

**Request for Expression of Interest
for
Selection of Service Providers for Providing Services of
'DRTB Centre (outdoor &/or indoor)' Scheme
for various regions of Mumbai,
under NGO-PP schemes, NTEP, Govt of Maharashtra**

EOI Ref. No.: MDTCS/1283/TB dated: 28/06/2024

Mumbai District TB Control Society
NGO-PP Schemes, Govt. of Maharashtra
Mumbai

**Letter of Request for Expression of Interest
For selection of Service Providers for Providing Services of 'DRTB Centre (outdoor &/or indoor)' Scheme for various regions of Mumbai, under NGO-PP schemes, NTEP, Govt. of Maharashtra**

No. MDTCS/1283/TB dated: 28/06/2024

Mumbai District TB Control Society (MDTCS), from now on referred to as 'the Authority', under National TB Elimination Program (NTEP) is implementing TB control programme in Mumbai. Under this program, the Authority invites Expression of Interest from interested Service Providers, to provide services under 'DRTB Centre (outdoor &/or indoor)' scheme for various regions of Mumbai.

Details of Invitation for Expressions of Interest for DRTB Centre (outdoor &/or indoor) scheme is available on the <https://portal.mcgm.gov.in/> from 30/08/2024 onwards and attached here. The applicants can either apply to provide services for OPD only or IPD only or both OPD & IPD services.

A two-step process shall be adopted to select a Private hospitals/trust hospitals/NGOs etc. (service provider). In the first stage, the interested service provider shall apply for providing these services (outdoor &/or indoor). In the second stage, the eligible and qualifying service provider shortlisted during first-stage shall be verified for AIC (Airborne infection control) compliance and then invited for participating in a discussioncum selection meeting on the basis of which the scheme will be awarded to the qualifying service provider. Details of application and shortlisting process are mentioned on Page no. 5 onwards of this document.

Interested service providers may submit their EOIs and other documents by email on dtomhbmc@rntcp.org on or before 05/09/2024 -15.00 pm.

The Authority reserves the right to make any further additions/ deletions/modifications to the EOI, including extension of time for uploading of EOIs. Any such changes shall be notified through the above referred e-Procurement portal only, by way of Corrigendum / Addendum.

**Sd/-
Member Secretary,
M.D.T.C.S**

**INVITATION FOR EXPRESSIONS OF INTEREST FOR PROVIDING SERVICES OF
'DRTB CENTRE (OUTDOOR &/OR INDOOR)' SCHEME UNDER NGO-PP SCHEMES,
FOR VARIOUS REGIONS OF MUMBAI**

(Tentative Schedule)

EOI INVITATION REFERENCE	EOI Ref. No.: MDTCS/1283/TB Date - 28/06/2024
DATE OF COMMENCEMENT OF DOWNLOAD OF EOI INVITATION FROM THE WEBSITE https://portal.mcgm.gov.in/	30/08/2024
DATE & PLACE OF PRE-BID MEETING	02/09/2024 on 02.00 pm Office of Executive Health Officer, MCGM 3rd floor, F/S ward office, Dr Babasaheb Ambedkar Road, Above Kirti Mahal hotel Parel, Mumbi-400012
LAST DATE AND TIME FOR SENDING COMPLETE EOI APPLICATION TO CTO MUMBAI EMAIL	05/09/2024 - 15.00 pm
DATE & TIME OF OPENING OF EOI FROM	05/09/2024 - 16.00 pm
DATE & TIME OF INFORMING SHORTLISTED SERVICE PROVIDERS	09/09/2024
DATE & TIME OF DISCUSSION CUM SELECTION MEETING AND ADDRESS FOR COMMUNICATION	12/09/2024
PLACE OF OPENING OF EOI, AND ADDRESS FOR COMMUNICATION	Mumbai District TB Control Society Office of Asst. Health Officer (T.B.), 1st Floor, Bawlawadi Municipal Office Bldg., Dr. B.A. Road Opp. Voltas House, Chinchpokali, Mumbai- 400 012 Phone No: 022-23726229

Note - Any changes in the dates will informed by email.

