Experience (in years)
Medical	GDMO	2 (at least one Lady doctor with PNDT Act certification)	<ul style="list-style-type: none"> <li>• MBBS</li> </ul>	1 year and above
Nursing/ Technicians	Nurse	1	<ul style="list-style-type: none"> <li>• GNM Nursing</li> </ul>	1 year and above
	X ray Technical	1	<ul style="list-style-type: none"> <li>• DMRD/equivalent</li> </ul>	Fresher/experienced
	Lab Technician	1	<ul style="list-style-type: none"> <li>• DMLT</li> </ul>	Fresher/experienced
Others	Driver	2	<ul style="list-style-type: none"> <li>• Heavy Vehicle Commercial License</li> </ul>	Fresher/experienced
	Helper	1		

## Training for Personnel

The Service Provider shall procure and ensure that all Personnel (“clinical” and “non-clinical”) engaged in the provision of Healthcare Service delivery at the Healthcare Facilities receive sufficient training and instructions in accordance with Good Industry Practice and standards of their relevant professional body, if any, for execution of their duties.

# Annexure III to Schedule B

[Note: For the avoidance of doubt, the provisions of this Annexure I to Schedule B are subject to the provisions of Clause 12.5 of the Agreement.]

## Minimum Equipment Requirements: District Level Facility

### a) Major Equipment List

The Service Provider shall ensure that the District Level Facility is equipped such that it shall have, at a minimum, the following major equipment from the COD and at all times during the Operation Period:

Name of the Department and Equipment	
<b>PATIENT CARE AREAS</b>	
<b>1) Outpatient Area</b>	
☞	Consultation room - OPD other than Dental, ENT, Ophthalmology
	• Stethoscope
	• BP Apparatus
	• Thermometer
	• Torch
	• Height Scale
	• Weighing Machine
☞	Consultation room - Ophthalmology
	• Applanation Tonometer
	• Examination Chair
	• Indirect Ophthalmoscope
	• Trial Lens Set
	• Test Chart
	• +20D Lens
	• 78D & 98D Lens (2+2Nos)
	• Stethoscope
	• BP Apparatus
	• Torch
☞	Consultation room - ENT
	• ENT chair with work station
	• Otoscope
	• Head Light Unit
	• Instrument Set
	• Tuning fork
	• Stethoscope
	• BP Apparatus
	• Thermometer
	• Torch

Name of the Department and Equipment	
	<ul style="list-style-type: none"> <li>• Examination Kit</li> </ul>
	<ul style="list-style-type: none"> <li>• X-ray viewer</li> </ul>
⇒	Consultation room - Dental
	<ul style="list-style-type: none"> <li>• Dental Chair</li> </ul>
	<ul style="list-style-type: none"> <li>• Dental X-ray</li> </ul>
	<ul style="list-style-type: none"> <li>• Airotar</li> </ul>
	<ul style="list-style-type: none"> <li>• Instrument Set</li> </ul>
	<ul style="list-style-type: none"> <li>• X-ray viewer</li> </ul>
⇒	OP Procedure Rooms
	<ul style="list-style-type: none"> <li>• Minor procedure table</li> </ul>
	<ul style="list-style-type: none"> <li>• Minor OT Light</li> </ul>
	<ul style="list-style-type: none"> <li>• Procedure Kits</li> </ul>
	<ul style="list-style-type: none"> <li>• X-ray Viewer</li> </ul>
	<ul style="list-style-type: none"> <li>• Suction Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>• BP Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>• Stethoscope</li> </ul>
<b>2) Diagnostic Area</b>	
⇒	Radiology and Imaging
	<ul style="list-style-type: none"> <li>• CT Scan (16 slice)</li> </ul>
	<ul style="list-style-type: none"> <li>• X-Ray</li> </ul>
	<ul style="list-style-type: none"> <li>• Portable X-Ray</li> </ul>
	<ul style="list-style-type: none"> <li>• USG</li> </ul>
	<ul style="list-style-type: none"> <li>• C R System</li> </ul>
	<ul style="list-style-type: none"> <li>• X-ray room accessories (Lead Panels, Apron)</li> </ul>
	<ul style="list-style-type: none"> <li>• Auto Film Processor/ PACS</li> </ul>
	<ul style="list-style-type: none"> <li>• X - ray Viewer</li> </ul>
	<ul style="list-style-type: none"> <li>• ECG (12 Channel)</li> </ul>
	<ul style="list-style-type: none"> <li>• Tele radiology service to support the CHCs and MHVs, to augment the radiology capabilities.</li> </ul>
<b>3) Laboratory</b>	
	<ul style="list-style-type: none"> <li>• Semi-automated analyser</li> </ul>
	<ul style="list-style-type: none"> <li>• Electrolyte Analyzer</li> </ul>
	<ul style="list-style-type: none"> <li>• Microscope</li> </ul>
	<ul style="list-style-type: none"> <li>• VDRL rotator</li> </ul>
	<ul style="list-style-type: none"> <li>• Wax Bath</li> </ul>
	<ul style="list-style-type: none"> <li>• Binocular Microscope</li> </ul>
	<ul style="list-style-type: none"> <li>• Elisa Reader &amp; Washer</li> </ul>
	<ul style="list-style-type: none"> <li>• Incubator</li> </ul>
	<ul style="list-style-type: none"> <li>• Hot air oven</li> </ul>
	<ul style="list-style-type: none"> <li>• Centrifuge machine</li> </ul>
	<ul style="list-style-type: none"> <li>• Electronic balance</li> </ul>

Name of the Department and Equipment	
	<ul style="list-style-type: none"> <li>• Refrigerator</li> </ul>
	<ul style="list-style-type: none"> <li>• Distilled Water equipment</li> </ul>
	<ul style="list-style-type: none"> <li>• Blood Storage Refrigerator</li> </ul>
<b>4) Emergency Department</b>	
	<ul style="list-style-type: none"> <li>⇒ Emergency Observation</li> </ul>
	<ul style="list-style-type: none"> <li>• ECG (12 Channel)</li> </ul>
	<ul style="list-style-type: none"> <li>• Multi Para Monitor</li> </ul>
	<ul style="list-style-type: none"> <li>• Torch</li> </ul>
	<ul style="list-style-type: none"> <li>• BP Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>• Stethoscope</li> </ul>
	<ul style="list-style-type: none"> <li>• Weighing Machine</li> </ul>
	<ul style="list-style-type: none"> <li>⇒ Plaster/Minor Procedure Room</li> </ul>
	<ul style="list-style-type: none"> <li>• Plaster Kit</li> </ul>
	<ul style="list-style-type: none"> <li>• Dressing Kit</li> </ul>
	<ul style="list-style-type: none"> <li>• Light Source</li> </ul>
	<ul style="list-style-type: none"> <li>• Examination kit</li> </ul>
	<ul style="list-style-type: none"> <li>• Suction Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>• Minor Procedure Table</li> </ul>
	<ul style="list-style-type: none"> <li>⇒ Emergency Nurse Station</li> </ul>
	<ul style="list-style-type: none"> <li>• Medicine Fridge</li> </ul>
<b>5) Labour Area and Nursery</b>	
	<ul style="list-style-type: none"> <li>⇒ Pre Labour Area</li> </ul>
	<ul style="list-style-type: none"> <li>• Syringe Infusion Pumps</li> </ul>
	<ul style="list-style-type: none"> <li>⇒ Labour Room</li> </ul>
	<ul style="list-style-type: none"> <li>• Scrub Stations</li> </ul>
	<ul style="list-style-type: none"> <li>• Labour Table (2 Table/Room)</li> </ul>
	<ul style="list-style-type: none"> <li>• Delivery room Light</li> </ul>
	<ul style="list-style-type: none"> <li>• Infusion Pump</li> </ul>
	<ul style="list-style-type: none"> <li>• Suction Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>• Instrument Set</li> </ul>
	<ul style="list-style-type: none"> <li>• Baby Warmers</li> </ul>
	<ul style="list-style-type: none"> <li>• Crash cart with defibrillator</li> </ul>
	<ul style="list-style-type: none"> <li>• X ray viewer</li> </ul>
	<ul style="list-style-type: none"> <li>⇒ Nursery</li> </ul>
	<ul style="list-style-type: none"> <li>• Baby Warmer</li> </ul>
	<ul style="list-style-type: none"> <li>• Phototherapy Apparatus</li> </ul>
<b>6) ICU</b>	
	<ul style="list-style-type: none"> <li>• Bed side Monitors</li> </ul>
	<ul style="list-style-type: none"> <li>• Infusion pumps</li> </ul>
	<ul style="list-style-type: none"> <li>• Crash cart with Defibrillator</li> </ul>

Name of the Department and Equipment	
	<ul style="list-style-type: none"> <li>• ABG Analyzer</li> </ul>
	<ul style="list-style-type: none"> <li>• Nebulizer</li> </ul>
	<ul style="list-style-type: none"> <li>• Pulse Oxymeter</li> </ul>
	<ul style="list-style-type: none"> <li>• Suction Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>☞ Nurse Station ICU</li> </ul>
	<ul style="list-style-type: none"> <li>• Thermometer</li> </ul>
	<ul style="list-style-type: none"> <li>• Torch</li> </ul>
	<ul style="list-style-type: none"> <li>• Stethoscope</li> </ul>
	<ul style="list-style-type: none"> <li>• BP Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>• Dressing Kit</li> </ul>
<b>7) OT Area</b>	
	<ul style="list-style-type: none"> <li>☞ Operating Rooms</li> </ul>
	<ul style="list-style-type: none"> <li>• OT Table (General)</li> </ul>
	<ul style="list-style-type: none"> <li>• OT Lights (General)</li> </ul>
	<ul style="list-style-type: none"> <li>• C-ARM</li> </ul>
	<ul style="list-style-type: none"> <li>• Mobile Light</li> </ul>
	<ul style="list-style-type: none"> <li>• Multi para Monitor</li> </ul>
	<ul style="list-style-type: none"> <li>• Suction Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>• Head Light</li> </ul>
	<ul style="list-style-type: none"> <li>• X - ray Viewer</li> </ul>
	<ul style="list-style-type: none"> <li>• Anesthesia workstation</li> </ul>
	<ul style="list-style-type: none"> <li>• Infusion Pump</li> </ul>
	<ul style="list-style-type: none"> <li>• Electro Cautery</li> </ul>
	<ul style="list-style-type: none"> <li>• Crash cart and Defibrillator</li> </ul>
	<ul style="list-style-type: none"> <li>• Stethoscope</li> </ul>
	<ul style="list-style-type: none"> <li>• BP Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>• Flash Sterilizer</li> </ul>
	<ul style="list-style-type: none"> <li>• Surgical Instrument Set</li> </ul>
	<ul style="list-style-type: none"> <li>• Patient Blanket</li> </ul>
<b>8) Post-Operative</b>	
	<ul style="list-style-type: none"> <li>• Bed side Monitors</li> </ul>
	<ul style="list-style-type: none"> <li>• Infusion pumps</li> </ul>
	<ul style="list-style-type: none"> <li>• Nebulizer</li> </ul>
	<ul style="list-style-type: none"> <li>• Suction Apparatus</li> </ul>
<b>9) Children Ward</b>	
	<ul style="list-style-type: none"> <li>• Infusion pumps</li> </ul>
	<ul style="list-style-type: none"> <li>• Stethoscope</li> </ul>
	<ul style="list-style-type: none"> <li>• BP Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>• Nebulizer</li> </ul>
	<ul style="list-style-type: none"> <li>• Thermometer</li> </ul>

Name of the Department and Equipment
<ul style="list-style-type: none"> <li>• Torch</li> </ul>
<ul style="list-style-type: none"> <li>• Dressing Kit</li> </ul>
<ul style="list-style-type: none"> <li>• Height Scale</li> </ul>
<ul style="list-style-type: none"> <li>• Weight Machine</li> </ul>
<ul style="list-style-type: none"> <li>• Suction Apparatus</li> </ul>
<b>10) Inpatient Area</b>
<ul style="list-style-type: none"> <li>• Nebulizer</li> </ul>
<ul style="list-style-type: none"> <li>• Suction Apparatus</li> </ul>
<ul style="list-style-type: none"> <li>• Stethoscope</li> </ul>
<ul style="list-style-type: none"> <li>• BP Apparatus</li> </ul>
<ul style="list-style-type: none"> <li>• Thermometer</li> </ul>
<ul style="list-style-type: none"> <li>• Torch</li> </ul>
<ul style="list-style-type: none"> <li>• Dressing Kit</li> </ul>
<ul style="list-style-type: none"> <li>• Height Scale</li> </ul>
<ul style="list-style-type: none"> <li>• Weight Machine</li> </ul>
<b>NON-PATIENT CARE AREAS</b>
<b>11) Pharmacy and Stores (incl. Lab)</b>
<ul style="list-style-type: none"> <li>• Fridge</li> </ul>
<ul style="list-style-type: none"> <li>• Barcode scanner</li> </ul>
<b>12) CSSD</b>
<ul style="list-style-type: none"> <li>• Steam sterilizer (Vertical) - 150 liters</li> </ul>
<ul style="list-style-type: none"> <li>• Flash Sterilizer</li> </ul>
<b>13) MGPS</b>
<ul style="list-style-type: none"> <li>• Oxygen Concentrators</li> </ul>
<b>14) UPS</b>
<ul style="list-style-type: none"> <li>• OT and Labour room</li> </ul>
<ul style="list-style-type: none"> <li>• ICU</li> </ul>
<ul style="list-style-type: none"> <li>• Building Emergency Lights</li> </ul>
<ul style="list-style-type: none"> <li>• Emergency and Procedure Area</li> </ul>
<ul style="list-style-type: none"> <li>• Generators (Min 100 Kv)</li> </ul>
<b>15) General Administration</b>
<ul style="list-style-type: none"> <li>• Bio-metric Equipment and CCTV Equipment</li> </ul>
<ul style="list-style-type: none"> <li>• Flashing Displays for publishing service availability</li> </ul>
<ul style="list-style-type: none"> <li>• Computers</li> </ul>
<ul style="list-style-type: none"> <li>• Printers and Scanners</li> </ul>
<ul style="list-style-type: none"> <li>• Photocopy Machine</li> </ul>
<b>16) Information Technology</b>
<ul style="list-style-type: none"> <li>• EPABX &amp; PA System</li> </ul>

The Service Provider shall be required to make available adequate number of major equipment taking into account the actual volume of Patients, provided that such number of major

equipment shall at all times be sufficient to meet the base volume of Patients set out in [Schedule K](#).

The Service Provider shall be free to utilize the equipment that is handed over to it by the Authority as part of the Existing Assets, either with or without the prior AMC or other maintenance arrangements made by the Authority. However, the Service Provider shall have the right to replace the Existing Assets or procure equipment that are unavailable which shall then be the New Assets. Such New Assets should preferably be new, whether owned or on lease. No refurbished equipment will be permitted, unless such refurbished equipment is certified by the Original Equipment Manufacturer as being in good working condition and fit for the purpose.

### b) Major Furniture List

The Service Provider shall ensure that the District Level Facility is furnished such that it shall have, at a minimum, the following major furniture from the COD and at all times during the Operation Period:

Name of the Department and Equipment
• Emergency Beds
• IP Beds
• Intensive care beds
• Stretcher on trolley
• Folding wheel chairs
• Over-bed Table
• Bedside Lockers
• Dressing trolley
• Instrument & / Mayo's table trolley
• Bedside screens (three folds)
• Soiled linen trolley
• Chairs for ward and nurse stations
• Cupboards
• Nurse station furniture
• TV Sets
☞ OPD Furniture
• Examination couch for OPDs

The Service Provider shall be required to make available adequate number of major furniture taking into account the actual volume of Patients, provided that such number of major furniture shall at all times be sufficient to meet the base volume of Patients set out in [Schedule K](#).

The Service Provider shall be free to utilize the furniture that is handed over to it by the Authority as part of the Existing Assets. If, however, the Service Provider finds that the furniture included in the Existing Assets are insufficient, non-functional or not capable of functioning to capacity, then the Service Provider shall have the right to procure such furniture which shall be the New Assets. Such New Assets should be new, whether owned or on lease.

### c) Minimum Specifications for Major Equipment

The Service Provider shall adhere, at a minimum, to the equipment specifications set out below for the major equipment. Where applicable, equipment to have safety certificate from a

competent authority CE or FDA or should have valid electrical & functional safety test report from competent authority.

*i. Radiology and Imaging*

⇒ **CT Scan (16 slice CT)**

The machine should be capable of acquiring 16 slices per rotation, should be DICOM and PACS compatible. Consoles should be able to perform Registration, scheduling, protocol selection, volume rendering, Volume measurements, Multi-planar Reconstruction, and standard evaluation application and all available post processing functions.

⇒ **Ultrasound Machine**

The machine should be able to perform all diagnostic procedures relating to OB&G. It should be a multifunction system to measure parameters like Distance, Circumference, Surface, Volume, Angle, Depth, Time, Heart-rate, Velocity, Slope etc. It should have an image & video recording system as per Preconception Prenatal Diagnostic Techniques Act, 1994 and rules, regulations and guidelines. as under ("PCPNDT").

⇒ **X-ray**

The machine should be 300 mA-125 KVP preferably with a digitizer and that should be Dicom Compatible. It should also be compatible with all kind of digital system, PACS and tele-radiology. It should have provision for automatic safety system to block unwanted exposure factors beyond the tube rating and digital display of active KVP and mAs.

*ii. ECG (12 Channel)*

It should have a minimum of 12 channels, high resolution LCD screen, computer aided measurement software for adult, paediatric and neonatal ECGs. Lead switching should be manual and automatic. It should have inbuilt memory and data management software to transfer data. Machine should be able to operate on mains as well as battery.

*iii. Ophthalmology*

⇒ **Applanation Tonometer**

The machine should be able to determine pressure within the eye. It should have the mechanism of measuring the force necessary to flatten an area of the cornea with a small disc. Equipment should contain calibration Bar, Prism and tonometer mount base to fix with optics and should be compatible with all models of slit lamps.

⇒ **Ophthalmology Examination Chair**

The chair should be adjustable to up and down positions to support all ophthalmic Procedures. It should have a pneumatic-assisted manual recline mechanism which uses patient's weight for easy and desirable reclining adjustments.

⇒ **Indirect Ophthalmoscope**

The ophthalmoscope should have Synchronized Adjustment of Convergence and Parallax and excellent optical performance.

*iv. ENT*

⇒ **ENT Chair with work station**



The chair should be adjustable to up and down positions to support all ENT Procedures and light source attached with this. It should provide very stable foundation and its narrow design should allow stool to roll in close. It should be ergonomically designed with a comfortable foot rest.

⇒ **Otoscope**

Otoscope should be convenient to handle, be provided with light source, provision for detaching otoscope head, clear view without reflections and obstruction, should have detachable standard accessories, inbuilt rechargeable battery and provision of automatic image brightness controlling.

v. *Dental*

⇒ **Dental Chair**

The chair should be adjustable to up and down positions, backrest front and back for different requirement to support all Dental Procedures. Control should preferably be by foot switch with a facility of light Adjustment. Chair Mount to have lights of appropriate lux and wattage and provision for axial movement for better focusing, X-ray view box, SS instrument tray, vacuum motorized suction with flow control valve.

⇒ **Dental X-Ray**

Dental X-ray should have the appropriate mA to perform all kind of dental X-Rays with Short Arm, Medium Arm and Long Arm for Inside Reach. Should have X-ray tube current of minimum 7/8/10 mA and 60/65/70 KV adjustable preferably and a constant potential high frequency X-ray generator.

⇒ **AirRotar**

Air-Rotar should preferably be Contra angular Latch Type/ Push Button with a clean head system. Rotation speed should be  $\geq 350,000$  R.P.M.

vi. *Laboratory*

⇒ **Semi auto analyzer**

Should be able to perform all type biochemistry investigations with compact microprocessor controlled, general purpose bi-chromatic photometer system to read and calculate results of both end point and Kinetic colorimetric assays. Should have inbuilt printer, display system, flow cell measuring device, memory backup and power back-up enabled.

⇒ **Electrolyte Analyzer**

System should be able to measure Na, K, Ca and preferably should be upgradable to measure Cl (chloride) and Li (lithium) Electrodes and should be able to be used for blood/plasma/serum. Calibration should be fully automatic 1 and 2 point calibration. It should preferably support memory record for minimum 500 messages.

⇒ **VDRL Rotator**

Equipment should be a table top model suitable for wide variety of rotating and mixing applications. It should have a maximum RPM suitable for serological, VDRL tests and other tuned clinical diagnostic procedures. Should have facility for built-in digital timer to control the shaking duration time interval.

