

प्रेषक,

महानिदेशक,
परिवार कल्याण महानिदेशालय,
उ०प्र०, लखनऊ।

सेवा में,

मुख्य चिकित्साधिकारी,

आगरा, अलीगढ़, प्रयागराज, बरेली, फैजाबाद, फिरोजाबाद, जी०बी० नगर, गाजियाबाद, गोरखपुर, झांसी, कानपुर नगर, लखनऊ, मथुरा, मेरठ, मुरादाबाद, सहारनपुर, शाहजहाँपुर एवं वाराणसी।

पत्रांक: प०क०-13/सं०नि०न०/e-UPHC/157/2019-20/69-18

लखनऊ: दिनांक 05 अप्रैल 2019

विषय: चयनित नगरीय प्राथमिक स्वास्थ्य केन्द्र को ई-नगरीय प्राथमिक स्वास्थ्य केन्द्र के रूप में संचालन हेतु दिशा-निर्देश।

महोदय,

अवगत कराना है कि प्रदेश के 250 नगरीय प्राथमिक स्वास्थ्य केन्द्रों पर मरीजों का पंजीकरण, परामर्श, जांच एवं औषधि आदि सुविधाओं को आन लाइन किया जाना है जिसके अन्तर्गत मेडिकल रिकार्ड्स का रखरखाव (Electronic Medical Record/EMR), प्रक्रियाओं को आई०टी० के माध्यम से सम्पादित किया जाना है। संलग्नक सूची के अनुसार प्रदेश के 18 जनपदों के 250 नगरीय प्राथमिक स्वास्थ्य केन्द्रों का चयन eUPHC के रूप में किया जा चुका है। इस कार्य हेतु M/S eVaidya Pvt. Ltd. को सेवाप्रदाता के रूप में चयनोपरान्त अनुबन्ध किया गया है जिसकी प्रति इस कार्यालय के पत्र संख्या-प०क०-13/सं०नि०न०/e-UPHC/157/2018-19/4685-18, दिनांक 12 मार्च 2019 को संलग्न करते हुए प्रेषित की जा चुकी है। चयनित नगरीय प्राथमिक स्वास्थ्य केन्द्रों पर आई०टी० के उपकरण एवं सॉफ्टवेयर स्थापित किया जायेगा। आई०टी० उपकरण की स्थापना हेतु सेवा प्रदाता M/S eVaidya Pvt. Ltd., हैदराबाद के द्वारा इकाईयों का भ्रमण किया जायेगा एवं उनकी मांग के अनुसार 04 नग कम्प्यूटर, प्रिन्टर, राउटर की स्थापना हेतु स्थान, इलेक्ट्रिक स्वीच बोर्ड, विद्युत कनेक्शन इत्यादि हेतु अतिरिक्त पावर लाइन, फर्नीचर आदि की व्यवस्था जनपदीय मुख्य चिकित्सा अधिकारियों द्वारा किया जाना है। इस हेतु अन्य मद में प्रति इकाई रूपया-1.00 लाख अनुमोदित है जिसके व्यय हेतु दिशा निर्देश मिशन निदेशालय स्तर से निर्गत कर दिया जायेगा।

चयनित नगरीय प्राथमिक स्वास्थ्य केन्द्रों पर उपरोक्त सुविधायें यथाशीघ्र प्रारम्भ करने हेतु जिले के मुख्य चिकित्सा अधिकारी, नोडल अधिकारी एवं इकाई प्रभारी जिम्मेदार होंगे।

इसके अतिरिक्त नगरीय प्राथमिक स्वास्थ्य केन्द्र में विभिन्न विभागों के जिन-जिन अभिलेखों एवं सूचनाओं का रजिस्टर में या मासिक सूचना के अन्तर्गत उपलब्ध हो, उनके बारे में सेवा प्रदाता को पूर्ण जाकारी दे दिया जाये जिससे कि उसके अनुरूप साफ्टवेयर के माध्यम से सम्बन्धित रजिस्टर/ मासिक सूचना प्राप्त की जा सके।