Sd/-
Member Secretary,
M.D.T.C.S

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Instructions to Applicants

1. Introduction:

- 1.1 The Mumbai District TB Control Society (MDTCS) (hereinafter referred to as the "Authority") intends to engage Service Providers for DR-TB outdoor &/or indoor Scheme as per the Guidance document on Partnerships, NTEP, 2019 (partnership option V- Treatment services: sub-option no. 2 & 3).
- 1.2 Detailed description of the services are provided in the Section: Terms of Reference.
- 1.3 The Authority shall receive applications of Expressions of interest from Service Providers who apply via email on dtomhbmc@rntcp.org.
- 1.4 All Eols shall be prepared and submitted by Service Providers in accordance with the instructions given in this Section on or before the date and time specified herein.
- 1.5 The Authority shall shortlist eligible and qualified Service Providers for awarding the Scheme through an open competitive process.

2. Brief Description of Selection Process:

- 2.1 The Authority has adopted the following process for selection and award of Scheme(s) to Service Providers:
- 2.2 First, the interested Applicants shall submit their Applications against this Request for Expression of Interest in accordance with the instructions given in this EOI Document. The Authority shall evaluate Applications received up to due date and time and shortlist all eligible and qualified Service Providers.
- 2.3 Subsequently, the Authority shall verify the AIC compliance status of the service provider and those service providers found to be eligible and qualified during first stage, shall be invited to participate in a discussion cum selection meeting, on the basis of which, the scheme will be awarded to the qualifying service provider.

3. Eligibility & Qualification of Applicants:

- 3.1 The eligibility and qualification of the Applicants will be assessed on the basis of eligibility criteria enumerated on Page no. 10 & 13.

4. Right to accept or reject any or all Applications:

- 4.1 Notwithstanding anything contained in this EOI Document, the Authority reserves the right to accept or reject any Application and to annul the selection process and reject all Applications, at any time without any liability or any obligation for such acceptance, rejection or annulment, and without assigning any reasons thereof. In the event that the Authority rejects or annuls all the Applications, it may, in its discretion, invite fresh Applications.
- 4.2 The Authority reserves the right to verify all statements, information and documents submitted by the Applicant in response to the EOI.

5. Amendment of EOI:

- 5.1 At any time prior to the deadline for submission of Application, the Authority may, for any reason, whether at its own initiative or in response to clarifications requested by an Applicant, modify the EOI by the issuance of Addendum. It is further clarified that the configuration and the responsibilities, terms and condition of the scheme may be changed by the Authority and it shall be binding on the Applicants.
- 5.2 Any Addendum / clarifications thus issued will be made available and can be downloaded from the website of the Authority.
- 5.3 In order to provide the Applicants a reasonable time for taking an Addendum into account, or for any other reason, the Authority may, in its sole discretion, extend the Application Due Date.

6. Submission of Application:

- 6.1 The Applicant shall provide all the information sought under this EOI. The Authority will evaluate only those Applications that are received in the required formats and complete in all respects. Incomplete and /or conditional Applications shall be liable to rejection.
- 6.2 The Application shall consist of the following documents:
 - (i) Annexure 1- Letter of Application in the prescribed format;

- (ii) Annexure 2- Profile giving information about the Applicant service provider;
 - (iii) Annexure 3- Notarized affidavit,
 - (iv) Annexure 5- Scheme concept note
 - (v) Annexure 6- Self assessed AIC checklist
 - (vi) Copy of the following:
 - a) Memorandum and Articles of Association, if the Applicant is a body corporate,
 - b) Memorandum of Association and Rules and Regulations, if the Applicant is a Society
 - c) Trust Deed if the Applicant is registered as a trust
 - d) Nursing home registration no, under Bombay Nursing home act if Applicant is a nursing home
 - e) Registration no. of trust or registration with charity commissioner if Applicant is trust/charity hospital
- 6.3 The Application should be sent via email on dtomhbmc@rntcp.org latest on from 05/09/2024 at 15.00 hrs.
- 6.4 The Authority, at its sole discretion, may extend the due date & time for submission of Application.
- 6.5 Late Applications received after the date and time mentioned in this document shall not be accepted.
- 6.6 No modifications / substitutions / withdrawal shall be accepted after the due date.
- 6.7 Service provider shall quote a firm & unconditional offer. Conditional offers shall not be considered and shall be treated as non-responsive. Bonus/complimentary / discount offer given with condition will also be rejected. Bonus/complimentary / discount offer given without any condition will not be considered for evaluation of comparative assessment.