⇒ **Binocular Microscope**

Binocular body, 360° rotatable head. Eyepieces should be of highest quality wide angle anti fungus field eyepiece. Should have provision for Parfocal, antifungus coated 4x, 10x, 40x and

100x Optical system-Infinity corrected. Preferably to have built-in white light source for best vision and clarity.

vii. *Emergency*

⇒ **Multi Para Monitor**

It should have provision for SPO<sub>2</sub>, NIBP, ECG display of 48 Hrs trend. Should be suitable for adult, child and neonatal. Equipment performance should not be affected by electromagnetic radiated or conducted through power lines from another device. Should work on rechargeable batteries in case of mains failure.

viii. *ICU*

⇒ **Bed Side Monitors**

It should be portable, multi-para patient monitor with colour display suitable for adult, paediatric and neonatal patients. Should have features to monitor vital parameters such as ECG, NIBP, SPO<sub>2</sub>, RESP & TEMP, 24 Hrs waveform review system. It should also have attachable recorder for printing and central monitoring system software.

⇒ **Infusion Pumps**

It should be compatible with most of the IV set (macro/micro drip sets). It should have provision for the flow rates of IV Set ml/hr, drops/min with highest accuracy, audible and visual alarming system for occlusion pressure, air alarm, door open, empty, low battery. Should have battery back-up.

⇒ **Defibrillator**

This should have facility for ECG Monitoring, Defibrillation, External Pacing (transcutaneous), recording and printing (preferable an inbuilt recorder printing facility of ECG trace and stored information). Facility for automatic external defibrillation for both adults and paediatrics patients. Should have ECG waveform display and upgradable option for SPO<sub>2</sub> monitoring.

⇒ **Arterial Blood Gas Analyzer**

Fully automatic, upgradeable, fast electrolyte analyzer. Essential Measured parameters to include pH, pCO<sub>2</sub>, pO<sub>2</sub>, SaO<sub>2</sub>, tHb, Barometric Pressure, Na<sup>+</sup>, K<sup>+</sup>, Ca<sup>++</sup>, Cl<sup>-</sup> and preferably facility for upgradation. Calculated parameters should include BE, BE ecf, HCO<sub>3</sub>, Lactate, Anion Gap etc.

ix. *Operation Theatre*

⇒ **OT Table**

The table should have 3 or 4 sections and easily detachable units. Provision for trendelenburg, reverse trendelenburg, lateral tilt, up and down movement for head section, leg section should have down movement and should move side wards to a minimum of 90 degree. Mattress should be suitable for OT procedures.

⇒ **OT Lights (shadowless ceiling mount)**

The OT Lights should have LED/Halogen Lights and light should be shadow less with detachable sterilisable focusing handles. Online Uninterrupted Power Supply (Online UPS). Intensity of at least 100,000 lux at 1m with standard colour and temperature. Can take 360 deg rotation at each pivot axis and should be stable in any position.

⇒ **C Arm**

It should be compact unit and should allow unobstructed positioning and ease of operative intervention. C-Arm should have various handles for positioning and movement, X ray high frequency generator, fluoroscopic settings, DICOM and PACS compatibility, advanced image quality, ease of use and safety, surgeon friendly, radiation safety features as per AERB requirements. Facility of locking movement with easy to turn handle on control unit.

☞ **Anesthesia workstation**

It should have integrated suction, auxiliary oxygen flow meter, integrated active AGS system and integrated Indicator. Provision to connect oxygen, air & nitrous oxide directly to system. The machine should have pressure gauges for cylinders and central supply lines strategically mounted for best visibility. Integrated circle absorber with unidirectional and airway pressure relief valves, integrated sensing mechanism suitable for adult as well as paediatric patients. Should have Anaesthesia ventilator with latest attachment for pediatric and adult. It should have an integrated vital para monitoring system.

☞ **Electro Cautery**

It should have 2 distinct frequencies i.e. Mono-polar and Bi-polar with independent control for cutting/coagulation and fulguration. Linear intensity control (calibrated power output knob). Equipment should be usable with laparoscopic monopolar and bipolar instruments, for which programmes and standard accessories must be available.

x. *Labour Room*

☞ **Labour Table**

It should be comfortable, robust in structure with longer service life, frame to be made up of M.S. tubes and top 3 sections, maximum load bearing capacity and with all standard accessories for labour management. Hydraulically height adjustable by foot paddle by side and backrest section adjustable on ratchet. A pair of knee crutches to be available. Mattress-padding should have standard density and thickness. Mattress covers to be antibacterial, washable, water proof and meets fire regulation code.

xi. *Nursery*

☞ **Baby Warmers (Radiant Warmer)**

It should be microprocessor controlled radiant warmer with manual and servo options, display of skin and air (ambient) temperature, audiovisual alarm facility for overheating, patient temperature above or below the set range, power failure, heater failure, probe failure and timeout. Mattress should be stitch less, standard foam density, made of fire retardant material and wash proof.

☞ **Phototherapy Machine**

Phototherapy should be based on advanced CFL tube/LED technology medical grade CFL/LED lamps on source modules. Should have a height adjustable mechanism, treatment distance to the range of 25 to 45 cms approx should be possible. Lamp source should be continuous tiltable to  $\pm 90$  degree angle and should cover the entire treatment area.

☞ **Suction Apparatus**

Should be of wide application Range, heavy duty motorized pump for fast vacuum built - up, suction Bottle Capacity- 2 x 2000 ml minimum (with safety valve), Gauge- 0 to 760 mm Hg, Pump- Oil lubricates rotary pump, Suction Tubing of 5m approx long and non-collapsible, air tight lids, noiseless Operation (less 53 dB) and filter available to absorb moisture/water particles entering into the rotor.

## d) Furniture

### ⇒ Intensive Care Beds

Bed made of high quality materials, components and accessories for longevity and rust prevention. Provision for bed with four sections top made of sheet metal. Adjustable back section, knee-rest, Trendelenburg's positions, should have central braking facility, IV set rod, Corner buffers and High quality castors. Mattress of the bed should be made of high density foam with anti microbial agent incorporated into all components that assist in prohibiting growth of bacteria and fungi and easy to clean.

## Minimum Equipment Requirements: Community Health Centre

### a) Major Equipment List

The Service Provider shall ensure that each CHC is equipped such that it shall have, at a minimum, the following major equipment from the COD and at all times during the Operation Period:

Name of the Department and Equipment	
<b>PATIENT CARE AREAS</b>	
<b>1) Outpatient Area</b>	
☞	Consultation room - OPD other than Dental
	<ul style="list-style-type: none"> <li>• Stethoscope</li> <li>• BP Apparatus</li> <li>• Thermometer</li> <li>• Torch</li> <li>• Height Scale</li> <li>• Weighing Machine</li> </ul>
☞	OP Procedure Rooms
	<ul style="list-style-type: none"> <li>• Minor procedure table</li> <li>• Minor OT Light</li> <li>• Procedure Kits</li> <li>• X-ray Viewer</li> <li>• Suction Apparatus</li> <li>• BP Apparatus</li> <li>• Stethoscope</li> </ul>
<b>2) Diagnostic Area</b>	
☞	Radiology and Imaging
	<ul style="list-style-type: none"> <li>• X-ray machine</li> <li>• USG</li> <li>• C R System</li> <li>• X-ray room accessories (Lead Panels, Apron)</li> <li>• X - ray Viewer</li> <li>• ECG</li> </ul>
<b>3) Laboratory &amp; Blood Storage Unit</b>	
	<ul style="list-style-type: none"> <li>• Semi-automated analyser</li> <li>• Microscope</li> <li>• VDRL rotator</li> <li>• Wax Bath</li> <li>• Binocular Microscope</li> <li>• Elisa Reader &amp; Washer</li> <li>• Incubator</li> <li>• Hot air oven</li> </ul>

Name of the Department and Equipment
• Centrifuge machine
• Electronic balance
• Refrigerator
• Distilled Water equipment
• Blood Storage Refrigerator
<b>4) Emergency Department</b>
☞ Emergency Observation
• ECG (12 Channel)
• Multi Para monitor
• Torch
• BP Apparatus
• Stethoscope
• Weighing Machine
☞ Plaster/Minor Procedure Room
• Plaster Kit
• Dressing Kit
• Light Source
• Examination kit
• Suction Apparatus
• Minor Procedure Table
☞ Emergency Nurse Station
Medicine Fridge
<b>5) Labour Area</b>
☞ Pre Labour Area
• Syringe Infusion Pumps
☞ Labour Room
• Scrub Stations
• Labour Table (2 Table/Room)
• Delivery room Light
• Infusion Pump
• Suction Apparatus
• Instrument Set
• Baby Warmers
• Crash cart
• X ray viewer
☞ Nursery (SBCU)
• Baby Warmer
• Phototherapy Apparatus
☞ Operating Rooms
• OT Table (General)

Name of the Department and Equipment	
	<ul style="list-style-type: none"> <li>OT Lights (General)</li> </ul>
	<ul style="list-style-type: none"> <li>Mobile Light</li> </ul>
	<ul style="list-style-type: none"> <li>Multi para Monitor</li> </ul>
	<ul style="list-style-type: none"> <li>Suction Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>Head Light</li> </ul>
	<ul style="list-style-type: none"> <li>X - ray Viewer</li> </ul>
	<ul style="list-style-type: none"> <li>Anaesthesia workstation</li> </ul>
	<ul style="list-style-type: none"> <li>Infusion Pump</li> </ul>
	<ul style="list-style-type: none"> <li>Electro Caution</li> </ul>
	<ul style="list-style-type: none"> <li>Crash cart and Defibrillator</li> </ul>
	<ul style="list-style-type: none"> <li>Stethoscope</li> </ul>
	<ul style="list-style-type: none"> <li>BP Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>Flash Sterilizer</li> </ul>
	<ul style="list-style-type: none"> <li>Surgical Instrument Set</li> </ul>
	<ul style="list-style-type: none"> <li>Patient Blanket</li> </ul>
<b>6) Children Ward</b>	
	<ul style="list-style-type: none"> <li>Infusion pumps</li> </ul>
	<ul style="list-style-type: none"> <li>Stethoscope</li> </ul>
	<ul style="list-style-type: none"> <li>BP Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>Nebulizer</li> </ul>
	<ul style="list-style-type: none"> <li>Thermometer</li> </ul>
	<ul style="list-style-type: none"> <li>Torch</li> </ul>
	<ul style="list-style-type: none"> <li>Dressing Kit</li> </ul>
	<ul style="list-style-type: none"> <li>Height Scale</li> </ul>
	<ul style="list-style-type: none"> <li>Weight Machine</li> </ul>
	<ul style="list-style-type: none"> <li>Suction Apparatus</li> </ul>
<b>7) Inpatient Area</b>	
	<ul style="list-style-type: none"> <li>Nebulizer</li> </ul>
	<ul style="list-style-type: none"> <li>Suction Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>Stethoscope</li> </ul>
	<ul style="list-style-type: none"> <li>BP Apparatus</li> </ul>
	<ul style="list-style-type: none"> <li>Thermometer</li> </ul>
	<ul style="list-style-type: none"> <li>Torch</li> </ul>
	<ul style="list-style-type: none"> <li>Dressing Kit</li> </ul>
	<ul style="list-style-type: none"> <li>Height Scale</li> </ul>
	<ul style="list-style-type: none"> <li>Weight Machine</li> </ul>
<b>NON-PATIENT CARE AREAS</b>	
<b>8) Pharmacy and Stores (incl. Lab)</b>	
	<ul style="list-style-type: none"> <li>Fridge</li> </ul>
	<ul style="list-style-type: none"> <li>Barcode scanner</li> </ul>

Name of the Department and Equipment
<b>9) CSSD</b>
<ul style="list-style-type: none"> <li>• Steam sterilizer (Vertical) - 150 liters</li> <li>• Flash Sterilizer</li> </ul>
<b>10) UPS &amp; Back UP</b>
<ul style="list-style-type: none"> <li>• OT and Labor room UPS</li> <li>• Building Emergency Lights</li> <li>• Emergency and Procedure Area UPS</li> <li>• Generator</li> </ul>
<b>11) Telemedicine Set-up</b>
<b>12) General Administration</b>
<ul style="list-style-type: none"> <li>• Bio-metric Equipment and CCTV equipment</li> <li>• Flashing Displays for publishing service availability</li> <li>• Computers</li> <li>• Printers and Scanners</li> <li>• Photocopy Machine</li> </ul>

The Service Provider shall be required to make available adequate number of major equipment at each CHC taking into account the actual volume of Patients, provided that such number of major equipment shall at all times be sufficient to meet the base volume of Patients set out in [Schedule K](#).

The Service Provider shall be free to utilize the equipment that is handed over to it by the Authority as part of the Existing Assets, either with or without the prior AMC or other maintenance arrangements made by the Authority. However, the Service Provider has the right to replace the Existing Assets or procure equipment that are unavailable which shall then be the New Assets. Such New Assets should preferably be new, whether owned or on lease. No refurbished equipment will be permitted to be procured as New Assets, unless such refurbished equipment is certified by the Original Equipment Manufacturer as being in good working condition and fit for the purpose.

#### **b) Major Furniture List**

The Service Provider shall ensure that each CHC is furnished such that it shall have, at a minimum, the following major medical furniture from the COD and at all times during the Operation Period:

Name of the Department and Equipment
<ul style="list-style-type: none"> <li>• Emergency Beds</li> <li>• IP Beds</li> <li>• Stretcher on trolley</li> <li>• Folding wheel chairs</li> <li>• Overbed Table</li> <li>• Bedside Locker</li> <li>• Dressing trolley</li> <li>• Instrument &amp; / Mayo's table trolley</li> <li>• Bedside screens (three folds)</li> </ul>



Name of the Department and Equipment
<ul style="list-style-type: none"> <li>• Soiled linen trolley</li> </ul>
<ul style="list-style-type: none"> <li>• Chairs for ward and nurse stations</li> </ul>
<ul style="list-style-type: none"> <li>• Cupboards</li> </ul>
<ul style="list-style-type: none"> <li>• Nursery Bassinets</li> </ul>
<ul style="list-style-type: none"> <li>• Nurse station furniture</li> </ul>
<ul style="list-style-type: none"> <li>• TV Sets</li> </ul>
<ul style="list-style-type: none"> <li>⇒ OPD Furniture</li> </ul>
<ul style="list-style-type: none"> <li>• Examination couch for OPDs</li> </ul>

The Service Provider shall be required to make available adequate number of major furniture at each CHC taking into account the actual volume of Patients, provided that such number of major furniture shall at all times be sufficient to meet the base volume of Patients set out in Schedule K.

The Service Provider shall be free to utilize the furniture that is handed over to it by the Authority as part of the Existing Assets. If, however, the Service Provider finds that the furniture included in the Existing Assets are insufficient, non-functional or not capable of functioning to capacity, then the Service Provider shall have the right to procure such furniture which shall be the New Assets. Such New Assets should be new, whether owned or on lease.

### c) Minimum Specifications for Major Equipment

The Service Provider shall adhere, at a minimum, to the equipment specifications set out below. Where applicable, equipment to have safety certificate from a competent authority CE or FDA or should have valid electrical & functional safety test report from competent authority.

#### i. *Radiology and Imaging*

##### ⇒ Ultrasound Machine

The machine should be able to perform all diagnostic procedures relating to OB&G. It should be a multifunction system to measure parameters like Distance, Circumference, Surface, Volume, Angle, Depth, Time, Heart-rate, Velocity, Slope etc. It should have an image & video recording system as per Preconception Prenatal Diagnostic Techniques Act, 1994 and rules, regulations and guidelines. {as under (“PCPNDT”).

##### ⇒ X-ray

The machine should be 300 mA-125 KVP preferably with a digitizer and that should be Dicom Compatible. It should also be compatible with all kind of digital system, PACS and tele-radiology. It should have provision for automatic safety system to block unwanted exposure factors beyond the tube rating and digital display of active KVP and mAs.

#### ii. *ECG (12 Channel)*

It should have a minimum of 12 channels, high resolution LCD screen, computer aided measurement software for adult, paediatric and neonatal ECGs. Lead switching should be manual and automatic. It should have inbuilt memory and data management software to transfer data. Machine should be able to operate on mains as well as battery.

### iii. *Laboratory*

#### ⇒ **Semi auto analyzer**

Should be able to perform all type biochemistry investigations with compact microprocessor controlled, general purpose bi-chromatic photometer system to read and calculate results of both end point and Kinetic colorimetric assays. Should have inbuilt printer, display system, flow cell measuring device, memory backup and power back-up enabled.

#### ⇒ **VDRL Rotator**

Equipment should be a table top model suitable for wide variety of rotating and mixing applications. It should have a maximum RPM suitable for serological, VDRL tests and other tuned clinical diagnostic procedures. Should have facility for built-in digital timer to control the shaking duration time interval.

#### ⇒ **Binocular Microscope**

Binocular body, 360° rotatable head. Eyepieces should be of highest quality wide angle anti fungus field eyepiece. Should have provision for Parfocal, antifungus coated 4x, 10x, 40x and 100x Optical system-Infinity corrected. Preferably to have built-in white light source for best vision and clarity.

### iv. *Emergency*

#### ⇒ **Multi Para Monitor**

It should have provision for SPO<sub>2</sub>, NIBP, ECG display of 48 Hrs trend. Should be suitable for adult, child and neonatal. Equipment performance should not be affected by electromagnetic radiated or conducted through power lines from another device. It should work on rechargeable batteries in case of mains failure.

### v. *Labour Room*

#### ⇒ **Labour Table**

It should be comfortable, robust in structure with longer service life, frame to be made up of M.S. tubes and top 3 sections, maximum load bearing capacity and with all standard accessories for labour management. Hydraulically height adjustable by foot paddle by side and backrest section adjustable on ratchet. A pair of knee crutches to be available. Mattress-padding should have standard density and thickness. Mattress covers to be antibacterial, washable, water proof and meets fire regulation code.

### vi. *Nursery*

#### ⇒ **Baby Warmers (Radiant Warmer)**

It should be microprocessor controlled radiant warmer with manual and servo options, display of skin and air (ambient) temperature, audiovisual alarm facility for overheating, patient temperature above or below the set range, power failure, heater failure, probe failure and timeout. Mattress should be stitch less, standard foam density, made of fire retardant material and wash proof.

#### ⇒ **Phototherapy Machine**

Phototherapy should be based on advanced CFL tube/LED technology medical grade CFL/LED lamps on source modules. Should have a height adjustable mechanism, treatment distance to

the range of 25 to 45 cms approx should be possible. Lamp source should be continuous tiltable to  $\pm 90$  degree angle and should cover the entire treatment area.

vii. *Operation theatre*

⇒ **Infusion Pumps**

It should be compatible with most of the IV set (macro/micro drip sets). It should have provision for the flow rates of IV Set ml/hr, drops/min with highest accuracy, audible and visual alarming system for occlusion pressure, air alarm, door open, empty, low battery. Should have battery back-up.

⇒ **Defibrillator**

This should have facility for ECG Monitoring, Defibrillation, External Pacing (transcutaneous), recording and printing (preferable an inbuilt recorder printing facility of ECG trace and stored information). Facility for automatic external defibrillation for both adults and paediatrics patients. Should have ECG waveform display and upgradable option for SPO2 monitoring.

⇒ **OT Table**

The table should have 3 or 4 sections and easily detachable units. Provision for trendelenburg, reverse trendelenburg, lateral tilt, up and down movement for head section, leg section should have down movement and should move side wards to a minimum of 90 degree. Mattress should be suitable for OT procedures.

⇒ **OT Lights(shadow less ceiling mount twin dome)**

The OT Lights should have LED/Halogen Lights and light should be shadow less with detachable sterilisable focusing handles. Online Uninterrupted Power Supply (Online UPS). Intensity of at least 100,000 lux at 1m with standard colour and temperature. Can take 360 deg rotation at each pivot axis and should be stable in any position.

⇒ **Anesthesia workstation**

It should have integrated suction, auxiliary oxygen flow meter, integrated active AGS system and integrated Indicator. Provision to connect oxygen, air & nitrous oxide directly to system. The machine should have pressure gauges for cylinders and central supply lines strategically mounted for best visibility. Integrated circle absorber with unidirectional and airway pressure relief valves, integrated sensing mechanism suitable for adult as well as paediatric patients. Should have Anaesthesia ventilator with latest attachment for pediatric and adult. It should have an integrated vital para monitoring system.

⇒ **Electro Cautery**

It should have 2 distinct frequencies i.e. Mono-polar and Bi-polar with independent control for cutting/coagulation and fulguration. Linear intensity control (calibrated power output knob). Equipment should be usable with laparoscopic monopolar and bipolar instruments, for which programmes and standard accessories must be available.

⇒ **Multi Para Monitor/Bedside Monitor**

It should measure essential parameters such as SpO2, ECG, PR/HR, RESP, NIBP and TEMP for adult, paediatric and neonatal patients. Should display 4 wave forms and numeric readings simultaneously. Should have in built rechargeable battery for continuous operations in case of mains failure. Equipment performance should not be affected by electromagnetic radiated or conducted through power lines from another device.

⇒ **Suction Apparatus**

Should be of wide application Range, heavy duty motorized pump for fast vacuum built - up, suction Bottle Capacity- 2 x 2000 ml minimum (with safety valve), Guage- 0 to760 mm Hg, Pump- Oil lubricates rotary pump, Suction Tubing of 5m approx long and non-collapsible, air tight lids, noiseless Operation (less 53 dB) and filter available to absorb moisture/water particles entering into the rotor.