विभाग का दायित्व

- 1- सम्बन्धित प्रत्येक मुख्य चिकित्सा अधिकारी, नोडल अरबन एवं सेवा प्रदाता के प्रतिनिधियों के साथ अपनी-अपनी इकाई का संयुक्त रूप से निरीक्षण कर लें तथा प्रत्येक इकाई की अलग-अलग कमियों/ किये जाने वाले कार्य का इकाईवार सूची अवश्य बना लें।
- 2- इकाईयों के निरीक्षण के उपरान्त जिस इकाई में सबसे कम कमी हो, उसका कार्य सर्व प्रथम कराया जाये जिससे कि उसी के अनुरूप अन्य इकाईयों को भी उपयोग किया जा सके।
- 3- यदि भवन किराये का है तो भवन में पायी जाने वाली कमियों का निराकरण भवन मालिक द्वारा किया जायेगा।

संयुक्त निदेशक (नगरीय)
परिवार कल्याण महानिदेशालय,
उ०प्र०, लखनऊ

(डा० व. निशाल)
निदेशक (परिवार कल्याण)

नगरीय प्राथमिक स्वास्थ्य केन्द्र पर आईटी0 इन्फ्रास्ट्रक्चर की स्थापना एवं रख रखाव

अनुबन्धित सेवा प्रदाता द्वारा अपने खर्च पर चयनित नगरीय प्राथमिक स्वास्थ्य केन्द्र पर 04 नग कम्प्यूटर, 04 नग यू0पी0एस0, 01 नग लेजर जेट प्रिन्टर, 02 नग बायोमेट्रिक डिवाइस, 01 नग डिजिटल डिस्प्ले सिस्टम उपलब्ध कराया जायेगा एवं इन उपकरणों को लोकल नेटवर्क और डाटा बैक अप की व्यवस्था तथा नगरीय प्राथमिक स्वास्थ्य केन्द्र के संचालन हेतु इकाई में इन उपकरणों को स्थापित किया जायेगा। स्थापना हेतु मुख्य चिकित्सा अधिकारी द्वारा स्थानीय स्तर पर इलेक्ट्रिक स्वीच बोर्ड, स्थान, विद्युत कनेक्शन हेतु अतिरिक्त पावर लाइन, फर्नीचर आदि की व्यवस्था की जायेगी जिससे कि तय सीमा के अन्तर्गत इकाईयों को ई नगरीय प्राथमिक स्वास्थ्य केन्द्र के रूप में संचालित किया जा सके।

आईटी0 इन्फ्रास्ट्रक्चर की स्थापना और रखरखाव की जिम्मेदारी सेवा प्रदाता की होगी तथा सेवा प्रदाता द्वारा स्थापित उपकरणों की सुरक्षा की जिम्मेदारी अनुबन्ध के अनुसार नगरीय प्राथमिक स्वास्थ्य केन्द्र की होगी। सेवा प्रदाता द्वारा स्थापित उपकरणों के उपयोग में लाये जाने से विद्युत का खर्च नगरीय प्राथमिक स्वास्थ्य केन्द्र वहन करेगा। प्रभारी नगरीय प्राथमिक स्वास्थ्य केन्द्र संलग्नक के अनुसार आईटी0 इन्फ्रास्ट्रक्चर की स्थापना सुनिश्चित करवाये और स्थापना पूर्ण होने पर प्रथम संचालन की सूचना जनपद स्तर पर सूचित करें।


नगरीय प्राथमिक स्वास्थ्य केन्द्र पर आईटी0 सॉफ्टवेयर की स्थापना, रख-रखाव एवं उन्नयन:-

अनुबन्ध के अनुसार सॉफ्टवेयर और लाइसेन्स (SIQC certified) तथा पाँच वर्षों तक उसके रख-रखाव एवं उन्नयन की जिम्मेदारी सेवा प्रदाता की होगी। सेवा प्रदाता द्वारा सॉफ्टवेयर के माध्यम से निम्नलिखित सेवायें दी जायेगी-