7. Opening and Evaluation of Applications:

- 7.1 The Authority or its authorised personnel shall download all the EoI Applications received up to due date and time for submission of Applications
- 7.2 The Authority or its authorised personnel will subsequently examine and evaluate Applications in accordance with the provisions set out in the **Eligibility Criteria**

7.3 The Authority reserves the right not to proceed with the selection process at any time without notice or liability and to reject any or all Application(s) without assigning any reasons.

8. Shortlisting of Applications and Notification:

8.1 After the evaluation of Applications, the Authority would announce a list of shortlisted Applicants who will be eligible for participation in the negotiation cum selection meeting to all the shortlisted applicants via email. At the same time, the Authority would notify the other Applicants that they have not been shortlisted. The Authority will not entertain any query or clarification from Applicants who fail to qualify.

Terms of reference for Specialist Consultation for DR-TB patients scheme

Scope of Work

A. DR-TB Treatment Centre (Indoor/IPD)

Objective of the Scheme:

Mumbai has a very high load of DR-TB cases approx. 5500 cases annually (public + private sector). Treatment for DR-TB is very long and goes for an avg. of 9-20 months based on the response of the patient to the DR-TB medicines. Some of the second line newer Anti-TB drugs are not available with the private chemists. Those available are very expensive. As a result, the expenditure to be borne by patients is often catastrophic and patients often default on treatment. This is unfavorable for the program as well as continues spread of DRTB cases in the community.

As per estimations, almost 50% TB patients are taking treatment in the Private sector. Since such a large portion of the patient load accesses the private health care system it is imperative that the Govt. engages with private service providers to offer Govt. resources to eligible and needy patients. This way outcomes in the patients will improve which will be beneficial to the program as well as the community.

By engaging with service providers to start a DR-TB centre, NTEP program wishes to offer the free NTEP services to eligible patients. By decentralizing the service to willing private sector hospitals, burden on the public hospitals will also be reduced and poor patients in the private sector will benefit from the free NTEP services.

Conditions: -

- In case patient is not willing to get admitted in the hospital, rates of DRTB outdoor schemes can be used @ fixed with service provider per patient
- Additional tests like Pretreatment Evaluation (PTE) (Annexure 4) will be reimbursed only if they are conducted by the service provider @ fixed with the private provider

- Districts to calculate the payment for those services, which are given by the hospital per terms and conditions in the MOU.
- Districts to ensure timely monitoring of all monitoring indicators as they have mentioned in the proposals.

Eligibility criteria for the Service Provider

- Service provider should be a registered entity (as defined in glossary)- essentially a Health facility
 - If service provider is a Nursing home, then registration under Bombay Nursing home act is required
 - If trust/charitable hospital- Registration no. of trust or registration with charity commissioner is required
 - Other relevant registrations if any
- Should be a tertiary/secondary care hospital, a nursing home or a poly-clinic with a physician/pulmonologist available round the clock.
- Should have a dedicated beds for admission of DR-TB patients
- Should comply with the National Guidelines for Air-Borne Infection Control for Outdoor & Indoor Patient Settings.
- Should institute a DR-TB Committee in the facility as per the national PMDT guidelines.
- Should have relevant specialties (either on regular payroll/ visiting consultants/linkage to higher centers) like pulmonologist, physician, pediatrician, psychiatrist, dermatologist, cardiologist, ENT, ophthalmologist, gastroenterologist & gynecologist etc. to whom patients can be linked for second opinions.
- Should have in-house laboratory services (or adequate linkages) required for pre-treatment and follow-up investigations to ensure that patient does not have to be referred elsewhere.

Role of Service Provider

- Undergo periodic training on PMDT guidelines and updates.
- Constitute DR-TB Committee as per PMDT guidelines.