## Minimum Equipment Requirements: Mobile Health Van

The Service Provider shall ensure that each MHV is equipped such that it shall have, at a minimum, the following major equipment from the COD and at all times during the Operation Period. Where applicable, equipment to have safety certificate from a competent authority CE or FDA or should have valid electrical & functional safety test report from competent authority.

### a) Minimum Specification for Pathology Equipment

The Service Provider should comply, at a minimum, with the specifications for the Pathology equipment set out below:

#### ⇒ Semi auto Analyzer

Should be able to perform all type biochemistry investigations with compact microprocessor controlled, general purpose bi-chromatic photometer system to read and calculate results of both end point and Kinetic colorimetric assays. Should have inbuilt printer, display system, flow cell measuring device, memory backup and power back-up enabled.

#### ⇒ Microscope

Infinitely corrected optics par focal, plan achromatic lenses with anti-fungal properties. All the necessary adapters and power cords should be provided for functioning of microscope.

### b) Minimum Specification for Radiology Equipment

The Service Provider shall comply, at a minimum, with the specifications for the Radiology Equipment to be installed in each MHV that are set out below.

#### ⇒ Ultrasound Machine

The machine should be able to perform all diagnostic procedures relating to OB&G. It should be a multifunction system to measure parameters like Distance, Circumference, Surface, Volume, Angle, Depth, Time, Heart-rate, Velocity, Slope etc. It should have an image & video recording system as per Preconception Prenatal Diagnostic Techniques Act, 1994 and rules, regulations and guidelines. (as under ("PCPNDT")).

#### ⇒ X-ray (30/60/70 mA)

Machine should have facility to easy mobility and steering (Portable). Should have facility to adjust mAs with suitable KV. Digital display system should be there for KV, mAs. Control switches for KV, mAs, machine ON/OFF, Collimator lamp OFF/ON, Stand by and exposure release switch, X-Ray on Indicator and Incoming Voltage indicator. Should have indicators for Earth fault, KV error, Filament error, Tube head thermal error. Tube head should be vertically movable. The entire tube arm should be swivelled 180 degree.

#### ⇒ ECG (12 Channel)

It should have a minimum of 12 channels, high resolution LCD screen, computer aided measurement software for adult, paediatric and neonatal ECGs. Lead switching should be manual and automatic. It should have inbuilt memory and data management software to transfer data. Machine should be able to operate on mains as well as battery.

#### ⇒ Defibrillator

This should have facility for ECG Monitoring, Defibrillation, External Pacing (transcutaneous), recording and printing (preferable an inbuilt recorder printing facility of ECG trace and stored information). Facility for automatic external defibrillation for both adults and paediatrics patients. Should have ECG waveform display and upgradable option for SPO2 monitoring.

⇒ **Suction Machine**

Should be of wide application Range, heavy duty motorized pump for fast vacuum built - up, suction Bottle Capacity- 2 x 2000 ml minimum (with safety valve), Guage- 0 to760 mm Hg, Pump- Oil lubricates rotary pump, Suction Tubing of 5m approx long and non-collapsible, air tight lids, noiseless Operation (less 53 dB) and filter available to absorb moisture/water particles entering into the rotor.

**c) Minimum Specifications and Standards for Mobile Health Van (MHV)**

The vehicle which will be used for each MHV should have a strong body with firm frame to tolerate adverse road conditions and should be as close to the description given below as possible. The dimensions, weights, size capacities and the like, should at a minimum, meet the specifications and desired characteristics set out below:

Item	Specification
Engine	Diesel engine, Bharat stage IV Emission norms, 4-Stroke, Engine Power - Minimum 100 bhp
Gear box	5-speed gearbox Synchronous, 1 reverse gear
Front suspension and rear suspension	Normal leaf springs with hydraulic shock absorbers
Diesel Tank Capacity	Not less than 100 Litre
Ground Clearance	200 - 220mm
Wheel base	4200- 4500 mm
Overall Width	2000- 2400 mm
Overall length	7000- 7500 mm (Nose to Tail)
Overall height	2500 - 2700mm
Front over hand	700 - 750 mm
Height of load compartment	Not less than 1,200 mm
Brake	As per the Central Motor Vehicle Act and also comply with relevant State Act
Drive	Vehicle with right hand drive only
Service and Minor repair items	<ul style="list-style-type: none"> <li>a) One set of standard jack for vehicle</li> <li>b) Wheel wrench.</li> <li>c) Standard repairing tools for vehicle.</li> <li>d) Set of six pieces of double end spanner.</li> <li>e) Adjustable spanner 6” and12” - each one</li> <li>f) Hammer - 2 lbs.</li> <li>g) Screw Driver - 6” and 12” with plastic handle.</li> <li>h) Cutting pliers - 8”.</li> <li>i) Tool box for the above tools.</li> <li>j) Inspection lamp with bulb and 10 meter wire.</li> <li>k) Tank of fire stopping chemical, 5 pounds.</li> <li>l) Safety belt for driver and front seat 2 sets</li> </ul>
Fabrication	The Service Provider should undertake the following modifications:

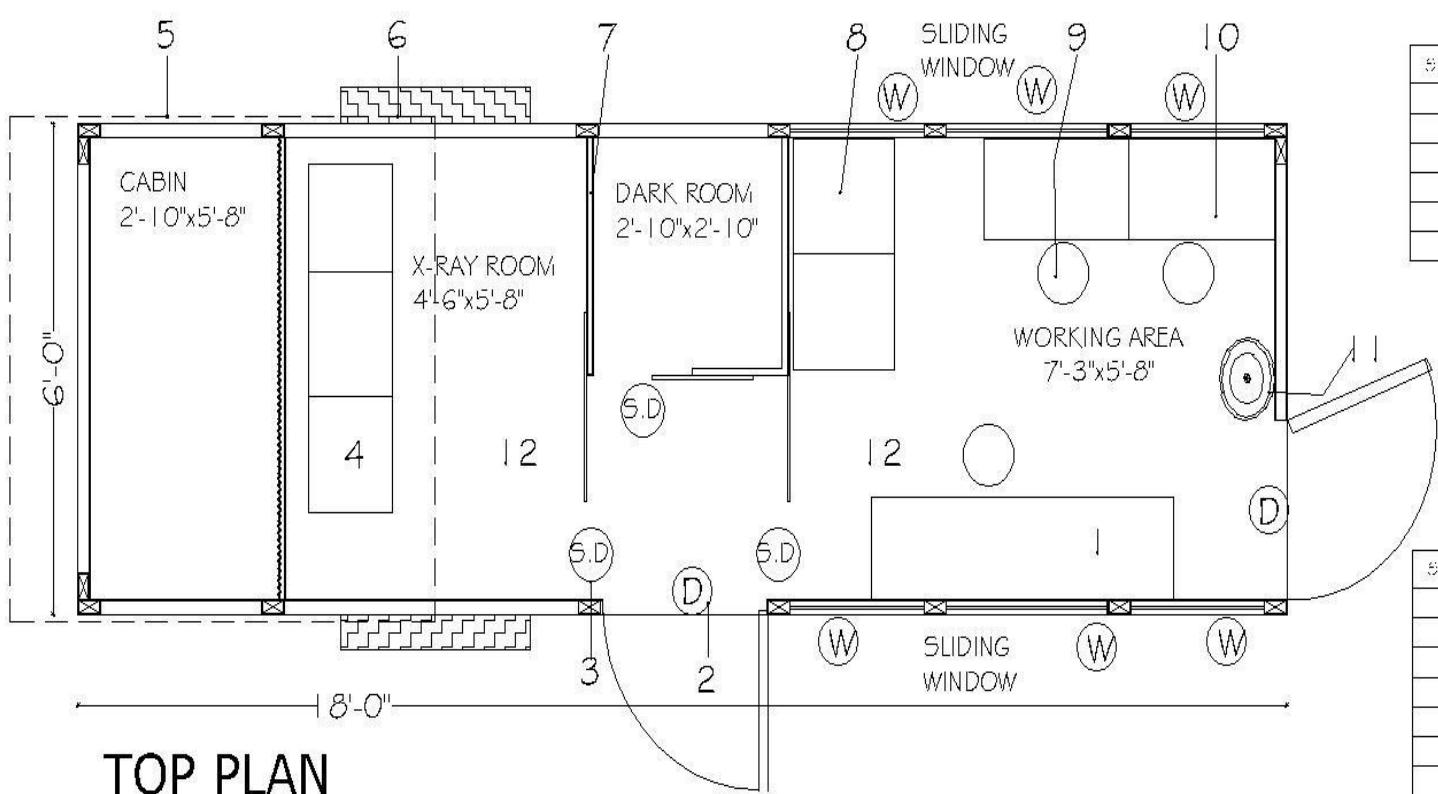
Item	Specification
	<p>a) Thermo-insulated walls to ensure even temperature distribution.</p> <p>b) Hot Compressed Polyurethane panelled walls with interconnecting locking arrangement (greater than 40mm. - Insulation barrier will be 60mm sides and 60 mm top and floor).</p> <p>c) Work stations where ever necessary. Extendable Teflon coated PVC top with retractable aluminium section structure for providing shades on both sides of the container. Should provide one rear flap door and one side door mounted on hinges with Teflon bushes and complete fitments of all equipment, electrical and water connections.</p> <p>d) 1 scrub stations with running water dispensed out of SS tanks</p> <p>e) Bracket for small oxygen bottle.</p> <p>f) Should provide concealed air draft ducted air conditioning. Should provide both ac/ dc sockets in the locations necessary.</p> <p>g) Loud Siren or Speaker System (approximately 1/2 km range) to ensure that the arrival of the MHV is announced throughout the village(s).</p> <p>h) Hazard light bar</p> <ul style="list-style-type: none"> <li>• Special minimal heat and power saving lighting ensures even and bright illumination.</li> <li>• Flush mounted High-density fluorescent / cold roof lights for better visibility with Dual supply.</li> <li>• Vision panels to all doors.</li> </ul> <p>i) Anti-Static and Anti-Bacterial conductive with 2m thickness flooring</p> <p>j) Hot water production facility.(Optional)</p> <p>k) Overhead storage for Tenting and outdoor covering gear.</p> <p>l) Needle &amp; sharps destroyer.</p> <p>m) Wall/ roof mounted IV fluid unit holders.</p> <p>n) Wall mounts for instruments.</p> <p>o) Portable torch</p> <p>p) Towel holder.</p> <p>q) Wall mirror.</p> <p>r) In built Oxygen supply line with ports. (Optional).</p> <p>s) Vaccine carrier for transporting vaccines.</p> <p>t) Advertisement space for the name of the programme and other details that may be required to be put up for public viewing.</p> <p>u) Generator compartment with sound less generator</p> <p>v) Medical Containers shall be made of aluminium-polyurethane-aluminium or aluminium frame and fiberglass re-enforced polyester-polyurethane polyester (PRFG) or aluminium-structural honeycomb-aluminium sandwich technique under high pressure and hot banding process complying with ISO 8323, ISO1496, ISO 116 and ISO 668 standards.</p> <p>w) Complete flooring free of joints suitable for easy cleaning / scientific fumigation and treatment with disinfectants</p>

Item	Specification
<p><b>Some other guidelines regarding fabrication of the MHV are:</b></p>	<ul style="list-style-type: none"> <li>a) Medical Containers bottom floor shall have appropriate strength and structure, to allow container to be installed, fixed onto truck chassis and trailer, and de-installation from truck chassis and trailer and shall comply with ISO 1161 and ISO 1496 standards.</li> <li>b) Medical Containers shall have water discharge system and lockable hot water.</li> <li>c) Medical Containers shall have lifting jacks in order to level container in uneven fields.</li> <li>d) Fire Extinguisher with appropriate mount holder.</li> <li>e) Medical Containers interior shall have smooth surface, interior paint shall be cleanable with disinfected materials and shall not to be damaged by this action.</li> <li>f) Medical Containers floor shall be coated with PVC.</li> <li>g) Unless otherwise stated, each Container shall have an Environmental Conditioning Unit (ECU) and control panel which shall display ECU data and control ECU. Container outside surface shall have proper mounting provision for ECU attachment. ECU installation shall be done according to MIL-STD-81 OF standard.</li> </ul> <p>Container inside illumination shall be according to MIL-STD-1472 standard</p>
<p><b>Equipment Specification</b></p>	<ul style="list-style-type: none"> <li>a) Sterilizer: Portable made of all S.S. Size 14" x 12"</li> <li>b) Bowl: Made of Stainless steel- Grade 202, thickness 0.5mm, size 8 inches</li> <li>c) BP apparatus: ISI mark Mercurial, Desk Model, 300 mm/Hg, and complete inflation system, in an aluminium case.</li> <li>d) Dust Bin: Separate for infective and non-infective waste. Should be durable, hygienic, nontoxic and convenient to use.</li> <li>e) ENT Set</li> <li>f) Examination Table: SS top with steps. A couch for examining patient with maximum storage utility within minimum space. Foam padded top in two sections for patient comfort.</li> <li>g) Stethoscope: Light weight chest piece with matt black powder coated with acoustic diaphragm and comfortably fit with soft sealing ear tips. It also has a non-greasy metallic finish joint less black tube.</li> <li>h) Knee Hammer: Brass Nickel Plated Handle with Pin and Brush</li> <li>i) Measuring Tape: Vinyl Coated Fiber. Length: 1 .5 meter / 60 inches</li> <li>j) Needle Cutter</li> <li>k) Weighing Machine: Oval shaped. Details include: capacity - 150 Kg x 0.5 Kg, size - 32cm (diameter) x 6.2cm (height). Net Weight: approx. 2.90 Kg.</li> <li>l) Vaginal Speculum</li> <li>m) Linen &amp; rubber sheets: Cotton 100 % - plain / printed.</li> <li>n) Microscope</li> <li>o) Heamoglobinometer: Should directly read-out on LCD display of hemoglobin in grams/ liter (g/l). Ready for immediate use with no calibration required by the user. Auto zeroing and</li> </ul>



Item	Specification
	<p>switch to standby mode. Sealed unit with shutter to close the cuvette aperture when not in use.</p> <p>p) Vaccine Carrier</p> <p>q) Instrument Tray: Seamless stainless steel so as to provide minimum surface for the germ growth.</p> <p>r) Small Oxygen Cylinder: It should be refillable and complete test certificate. To be mounted on the brackets provided in the box container</p> <p>s) Prefabricated Tent material: Cabin Tent to protect sunlight and heavy rain.</p> <p>t) Stretcher: Stretcher should be designed in such a way that when it will be pulled from cabin, it will become trolley on the ground to transport the patient comfortably.</p> <p>u) Shadow less Mobile operation light</p> <p>v) Generator: Adequate. As per requirement.</p> <p>w) Suction Machine (foot operated portable)</p> <p>x) Glucometer (Portable)</p> <p>y) Ambubag with attachment</p> <p>z) Laptop</p>

Indicative Layout Plan of MHV



TOP PLAN

S.NO.	NO.S	PARTS
1	1	EXAMINATION TABLE
2	2	DOOR
3	3	SLIDING DOOR
4	1	X RAY TABLE
5	1	CHASSIS WHEEL BASE
6		WHEEL

S.NO.	NO.S	PARTS
7	1	LEAD SHEET
8		
9	3	STOOL
10	2	WORK STATIONS SET
11	3	WASH BASIN
12		FLOORING

## Schedule C- Key Performance Indicators

### 1. Summary of Additions and Deductions for KPIs

Volume based Adjustments	
<b>Max. Volume based Adjustments/month</b> (Please refer to Schedule K for the determination of the monthly Volume Adjusted Service Fee)	<b>+20%</b> of monthly Base Service Fee
A. Availability KPIs - Deductions	
✓ <b>Max. Deductions for non-availability/month</b>	<b>-60%</b> of monthly Volume Adjusted Service Fee
B. Performance KPIs - Additions& Deductions	
✓ <b>Max. Additions for Performance KPIs/month</b>	<b>+10%</b> of monthly Volume Adjusted Service Fee
✓ <b>Max. Deductions for Performance KPIs/month</b>	<b>-10%</b> of monthly Volume Adjusted Service Fee
C. Aggregate Cap on Deductions	
<b>-60%</b> of monthly Volume Adjusted Service Fee	

## 2. Availability KPIs

### 2.1 Availability KPIs: District Level Facility & CHCs

Availability KPI*	Baseline KPI Measure	Deduction/ shift or Deduction/ day		
		DH	CHC - 1	CHC-2
<b>Specialty Services</b>				
Availability of each Specialty Service during all working days in a month and are required to be on call outside working hours	= 100% compliance			
Non availability of each specialist doctor for first two days (Day 1 & 2)		4,000	4,000	4,000
Non availability of each specialist doctor for next two days (Day 3 & 4)		8,000	8,000	8,000
Non availability of each specialist doctor for next two days (Day 5 & 6)		12,000	12,000	12,000
Non availability of each specialist doctor beyond 6 days		16,000	16,000	16,000
<p><i>* Note: The specialist doctors includes list of consultants (11 consultants for DH and 4 consultants for CHC) mentioned in the Annexure II to Schedule B.</i></p> <p><i>At any given point, consultants of a particular specialization should not remain unavailable from all the three Healthcare Facilities operated and maintained by the Operator;</i></p> <p><i>Incase of non-availability of any of the Key specialists (General Surgery, Obstetrics &amp; Gynaecology, Paediatrics, Anaesthesia)at the DH, replacement shall be provided for the same.</i></p>				
<b>Medical Services (by GDMO)</b>				
Availability of Medical Service rendered by GDMO across all the days in a month	= 100% compliance			
Non availability of minimum required number of GDMOs per shift for first two days (Day 1 & 2)		2,000	2,000	2,000
Non availability of minimum required number of GDMOs per shift for next two days (Day 3 & 4)		4,000	4,000	4,000
Non availability of minimum required number of GDMOs per shift for next two days (Day 5 & 6)	6,000	6,000	6,000	

Non availability of minimum required number of GDMOs per shift beyond 6 days		8,000	8,000	8,000
<i>* Note: Minimum GDMO:Patient ratio of 1:20 in DH and 1:30 in each CHC is to be maintained per shift</i>				
<i>The deduction will be applicable for per GDMO unavailable per shift</i>				
<b>Emergency Services</b>				
Availability of 24x7 Emergency Services by GDMO and specialist doctor coverage in a month				
Non availability of GDMOs at any point of time during emergency leading to unavailability of Emergency Services		20,000	20,000	20,000
Non availability of specialist doctor at any point of time during emergency leading to unavailability of Emergency Services		40,000	40,000	40,000
<i>* Notes: At least 1 GDMO is required to be present at the Emergency room at all times. All the Specialists of CHC are required to be on call outside working hours during working days, and all the specialists of DH are required to be on call outside working hours during all the days.</i>	<b>= 100% compliance</b>			
<i>Minimum Doctor: Patient ratio of 1:10 in DH and 1:30 in each CHC per shift to be maintained</i>				
<i>All Emergency cases needed to be attended by specialist doctors related to the specific emergency cases and GDMO</i>				
<b>Nursing Services</b>				
Availability of 24x7 coverage of comprehensive nursing care during each month				
Non availability of minimum required number of nurses per shift for first two days (Day 1 & 2)		1,000	1,000	1,000
Non availability of minimum required number of nurses per shift for next two days (Day 3 & 4)	<b>= 100% compliance</b>	2,000	2,000	2,000
Non availability of minimum required number of nurses per shift for next two days (Day 5 & 6)		3,000	3,000	3,000
Non availability of minimum required number of nurse per shift beyond 6 days		4,000	4,000	4,000
<i>* Note: Minimum Nurse:Patient ratio of 1:7 in DH and 1:10 in each CHC is to be maintained per shift</i>				

<i>The deduction will be applicable for per nurse unavailable per shift</i>					
<b>Radiology Services</b>					
Availability of functional Radiology equipment & Technical resources for providing Radiology services during all working days in a month		<b>=100% compliance</b>			
Non availability of functional Radiology for first two days (Day 1 & 2)			5,000	5,000	5,000
Non availability of functional Radiology for next two days (Day 3 & 4)			10,000	10,000	10,000
Non availability of functional Radiology beyond 4 days			20,000	20,000	20,000
* <b>Note:</b> <i>The Service Provider shall use its best endeavours to provide services across all days in a month, by arranging tele-radiology linkages to augment the physical radiology services at the Healthcare Facilities by providing virtual support on a 24x7 basis</i>					
<b>Diagnostics &amp; Lab Services</b>					
Availability of functional Lab equipment & Technical resources or relevant collection facilities for providing Lab services during all working days in a month		<b>=100% compliance</b>			
Non availability of functional Lab services for first two days (Day 1 & 2)			5,000	5,000	5,000
Non availability of functional Lab services for next two days (Day 3 & 4)			10,000	10,000	10,000
Non availability of functional Lab services beyond 4 days			20,000	20,000	20,000
* <b>Note:</b> <i>The Service Provider shall use its best endeavours to provide services across all the days in a month</i>					
* Each Availability KPI is to be measured based on: the bio-metric device and CCTV data; and self-reporting by the Service Provider					
<u>Working days</u> means 26 days in a month excluding the Sundays and gazetted holidays					
<u>Biometric for Specialists</u> required twice in a day - for Morning shift (as per general duty hours) and Night shift (from 8pm onwards)					