1. मरीजों का पंजीकरण और पंजीकरण पर्ची का मुद्रण व्यवस्थित क्रम से साफ्टवेयर के माध्यम से किया जायेगा (मुद्रण के लिये स्टेशनरी की उपलब्धता सेवा प्रदाता सुनिश्चित करेगा।)
2. मरीज को एस0एम0एस0 के माध्यम से appointment के बारे में सूचित किया जा सके।
3. डिजिटल डिस्प्ले सिस्टम पर कम बद्ध तरीके से मरीजों का क्रम दर्शाया जा सके।
4. प्रत्येक मरीज की जानकारी/EMR साफ्टवेयर से प्रविष्ट किया जा सके।
5. नगरीय प्राथमिक स्वास्थ्य केन्द्रों पर की गयी जाँचों के परिणाम सॉफ्टवेयर के माध्यम से स्वतः ही EMR में प्रविष्ट किये जा सके।
6. नगरीय प्राथमिक स्वास्थ्य केन्द्रों पर उपलब्ध दवाओं व कंज्यूमेबल के स्टॉक सम्बन्धी जानकारी नगरीय प्राथमिक स्वास्थ्य केन्द्र कर्मचारियों को सॉफ्टवेयर के माध्यम से उपलब्ध करायी जायेगी।
7. सेवा प्रदाता द्वारा स्थापित सॉफ्टवेयर सरकार के DVDMS (Drugs and Vaccine Distribution Management System) UPHMIS/HMIS, CPP(Central Patient Portal) और MCTS/RCH Portal तथा (Lab management information systems) से जोड़ जा सके।
8. नगरीय प्राथमिक स्वास्थ्य केन्द्र में आये मरीजों का फीडबैक दर्ज किया जा सके तथा नगरीय प्राथमिक स्वास्थ्य केन्द्र में प्रदान की जा रही सेवायें और सेवा प्रदाता द्वारा दी जा रही सेवाओं में किसी प्रकार की कमी होने पर साफ्टवेयर के माध्यम से शिकायत दर्ज करायी जा सके।
9. नगरीय प्राथमिक स्वास्थ्य केन्द्रों के कर्मचारियों की उपस्थिति बायोमेट्रिक डिवाइस के माध्यम से सॉफ्टवेयर में दर्ज किया जायेगा।
10. हर माह सभी डाटा बैक अप लिया जा सके और उसको अनुबन्ध अनुसार जिला और राज्य स्तर पर उपलब्ध कराया जायेगा।

शिकायत निवारण प्रणाली

सेवा प्रदाता सेवा में आ रही शिकायतों के उन्मूलन अथवा तकनीकी सहयोग के लिये उत्तर प्रदेश राज्य में कहीं भी आईटी0 हब की स्थापना करेगा जो प्रातः 09 बजे से सायं 05 बजे तक कार्यरत रहेगा। नगरीय प्राथमिक स्वास्थ्य केन्द्र के कर्मचारी सॉफ्टवेयर एवं फोन के माध्यम से आईटी0 हब में शिकायत एवं तकनीकी सहयोग के लिये अपनी Request


संयुक्त निदेशक (नगरीय)
परीक्षण एवं प्रशिक्षण
2020, 05/05/20

(ज्ञात श्री विद्याल)

दर्ज करा सकते हैं। Request दर्ज करने के लिये सेवा प्रदाता नगरीय प्राथमिक स्वास्थ्य केन्द्र कर्मचारियों को साफ्टवेयर का लिंक एवं फोन नम्बर की जानकारी उपलब्ध कराएगा। अनुबन्ध के अनुसार सेवा प्रदाता को प्रत्येक Request का समाधान करने के लिये दिया गया समय:-

- हार्डवेयर या उसके प्रतिस्थापन से सम्बन्धित request – request दर्ज किये जाने के 24 घन्टे के अन्दर।
- Request जिनके समाधान के लिये यू0पी0एच0सी0 में किसी तकनीकी विशेषज्ञ भेजने की आवश्यकता हो (on site support) – request दर्ज कराने के 04 घन्टे के अन्दर।
- दिन के आखिरी घन्टे में दर्ज की गयी request – अगले दिन के पहले घन्टे तक।
- अन्य सभी request – दर्ज होने के एक घन्टे के अन्दर।