- Designate in-patient ward's (compliant with national guidelines) and a specific number of beds as per the National PMDT guidelines.
- Make provisions for ancillary drugs.
- Make laboratory investigation available for pre-treatment evaluation and follow up.
- Provide services for treatment initiation, follow-up care and ADR management.
- Provide referral facilities for expert opinion of other medical specialties, if required. • Liaise and consult with the local NTEP Programme Manager (DTO) in case the in-patient stay has to be extended beyond 7 days.
- Coordinate with the NTEP to ensure a steady supply of DR-TB drugs.
- Provide commodities, services and drugs to the patients free of cost. • Update and maintain records and registers as per PMDT in Nikshay and Nikshay Aushadhi.
- Coordinate with NTEP/ designated labs/assigned DR-TB OPD to update patient records and share relevant information related to patients.

Role of NTEP

- Train the Service Provider on the latest PMDT guidelines and provide regular updates.
- Assess the centre for Air Borne Infection Control (AIC) measures.
- Provide forms for request of biological specimen, PMDT recording and reporting formats and share user credentials of Nikshay and Nikshay Aushadhi.
- Coordinate the supply and availability of DR-TB drugs to the Service Provider.
- Ensure that provision of diagnostic & treatment services by service provider is as per the revised PMDT guidelines.
- Manage the linkage with NTEP field staff to manage patients at the community level.
- Ensure timely payments to Service Provider

Verification mechanism

- The first level of verification will be completed by reviewing and cross-checking with relevant records and reports (like OPD register, admission register, lab reports, PMDT register, etc.). Payments will be as per this verification..
- The second level - physical verification may be undertaken by the District assigned personal/agency and could include:
 - Interview with 5% of TB patients who were notified from this facility to understand what the types and quality of free services availed
 - Interview with 5% of the patients who have completed their treatment at the facility and are assigned an outcome of "Treatment Success"
- If any discordance is found during the verification mechanism, penalty may be applied as per the decision of CTO Committee and may be adjusted in payments of subsequent months.

B. DR-TB Treatment Centre (outdoor)

Objective

All eligible patients taking treatment in the engaged private hospital will be given free facilities available via the NTEP i.e. MDR drugs, C-DST (as per PMDT guidelines) and Pre-treatment Evaluation (PTE) from NTEP. Patients will be eligible to receive drugs as per the conditions laid down in the PMDT guidelines 2019.

Conditions :-

- Districts to ensure timely monitoring of all monitoring indicators as they have mentioned in the proposals.
- Districts where consultants are not available in the permissible limit can take separate approval from the district health society.

Eligibility criteria for the Service Provider

- Service provider should be a registered entity (as defined in glossary)- essentially a Health facility
 - If service provider is a Nursing home, then registration under Bombay Nursing home act is required
 - If trust/charitable hospital- Registration no. of trust or registration with charity commissioner is required
 - Other relevant registrations if any
- Should be a tertiary/secondary care hospital, a nursing home or a poly-clinic with a physician/pulmonologist.
- Should comply with the National Guidelines for Air-Borne Infection Control (AIC) for Out-Patient Settings.
- Should have a dedicated space for the DR-TB OPD.
- Should institute a DR-TB Committee in the facility as per the national DR-TB guidelines.
- Should have relevant specialties (either on regular payroll/ visiting consultants/ linkage to higher centers) like pulmonologist, physician, paediatrician, psychiatrist, dermatologist, cardiologist, ENT, ophthalmologist, gastroenterologist & gynaecologist etc. to whom patients can be linked for second opinions
- Should have in-house laboratory services (or adequate linkages) required for pre-treatment and follow-up investigations to ensure that patient does not have to be referred elsewhere.

Role of Service Provider

- Initiate treatment with appropriate regimen as per Programmatic Management of Drug Resistant TB (PMDT) guidelines including counselling support.
- Provide follow-up care and manage ADR.
- Make provisions for access to free drugs from NTEP for DR-TB management.
- Make provisions of ancillary drugs.

- Maintain relevant NTEP records (DR-TB treatment register, laboratory request form, referral forms, treatment card, treatment booklet, a-DSM forms etc.).
- Update patient records in Nikshay and Nikshay Aushadhi.
- Ensure coordination with the Programme Manager as well as with laboratory for follow-up of patients till outcome.