## 2.2 Availability KPIs: MHV

Availability KPI	Baseline KPI Measure	Deduction per day		
		MHV - 1	MHV - 2	MHV - 3
<p><b>MHV Outreach Camps</b></p> <p>Availability of MHV at each scheduled location on each scheduled day in accordance with approved Route Plan for at least 5 effective hours each day</p> <p>Determined by: GPS device data and self-reporting</p> <p><i>Note. If the MHV is unable to travel to specific location(s) due to landslide or other disruptions to road connectivity, then MHV can cover other areas by changing the Route Plan, if possible.</i></p>	<p>≥ 20 days in a month, during months of January-February and July-September</p> <p>≥ 23 days in a month, during months of March-June &amp; October-December</p>	50,000	50,000	50,000
<p><b>Lady Doctor Services</b></p> <p>Availability of Lady Doctor with PNDT certification at scheduled outreach camps held in a month, so as to provide Healthcare Services for at least 5 effective hours per outreach camp</p> <p>Determined by: GPS and bio-metric device data; and self-reporting</p>	= 100% compliance	20,000	20,000	20,000
<p><b>General Medicine Service</b></p> <p>Availability of GDMO and comprehensive nursing care at scheduled outreach camps held in a month, so as to provide General Medical Service for a minimum of 5 effective hours per outreach camp</p> <p>Determined by GPS and bio-metric device data; and self-reporting</p>	= 100% compliance	10,000	10,000	10,000
<p><b>Radiology Services</b></p> <p>Availability of functional Radiology services during all working days of MHV during a month</p> <p>Determined by: GPS and bio-metric device data; and self-reporting</p> <p><i>Note. The Service Provider shall use its best endeavours to achieve 100% compliance, by arranging tele-radiology linkages to augment the physical radiology services at the Healthcare Facilities by providing virtual support on a 24x7 basis</i></p>	= 100% compliance	10,000	10,000	10,000
<p><b>Lab &amp; Diagnostic Services</b></p> <p>Availability of functional lab services during all operational days of MHV in a month</p> <p>Determined by: GPS and bio-metric device data; and self-reporting</p>	= 100% compliance	10,000	10,000	10,000

### 3. Performance KPIs

#### 3.1 Performance KPIs: District Level Facility & CHC

S. N	Performance KPI	Baseline KPI Measure	% Deduction/month for failure to achieve Baseline KPI Measure			% Addition/month for exceeding Baseline KPI Measure		
			(% of Volume Adjusted Service Fee)					
			DH	CHC- 1	CHC-2	DH	CHC- 1	CHC-2
1	<b>Compliance with Standard Treatment Protocol (STP)</b> Adherence to state STPs set out in Schedule N (as amended) or incorporation of due documentation for deviation from STPs, as determined through Monthly External Review.	> 95% compliance (Incentive)	-0.90%	-0.40%	-0.40%	1.35%	0.60%	0.60%
		< 90% compliance (Deduction)						
2	<b>Infection Rate (any HAI)</b> as determined through Monthly External Review	< 85% compliance (Deduction)	-0.68%	-0.30%	-0.30%			
		> 3% (Deduction)	-0.90%	-0.40%	-0.40%			
3	<b>Patient Satisfaction Index</b> as determined through kiosk based exit survey of Patients	> 5% (Deduction)	-0.68%	-0.30%	-0.30%			
		≥ 70% (Incentive)	-0.20%	-0.09%	-0.09%	0.30%	0.15%	0.15%
4	<b>Percentage of Missing or incomplete Medical Records</b> as determined by monthly external review	≤ 50% (Deduction)						
		≥ 2% (Deduction)	-0.90%	-0.40%	-0.40%			
5	<b>Equity &amp; Data Reporting</b> Number of RSBY/Universal Health Insurance Scheme card swipes or information recorded based on Aadhar card or other id used as basis of insurance, as determined through MIS Patient Information to be recorded includes: name, age, location, gender, etc.	≥ 5% (Deduction)	-0.68%	-0.30%	-0.30%			
		>20% of total OPD (Incentive)				0.45%	0.20%	0.20%
6	<b>NABH Accreditation</b> attaining NABH accreditation, as determined through	>30% of total OPD (Incentive)				0.45%	0.20%	0.20%
		Entry level accreditation				0.60%	0.20%	0.20%
		Cumulative achievement of				1.20%	0.40%	0.40%



S. N	Performance KPI	Baseline KPI Measure	% Deduction/month for failure to achieve Baseline KPI Measure			% Addition/month for exceeding Baseline KPI Measure		
			(% of Volume Adjusted Service Fee)					
			DH	CHC- 1	CHC-2	DH	CHC- 1	CHC-2
	NABH certification and verified through NABH	Full NABH accreditation						

**Note.** Additions/Deductions for Performance KPIs will not be applicable for first 6 months following the COD.

**Note.** If 2 deductions/additions are stated for the same Performance KPI, then such deductions/additions apply cumulatively.

### 3.2 Performance KPIs: MHV level

S. N	Performance KPI	Baseline KPI Measure	% Deduction/ month for failure to achieve Baseline KPI Measure			% Incentive/ month for exceeding Baseline KPI Measure		
			(% of Volume Adjusted Service Fee)					
			MHV- 1	MHV- 2	MHV- 3	MHV- 1	MHV- 2	MHV- 3
1	<b>Patient satisfaction index</b> as determined through kiosk based exit survey of Patients	≥ 70% (Incentive) ≤ 50% (Deduction)	-0.05%	-0.05%	-0.05%	0.05%	0.05%	0.05%
2	<b>Functional GPS Tracking Device</b> Number of days on which GPS Tracking Device is functional, as determined through GPS device data + self-reporting	≤ 90% (Deduction)	-0.09%	-0.09%	-0.09%			
3	<b>Tele-Radiology</b> Number of Tele Radiology sessions being conducted on each day, as determined by monthly external review	>1 session/day, at least 50% of MHV working days in a month (Incentive)				0.10%	0.10%	0.10%

S. N	Performance KPI	Baseline KPI Measure	% Deduction/ month for failure to achieve Baseline KPI Measure			% Incentive/ month for exceeding Baseline KPI Measure		
			(% of Volume Adjusted Service Fee)					
			MHV- 1	MHV- 2	MHV- 3	MHV- 1	MHV- 2	MHV- 3
		>1 session/day, on each MHV working day in a month (Incentive)				0.15%	0.15%	0.15%
4	<b>Equity &amp; Data Reporting</b> Number of RSBY/Universal Health Insurance Scheme card swipes or information recorded based on Aadhar card or other id used as basis of insurance, as determined through MIS Patient Information to be recorded includes: name, age, location, gender, etc.	>20% of total OPD (Incentive)				0.05%	0.05%	0.05%
		>30% of total OPD (Incentive)				0.05%	0.05%	0.05%

**Note.** Additions/Deductions for Performance KPIs will not be applicable for first 6 months following the COD.

**Note.** If 2 deductions/additions are stated for the same Performance KPI, then such deductions/additions apply cumulatively.

### 3.4 Performance KPIs: Global Level

S. No.	Performance KPI	Baseline KPI Measure	% Incentive/ month for exceeding Baseline KPI Measure
			(% of Volume Adjusted Service Fee)
1	<p><b><i>Ante-Natal Care (ANC) &amp; Post-Natal Care (PNC)</i></b>            Number of pregnant women in the District who have availed any services at the Mobile or Fixed Healthcare Facilities run by the service provider and that complete at least 4 ANCs and 2 PNCs, as determined through self-reporting&amp; monthly external review</p>	≥75% of pregnant women in Cluster (Incentive)	0.50%
2	<p><b><i>Full Immunization of New Born babies</i></b>            Number of children (up-to one year of age) in the District who have availed any services at the Mobile or Fixed Health Care Facilities run by the Service Provider and that complete all necessary immunizations required by one year of age, as determined through self-reporting&amp; monthly external review</p>	≥90% of children (up to one year of age) in Cluster (Incentive)	0.50%

## Schedule D - Format of Performance Security

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(See Clause 8.1)  
[On Appropriate Stamp Paper]

Bank Guarantee No. [●]

THIS DEED OF GUARANTEE is executed on this [insert date] day of [insert month and year] at [insert place] by [insert name of bank and branch] with its head/registered office at [insert address], (hereinafter referred to as the “**Guarantor**”, which expression shall unless it is repugnant to the subject or context thereof include successors and assigns)

IN FAVOUR OF:

UTTARAKHAND HEALTH & FAMILY WELFARE SOCIETY, a society formed under the [insert name of act], with its principal office at [insert address] (hereinafter referred to as the “**Authority**”, which expression shall unless repugnant to the context or meaning thereof includes its successors and permitted assigns).

WHEREAS:

- (A) .....(the “**Service Provider**”) and the Authority have entered into a PPP Contract dated [insert date] (the “**Agreement**”) for the augmentation, development, operation and maintenance of the Healthcare Facilities and for the provision of Healthcare Services in [insert name of Cluster] on PPP basis, subject to and in accordance with the provisions of the Agreement.
- (B) Clause 8.1 of the Agreement requires the Service Provider to furnish an unconditional, irrevocable, on demand bank guarantee to the Authority in a sum of Rs 2.5 crores (Rupees two crore and fifty lakh) (the “**Guarantee Amount**”) as security for the due and faithful performance of its obligations, under and in accordance with the Agreement, during the Term (as defined in the Agreement) and for a period of 60 (sixty) Business Days following the Transfer Date (as defined in the Agreement) (the “**Guarantee Period**”).
- (C) At the request of the Service Provider and for sufficient consideration, the Guarantor has agreed to provide this unconditional, irrevocable and on-demand bank guarantee, for the due and punctual performance or discharge by the Service Provider of its obligations and liabilities under the Agreement.

NOW, THEREFORE, THIS DEED WITNESSETH AS FOLLOWS:

1. The Guarantee is given on consideration received from the Service Provider, the receipt and sufficiency of which is hereby acknowledged.
2. The Guarantor hereby unconditionally and irrevocably guarantees and secures, as primary obligor and not merely as guarantor, to the Authority the due and faithful performance of the obligations of the Service Provider during the Guarantee Period, under and in accordance with the Agreement, and agrees and undertakes to pay to the Authority, upon its mere first written demand, and without any demur, reservation, recourse, contest or protest, and without any reference to the Service Provider, such sum or sums up to an aggregate sum of the Guarantee Amount as the Authority shall claim, without the Authority

being required to prove or to show grounds or reasons for its demand and/or for the sum specified therein.

The Guarantor agrees that the value of the Guarantee shall at all times be maintained at the amount equivalent to the Guarantee Amount.

The Guarantor further agrees that this Guarantee does not limit the number of claims that may be made by the Authority against the Guarantor. Upon a payment being made under this Guarantee, the amount of the Guarantee shall automatically be replenished to the full Guaranteed Amount.

Any payment made hereunder shall be made free and clear of and without deduction for, or on account of, any present or future Taxes, deductions or withholdings of any nature whatsoever and by whomsoever imposed, and where any withholding on a payment is required by any Applicable Law, the Guarantor shall comply with such withholding obligations and shall pay such additional amount in respect of such payment such that the Authority receives the full amount due hereunder as if no such withholding had occurred.

3. A letter from the Authority, under the hand of an Officer not below the rank of Deputy Secretary to the Guarantor that the Service Provider has committed default in the due and faithful performance of all or any of its obligations under and in accordance with the Agreement shall be conclusive, final and binding on the Guarantor. The Guarantor further agrees that the Authority shall be the sole judge as to whether the Service Provider is in default in due and faithful performance of its obligations during the Guarantee Period under the Agreement and its decision that the Service Provider is in default shall be final, and binding on the Guarantor, notwithstanding any differences between the Authority and the Service Provider, or any dispute between them pending before any court, tribunal, arbitrators or any other authority or body, or by the discharge of the Service Provider for any reason whatsoever.

The Guarantor's obligations hereunder shall subsist until all such demands are duly met and discharged in accordance with the provision hereof.

4. It shall not be necessary, and the Guarantor hereby waives any necessity, for the Authority to proceed against the Service Provider or any other person before presenting to the Guarantor its demand under this Guarantee, or resort to any other means of obtaining payment of the Guaranteed Amount.
5. The obligations of the Guarantor herein are absolute and unconditional, irrespective of the value, genuineness, validity, regularity or enforceability of the Agreement or the insolvency, bankruptcy, re-organisation, dissolution or liquidation of the Service Provider or any change in ownership of the Service Provider or any purported assignment by the Service Provider or any other circumstance whatsoever, which might otherwise constitute a discharge or defence of a guarantor or a surety.
6. The Authority shall have the liberty, without affecting in any manner the liability of the Guarantor under this Guarantee, to vary at any time, the terms and conditions of the Agreement or to extend the time or period for the compliance with, fulfillment and/or performance of all or any of the obligations of the Service Provider contained in the Agreement or to postpone for any time, and from time to time, any of the rights and powers exercisable by the Authority against the Service Provider, and either to enforce or forbear from enforcing any of the terms and conditions contained in the Agreement and/or the securities available to the Authority, and the Guarantor shall not be released from its liability and obligation under these presents by any exercise by the Authority of the liberty with reference to the matters aforesaid or by reason of time being given to the Service Provider or any other forbearance, indulgence, act or omission on the part of the Authority

or of any other matter or thing whatsoever which under any law relating to sureties and guarantors would but for this provision have the effect of releasing the Guarantor from its liability and obligation under this Guarantee and the Guarantor hereby waives all of its rights under any such law.

7. If, and to the extent that for any reason the Service Provider enters or threatens to enter into any proceedings in bankruptcy or re-organisation or otherwise, or if, for any other reason whatsoever, the performance or payment by the Service Provider of the Guarantee Amount becomes or may reasonably be expected to become impossible, then the Guarantee Amount shall be promptly paid by the Guarantor to the Authority on demand.
8. This Guarantee is in addition to and not in substitution of any other guarantee or security now or which may hereafter be held by the Authority in respect of or relating to the Agreement or for the fulfillment, compliance and/or performance of all or any of the obligations of the Service Provider under the Agreement.
9. So long as any amount is due from the Service Provider to the Authority, the Guarantor shall not exercise any right of subrogation or any other rights of a guarantor or enforce any guarantee or other right or claim against the Service Provider, whether in respect of its liability under this Guarantee or otherwise, or claim in the insolvency or liquidation of the Service Provider or any such other Person in competition with the Authority. If the Guarantor receives any payment or benefit in breach of this Clause 9, it shall hold the same upon trust for the Authority.
10. Notwithstanding anything contained hereinbefore, the liability of the Guarantor under this Guarantee is restricted to the Guarantee Amount and unless a demand or claim in writing is made by the Authority on the Guarantor under this Guarantee, during the Guarantee Period, all rights of the Authority under this Guarantee shall be forfeited and the Guarantor shall be relieved from its liabilities hereunder.
11. This Guarantee shall cease to be in force and effect upon the expiry of the Guarantee Period. Upon request made by the Service Provider for release of the Guarantee along with the particulars required to satisfy the expiry of Guarantee Period, duly certified by a statutory auditor of the Service Provider, the Authority shall release the Guarantee forthwith.  

Notwithstanding the foregoing, this Guarantee shall continue in effect until the sums payable under this Guarantee have been indefeasibly paid in full and the Guarantor receives written notice thereof from the Authority, such notice to be issued promptly upon such occurrence.
12. The Guarantor undertakes not to revoke this Guarantee during its currency, except with the previous express consent of the Authority in writing, and declares and warrants that it has the power to issue this Guarantee and the undersigned has full powers to do so on behalf of the Guarantor.
13. Any notice by way of request, demand or otherwise hereunder may be sent by post addressed to the Guarantor at its above referred Branch, which shall be deemed to have been duly authorized to receive such notice and to effect payment thereof forthwith, and if sent by post it shall be deemed to have been given at the time when it ought to have been delivered in due course of post and in proving such notice, when given by post, it shall be sufficient to prove that the envelope containing the notice was posted and a certificate signed by an officer of the Authority that the envelope was so posted shall be conclusive.
14. This Guarantee shall come into force with immediate effect and shall remain in force during the Guarantee Period pursuant to the provisions of the Agreement.

15. The Guarantor represents and warrants to the Authority that:
  - (a) it has the power to execute, deliver and perform the terms and provisions of this Guarantee and has taken all necessary action to authorise the execution, delivery and performance by it of this Guarantee;
  - (b) the Guarantor has duly executed and delivered this Guarantee, and this Guarantee constitutes its legal, valid and binding obligation enforceable in accordance with its terms except as the enforceability thereof may be limited by applicable bankruptcy, insolvency, moratorium or other similar laws affecting the enforcement of creditors' rights generally and by general equitable principles;
  - (c) neither the execution, delivery or performance by the Guarantor of this Guarantee, nor compliance by it with the terms and provisions hereof will: (i) contravene any material provision of any Applicable Law; (ii) conflict or be inconsistent with or result in any breach of any of the material terms, covenants, conditions or provisions of, or constitute a default under any agreement, contract or instrument to which the Guarantor is a party or by which it or any of its property or assets is bound; or (iii) violate any provision of the Guarantor's constituent documents;
  - (d) no order, consent, approval, license, authorisation or validation of, or filing, recording or registration with, except as have been obtained or made prior to the date hereof, or exemption by, any governmental or public body or authority, or any subdivision thereof, is required to authorise, or is required in connection with: (i) the execution, delivery and performance of this Guarantee; or (ii) the legality, validity, binding effect or enforceability of this Guarantee; and
  - (e) this Guarantee will be enforceable when presented for payment to the Guarantor's branch in Dehradun at [●].
16. The rights, powers and remedies expressly provided in this Guarantee are cumulative and not exclusive of any rights, powers or remedies which the Authority would otherwise have. No notice to or demand on the Guarantor in any case shall entitle the Guarantor to any other further notice or demand in similar or other circumstances or constitute a waiver of the rights of the Authority to any other or further action in any circumstances without notice or demand.
17. If any one or more of the provisions contained in this Guarantee are or become invalid, illegal or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby, and the Guarantor shall enter into good faith negotiations with the Authority to replace the invalid, illegal or unenforceable provision.
18. The Guarantor hereby agrees to execute and deliver all such instruments and take all such actions as may be necessary to make effective fully the purposes of this Guarantee.
19. The Authority may assign or transfer all or any part of its interest herein to any other person with prior written notice to the Guarantor. The Guarantor shall not assign or transfer any of its rights or obligations under this Guarantee.
20. This Guarantee shall be governed by, and construed in accordance with, the laws of India. The Guarantor irrevocably agrees that any dispute arising out of or relating to this Guarantee will be adjudicated in accordance with the provision of the Arbitration and Conciliation Act, 1996.
21. Capitalised terms used herein but not defined shall have the meaning ascribed to them in the Agreement.

**IN WITNESS WHEREOF** the Guarantor has set its hands hereunto on the day, month and year first hereinabove written.

SIGNED, SEALED AND DELIVERED

For and on behalf of  
the GUARANTOR by:

(Signature)

Of [*insert name of signatory*]

It's [*insert designation*] and duly authorized representative

Authorized by [Power of Attorney dated [*insert date*]] **OR** [Board resolution dated [*insert date*]].

(Name)

(Designation)

(Code Number)

(Address)

**NOTES:**

- (i) The bank guarantee should contain the name, designation and code number of the officer(s) signing the guarantee.
- (ii) The address, telephone number and other details of the Head Office of the Bank as well as of issuing Branch should be mentioned on the covering letter of issuing Branch.



# Schedule E - Format of Completion Certificate & Provisional Certificate

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## 1. Format of Completion Certificate

To

[insert name of Service Provider]

[insert address]

Dated: [insert date]

Dear Sir

### Sub: Completion Certificate

1. I, [Name of the Authority's Representative/Name of Independent Expert's Representative], acting as a representative of the Authority, under and in accordance with the PPP Contract between the Uttarakhand Health & Family Welfare Society (the "Authority") and [insert name of Service Provider] (the "Service Provider") dated [insert date] (the "Agreement") for the augmentation, development, operation and maintenance of the Healthcare Facilities and for the provision of Healthcare Services in [insert name of Cluster] on PPP basis, have been requested by the Service Provider's authorized to attend and inspect the testing and commissioning of the Healthcare Facilities.
2. I certify that:
  - (a) I have attended and inspected the testing and commissioning of the following Healthcare Facilities: [insert name of Healthcare Facilities] on [insert date of testing and inspection]. I am satisfied that the Development Works in relation to these Healthcare Facilities is complete.
  - (b) I am satisfied that the tests and inspection have been successfully completed to determine compliance of the Healthcare Facilities with the following:
    - (i) the minimum infrastructure, Personnel and equipment requirements set out at **Schedule B** to the Agreement, the Applicable Laws and Applicable Permits;
    - (ii) the equipment and materials procured by the Service Provider in undertaking the Development Works are in good working condition and suitable for their intended use in the Healthcare Facilities; and
    - (iii) the Healthcare Facilities are safe, reliable and fit for operation and maintenance during the entire Operation Period, subject to fair wear and tear, and the provision of Healthcare Services in accordance with the Agreement.
  - (c) I am satisfied that the Service Provider has successfully met all of the Completion Conditions set out at Clause 11.5 of the Agreement as on [insert date].