नगरीय प्राथमिक स्वास्थ्य केन्द्र पर सेवा प्रदाता द्वारा नामित कर्मचारी के बैठने का अनुरोध किया जाता है, तो केन्द्र प्रभारी उस नामित कर्मचारियों के बैठने की व्यवस्था करेंगे।

सेवा प्रदाता अपनी सेवाओं के लिये त्रैमासिक रूप से नगरीय प्राथमिक स्वास्थ्य केन्द्र के कर्मचारियों से फीडबैक लेगा। नगरीय प्राथमिक स्वास्थ्य केन्द्र के प्रभारी सभी कर्मचारियों का फीडबैक देने में प्रतिभाग सुनिश्चित करें।

MIS एवं KPI का अनुश्रवण:-

सेवा प्रदाता प्रत्येक नगरीय प्राथमिक स्वास्थ्य केन्द्र पर सेवायें आरम्भ होने के 45 दिन के अन्दर MIS का admin Login Id और Password उपलब्ध करायेगा जिसके माध्यम से नगरीय प्राथमिक स्वास्थ्य केन्द्र प्रभारी सेवा प्रदाता द्वारा दी जा रही सेवाओं का अनुश्रवण कर सकेंगे (अनुबन्ध के संलग्नक-5 के अनुसार सेवा प्रदाता KPI उपलब्ध कराये। नगरीय प्राथमिक स्वास्थ्य केन्द्र के प्रभारी का MIS और KPI का मासिक अनुश्रवण और जनपद स्तर पर रिपोर्टिंग अपेक्षित है।

प्रशिक्षण व्यवस्था

अनुबन्ध के अनुसार सेवा प्रदाता को नगरीय प्राथमिक स्वास्थ्य केन्द्रों पर तैनात कर्मियों का प्रशिक्षण हिन्दी एवं अंग्रेजी भाषा में करवायेगे। प्रशिक्षण का कार्यक्रम सेवा प्रदाता द्वारा राज्य एवं जनपद स्तर पर प्रेषित करेगे, इसके उपरान्त मुख्य चिकित्सा अधिकारी/ अरबन नोडल प्रशिक्षणार्थियों की सूची उपलब्ध करायी जायेगी। प्रशिक्षण का व्यय सेवा प्रदाता द्वारा वहन किया जायेगा। मुख्य चिकित्सा अधिकारी सभी नामांकित प्रतिभागियों का प्रतिभाग सुनिश्चित करेंगे (सेवा प्रदाता की सम्पूर्ण जिम्मेदारियों हेतु संलग्नक देखें)।

संलग्नक:- उपरोक्तानुसार।

भवदीय,

(डा0 नीना गुप्ता)

महानिदेशक

पू0प0सं: प0क0-13/सं0नि0न0/e-UPHC/157/2019-20/

तद्दिनांक-

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित-

- 1- प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश शासन।
- 2- महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवायें, उत्तर प्रदेश, लखनऊ।
- 3- मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, एस0पी0एम0यू0 विधान सभा मार्ग, लखनऊ।
- 4- अपर मिशन निदेशक, राष्ट्रीय शहरी स्वास्थ्य मिशन, एस0पी0एम0यू0 विधान सभा मार्ग, लखनऊ।