Role of NTEP

- Train Service Provider on PMDT guidelines and provide regular updates.
- Provide forms for request of examination of biological specimen, DR-TB treatment register and referral forms and provide Nikshay and Nikshay Aushadhi user credentials.
- Coordinate the supply and availability of DR-TB treatment drugs to the facility.
- Manage the linkage with NTEP field staff to manage patients at the community level (if the facility is not providing community level services).
- Coordinate with the field staff to manage patients in the catchment area.
- Ensure timely payments to Service Provider.

Verification mechanism

- The first level of verification will be completed by reviewing and cross-checking with relevant records and reports (like OPD register, lab reports, PMDT register, etc.) Payments will be as per this verification.
- The second level - physical verification may be undertaken by the District assigned personal / agency and could include:
 - Interview with 5% of TB patients who were notified from this facility to understand what the types and quality of free services availed.
 - Interview with 5% of the patients who have completed their treatment at the facility and are assigned an outcome of "Treatment Success"
- If any discordance is found during the verification mechanism, penalty may be applied as per the decision of CTO Committee and may be adjusted in payments of subsequent months.

Reporting System/ Payment

1. **DR TB Indoor (IPD)** - Payment will be based on the number of days of admission of a patient for DR-TB treatment initiation (based on drug resistance pattern), follow up/ ADR management as per NTEP protocol and recorded in Nikshay.
While quoting in the Eol, service provider has to quote amount as a package **per patient per day** (This should include doctor's consultation, bed charges, meals and ancillary drugs).
 - a. The programme will reimburse expenses for a maximum upto 7 days of admission per patient per year. (This will include admissions requiring initiation of treatment).
 - b. If any extension is required beyond 7 days of admission, then the recommendation of the DR-TB committee should be submitted to NTEP beforehand. Payment for extended stay beyond 7 days will be subject to approval from CTO Committee.

2. **DR TB OPD-** Payment will be based on the number of patient visits for DR-TB treatment initiation (based on drug resistance pattern), follow up / ADR management as per NTEP protocol and recorded in Nikshay.
While quoting in the Eol, service provider has to quote amount as a package **per patient per visit** (This should include doctor's consultation fees of initiation of treatment, follow up visits & management of ADRs if any as per the recommendation of the DRTB Committee + hospital admin charges + other relevant charges).
 - a. The programme will reimburse expenses for a maximum upto 14 visits per patient per year. (This will include visits for initiation of treatment, follow-up & management of ADRs).
 - b. Any further visits will have to be paid for by the patient

3. **Pre-treatment Evaluation-** If the service provider performs additional investigations like PTE (Annexure 4) as per program guidelines, then they are eligible for payment for tests conducted by them. While quoting in the Eol, service provider has to quote amount they will charge **per test package** per patient.

4. All patient information will be updated on Nikshay portal by the service provider.

5. These reports will be checked at District level by Sr. DRTB-TBHIV supervisor and DTO and then they shall be submitted to City TB Office.
6. All payments shall be as per the terms and conditions enumerated above only (reimbursed as per number of patients attended to per month for both outdoor & indoor scheme-as per decided maximum no. of visits/days of admission per patient per year). Payments shall be made monthly, based on the terms and conditions of contract and deliverables achieved by the service provider.
7. The service provider shall raise monthly invoices to the district. After verification of the supporting records and invoices at the district level, they shall be submitted to MDTCS, CTO Office.
8. After verification at CTO office, payment will be made to the service provider via PFMS (Public Financial Management System).

Area of Operation

Based on capacity of the centre and as per programmatic requirement for DRTB services as per the communication from City TB Office Mumbai. Districts will be attached to the service provider as per the need of NTEP & willingness of the provider.

Contract Period

The Memorandum of Understanding (MoU) will be drafted for a period of 3 years which will be renewable every year after assessment of performance of the Service Provider. Any revision in rates for subsequent years will be revised & increased by 3% based on the prices/ rates quoted in the financial bid per patient, upon mutual consent of the Authority and the service provider's satisfactory performance in the previous year; and subject to sanction from State office/higher authorities.