3. I therefore certified that, in terms of the Agreement, all Development Works forming part of the Healthcare Facilities have been completed, and the Healthcare Facilities are ready for entry into commercial operation from the date of this Completion Certificate.

SIGNED, SEALED AND DELIVERED

For and on behalf of

[Independent Expert/Authority] by:

(Signature)

(Name)

(Designation)

(Address)

Copy to: [insert name of Authority representative for contract matters]  
[insert address]

## 2. Format of Provisional Certificate

To

[insert name of Service Provider]

[insert address]

Dated: [insert date]

Dear Sir

### Sub: Provisional Certificate

1. I, [Name of the Authority's Representative/Name of Independent Expert's Representative], acting as a representative of the Authority, under and in accordance with the PPP Contract between the Uttarakhand Health & Family Welfare Society (the "Authority") and [insert name of Service Provider] (the "Service Provider") dated [insert date] (the "Agreement") for the augmentation, development, operation and maintenance of the Healthcare Facilities and for the provision of Healthcare Services in [insert name of Cluster] on PPP basis, have been requested by the Service Provider's authorized to attend and inspect the testing and commissioning of the Healthcare Facilities.
2. I certify that:
  - (a) I have attended and inspected the testing and commissioning of the following Healthcare Facilities: [insert name of Healthcare Facilities] on [insert date of testing and inspection]. I am satisfied that the Development Works in relation to these Healthcare Facilities is complete, with the exception of the following items (the "Punch List"): [insert Punch List items, provided that these relate only to the equipment listed at Clause 12.5.1.]
  - (b) I am satisfied that the tests and inspection have been successfully completed to determine compliance of the Healthcare Facilities (with the exception of the Punch List) with the following:
    - (i) the minimum infrastructure, Personnel and equipment requirements set out at **Schedule B** to the Agreement, the Applicable Laws and Applicable Permits;
    - (ii) the equipment and materials procured by the Service Provider in undertaking the Development Works are in good working condition and suitable for their intended use in the Healthcare Facilities; and
    - (iii) the Healthcare Facilities (with the exception of the Punch List) are safe, reliable and fit for operation and maintenance during the entire Operation Period, subject to fair wear and tear, and the provision of Healthcare Services in accordance with the Agreement.
  - (c) I am satisfied that the Service Provider has successfully met all of the Completion Conditions set out at Clause 11.5 of the Agreement as on [insert date].
3. I therefore certify that, in terms of the Agreement, all Development Works forming part of the Healthcare Facilities (with the exception of the Punch List items) have been completed, and the Healthcare Facilities (with the exception of the Punch List items) are ready for entry into commercial operation from the date of this Provisional Certificate.

4. In terms of Clause 12.5 of the Agreement, the Service Provider has a period of 90 days from the date of this Provisional Certificate in which to complete the Punch List items. Upon completion of the Punch List items, the Service Provider may request [*insert name of Independent Expert/Authority*] to issue the Completion Certificate in accordance with Clause 12.4 of the Agreement.

SIGNED, SEALED AND DELIVERED

For and on behalf of

[Independent Expert/Authority] by:

(Signature)

(Name)

(Designation)

(Address)

Copy to:        [insert name of Authority representative for contract matters]  
                  [insert address]

## Schedule F - Service Quality Standards

The Service Provider is required to comply with the following service quality standards in relation to each Healthcare Facility that is operated and maintained by it:

Service Quality Standards	Performance Requirements
<b>A: Healthcare Services Provision</b>	
Standard A1 Healthcare Services must be available in each Healthcare Facility	Each Healthcare Facility must make available the Healthcare Services that it is required to be provided in accordance with <b>Schedule B</b> and <b>Schedule C</b>
	Each Healthcare Facility must make available Healthcare Services for OPD procedures for each specialty
	Each Healthcare Facility must make available the Healthcare Services for time period mandated in <b>Schedule B</b> and <b>Schedule C</b>
	Each Healthcare Facility must make available the Accident & Emergency Services that it is required to provide in accordance with <b>Schedule B</b> and <b>Schedule C</b>
	Each Healthcare Facility must make available Reproductive, Maternal, New-born, child and adolescent Healthcare Services that it is required to provide in accordance with <b>Schedule B</b> and <b>Schedule C</b>
	Each Healthcare Facility must make available the Blood Storage Unit & transfusion services that it is required to provide in accordance with <b>Schedule B</b> and <b>Schedule C</b>
	Each Healthcare Facility must make available the diagnostic services that it is required to provide in accordance with <b>Schedule B</b> and <b>Schedule C</b>
	Each Healthcare Facility must make available the services mandated by the Health Programmes, that it is required to provide in accordance with <b>Schedule B</b> and <b>Schedule C</b> . Further, such services should be provided in compliance with the guidelines issued by the Government of India and/or the State Government under the Health Programmes
	Each Healthcare Facility must provide the support and ancillary services that it is required to provide in accordance with <b>Schedule B</b> and <b>Schedule C</b> .
Standard A2 Health services provided at each Healthcare Facility are appropriate to community needs	Each Healthcare Facility must provide Healthcare Services for the health problems and diseases that are prevalent locally and based on the needs of the community that it serves
<b>B: Patient Rights</b>	
Standard B1 Each Healthcare Facility provides the information to Patients, attendants & community about the available Healthcare Services and their modalities.	Each Healthcare Facility must have uniform and user-friendly signage system.
	Each Healthcare Facility must prominently display the availability of Healthcare Services at the reception/registration area.
	Each Healthcare Facility must establish Citizen Charter, which is followed at all levels.
	User Charges must be displayed and communicated to Patients effectively at each Healthcare Facility.
	Patients & visitors must be sensitized and educated through appropriate IEC/BCC approaches.
	Information must be available in Hindi and English and must be easy to understand.
	Each Healthcare Facility must provide information to Patients and visitors through an exclusive set-up (e.g. Enquiry services are available 24x7 and the Service Provider maintains a website).

Service Quality Standards	Performance Requirements
	Each Healthcare Facility must ensure access to clinical records (such as treatment note/ discharge note) of Patients to entitled personnel (e.g. Doctors and nurses treating the patient/ person authorised by court/ under RTI/ authorised government personnel and representatives of the Authority).
Standard B2 Healthcare Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical, economic, cultural or social reasons.	Healthcare Services must be provided in a manner that is sensitive to gender.
	Religious and cultural preferences of Patients and attendants must be taken into consideration while delivering Healthcare Services.
	Access to each Healthcare Facility must be provided without any physical barrier & friendly to persons with disability.
	There must be no discrimination on basis of social & economic status of Patients.
	There must be affirmative action to ensure that vulnerable sections can access Healthcare Services.
Standard B3 Each Healthcare Facility maintains privacy, confidentiality & dignity of Patients, and has a system for guarding Patient related information.	Adequate visual privacy must be provided at every point of care.
	Confidentiality of Patient records and clinical information must be maintained.
	Each Healthcare Facility must ensure the behaviour of staff is dignified and respectful, while delivering the Healthcare Services.
	Each Healthcare Facility must ensure privacy and confidentiality for every Patient, especially of those conditions having social stigma, and also safeguard vulnerable groups.
Standard B4 Each Healthcare Facility has defined and established procedures for informing Patients about the medical condition, involving them in treatment planning and facilitates informed decision making.	There must be established procedures for taking informed consent before treatment and procedures.
	Patient must be informed about his/her rights and responsibilities.
	Personnel must be aware of Patients' rights and responsibilities.
	Information about the treatment must be shared with Patients or attendants, regularly.
	Each Healthcare Facility must have defined and established grievance redressal system in place, including adequate publicity regarding such grievance redressal system.
Standard B5 Each Healthcare Facility ensures that there is no financial barrier to access, and that there is financial protection given for the cost of Healthcare Services.	Each Healthcare Facility must provide cashless Healthcare services to pregnant women, mothers and neonates as per prevalent Health Programmes.
	Each Healthcare Facility must ensure that drugs prescribed are available at Pharmacy and wards.
	Each Healthcare Facility must ensure that facilities for the prescribed investigations and/or for collection of lab samples, as relevant, are available at that Healthcare Facility.
	Each Healthcare facility must provide treatment to Below poverty line Patients in compliance with the User Charges Policy set by the Authority, without administrative hassles.
	Each Healthcare Facility must ensure implementation of the Health Insurance Scheme and encourage proper utilization of the covers under the Health Insurance Scheme
<b>C: Inputs</b>	
Standard C1 Each Healthcare Facility has infrastructure for delivery of assured Healthcare Services, and available infrastructure that	At each Healthcare Facility, departments must have adequate space as per Patient or work load.
	Patient amenities must be provided as per Patient load at each Healthcare Facility.
	At each Healthcare Facility, departments must have layout and

Service Quality Standards	Performance Requirements
meets the prevalent norms.	demarcated areas as per functions.
	Each Healthcare Facility must have adequate circulation area and open spaces according to need and Applicable Laws.
	Each Healthcare Facility must have infrastructure for intramural and extramural communication.
	Healthcare Service counters must be available as per Patient load at each Healthcare Facility.
	Each Healthcare Facility and departments must be planned to ensure structure follows the function/processes (Structure commensurate with the function of the Healthcare Facility).
Standard C2 Each Healthcare Facility ensures the physical safety of the infrastructure.	The seismic safety of the infrastructure at each Healthcare Facility must be ensured.
	The electrical safety of each Healthcare Facility must be ensured.
	The infrastructure at each Healthcare Facility must be safe for providing Healthcare Services to Patients.
	Each Healthcare Facility must fully comply with the Applicable Laws and the Environmental and Social Management Plan on matters relating to environment, health and safety
Standard C3 Each Healthcare Facility has established Programme for fire safety and other disaster.	Each Healthcare Facility must have a plan for prevention of fire.
	Each Healthcare Facility must have adequate fire fighting equipment.
	Each Healthcare Facility must have a system of periodic training of Personnel and the Service Provider must conduct mock drills regularly for fire and other disaster situations.
	The Personnel of the Service Provider must be trained to deal with disaster situations in accordance with the disaster management manual of Uttarakhand and any other Applicable Laws
	Each Healthcare Facility must have and must comply with a preparedness plan for dealing with fire or other disasters.
Standard C4 Each Healthcare Facility has adequate qualified and trained Personnel, required for providing the assured Healthcare services to meet the current case load.	Each Healthcare Facility must have adequate specialist doctors for meeting the Availability KPIs set out in <b>Schedule C</b> .
	Each Healthcare Facility must have adequate general duty medical officers commensurate with Patient volumes and to meet the Availability KPIs set out in <b>Schedule C</b> .
	Each Healthcare Facility must have adequate nursing staff commensurate with Patient volumes and to meet the Availability KPIs set out in <b>Schedule C</b> .
	Each Healthcare Facility must have adequate technicians/paramedics commensurate with Patient volumes and to meet the Availability KPIs set out in <b>Schedule C</b> .
	Each Healthcare Facility must have adequate support/general staff.
	The Personnel hired by the Service Provider must be provided with all required training/skill sets.
	The Personnel must be skilled as per job description.
Standard C5 Each Healthcare Facility provides drugs and consumables required for assured Healthcare services.	The departments at each Healthcare Facility must have availability of adequate drugs at point of use and each department must maintain a buffer stock of 1 month's requirement of drugs and consumables at all times.
	The departments at each Healthcare Facility must have adequate consumables at point of use.
	Emergency drug trays must be maintained at every point of care, where ever it may be needed (such as availability of Emergency drug tray/ crash cart at the emergency department).

Service Quality Standards	Performance Requirements
Standard C6 Each Healthcare Facility has equipment & instruments required for provision of minimum required Healthcare services.	Functional Equipment & instruments must be available for examination & monitoring of Patients at each Healthcare Facility.
	Functional Equipment & instruments must be available for treatment procedures required to be undertaken in each Healthcare Facility.
	Functional Equipment & instruments must be available for diagnostic procedures required to be undertaken at each Healthcare Facility.
	Functional Equipment and instruments must be available for resuscitation of Patients and for providing intensive and critical care to Patients at each Healthcare Facility that is required to provide intensive and critical care in accordance with <b>Schedule B</b> .
	Functional Equipment must be available for Storage at each Healthcare Facility.
	Functional equipment and instruments must be available for support services at each Healthcare Facility.
	Departments at each Healthcare Facility must have Patient furniture and fixtures commensurate with Patient volumes and Healthcare Service provision.
<b>D: Clinical Services</b>	
Standard D1 Each Healthcare Facility has defined procedures for registration, consultation and admission of Patients.	Each Healthcare Facility must have an established procedure for registration of patients.
	Each Healthcare Facility must have an established procedure for OPD consultation.
	There must be an established procedure for admission of Patients at each Healthcare Facility.
	There must be an established procedure for managing Patients, in case beds are not available at each Healthcare Facility (other than MHVs).
Standard D2 Each Healthcare Facility has defined and established procedures for clinical assessment and reassessment of the Patients.	There must be an established procedure for initial assessment of Patients at each Healthcare Facility.
	There must be an established procedure for follow-up/ reassessment of Patients at each Healthcare Facility.
Standard D3 Each Healthcare Facility has defined and established procedures for continuity of care of Patient and referral.	Each Healthcare Facility must have an established procedure for continuity of care during inter-departmental transfer.
	Each Healthcare Facility must provide appropriate referral linkages to the Patients, including ambulance services for transfer to other Healthcare Facilities or third party health facilities to assure the continuity of care.
	A person must be identified for care during all steps of care (e.g. doctor and nurse is designated for each Patient admitted) at each Healthcare Facility.
	Each of the Healthcare Facilities must be linked through a tele-medicine and tele-radiology network maintained by the Service Provider.
Standard D4 Each Healthcare Facility has defined and established procedures for nursing care.	Procedure for identification of Patients must be established at each Healthcare Facility.
	Procedure for ensuring timely and accurate nursing care as per treatment plan must be established at each Healthcare Facility.
	There must be an established procedure of Patient hand over, whenever staff duty change happens at each Healthcare Facility.
	Nursing records must be maintained at each Healthcare Facility.
	There must be a procedure for periodic monitoring of Patients at each Healthcare Facility.
Standard D5 Each Healthcare	Each Healthcare Facility must identify vulnerable Patients and ensure their



Service Quality Standards	Performance Requirements
Facility has a procedure to identify high risk and vulnerable Patients.	safe care.
	Each Healthcare Facility must identify high risk Patients and ensure their care, as per their need.
Standard D6 Each Healthcare Facility follows standard treatment protocols defined by state/Central government for prescribing the generic drugs & their rational use.	Each Healthcare Facility must ensure that drugs are prescribed in generic name only.
	There must be an established procedure for rational use of drugs at each Healthcare Facility.
	Each Healthcare Facility must ensure compliance with the STPs, including displaying STPs at the point of use (e.g. STP for grading and management of hypothermia to be available at labour room, nursing station and nursery) as required.
Standard D7 Each Healthcare Facility has defined procedures for safe drug administration.	There must be a process for identifying and cautious administration of high alert drugs at each Healthcare Facility
	Medication orders must be written legibly and adequately.
	There must be a procedure to check drug before administration/dispensing.
	There must be a system to ensure right medicine is given to right Patient.
Standard D8 Each Healthcare Facility has defined and established procedures for maintaining, updating of Patients' clinical records and their storage.	Patients must be counselled for self-drug administration.
	All the assessments, re-assessment and investigations must be recorded and updated at each Healthcare Facility.
	All treatment plan, prescription/orders must be recorded in the Patient records at each Healthcare Facility.
	Care provided to each Patient must be recorded in the Patient records at each Healthcare Facility.
	Procedures performed must be written on Patients' records.
	Adequate form and formats must be available at point of use.
Standard D9 Each Healthcare Facility has defined and established procedures for discharge of Patient.	Register/Medical Records must be maintained in compliance with Applicable Laws.
	The Healthcare Facility must ensure safe and adequate storage and retrieval of medical records.
	Discharge must be done only after assessing Patient readiness.
	Case summary and follow-up instructions must be provided at the time of discharge.
Standard D10 Each Healthcare Facility has defined and established procedures for intensive care.	Counselling services must be provided as required during discharges.
	Each Healthcare Facility must have an established procedure for Patients leaving the Healthcare Facility against medical advice, absconding, etc.
	Each Healthcare Facility must have an established procedure for shifting the Patient to step-down/ward based on explicit assessment criteria.
Standard D11 Each Healthcare Facility has defined and established procedures for Emergency Services and Disaster	Each Healthcare Facility must have defined and established procedure for intensive care.
	Each Healthcare Facility must have explicit clinical criteria for providing intubation & extubation, and care of Patients on ventilation and subsequently on its removal.
	There must be a procedure for Receiving and triage of Patients at each Healthcare Facility.
	Emergency protocols must be defined and implemented at each Healthcare Facility.
	Each Healthcare Facility must have a disaster management plan in place.

Service Quality Standards	Performance Requirements
Management.	<p>Each Healthcare Facility must ensure adequate and timely availability of ambulances services and mobilization of resources, as per requirement.</p> <p>There must be a procedure for handling medico legal cases under supervision of the Authority Representative at each Healthcare Facility.</p>
Standard D12 Each Healthcare Facility has defined and established procedures of diagnostic services.	<p>There must be established procedures for Pre-testing activities at each Healthcare Facility.</p> <p>There must be established procedures for testing activities at each Healthcare Facility.</p> <p>There must be established procedures for Post-testing activities at each Healthcare Facility.</p>
Standard D13 Each Healthcare Facility has defined and established procedures for Blood Storage Management and Transfusion.	<p>There must be an established procedure for the collection of blood.</p> <p>There must be an established procedure for the testing of blood.</p> <p>There must be an established procedure for preparation of blood component.</p> <p>There must be an established procedure for labeling and identification of blood and its product.</p> <p>There must be an established procedure for storage of blood.</p> <p>There must be an established procedure for compatibility testing (e.g. cross matching of blood).</p> <p>There must be an established procedure for issuing blood.</p> <p>There must be an established procedure for transfusion of blood.</p> <p>There must be an established procedure for monitoring and reporting Transfusion complication.</p>
Standard D14 Each Healthcare Facility has established procedures for Anaesthetic Services.	<p>Each Healthcare Facility must have established procedures for Pre-anaesthetic Check-up and maintenance of records.</p> <p>Each Healthcare Facility must have established procedures for monitoring during anaesthesia and maintenance of records.</p> <p>Each Healthcare Facility must have established procedures for Post-anaesthesia care.</p>
Standard D15 Each Healthcare Facility has defined and established procedures of Operation theatre services.	<p>Each Healthcare Facility that offers surgery services must have established procedures OT Scheduling.</p> <p>Each Healthcare Facility that offers surgery services must have established procedures for Pre-operative care.</p> <p>The Healthcare Facility that offers surgery services must have established procedures for Surgical Safety.</p> <p>The Healthcare Facility that offers surgery services must have established procedures for Post-operative care.</p>
Standard D16 Each Healthcare Facility has defined and established procedures for end of life care and death.	<p>Death of admitted Patient must be adequately recorded and communicated.</p> <p>Each Healthcare Facility must have standard procedures for handling the death in the Healthcare Facility.</p> <p>Each Healthcare Facility must have standard operating procedure for end of life support.</p> <p>Each Healthcare Facility must have standard procedures for conducting post-mortem, its recording and meeting its obligation under Applicable Law.</p>
Standard D17 Each Healthcare Facility has established procedures for Antenatal care as per guidelines.	<p>There must be an established procedure for Registration and follow up of pregnant women</p> <p>There must be an established procedure for History taking, Physical examination, and counselling of each antenatal woman visiting any</p>

Service Quality Standards	Performance Requirements
	<p>Healthcare Facility.</p> <p>Each Healthcare Facility must ensure availability of diagnostic and drugs during antenatal care of pregnant women.</p> <p>There must be an established procedure for identification of High risk pregnancy and appropriate treatment/referral as per scope of Healthcare Services at each Healthcare Facility.</p> <p>There must be an established procedure for identification and management of moderate and severe anaemia.</p> <p>Counselling of pregnant women must be done as per standard protocol and gestational age</p>
<p>Standard D18 Each Healthcare Facility has established procedures for Intranatal care as per guidelines issued by the Government of India/the State Government.</p>	<p>Established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third Stage of labour) must be followed at each Healthcare Facility.</p> <p>There must be an established procedure for assisted and C-section deliveries at each Healthcare Facility, if within its scope of Healthcare Services.</p> <p>There must be an established procedure for management/Referral of Obstetrics Emergencies at each Healthcare Facility, if within its scope of Healthcare Services.</p> <p>There must be an established procedure for new born resuscitation and new-born care.</p>
<p>Standard D19 Each Healthcare Facility has established procedures for postnatal care as per guidelines.</p>	<p>Post-partum Care must be provided to the mothers.</p> <p>Each Healthcare Facility must ensure adequate stay of mother and new-born in a safe environment as per standard Protocols.</p> <p>There must be an established procedure for Post-partum counselling of mother.</p> <p>Each Healthcare Facility must have established procedures for stabilization/treatment/referral of post natal complications.</p> <p>There must be an established procedure for discharge and follow up of mother and new-born.</p>
<p>Standard D20 Each Healthcare Facility has established procedures for care of new born, infant and child as per guidelines.</p>	<p>Each Healthcare Facility must provide immunization services as per guidelines (Maternal &amp; New born Health toolkit, Gol/ STP).</p> <p>Triage, Assessment &amp; Management of new-borns having emergency signs are done as per guidelines (Maternal &amp; New born Health toolkit, Gol/ STP).</p> <p>Management of Low birth weight new-borns must be done as per guidelines (Maternal &amp; New born Health toolkit, Gol/ STP).</p> <p>Management of neonatal asphyxia, jaundice and sepsis must be done as per guidelines (Maternal &amp; New born Health toolkit, Gol/ STP).</p> <p>Management of children presenting with fever, cough/ breathlessness must be done as per guidelines (Maternal &amp; New born Health toolkit, Gol/ STP).</p> <p>Management of children with severe Acute Malnutrition must be done as per guidelines (Maternal &amp; New born Health toolkit, Gol/ STP).</p> <p>Management of children presenting diarrhea must be done as per STP.</p>
<p>Standard D21 Each Healthcare Facility has established procedures for abortion and family planning as per Applicable Laws.</p>	<p>Family planning counseling services must be provided as per guidelines (Maternal &amp; New born Health toolkit, Gol/ STP).</p> <p>Each Healthcare Facility must provide advice on spacing method of family planning as per guidelines (Maternal &amp; New born Health toolkit, Gol).</p> <p>Each Healthcare Facility must provide advice on limiting method of family</p>

Service Quality Standards	Performance Requirements
	planning as per guidelines (Maternal & New born Health toolkit, Gol).
	Each Healthcare Facility must provide counselling services for abortion as per guidelines (Maternal & New born Health toolkit, Gol).
	Each Healthcare Facility must provide abortion services for 1st trimester as per guidelines (Maternal & New born Health toolkit, Gol).
	Each Healthcare Facility must provide abortion services for 2nd trimester as per guidelines (Maternal & New born Health toolkit, Gol).
Standard D22 Each Healthcare Facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	Each Healthcare Facility must provide Promotive ARSH Services.
	Each Healthcare Facility must provide Preventive ARSH Services.
	Each Healthcare Facility must provide Curative ARSH Services.
	Each Healthcare Facility must provide Referral Services for ARSH.
<b>E: Support Services</b>	
Standard E1 Each Healthcare Facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	Each Healthcare Facility must have established system for maintenance of critical Equipment.
	Each Healthcare Facility must have established procedure for internal and external calibration of measuring Equipment.
	Operating and maintenance instructions must be available with the users of equipment at each Healthcare Facility.
Standard E2 Each Healthcare Facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.	There must be an established procedure for forecasting and indenting drugs and consumables at each Healthcare Facility.
	Each Healthcare Facility must have an established procedure for procurement of drugs.
	Each Healthcare Facility must ensure proper and safe storage of drugs and consumables.
	Each Healthcare Facility must ensure management of expiry and near expiry drugs.
	Each Healthcare Facility must have an established procedure for inventory management.
	There must be a procedure for periodically replenishing the drugs in Patient care areas at each Healthcare Facility.
	There must be a process for storage of vaccines and other drugs, requiring controlled temperature.
	There must be a procedure for secure storage of narcotic and psychotropic drugs at each Healthcare Facility.
Standard E3 Each Healthcare Facility provides safe, secure and comfortable environment to Personnel, Patients and visitors.	Each Healthcare Facility must provide adequate illumination level at Patient care areas.
	Each Healthcare Facility must have provision for restriction of visitors in Patient areas.
	Each Healthcare Facility must ensure safe and comfortable environment for Patients and service providers.
	Each Healthcare Facility must have security system in place at Patient care areas.
	Each Healthcare Facility must have an established measure for safety and security of female Personnel, Patients and visitors.
	Each Healthcare Facility must have an established procedure for prohibition of tobacco and alcohol consumption in the premises.
Standard E4 Each Healthcare Facility has established Programme for maintenance and upkeep of the Facility.	Exterior of each Healthcare Facility building must be maintained appropriately.
	Patient care areas at each Healthcare Facility must be clean and hygienic.

Service Quality Standards	Performance Requirements
	<p>At each Healthcare Facility, infrastructure and equipment must be adequately maintained.</p> <p>Each Healthcare Facility must maintain an open landscaped area.</p> <p>Each Healthcare Facility must have a policy and procedure for removal of condemned junk material.</p> <p>Each Healthcare Facility must have established procedures for pest, rodent and animal control.</p>
<p>Standard E5 Each Healthcare Facility ensures 24 × 7 water and power backup as per requirement of Healthcare Service delivery, and support services norms.</p>	<p>Each Healthcare Facility must have adequate arrangement for storage and supply of potable water in all functional areas.</p> <p>Each Healthcare Facility must ensure adequate power backup in all Patient care areas as per load.</p> <p>Availability of oxygen, medical gases and vacuum supply must be ensured in Critical areas of each Healthcare Facility.</p>
<p>Standard E6 Dietary services are available as per Healthcare Service provision and nutritional requirement of the Patients.</p>	<p>Each Healthcare Facility must have provision for nutritional assessment of the Patients.</p> <p>Each Healthcare Facility (other than the MHVs) must provide diet according to nutritional requirements of the Patients.</p> <p>Each Healthcare Facility (other than the MHVs) must have standard procedures for preparation, handling, storage and distribution of diets, as per requirement of Patients.</p>
<p>Standard E7 Each Healthcare Facility ensures clean linen to the Patients.</p>	<p>Each Healthcare Facility must have adequate sets of linen.</p> <p>Each Healthcare Facility must have established procedures for changing of linen in Patient care areas</p> <p>Each Healthcare Facility must have standard procedures for handling, collection, transportation and washing of linen.</p>
<p>Standard E8 Each Healthcare Facility is compliant with all Applicable Laws.</p>	<p>Each Healthcare Facility must have all requisite Applicable Permits for all of its operations and activities (e.g. Licence/Registration for Pre-Natal Diagnostic Techniques (PNDT), Licence/Registration by AERB, valid licence ambulance are available).</p> <p>Updated copies of all relevant Applicable Laws and Applicable Permits must be available at each Healthcare Facility.</p> <p>Each Healthcare Facility must ensure compliance with relevant processes to ensure compliance with Applicable Laws.</p>
<p>Standard E9 Roles &amp; Responsibilities of administrative and clinical staff are determined as per Applicable Laws and standard operating procedures.</p>	<p>Each Healthcare Facility must have established job descriptions in compliance with Applicable Laws (e.g. USG is taken by qualified person as per PCPNDT).</p> <p>Each Healthcare Facility must have an established procedure for duty roster and deputation to different departments, including rostering and rotation across Healthcare Facilities within the network.</p> <p>Each Healthcare Facility must ensure adherence to dress code as mandated by its administration/the DMH&amp;FW.</p>
<p>Standard E10 Each Healthcare Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.</p>	<p>There must be an established system for contract management for out-sourced services at each Healthcare Facility.</p> <p>There must be a system of periodic review of quality of out-sourced services at each Healthcare Facility.</p>
<p>F: Infection Control</p>	

Service Quality Standards	Performance Requirements
Standard F1 Each Healthcare Facility has infection control Programme and procedures in place for prevention and measurement of Healthcare Facility associated infection.	Each Healthcare Facility(other than MHVs) must have afunctional infection control committee.
	Each Healthcare Facility(other than MHVs) must haveprovisions for Passive and active culture surveillanc of critical & high risk areas.
	Each Healthcare Facility(other than MHVs) must measure Healthcare Facility associated infection rates.
	There must be a Provision of Periodic Medical Check-up and immunization of Personnel at each Healthcare Facility.
	Each Healthcare Facilitymust have established procedures for regular monitoring of infection control practices.
	Each Healthcare Facilitymust have defined and established antibiotic policy.
Standard F2 Each Healthcare Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis.	Hand washing facilities must be provided at point of use.
	The Healthcare FacilityPersonnel must be trained in hand washing practices and they must adhere to standard hand washing practices.
	Each Healthcare Facilitymust ensure compliance with standard practices and materials for antiseptis.
Standard F3 Each Healthcare Facility ensures standard practices and materials for Personal protection.	Each Healthcare Facilitymust ensure adequate personal protection equipment as per requirements (e.g. sterile gloves, marks, gown etc.).
	Each Healthcare Facility staff must adhere to standard personal protection practices.
Standard F4 Each Healthcare Facility has standard procedures for processing of equipment and instruments.	Each Healthcare Facilitymust ensure compliance with standard practices and materials for decontamination and cleaning of instruments and procedures areas.
	Each Healthcare Facilitymust ensure compliance withstandard practices and materials for disinfection and sterilization of instruments and equipment.
Standard F5 Physical layout and environmental control of the Patient care areas ensures infection prevention.	Layout of the department must be conducive for the infection control practices.
	Each Healthcare Facilitymust ensure availability of standard materials for cleaning and disinfection of Patient care areas.
	Each Healthcare Facilitymust ensure compliance withstandard practices are followed for the cleaning and disinfection of Patient care areas.
	Each Healthcare Facility(other than MHVs) must ensure segregation of infectious Patients.
Standard F6 Each Healthcare Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	Each Healthcare Facilitymust ensure segregation of Bio Medical Waste as per Applicable Laws and 'onsite' management of waste is carried out in full compliance with Applicable Laws and the Environmental & Social Management Plan.
	Each Healthcare Facilitymust ensure management of sharps in full compliance with Applicable Laws and the Environmental & Social Management Plan.
	Each Healthcare Facilitymust ensure transportation and disposal of waste in full compliance with Applicable Laws and the Environmental & Social Management Plan.
<b>G : Quality Management</b>	
Standard G1 Each Healthcare Facility has established organizational framework for quality improvement.	Each Healthcare Facilitymust have a quality team in place.
	Each Healthcare Facilitymust review quality of its Healthcare Services at periodic intervals.

Service Quality Standards	Performance Requirements
Standard G2 Each Healthcare Facility has established system for Patient satisfaction.	Patient satisfaction surveys must be conducted at periodic intervals.
	Each Healthcare Facility must analyse the Patient feedback and complaints received through the grievance redressal mechanism, and conduct a root-cause analysis.
	Each Healthcare Facility must prepare the action plans for the areas, contributing to low satisfaction of Patients.
Standard G3 Each Healthcare Facility has established internal and external quality assurance Programmes wherever it is critical to quality.	Each Healthcare Facility must have established internal quality assurance programme in key departments.
	Each Healthcare Facility must have established external assurance programmes at relevant departments.
	Each Healthcare Facility must have established a system for use of check lists in different departments and Healthcare Services.
Standard G4 Each Healthcare Facility has established documented implemented and maintained Standard Operating Procedures for all key processes and support services.	Departmental standard operating procedures must be available at each Healthcare Facility.
	Standard Operating Procedures must adequately describe process and procedures for each Healthcare Facility.
	Personnel must be trained and aware of the procedures written in SOPs at each Healthcare Facility.
	Work instructions and STPs must be displayed at Point of use.
Standard G 5 Each Healthcare Facility maps its key processes and seeks to make them more efficient by reducing non-value adding activities and wastages.	Each Healthcare Facility must map its critical processes.
	Each Healthcare Facility must identify non-value adding activities/waste/redundant activities.
	Each Healthcare Facility must take corrective action to improve the processes.
Standard G6 Each Healthcare Facility has established system of periodic review as internal assessment, medical & death audit and prescription audit.	Each Healthcare Facility must conduct periodic internal assessments.
	Each Healthcare Facility must conduct periodic prescription/medical/death audits.
	Each Healthcare Facility must ensure that non-compliances are enumerated and recorded adequately.
	Action plan must be made to address the gaps found in the assessment/audit process.
	Corrective and preventive actions must be taken to address issues, observed in the assessment & audit.
<b>H: Outcomes</b>	
Standard H1 Each Healthcare Facility measures Productivity Indicators and ensures compliance with State Benchmarks.	Each Healthcare Facility must measure productivity Indicators (including the Key Performance Indicators set out in <b>Schedule C</b> ) on monthly basis.
	Each Healthcare Facility must measure equity indicators periodically (e.g. proportion of BPL patients treated).
Standard H2 Each Healthcare Facility measures Efficiency Indicators.	Each Healthcare Facility must measure efficiency Indicators on monthly basis (e.g. no of major surgeries per surgeon/ OPD per doctor).
Standard H3 Each Healthcare Facility measures Clinical Care & Safety Indicators.	Each Healthcare Facility must measure Clinical Care & Safety Indicators on monthly basis (e.g. no. of maternal deaths out of total admission during ANC, INC, PNC; no. of neonatal deaths out of total live births and neonatal admissions; ALOS).
Standard H4 Each Healthcare Facility measures Service Quality Indicators.	Each Healthcare Facility must measure Service Quality Indicators on monthly basis (e.g. % of LAMA out of total admission, patient satisfaction score).

## Schedule G - Authority Supplies of Drugs & Consumables

The exhaustive list of Essential Drugs and consumables (collectively, the “**Authority Supplies**”) that the Authority is obligated to supply to the Service Provider can be downloaded from the following link: <http://health.uk.gov.in/upload/announcements/Announcement-13.pdf>

Of the Authority Supplies listed in the link above, the list of 55 essential drugs that are currently being procured by the Authority in a centralized manner under a rate contract is set out below:

Sl. No.	Name of medicine
1	Paracetamol syrup 125mg/5ml
2	Tab Paracetamol 500mg
3	Tab Dexamethasone phosphate 4mg
4	Tab Levocetirizine 10mg
5	Tab Phenytoin sodium 100mg
6	Tab Sodium valproate 200mg
7	Cap Amoxicillin 500mg & Cloxacillin 250mg
8	Inj. Ceftriaxone 500mg
9	Inj. Ceftriaxone 1G
10	Inj. Cefotaxime 250mg
11	Inj. Cefotaxime 1G
12	Tab Erythrocylin stearate 250mg
13	Tab Ciprofloxacin 250mg
14	Tab Norfloxacin 400mg
15	Cap Doxycycline 100mg
16	Tab Roxithromycin 150mg
17	Cap Tetracycline 250mg
18	Cap Tetracycline 500mg
19	Tab Metronidazole 400mg
20	Tab Tinidazole 500mg
21	Tab Ethamsylate 250 g
22	Tab Atonolol 50mg + Amilodipine 5 mg
23	Tab Losartan 50 mg
24	Tab Telmisartan 40 mg
25	Tab Atorvastatin 10 mg
26	Clobetasol Oint 15 g tube
27	Tab Glibenclamide 5 mg
28	Tab Glimperide 2 mg
29	Tab Methyl Ergometrine 0.125 mg
30	Inj. Oxytocin 1ml Amp
31	Tab Salbutamol 4 mg
32	Tab Antacid
33	Antacid liquid 60 ml
34	Inj. Hysocine butyl bromide 20mg/ml



Sl. No.	Name of medicine
35	Tab Metoclopramide 10 mg
36	Tab Spironolactone 25 mg
37	Tab Famotidine 20 mg
38	Tab Ranitidine 150 mg
39	Tab Ranitidine 300 mg
40	Tab Haloperidol 5 mg
41	Tab Olanzapine 5mg
42	Tab Risperidone 2mg
43	Tab Trifluoperazine 5mg
44	Tab Calcium lactate 300 mg
45	Tab Zinc sulphate 20 mg
46	Inj. Adrenaline 1:1000 IU
47	Tab Glibenclamide 5 mg + metformin 500 mg
48	Tab Pioglitazone 15 mg
49	Thyroxine sodium tab 50 mg
50	Tab Isoxsuprine 20 mg
51	Tab Dazepam 5 mg
52	Inj Aminophylline 25 mg / ml
53	Tab Prochlorparazine 25 mg
54	Tab Chlorpromazine 25 mg
55	Tab Ascorbic acid 500 mg

The Authority shall keep the Service Provider informed of changes to its rate contract and drugs/consumables procured by it under the rate contract.

The remainder of the essential drugs and consumables that form part of the Authority Supplies (i.e., other than the 55 drugs that are currently listed above) are purchased by the CMO either at the district level or at the facility level. However, if the quantity is high (i.e., the cost exceeds the CMO's fiscal authorization limit), then these essential drugs and consumables are purchased at state level.

If the Service Provider exercises its right under Clause 13.5.2 of the Agreement, then the Authority is required to reimburse the Service Provider for such procurement and purchase at: (i) the "rate fixed by the Authority to procure any of the Authority Supplies"; or (ii) at the actual rate of procurement of such Authority Supplies by the Service Provider, whichever is lower.

For this purpose, the "rate fixed by the Authority to procure any Authority Supplies" will be determined by reference to: the rate contract, if the relevant drug or consumable falls within the rate contract list above; or the rates at which the CMO/RKS or other district level entity procures such drugs or consumables.

## Schedule H - Reporting Requirements

*[Note: The reporting formats set out in this Schedule H are only indicative. The Authority reserves the right to make changes to these reporting formats or introduce additional reporting requirements, based on its information requirements.]*

### Format for Medical Audit Report

Medical Audit				
Part - I				
Identification data for inpatient to whom this case sheet pertains:				
1	Name of the patient			
2	Address			
3	Registration No			
4	Ward and Unit No			
5	Bed No			
5	Diagnosis on admission			
7	Final diagnosis			
8	No of days in Healthcare Facility			
9	Disposal (Discharge/Expired/DAMA/Transferred)			
Part - II				
Particulars of Clinician treating the case				
1	Dr. Speciality			
2	Status(Consultant, MO)			
Part - III				
Relating to the records				
1	Are the initial assessments of patients done according to Guidelines?	YES	NO	
2	Are the records duly named, signed, dated and timed by the concerned doctors?	YES	NO	
3	Are history, physical examination, diagnosis and treatment details available?	YES	NO	
4	Are the laboratory and radiographic reports attached and entered in the record at appropriate place?	YES	NO	
5	Are the progress notes sufficient and relevant that the clinical course can be followed?	YES	NO	
6	Has the summary of the case been recorded at the time of discharge?	YES	NO	
Relating to Diagnosis				
7	Whether a provisional diagnosis was made and endorsed after the admission?	YES	NO	NA

8	Whether the provisional diagnosis tallies with the final diagnosis?	YES	NO	NA
9	Whether laboratory findings support final diagnosis?	YES	NO	NA
10	Whether radiological findings support final diagnosis?	YES	NO	NA
11	Are laboratory investigations sufficient in relation to nature and gradient of illness?	YES	NO	NA
12	Was any laboratory investigation unnecessarily asked for?	YES	NO	NA
13	Was any radiological examination superfluous?	YES	NO	NA
14	Was any radiological examination indicated and yet not asked for?	YES	NO	NA
15	Whether the preoperative diagnosis tallies with the post-operative diagnosis?	YES	NO	NA
16	Whether the autopsy findings tally with clinical diagnosis?	YES	NO	NA
17	Whether the autopsy findings tally with pathological diagnosis?	YES	NO	NA
18	Whether the autopsy findings tally with radiological diagnosis?	YES	NO	NA
19	Was there any avoidable delay in arriving at the diagnosis?	YES	NO	NA
<b>Relating to treatment</b>				
20	Are the operation notes adequate?	YES	NO	NA
21	Are the anesthesia notes adequate?	YES	NO	NA
22	If the case required consultation by other specialists, was the same sought for?	YES	NO	NA
23	Was the treatment given generally acceptable or open to question?	YES	NO	NA
24	Whether the overall treatment given to the patient can be judged from the data endorsed in the medical record?	YES	NO	NA
25	Whether the clinician exceeded the privilege or limits of his or her training and competence?	YES	NO	NA
26	Whether there was adequate indication for surgery?	YES	NO	NA
27	Whether any normal organ or tissue removed?	YES	NO	NA
28	Whether any part of the treatment given was superfluous?	YES	NO	NA
29	Whether the patient's refusal to undergo a prescribed treatment was justifiable?	YES	NO	NA
<b>Relating to End result</b>				
30	Was the final result in consonance with the nature of the case and expected prognosis?	YES	NO	NA
31	In case of death, whether it was expected, justifiable or not?	YES	NO	NA
32	Were the complications justifiable or not?	YES	NO	NA
<b>Relating to Complications and Cross-infection</b>				
33	Whether there was any hospital cross infection which could have been avoided?	YES	NO	NA
34	Whether there was postoperative infection which can be avoided?	YES	NO	NA
35	Whether there was a complication because of faulty surgical operation?	YES	NO	NA
36	Whether there was postoperative complication which could have been avoided?	YES	NO	NA
37	Whether there was any anesthetic complication which could have been avoided?	YES	NO	NA
<b>Relating to Operation cases</b>				
38	Was consent for anesthesia and operation obtained?	YES	NO	NA
39	Was there adequate indication for surgery?	YES	NO	NA
40	Was any normal tissue removed and if so was it justified?	YES	NO	NA
41	Was pre anesthetic assessment for anesthesia done and recorded?	YES	NO	NA
<b>Relating to the Length of Stay of Patient</b>				
42	Was there any inordinate delay between admission and surgical operation?	YES	NO	NA