**Sd/-
Member Secretary
MDTCS**

ANNEXURE - 1

Applicant's Expression of Interest

(Should be on the letter head of the service provider)

To,
Mumbai District TB Control Society
Office of Asst..Health Officer (T.B.),
1st Floor, Bawlawadi Municipal Office Bldg.,
Dr. B.A. Road
Opp. Voltas House, Chinchpokli,
Mumbai- 400 012

Subject: Application of EOI for providing services of 'DR-TB outdoor &/or indoor scheme under NGO-PP Schemes, NTEP.

Reference: Your invitation seeking EOI for DR-TB outdoor &/or indoor scheme;
Ref No. MDTCS/1283/TB Date - 28/06/2024

1. With reference to the above subject and reference, I / We having read the EOI Document and understood its contents, hereby submit my/our Application for Selection for the aforesaid scheme.
2. I/We express interest for implementing this scheme in ----- (OPD only/IPD only/Both OPD & IPD).
3. I/ We certify that all information provided in the Application and in Annexures 1 & 6 is true and correct.
4. I/ We shall make available to the Authority any additional information it may find necessary or require to supplement or authenticate the Qualification statement.
5. I/ We acknowledge the right of the Authority to reject our Application without assigning any reason or otherwise and hereby waive our right to challenge the same on any account whatsoever.

6. I/ We certify that in the last three years, I/we have not been blacklisted on any contract, by an arbitral or judicial authority or a judicial pronouncement or arbitration award against the Applicant or any member or Associate, as the case may be.
7. I/ We declare that we/ any Member, or our/ its Associates are not a Member of a/ any other facility applying for shortlisting and have no conflicts of interest with any other applicants.
8. I/ We agree and undertake to abide by all the terms and conditions of the EOI Document

**Signature Name, title and seal of
authorized official of Applicant**

ANNEXURE - 2

FORMAT OF APPLICANT'S CONTACT & OTHER DETAILS

Ref No. MDTCS/1283/TB Date - 28/06/2024

1. Name of the Service provider:

2. Private/Trust/Corporate/NGO:

3. Registration details:
 - a. Nursing home registration no. under Bombay Nursing home act-
 - b. If trust/charitable hospital- Registration no. of trust or registration with charity commissioner-
 - c. Other give details-

4. Postal Address with Pincode

Telephone:

Fax:

Email:

5. Contact Person: (including telephone and email id)

6. Has your organization ever been blacklisted by any organization/Government:

7. Short/brief introduction about the facility (max. 300 words):

8. Documents attached with the application (please mention Yes or No before each document):

Sr. No.	Name of the document	Submitted (Yes/No)
1	Completed Application	
2	Registration certificate/papers	
3	Notarized affidavit	
4	Scheme concept note	
5	Completed AIC Checklist	

9. Date of Application:

**Signature Name, title and seal of
authorized official of Applicant**

ANNEXURE – 3

Ref No. MDTCS/1283/TB Date - 28/06/2024

(Notarized Affidavit)

(On Rs. 100/- stamp paper)

Affidavit

1. I/We hereby confirm that we are interested in undertaking the scheme for providing services to DRTB patients (outdoor &/or indoor), under NTEP program for Government of Maharashtra, which has been called by Mumbai District TB Control Society, and have uploaded our EOI along with the relevant essential documents.
2. Further, I/We confirm that
 - i. All the statements, documents, testimonials, certificates, etc. uploaded are genuine and the contents thereof are true.
 - ii. Any of our personnel, representatives, sub-consultants, sub-contractors, service providers, suppliers, partner and / or the employee will not directly or indirectly, engage in any activity that may intervene, interfere and/ or influence the procurement process at any stage.
 - iii. Indemnify and compensate the MDTCS/Government of Maharashtra from any penalties and costs that may be incurred due to lapse/ s on our part including incorrect/misrepresented/forged document or statements.
 - iv. If our institute is found contravening this undertaking even after award of contract in our favour we accept disciplinary action by MDTCS/Government of Maharashtra including rejection of our EOI, annulment of contract and blacklisting.