43	Whether there was inordinate delay between admission and commencement of specific/definitive treatment?	YES	NO	NA
44	Whether there was inordinate delay between admission and ordering of laboratory or radiological investigations?	YES	NO	NA
45	Whether there was inordinate delay in arriving at final diagnosis?	YES	NO	NA
46	Was the length of stay of the patient in Healthcare Facility longer than was really necessary?	YES	NO	NA
47	Did he or she develop any ailment during stay in Healthcare Facility necessitating longer stay?	YES	NO	NA
<b>Relating to Post event analysis</b>				
48	Whether post event analysis of CPR conducted and recorded?	YES	NO	NA
49	Whether post event analysis of blood transfusion conducted and recorded?	YES	NO	NA

## Schedule I - MIS Information

*[Note: The reporting formats set out in this Schedule I are only indicative. The Authority reserves the right to make changes to these reporting formats or introduce additional reporting requirements, based on its information requirements.]*

### Monthly Report Format for District Hospital

VOLUME INDICATORS															
Name of the Healthcare Facility:															
CS/MS:															
Month & Year :															
SR. NO.	TITLE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
(A) HEALTHCARE FACILITY STATISTICS															
1	Total OPD Attendance														
1 (a)	Old														
1 (b)	New														
2	BPL OPD Attendance														
3	Male OPD														
4	Female OPD														
5	Total IPD Admissions														
6	BPL IPD admissions														
7	Patient Bed Days (Cumulative total of midnight head count of all days of the month)														
8	No. of Deaths														
9	No. of patients attended in Emergency														
10	No. of Sanctioned Beds by the State Government														
11	No. of functional Beds on ground														
12	No. of functional ambulances available														
13	No. of trips made by ambulance for transferring patients														
(B) OPERATION THEATRE															
14	No. of Minor Surgeries														
15	No. of BPL Patients underwent Minor Surgeries														
16	No. of Female Patients underwent Minor Surgeries														
17	No. Major surgeries Done														
17 (a)	No. of OBG surgeries														
17 (b)	No. of Orthopedics Surgeries														
17 (c.)	No. of General Surgeries														
18	No. of BPL Patients underwent Major Surgeries														
19	No. of Female Patients underwent Major Surgeries														
(C) MATERNAL & CHILD HEALTH															



































## Indicative Monthly reporting Format for MHV

<b>Name of the Healthcare Facility:</b>																
<b>MOIC:</b>																
<b>Month &amp; Year :</b>																
SR. NO.	TITLE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average	
<b>(A) MMU STATISTICS</b>																
1	No. of camps held															
2	No. of OPD															
3	No. of OPD - BPL category															
4	No. of OPD - General Medicine															
5	No. of OPD - Orthopedics															
6	No. of OPD - OBG															
6 (a)	No. of ANC															
6 (b)	No. of PNC															
7	No. of OPD- Pediatrics															
8	No. of referral															
9	No. of referral - BPL category															
<b>(B) CURATIVE</b>																
10	No. of Procedures															
<b>(C) REPRODUCTIVE &amp; CHILD HEALTH</b>																
11	No. of complicated pregnancies referred															
12	No. of counseling conducted for spacing method															
13	No. of counseling conducted for permanent method															
14	No. of IUD insertions performed.															
15	No of condoms distributed															
16	No of ECP distributed															
17	No of IFA distributed															
18	No. of Vasectomy performed															
19	No. of Tubectomy performed															
20	No of MTPs conducted															
21	No. of children immunized															
22	No. of RTI/STI treated															
23	No. of minor ailments and anemia treated															
<b>(E) LABORATORY SERVICES</b>																
24	No. of Lab tests done															
25	No. of Lab tests done - BPL category															
26	No. of Hb tests															
27	No. of MP tests															
28	No. of urine tests															
<b>(F) RADIOLOGY&amp; ECG</b>																
29	No. X-Ray Taken															
30	No. X-Ray Taken - BPL category															
31	No. of ultrasound Done															
32	No. of ultrasound Done - BPL category															
33	No of ultrasound-OBS															
34	No of ultrasound-General															
35	No. of ECG Done															
36	No. of ECG Done - BPL category															
<b>(G) ENGINEERING AND MAINTENANCE</b>																





# Schedule J - Patient Satisfaction Form

## 1. Patient Satisfaction Form - IPD

Feedback Points	Sl. No		
	IPD Reg No./Name		
	Contact Details / Mobile No. of Patient		
1. Availability of sufficient information at Registration counter	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
2. Waiting time at the registration /Admission counter	More than 30 mins		
	10-30 mins		
	5-10 mins		
	Within 5 mins		
	Immediate		
3. Behavior and attitude of staff at the registration/admission counter	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
4. Your feelings on discharge process?	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
5. Cleanliness of the ward	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
6. Cleanliness of the bathrooms & toilets	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
7. Cleanliness of Bed sheets/pillow covers	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
8. Cleanliness of surroundings and campus drains	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
9. Regularity of doctors attention	Poor		
	Fair		
	Good		
	Very good		



	Excellent		
10. Attitude and communication of doctors	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
11. Time spent for examination of patient and counseling	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
12. Promptness in response by Nurses in the ward	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
13. Round the clock availability of nurses in the ward	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
14. Attitude and communication of Nurses	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
15. Availability of ward boys /girls in the ward	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
16. Attitude & promptness of ward boys/girls	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
17. Attitude & communication of other staff of Healthcare Facility	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
18. Your perception of Doctor's knowledge	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
19. Timeliness of supply of diet	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
20. Your overall satisfaction during the treatment	Poor		
	Fair		

	Good		
	Very good		
	Excellent		

## 2. Patient Satisfaction Form - OPD

Feedback Points	Sl. No		
	OPD Ticket No/ Name		
	Contact Details / Mobile No. of Patient		
1. Availability of sufficient information at registration/Admission counter	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
2. Waiting time at the registration/Admission counter	More than 30mins		
	10-30 mins		
	5-10 mins		
	Within 5 mins		
	Immediate		
3. Behavior and attitude of staff at the registration /Admission counter	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
4. Cleanliness of the OPD, Bathrooms & toilets	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
5. Attitude & communication of doctors	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
6. Time spent for examination and counseling	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
7. Attitude and communication of lab assistants	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
8. Promptness of medicine counter	Poor		
	Fair		
	Good		
	Very good		
	Excellent		
9. Quality and number of information display boards	Poor		
	Fair		
	Good		

	Very good		
	Excellent		
10. Your overall satisfaction during the visit to the Healthcare Facility	Poor		
	Fair		
	Good		
	Very good		
	Excellent		

# Schedule K - Service Fee, Payment and Invoice

## 1. Base Service Fee

### 1.1 Annual Base Service Fee for Year 1 of Operation Period

The Base Service Fee quoted by the [Selected Bidder/Consortium] for providing the Healthcare Services to the Base Volume of Patients in Year 1 of the Operation Period inclusive of all Taxes, but exclusive of service tax, is set out below:

Base Service Fee Component	Number of Units	Base Service Fee Break-up		Total Base Service Fee	
		(in ₹ figures only)	(in ₹ words only)	(in ₹ figures only)	(in ₹ words only)
(1)	(2)	(3)	(4)	(5) = (2) x (3)	(6)
For MHVs	3	[insert Amount]			
For CHCs	2	[insert Amount]			
For District Level Facility	1	[insert Amount]			
<b>Total</b>	-	-	[insert total]	[insert total]	[insert total]

[Note: This table will be filled in with the figures quoted by the Selected Bidder/Consortium, subject to any corrections of arithmetical errors done during the Financial Bid evaluation.]

### 1.2 Inflation Adjusted Annual Base Service Fee for Subsequent Years of Operation Period:

- (a) The annual Base Service Fee shall remain the same for each block of two consecutive Years during the Operation Period.

Therefore, the annual Base Service Fee for Year 2 will be the same as the annual Base Service Fee for Year 1 that is set out in paragraph 1 above. The inflation adjustment to the annual Base Service Fee for the block of Years 3 and 4 and the block of Years 5 and 6 (if the Term is extended) will be determined in accordance with the following sub-paragraphs.

- (b) Upon completion of each block of two Years, the annual Base Service Fee for each Year for providing the Healthcare Services to the Base Volume of Patients in the next block of two Years will automatically be determined as an amount equivalent to 110% of the Base Service Fee applicable in the previous block of two Years.

Therefore, the annual Base Service Fee for each of Years 3 and 4 will be determined as follows:

$$BSF_n = 1.1 \times BSF_{n-1}$$

$$BSF_{n+1} = BSF_n$$

Where:

n is the first Year of the Block of 2 Years for which the inflation adjusted annual Base Service Fee is being determined, in this instance Year 3

BSF<sub>n</sub> is the annual Base Service Fee being determined for Year 3

BSF<sub>n-1</sub> is the annual Base Service Fee for the Year immediately preceding the Block of 2 Years for which the inflation adjusted annual Base Service Fee is being determined, in this instance Year 2

BSF<sub>n+1</sub> is the annual Base Service Fee for the second Year of the Block of 2 Years for which the inflation adjusted annual Base Service Fee is being determined, in this instance Year 4

- (c) If, however, the average CPI in the previous block of two Years falls below 5% or is higher than 15%, then the annual Base Service Fee for each Year in the next block of two Years shall be calculated as follows and the provisions of paragraph 1.2(b) will not apply:

If  $5\% < \text{CPI}_{\text{av}} < 15\%$ , then

$$\text{BSF}_n = \text{BSF}_{n-1} \times [1 \pm \text{CPI}_{\text{av}}/100]$$

$$\text{BSF}_{n+1} = \text{BSF}_n$$

Where:

n is the first Year of the block of two Years for which the annual Base Service Fee is being determined, in this instance Year 3

n-1 is the second Year of the previous block of two Years, in this instance Year 2

n+1 is the second Year of the block of two Years for which the annual Base Service Fee is being determined, in this instance Year 4

CPI<sub>av</sub> is the average CPI over the previous block of two Years, in this instance for Years 1 and 2. For this purpose, CPI values will be taken by reference to the last day of the month occurring immediately prior to the Block for which the annual Base Service Fee is being determined.

*Illustrative Example.*

If the annual Base Service Fee determination for Years 3 and 4 is being made on 1 January 2018 for a Block of 2 Years commencing on 1 January 2018, then the CPI for the Year ending on 31 December 2017 will be determined by reference to the published CPI on 31 December 2017 as follows:

$$\text{CPI}_{2017} = [(\text{CPI on 31 December 2017}) / (\text{CPI on 1 January 2017}) - 1] \times 100$$

The CPI for the Year ending on 31 December 2016 will similarly be determined.

The average CPI for the Block of 2 Years commencing on 1 January 2016 and ending on 31 December 2017 will then be calculated as:

$$\text{CPI}_{\text{av}} = \frac{\text{CPI}_{2016} + \text{CPI}_{2017}}{2}$$

### 1.3 Determination of Monthly Base Service Fee for any Year of Operation Period:

The monthly Base Service Fee for any month of a Year shall be determined as one-twelfth of the annual Base Service Fee for that Year, as determined in accordance with paragraph 1.1 or paragraph 1.2 above.

## 2. Volume Adjusted Service Fee

### 2.1 Base Volume for a month

Particulars	DH	CHC	MHV
Out-patients/month	3,000	2,080	1,012
In-Patients/month**	180	125	-
Surgeries/month***	36	25	-
Radiology (UGG & X-ray) /month	-	-	121
Lab tests/month	-	-	506

**\*Note:** The Base Volume mentioned above is for an individual Healthcare Facility, i.e., 1 MHV, 1 CHC or 1 District Level Facility. The Patient volumes at each Healthcare Facility will be compared against the Base Volume to determine whether or not to apply the Volume based adjustment for that Healthcare Facility in accordance with Paragraph 2.2.

**\*\* Note:** IP means hospitalization for a minimum of 24 hours.

**\*\*\* Note:** Surgery means any treatment of injuries or disorders of the body by incision or manipulation; including all non-local anaesthesia cases

### 2.2 Volume Adjustment Slabs

- The Volume Adjusted Service Fee for any month will be determined based on a comparison of the actual volumes at each Healthcare Facility against the Base Volume for each of the 3 volume parameters listed in paragraph 2.1 above.
- The Volume adjustment slabs for determination of the Volume Adjusted Service Fee are set out in the tables below:

#### Volume Adjustment Slabs: District Level Facility

Particulars	Base Volume	Slab 1	Slab 2	Slab 3	Slab 4
Slabs (as a %age of Base Volume)		≥150%	≥183%	≥217%	≥250%
OP/month	3,000	4,500	5,500	6,500	7,500
IP/month	180	270	330	390	450
Surgery/ month	36	54	66	78	90

**Note:** Volume adjustment of monthly Base Service Fee based on the actual volume of Patients at the District Hospital will be made only if each of the three volume parameters (i.e., OP, IP & Surgery) are met.

#### Volume Adjustment Slabs: CHC

Particulars	Base Volume	Slab 1	Slab 2	Slab 3	Slab 4
Slabs (as %age of Base Volume)		≥150%	≥183%	≥217%	≥250%
OP	2,080	3,120	3,809	4,511	5,200
IP / month	125	187	229	271	312
Surgery / month	25	37	46	54	62

**Note:** Volume adjustment of Base Service Fee based on the actual volume of Patients at each CHC will be made only if each of the three volume parameters (OP, IP & Surgery) are met.

Volume Adjustment Slabs: MHV

Particulars	Base Volume	Slab 1	Slab 2	Slab 3	Slab 4
Slabs (as %age of Base Volume)		≥150%	≥175%	≥200%	≥225%
OP / month	1,012	1,518	1,771	2,024	2,277
Radiology (UGG & X-ray) / month	121	182	213	243	273
Lab tests / month	506	759	886	1,012	1,139
<b>Note: Volume adjustment of Base Service Fee based on the actual volume of Patients at each MHV will be made only if <u>each of the three volume parameters</u> (OP, Radiology &amp; Lab Tests) are met.</b>					

- (c) For the avoidance of doubt, the Service Provider is not required to bear any market risk. Accordingly, the Base Service Fee will not be subject to any deductions if the actual Patient volume at any Healthcare Facility in the Cluster is less than the Base Volume specified for such Healthcare Facility.

### 2.3 Monthly Volume Adjusted Service Fee Determination

- (a) The Service Provider will be responsible for monitoring the actual monthly Patient volumes at each Healthcare Facility and for reporting such Patient volumes to the Authority monthly, in the formats set out in the Annexure to **Schedule K**.

The Authority will have the right to undertake its own monitoring, control and oversight of the actual Patient volumes served by the Service Provider in each month, including through the Independent Expert. The Authority will have the further right to rely on the results of its own monitoring, including through the Independent Expert, for the purpose of satisfying itself regarding the volume adjustments to be made to the Base Service Fee.

- (b) The monthly volume adjustment percentage for each Healthcare Facility will be determined by comparing the actual volume of Patients treated at that Healthcare Facility against the volume adjustment slabs for that Healthcare Facility. The volume adjustment percentages are set out in the table below:

Actual Volume for each Healthcare Facility compared to Volume Adjustment Slabs for that Healthcare Facility	Volume Adjustment Percentage per Healthcare Facility					
	DH	CHC-1	CHC-2	MHV-1	MHV-2	MHV-3
	(as %age of monthly Base Service Fee)					
If Actual Volume falls below Slab 1 (i.e., Actual Volume < 150% Base Volume for Healthcare Facility)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
If Actual Volume falls in Slab 1	2.25%	1.00%	1.00%	0.25%	0.25%	0.25%
If Actual Volume falls in Slab 2	4.50%	2.00%	2.00%	0.50%	0.50%	0.50%
If Actual Volume falls in Slab 3	6.75%	3.00%	3.00%	0.75%	0.75%	0.75%
If Actual Volume falls in or above Slab 4	9.00%	4.00%	4.00%	1.00%	1.00%	1.00%

- (c) First, the monthly volume adjustment will be determined for each Healthcare Facility within the Cluster in accordance with paragraph 2.3(a) above. The formula for determining the monthly volume adjustment for a Healthcare Facility is set out below:

$$VA_{mHF} = \frac{VA_{HF}\% * BSF_m}{100}$$

**Where:**

$m$  is the month under consideration

HF is the Healthcare Facility under consideration

$VA_{mHF}$  is the monthly volume adjustment for the Healthcare Facility under consideration

$VA_{HF}\%$  is the applicable volume adjustment percentage for the Healthcare Facility under consideration, determined in accordance with paragraph 2.2(a) above

$BSF_m$  is the monthly Base Service Fee for month  $m$ , determined in accordance with paragraph 1.3 above

- (d) Then, the monthly Volume Adjusted Service Fee will be determined as the sum of: (i) the monthly Base Service Fee; and (ii) the sum of the volume adjustments to the monthly Base Service Fee made in respect of all of the Healthcare Facilities within the Cluster. The formula for determination of the monthly Volume Adjusted Base Fee is set out below:

$$VASF_m = BSF_m + VA_{m(DH)} + VA_{m(CHC1)} + VA_{m(CHC2)} + VA_{m(MHV1)} + VA_{m(MHV2)} + VA_{m(MHV3)}$$

**Where:**

$m$  is the month under consideration

$VASF_m$  is the monthly Volume Adjusted Service Fee calculated for month  $m$

$BSF_m$  is the monthly Base Service Fee for month  $m$ , determined in accordance with paragraph 1.3 above

$VA_{m(DH)}$  is the monthly volume adjustment for the District Level Facility for month  $m$ , determined in accordance with paragraph 2.3(c) above

$VA_{m(CHC1)}$  is the monthly volume adjustment for CHC 1 for month  $m$ , determined in accordance with paragraph 2.3(c) above

$VA_{m(CHC2)}$  is the monthly volume adjustment for CHC 2 for month  $m$ , determined in accordance with paragraph 2.3(c) above

$VA_{m(MHV1)}$  is the monthly volume adjustment for MHV 1 for month  $m$ , determined in accordance with paragraph 2.3(c) above

$VA_{m(MHV2)}$  is the monthly volume adjustment for MHV 2 for month  $m$ , determined in accordance with paragraph 2.3(c) above

$VA_{m(MHV3)}$  is the monthly volume adjustment for MHV 3 for month  $m$ , determined in accordance with paragraph 2.3(c) above



### 3. Additions and Deductions for KPIs

#### 3.1 Determination of Monthly Deductions on account of Availability KPIs

- (a) The Service Provider's achievement of the baseline KPI measures in respect of the Availability KPIs will be measured and deductions on account of failure to achieve such baseline KPI measures will commence on the COD and will continue at all times during the Term.

Provided that, deductions will be made on account of failure to achieve certain baseline KPI measures in respect of the Availability KPIs on account of non-completion of Punch List items only in accordance with Clause 12.5.

- (b) The Service Provider shall be responsible for monitoring its own performance (including through use of the bio-metric devices, CCTV facilities and GPS devices) and for self-reporting its achievement against the baseline KPI measures in respect of the Availability KPIs monthly, in the formats set out in **Schedule H**.

The Authority will have the right to undertake its own monitoring, control and oversight of the Service Provider's achievement of the baseline KPI measures in respect of the Availability KPIs, including through the Independent Expert. The Authority will have the further right to rely on the results of its own monitoring, including through the Independent Expert, for the purpose of satisfying itself regarding the deductions to be made to the Volume Adjusted Service Fee on account of the Availability KPIs.