Date: / /

Authorised person's signature

Name & Designation with seal

Sworn before me

ANNEXURE – 4

Ref No. MDTCS/1283/TB Date - 28/06/2024

Lists of Tests expected to be conducted for Pretreatment Evaluation (PTE)

Clinical evaluation	Laboratory based evaluation
History and physical examination	Random blood sugar (RBS)
Height	HIV testing following counselling
Weight	Complete blood count (Hb, TLC, DLC, platelet count)
Psychiatric evaluation if required	Liver function tests (including serum proteins)
	TSH levels
	Urine examination-routine and microscopic
	Serum electrolytes (Na, K, Mg, Ca)
	Urine pregnancy test (in women of reproductive age group)
	Chest X-ray
	ECG

ANNEXURE – 5

Ref No. MDTCS/1283/TB Date - 28/06/2024

Scheme Concept Note

1. OPD & IPD Load of the hospital:

Service	No. of Patients
A. OPD	
1. Total No. of new OPD patients provided services in a year	
2. Total No. of TB (DS+DR) patients provided OPD services in a year	
3. Total No. of DR-TB patients provided OPD services in a year	
4. Dedicated AIC-compliant DRTB OPD space available (Yes/No) B. IPD	
B. IPD	
1. Total bed occupancy in a year	
2. Total No. of TB (DS+DR) patients provided IPD services in a year	
3. Total No. of DR-TB patients provided IPD services in a year	
4. Dedicated DRTB IPD space available (separate for Males & Females) (Yes/No)	
5. No. of beds that can be dedicated/ allocated for Male & Female DRTB patients under this program (separately)	

2. Names, designations and qualifications of the chest physicians/ other specialists who will be providing services at the DR-TB centre:

Sr. No.	Name of Doctor	Designation	Qualification

3. Specialties available (Yes/No)- It may be either on regular payroll of the hospital or a visiting/honorary consultant:

Name of the speciality	Yes/No	Regular/Visiting
General physician		
Pediatrician		
Psychiatrist		
Dermatologist		
Cardiologist		
ENT		
Ophthalmologist		
Gynecologist		
Pulmonologist		

4. Propose costing for the following:

Sr. No.	Name of the partnership option	Rate quoted by the service provider
1	DRTB Outdoor scheme	
2	DRTB Indoor scheme	
3	Pretreatment evaluation tests (as per Annexure 4)	

ANNEXURE – 6

Ref No. MDTCS/1283/TB Date - 28/06/2024

Checklist for critical airborne infection control requirements

The National guidelines on "Airborne Infection Control (AIC) in Healthcare and Other Settings", 2010 by Ministry of Health and Family Welfare; emphasize the importance of AIC measures needed in a health facility to reduce the risk of transmission of tuberculosis and other airborne pathogens. Airborne infection control measures include a three-pronged approach, namely administrative control, environmental control, and personal respiratory protection measures for minimizing the risk of TB transmission. The measures in the administrative component aim at reducing the release of infectious particles in the health facilities, the environmental component promotes activities for free flow of fresh air that will dilute the infectious particles released in the environment and the personal respiratory protection involves the use of N 95 respirators by healthcare workers for self-protection. The implementation of AIC measures is crucial for the safety of the healthcare workers and patients attending the health facilities.

The following are the key critical airborne infection control requirements for a DR TB OPD and ward based on the National AIC guidelines:

Kindly fill in the responses as YES/NO in the checklist.

DR TB OPD

Sr. No.	Particulars	Critical requirements	Response	
			YES	NO
1	Location	Away from other OPDs/wards with preferably a separate access		
2	Waiting area	Open area with shed and seating arrangement for patients		
3	Openings	Openings constituting more than 20% of the floor area		
4	Ventilation	Openable windows and ventilators for good air exchanges and cross ventilation		
5	Sputum collection	Sputum collection Safe designated area for sputum collection		

Sr. No.	Particulars	Critical requirements	Response	
			YES	NO
1	Location	Away from other OPDs/wards with preferably a separate access		
2	Access	Separate toilet and access for DR TB patients		
3	Bed distance	Distance between 2 adjacent beds should be atleast 6 feet		
4	Openings	Openings constituting more than 20% of the floor area		
5	Ventilation	Openable windows and ventilators for good air exchanges and cross ventilation		
6	Sputum collection	Providing patients with spittoon/individual container with lid, containing 5% phenol for collection of sputum, emptying the container daily and disposing sputum as per infection control guidelines		

*** Based on your self-assessment, the authority will review the suitability of your application.**