- (c) First, the monthly deduction (expressed as a percentage of the monthly Volume Adjusted Service Fee), if any, for failure to achieve the baseline KPI measure in respect of each Availability KPI for each Healthcare Facility will be determined by the Service Provider in accordance with **Schedule C**, and will be noted in the format set out in the Annexure to **Schedule K**.
- (d) Then, the cumulative deductions to be made on account of failure to achieve the baseline KPI measures in respect of the Availability KPIs (expressed as a percentage of the Volume Adjusted Service Fee), if any, across all Healthcare Facilities for the month will be determined as the summation of the deductions to be made for the month. The cumulative deductions will be noted in the format set out in the Annexure to **Schedule K**.
- (e) The cumulative deductions to be made on account of failure to achieve the baseline KPI measures in respect of the Availability KPIs (expressed in real terms) across all Healthcare Facilities will be determined as:

$$D_{mAv} = \frac{D_{mAv}\% * VASF_m}{100}$$

If:  $D_{mAv} \geq 0.6 \times VASF_m$ , then  $D_{mAv} = 0.6 \times VASF_m$

Where:

**m** is the month under consideration

$D_{mAv}$  is the cumulative deductions to be made for month **m** on account of the Service Provider's failure to achieve the KPI baseline measures in respect of the Availability KPIs across all the Healthcare Facilities

$D_{mAv}\%$  is the cumulative deductions to be made for month **m**, expressed as a percentage of the Volume Adjusted Service Fee for month **m**

VASF<sub>m</sub> is the Volume Adjusted Service Fee for month m, determined in accordance with paragraph 2.3

### 3.2 Determination of Additions & Deductions in respect of Performance KPIs

- (a) The Service Provider's achievement of the baseline KPI measures in respect of the Performance KPIs will be measured from the COD and at all times during the Term, provided however that no additions or deductions will be made on account of the achievement of the baseline KPI measures in respect of the Performance KPIs for a period of 6 months commencing from the COD.
- (b) The Service Provider shall be responsible for monitoring its own performance and for self-reporting its achievement against the baseline KPI measures in respect of the Performance KPIs monthly, in the formats set out in **Schedule H**.

The Authority will have the right to undertake its own monitoring, control and oversight of the Service Provider's achievement of the baseline KPI measures in respect of the Performance KPIs, including through the Independent Expert. The Authority will have the further right to rely on the results of its own monitoring, including through the Independent Expert, for the purpose of satisfying itself regarding the additions or deductions to be made to the Volume Adjusted Service Fee on account of the Performance KPIs.

- (c) First, the monthly addition or deduction (expressed as a percentage of the monthly Volume Adjusted Service Fee), if any, on account of exceeding or falling below the baseline KPI measures in respect of each Performance KPI for each Healthcare Facility will be determined in accordance with **Schedule C**, and will be set out in the format set out in the Annexure to **Schedule K**.
- (d) Then, the cumulative additions and deductions to be made on account of exceeding or falling below the baseline KPI measures in respect of the Performance KPIs (expressed as a percentage of the Volume Adjusted Service Fee), if any, across all the Healthcare Facilities for the month will be determined as the summation of each of the additions and deductions being made for the month. The cumulative additions and deductions will be noted in the format set out in the Annexure to **Schedule K**.
- (e) The cumulative additions and deductions to be made on account of exceeding or falling below the baseline KPI measures in respect of the Performance KPIs (expressed in real terms), if any, across all the Healthcare Facilities will be determined as:

$$S_{mPerf} = \frac{(A_{mPerf}\% + D_{mPerf}\%) * VASF_m}{100}$$

Where:

**m** is the month under consideration

**S<sub>mPerf</sub>** is the sum of the cumulative additions and deductions to be made for month **m** on account of the Service Provider's exceeding or failing below the KPI baseline measures in respect of the Performance KPIs across all the Healthcare Facilities

**A<sub>mPerf</sub>%** is the cumulative additions to be made for month **m** on account of exceeding the baseline KPI measures in respect of the Performance KPIs across all the Healthcare Facilities, expressed as a percentage of the Volume Adjusted Service Fee for month **m**

$D_{mPerf}$  is the cumulative deductions to be made for month  $m$  on account of falling below the baseline KPI measures in respect of the Performance KPIs across all the Healthcare Facilities, expressed as a percentage of the Volume Adjusted Service Fee for month  $m$

$VASF_m$  is the Volume Adjusted Service Fee for month  $m$ , determined in accordance with paragraph 2.3

### 3.3 Determination of Cumulative Additions & Deductions in respect of KPIs

The cumulative additions and deductions to be made in a month on account of the KPIs across all Healthcare Facilities will be determined as follows:

$$S_{mKPI} = D_{mAv} + S_{mPerf}$$

If:  $S_{mKPI} \geq 0.6 \times VASF_m$ , then  $S_{mKPI} = 0.6 \times VASF_m$

Where:

$m$  is the month under consideration

$S_{mKPI}$  is the sum of the cumulative additions and deductions to be made for month  $m$  on account of the KPIs set out in **Schedule C** across all the Healthcare Facilities

$D_{mAv}$  is the cumulative deductions to be made for month  $m$  on account of the Service Provider's failure to achieve the KPI baseline measures in respect of the Availability KPIs across all Healthcare Facilities, determined in accordance with paragraph 3.1

$S_{mPerf}$  is the sum of the cumulative additions and deductions to be made for month  $m$  on account of the Service Provider's exceeding or failing below the KPI baseline measures in respect of the Performance KPIs across all the Healthcare Facilities, determined in accordance with paragraph 3.2

$VASF_m$  is the Volume Adjusted Service Fee for month  $m$ , determined in accordance with paragraph 2.3

### 3.4 Determination of Monthly Service Fee

The monthly Service Fee shall be determined as follows:

$$SF_m = VASF_m + S_{mKPI}$$

Where:

$m$  is the month under consideration

$SF_m$  is the Service Fee for month  $m$

$VASF_m$  is the Volume Adjusted Service Fee for month  $m$ , determined in accordance with paragraph 2.3

$S_{mKPI}$  is the sum of the cumulative additions and deductions to be made for month  $m$  on account of the KPIs set out in **Schedule C**, determined in accordance with paragraph 3.3

## 4. Invoicing

Within 5 days of completion of each month of a Year, the Service Provider must raise an invoice on the Authority for the Service Fee. The format of the invoice to be raised is set out at Annexure to **Schedule K**. The invoice must be accompanied by certain supporting documents, which are listed at Annexure to **Schedule K**.

# Annexure to Schedule K

[Note. The invoice format and the formats of other reports to be submitted with the invoice that are set out in this Annexure to Schedule K are only indicative. The Authority reserves the right to make changes to these formats on or before the COD.]

## Invoice Format

TAX INVOICE		
<b>CLIENT:</b> (Name of the Client) (Complete Address of Client) District:....., State:..... Postal Pin:.....		
<b>Project:</b> Name of the Project	<i>Invoice No.</i>	:
	<i>Invoice Date</i>	:
	<i>Agreement No</i>	:
	<i>Agt. Date</i>	:
SL.NO	PARTICULARS	Amount
		Rs
A	Base Fees	
B	Volume Based Incentive (if any)	
C	(Penalty) of Non-availability of Services (if any)	
D	Incentive / (Penalty) against KPI (if any)	
	<b>Total Payable (A+B+D+E)</b>	
	Rupees in words:	
E&OE  PAN : Service Tax : VAT : CST : TIN : Bank A/C No: Bank & Branch Name: IFS Code : MICR Code :		
		For (Name of the Company)
		Authorized Signatory
Note: All cheques/drafts/RTGS should be made in the name of "....." Payable at .....		
Bill Verified By		
<b>Remarks (if any):</b>		
	Signature: Name: Designation: Date: Seal:	

1. Details of Invoice

"Table 1" for % of Variable fees

S. No.	Particulars	MHV-1	MHV-2	MHV-3	CHC-1	CHC-2	DH
B2.1.a	If OP, Radiology & Lab tests/ month is $\geq 50\%$ of Base Volume in a month	0.25%	0.25%	0.25%			
B2.1.b	If OP, Radiology & Lab tests/ month is $\geq 75\%$ of Base Volume in a month	0.50%	0.50%	0.50%			
B2.1.c	If OP, Radiology & Lab tests/ month is $\geq 100\%$ of Base Volume in a month	0.75%	0.75%	0.75%			
B2.1.d	If Avg. OP, Radiology & Lab tests/ month is $\geq 125\%$ of Base Volume in a month	1.00%	1.00%	1.00%			
B2.2.a	If Avg. OP, IP & Surgical Cases / month is $\geq 50\%$ of Base Volume in a Month				1.00%	1.00%	
B2.2.b	If Avg. OP, IP & Surgical Cases / month is $\geq 83\%$ of Base Volume in a Month				2.00%	2.00%	
B2.2.c	If Avg. OP, IP & Surgical Cases / month is $\geq 117\%$ of Base Volume in a Month				3.00%	3.00%	
B2.2.d	If Avg. OP, IP & Surgical Cases / month is $\geq 150\%$ of Base Volume in a Month				4.00%	4.00%	
B2.3.a	If Avg. OP, IP & Surgical Cases / month is $\geq 50\%$ of Base Volume in a Month						2.25%
B2.3.b	If Avg. OP, IP & Surgical Cases / month is $\geq 83\%$ of Base Volume in a Month						4.50%
B2.3.c	If Avg. OP, IP & Surgical Cases / month is $\geq 117\%$ of Base Volume in a Month						6.75%
B2.3.d	If Avg. OP, IP & Surgical Cases / month is $\geq 150\%$ of Base Volume in a Month						9.00%

"Table 2" for Actual volume increase in comparison to Base Volume during a month

S No.	Volume Increase = Actual Volume - Base Volume	MHV-1	MHV-2	MHV-3	CHC-1	CHC-2	DH
1	Actual OP volume increased in the month of .....20.....						
2	Actual IP volume increased in the month of .....20.....						
3	Actual Surgery volume increased in the month of .....20.....						
4	Actual Radiology (X-ray & USG) volume increased in MHV in the month of .....20.....						
5	Actual Lab tests volume increased in MHV in the month of .....20.....						

"Table. 3" for Details of Services Not available/non-functional during a month							
S No.	Actual Number (in a month)	MHV-1	MHV-2	MHV-3	CHC-1	CHC-2	DH
C.1	No. of unavailable days of MHV on each scheduled day in accordance with approved routine plan for at least 5 effective hours (in days)						
C.2	No of unavailable days of Lady Doctor with PNNDT certification at each outreach camp for providing healthcare service for a minimum of 5 working hours per outreach camp held in a month/MHV (in days)						
C.3	No of unavailable days of General Medical Services coverage by GDMO and comprehensive nursing care for a minimum of 5 hours per outreach camp held in a month/MHV (in Days)						
C.4	No of unavailable days of Speciality Services in all operational days at each CHC & DH (in days) (No. of speciality x no. of unavailable days)						
C.5	No of unavailable shifts of Medical services rendered by GDMO at each CHC & DH. Minimum GDMO: Patient ratio/shift is 1:20 in DH and 1:30 in each CHC.(in shift) (No of GDMO unavailable, in compare to required no. in a shift X No of shift unavailable)						
C.6	No of unavailable days of 24x7 Emergency Services in a month by GDMO and specialist Doctors coverage at all times. At least 1 GDMO is required to be present at the Emergency room at all times, and the Specialists are required to be on call outside working hours. (Minimum Doctor: Patient ratio of 1:10 in DH and 1:30 in each CHC per shift to be maintained) at each CHC & DH (in Days)						
C.7	No. of unavailable shifts of 24x7 coverage of comprehensive nursing care during all operational days in a month (Minimum Nurse: Patient ratio of 1:7 per shift in DH and 1:10 in each CHC to be maintained) at each CHC/DH (in shifts)(No of nurse unavailable, in compare to required no. in a shift X No of shift unavailable)						
C.8	No. of non-functional days of Radiology equipment & Technical resources for providing Radiology services during all working days in a month (in days)						
C.9	No. of non-functional days of Technical resources & Lab equipments (LE) or relevant collection facilities for providing Lab services during all working days in a month (in days)						

"Table 4" for (%) of Incentive / (Deduction) against KPI							
S. No.	KPI	Deduction			Incentive		
		MHV	CHC	DH	MHV	CHC	DH
1A	<b>Standard Treatment Protocol (STP):</b> Adherence to state approved STP or incorporation of due Documentation for deviation for STPs, more than 95% for incentive payout and deduction will be applied below 90% compliance in Monthly External Review		-0.40%	-0.90%		0.60%	1.35%
1B	<b>Additional Deduction on Standard Treatment Protocol (STP):</b> Adherence to state approved STP or incorporation of due		-0.30%	-0.68%			

**"Table 4" for (%) of Incentive / (Deduction) against KPI**

S. No.	KPI	Deduction			Incentive		
		MHV	CHC	DH	MHV	CHC	DH
	Documentation for deviation for STPs, additional deduction will be applied below 85% compliance in Monthly External Review						
2A	<b>Infection Rate (any HAI):</b> At or above 3% deduction will trigger in Monthly External Review		-0.40%	-0.90%			
2B	<b>Additional Deduction on Infection Rate (any HAI):</b> At or above 5% an additional deduction will trigger in Monthly External Review		-0.30%	-0.68%			
3	<b>Patient Satisfaction Index:</b> Incentive upon Patient satisfaction index will be paid out for scoring equal to or more than 70%; while deduction will trigger for scoring equal to or below 50% as determined through Kiosk based exit survey of Patients	-0.05%	-0.09%	-0.20%	0.05%	0.15%	0.30%
4A	<b>Percentage of Missing Medical Records:</b> Deduction upon missing or incomplete medical records as determined by monthly external review will scoring equal to or above 2%, in a month		-0.40%	-0.90%			
4B	<b>Percentage of Missing Medical Records (Add. deduction):</b> Deduction upon missing or incomplete medical records will trigger upon scoring above 5%as determined by monthly external review, an additional deduction will trigger in that month		-0.30%	-0.68%			
5A	<b>Equity &amp; Data Reporting:</b> Incentive will be paid out, if number of RSBY/Universal Health Insurance Scheme card swipes, as determined through MIS in a month is more than 20% of the Total OPD.				0.05%	0.20%	0.45%
5B	<b>Add. Incentive on Equity &amp; Data Reporting:</b> Additional Incentive will be paid out, if number of RSBY/Universal Health Insurance Scheme card swipes, as determined through MIS in a month is more than 30% of the Total OPD.				0.05%	0.20%	0.45%
6	<b>Functional GPS Tracking Device:</b> If GPS Tracking Device is functional for Equal to or less than 90% of MHV operational days in a month deduction will trigger.	-0.09%					
7A	<b>Tale Radiology:</b> Incentive will be paid out if at least one Tele Radiology session is conducted each day for 50% of the MHV operational days in a month				0.10%		
7B	<b>Add. Incentive in Tale-radiology:</b> Incentive will be paid out if at least one Tele Radiology session is conducted each day for all the MHV operational days in a month.				0.15%		
8A	<b>NABH Accreditation (Entry Level):</b> Incentive will be paid out for attaining NABH accreditation, as determined through NABH certification and verified through NABH at entry level accreditation					0.20%	0.60%
8B	<b>Complete NABH Accreditation:</b> Additional incentive will be paid out for achievement of Full NABH accreditation					0.40%	1.20%
9	<b>Anti Natal Care (ANC) &amp; Post Natal Care (PNC):</b> Equal to or More than 75% of the pregnant women in the District that have availed any services at the Mobile or Fixed Health Care Facilities run by the service provider and that complete 4 ANC, 2 PNC as determined through self-reporting & monthly external review will be considered for incentive payouts.						0.50%
10	<b>Full Immunization of New Born babies:</b> Equal to or More than 90% of the Children up-to one year of age in the District who have availed any services at the Mobile or Fixed Health Care Facilities run by the service provider and that complete all necessary immunization						0.50%

**"Table 4" for (%) of Incentive / (Deduction) against KPI**

S. No.	KPI	Deduction			Incentive		
		MHV	CHC	DH	MHV	CHC	DH
	required by one year of age, as determined through self-reporting& monthly external review will be considered for incentive payouts						



# Schedule L - Financial Irregularities, Abuse, Fraud, Medical Malpractices

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## District Hospital and Community Health Centre Related Frauds

### 1. Indicative List of Healthcare Facility Related Frauds

- Creation of fake patients for meet targets for OP and unnecessary conversion of out-patient cases to in-patient cases or in-patient cases to surgeries for achieved the target percentage for Incentive payout.
- Partial availability of Specialist Doctors at site during mandatory working days within the facility as per contractual obligation.
- Non-availability of Alternate Specialist Doctors for the mandatory working hours during replacement of full-time specialist.
- Issuing medicines & consumables to ghost patients, creating fake entry.
- Not making medicines available to Beneficiaries on utilization of OPD Benefits or Follow-up Care.
- Not dispensing medicines and consumables to patients during hospitalization and post-hospitalization medication but showing distribution in records.
- Not-conducted minimal diagnostics tests both radiology and lab.
- Referral to other private labs for getting extra financial benefits.
- Enlarging the revenue earning mechanism by usage of Hospital Lab for carry out the tests from other collection centres located outside the hospital premises i.e. from private collection centres.
- Additional amounts collected from Patients, over and above the User Charges set by the Authority
- Referred to other Private Health Care Provider for financial gain whereas treatment was possible with the existing support system available within the Healthcare Facility.
- Fabricated medical/diagnostic reports and OT notes/ medical details.
- Diagnosis and treatment contradict each other.

### 2. Indicators/Triggers to Identify Healthcare Facility Fraud

- High Bed vs. Occupancy ratio.
- Disease not related to gender/age.
- Gender v/s ailment mismatch.
- Healthcare facilities v/s type of admissions.
- Repeated admissions of a single Patient.
- Overall medical management exceeds more than 5 days, other than in the case of Critical Illness.
- Normal Delivery v/s LSCS.
- Same diagnosis for all Patients.
- Huge no of Blank or half-filled Patient satisfaction form with signature.
- High number of missing Medical records or tempted / fabricated Medical Records.

## Medical Health Van Related Frauds

### 1. Indicative List of MHV Related Frauds

- Not having optimal / required number of qualified and certified staffs on duty in the Vehicle on regular basis.
- Projecting more numbers of patients consulted than the actual.
- Dispensing no or less than required medicine (either types or number) in reality; whereas projecting higher distribution of medicine on papers.
- Not performing adequate number of diagnostics (both radiology & lab) but projecting higher volumes.
- Conducting unnecessary low-end diagnostics (both radiology & lab) for achieving the incentive target and referred the high-end diagnostics to other Private Diagnostic Centres for further financial gain.
- Not adhering to the Route Plan as shared beginning of the month and false reporting (in terms of number or place visited) of the same at the end of the month.
- Visiting of place as per schedule but spending less than required or prescribed time.

### 2. Indicators/Triggers to Identify MHV Fraud

- Having a low number of Patients consulted on a regular basis.
- High number of missing Medical records or tempted / fabricated Medical Records.
- Repeated consultation of a single patient, month by month.
- Same diagnosis or treatment for a large number of Patients, other than the Specific Health Camp.
- Mismatch of medicine prescribed against the symptom or medical observation mentioned in the prescription.
- Non-adequate number of diagnostics against the total number of patients consulted by the MHV.

# Schedule M - Vesting Certificate

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(See Clause 21.3)

To

[insert name of Service Provider]

[insert address]

Dated: [insert date]

Dear Sir

**Sub: Divestment Certificate**

1. The [ ] (the “**Authority**”) refers to the PPP Contract dated ..... (the “**Agreement**”) entered into between the Authority and ..... (the “**Service Provider**”) for the augmentation, development, operation and maintenance of the Healthcare Facilities and for the provision of Healthcare Services in [insert name of Cluster] on PPP basis.
2. The Authority hereby acknowledges compliance and fulfilment by the Service Provider of the Divestment Requirements set forth in Clause 21 of the Agreement, provided that upon issue of this Vesting Certificate, the Authority shall be deemed to have acquired all title, right and interest of the Service Provider in or about the Healthcare Facilities and that good title shall be deemed to have vested unto the Authority, free from any Encumbrances.
3. Notwithstanding anything to the contrary contained hereinabove, it shall be a condition of this Vesting Certificate that nothing contained herein shall be construed or interpreted as waiving the obligation of the Service Provider to rectify and remedy any defect or deficiency in any of the Divestment Requirements and/or relieving the Service Provider in any manner of the same.

Signed this ..... day of ....., 20 ..... at .....

AGREED, ACCEPTED AND SIGNED

For and on behalf of

SERVICE PROVIDER by:

(Signature)  
(Name)  
(Designation)  
(Address)

SIGNED, SEALED AND DELIVERED

For and on behalf of

AUTHORITY by:

(Signature)  
(Name)  
(Designation)  
(Address)

In the presence of:

1.

2.

## Schedule N - Standard Treatment Protocols

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*[Note: The Standard Treatment Protocols included in this Schedule N are the Standard Treatment Protocols in force as on the date of this Agreement. If, at any time, the Standard Treatment Protocols are amended by the State Government or the Government of India, of its own accord or in compliance with Clause 13.10 of this Agreement, then the amended Standard Treatment Protocols shall be deemed to be included in this Schedule N from the date of effectiveness of such amendment.]*

The Standard Treatment Protocols can be downloaded from the following link:

<https://www.dropbox.com/s/xikuxta8zrrmome/Uttarakhand%20State%20Standard%20Treatment%20Guidelines.pdf?dl=0>