- 5- मण्डलीय अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण सेवायें, आगरा, अलीगढ़, प्रयागराज, बरेली, फैजाबाद, ~~फ़ैजाबाद~~, मेरठ, गोरखपुर, झांसी, कानपुर नगर, लखनऊ, मुरादाबाद, सहारनपुर एवं वाराणसी।
- 6- जिलाधिकारी/जिलाध्यक्ष, जिला स्वास्थ्य समिति, आगरा, अलीगढ़, प्रयागराज, बरेली, फैजाबाद, फ़ैजाबाद, जी0बी0 नगर, गाजियाबाद, गोरखपुर, झांसी, कानपुर नगर, लखनऊ, मथुरा, मेरठ, मुरादाबाद, सहारनपुर, शाहजहाँपुर एवं वाराणसी।
- 7- महाप्रबन्धक, राष्ट्रीय शहरी स्वास्थ्य मिशन, एस0पी0एम0यू0 विधान सभा मार्ग, लखनऊ।
- 8- अपर मुख्य चिकित्सा अधिकारी (नोडल), एन0यू0एच0एम0 कार्यालय मुख्य चिकित्सा अधिकारी, आगरा, अलीगढ़, प्रयागराज, बरेली, फैजाबाद, फ़ैजाबाद, जी0बी0 नगर, गाजियाबाद, गोरखपुर, झांसी, कानपुर नगर, लखनऊ, मथुरा, मेरठ, मुरादाबाद, सहारनपुर, शाहजहाँपुर एवं वाराणसी।
- 9- मण्डलीय अरबन हेल्थ कन्सल्टेन्ट, राष्ट्रीय शहरी स्वास्थ्य मिशन, आगरा, अलीगढ़, प्रयागराज, बरेली, फैजाबाद, ~~फ़ैजाबाद~~, मेरठ, गोरखपुर, झांसी, कानपुर नगर, लखनऊ, मुरादाबाद, सहारनपुर एवं वाराणसी।
- 10- जिला कार्यक्रम प्रबन्धक/जनपदीय अरबन हेल्थ कोऑर्डिनेटर, राष्ट्रीय शहरी स्वास्थ्य मिशन, कार्यालय मुख्य चिकित्सा अधिकारी, आगरा, अलीगढ़, प्रयागराज, बरेली, फैजाबाद, फ़ैजाबाद, जी0बी0 नगर, गाजियाबाद, गोरखपुर, झांसी, कानपुर नगर, लखनऊ, मथुरा, मेरठ, मुरादाबाद, सहारनपुर, शाहजहाँपुर एवं वाराणसी।

(डा0 नीना गुप्ता)
महानिदेशक

Schedule A

Annexure I


The following list of project sites indicative and a final list shall be provided by the Authority prior to Appointment Date.


S.No	City	Name of the UPHC
1	Agra	Bunduktra
2	Agra	Balkeshwer
3	Agra	Sikandra
4	Agra	Vibhav Nagar
5	Agra	Hariparvat West
6	Agra	Hariparvat East
7	Agra	Islam Nagar
8	Agra	Moti Mahal
9	Agra	Shahganj 2 nd
10	Agra	Dehtaura
11	Agra	Devri Road
12	Agra	Ram Nagar
13	Agra	Sewala
14	Agra	Jiwani Mandi
15	Agra	Nayi Ki sarai
16	Agra	Nagla Bhudi
17	Agra	Nagla Padi
18	Agra	Loha Mandi 2 nd
19	Agra	Loha Mandi 1 st
20	Aligarh	Ghantar Chowk
21	Aligarh	Banna Devi
22	Aligarh	PPC Aligarh
23	Aligarh	Bhujpura

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(डा० बन्नी विष्णु)
निदेशक (परिवार कल्याण)


S.No	City	Name of the UPHC
24	Aligarh	KK Jain
25	Aligarh	Indra Nagar
26	Aligarh	Nagla Tikona
27	Aligarh	Naurangabad
28	Aligarh	M.A. Nagar
29	Aligarh	Uper Fort
30	Aligarh	Jeevangarh
31	Allahabad	Bada Baghada
32	Allahabad	Civil Lines
33	Allahabad	Daraganj 2 nd
34	Allahabad	Dariyabad
35	Allahabad	Dharikar Basti
36	Allahabad	Kharkauni(Naini-2)
37	Allahabad	Sulem Sarai
38	Allahabad	Karila Bagh
39	Allahabad	Karile D.Typi
40	Allahabad	Kaidganj
41	Allahabad	Nani
42	Allahabad	Rani Mandi
43	Allahabad	S.R.N.
44	Allahabad	Sultanpur Bhava
45	Allahabad	Taliyarganj
46	Bareilly	Civil Lines
47	Bareilly	Bakarganj
48	Bareilly	Madhinath
49	Bareilly	Jatwapura
50	Bareilly	Gehr Jafahar Khan
51	Bareilly	BaanKhana
52	Bareilly	Subhash Nagar


 संयुक्त निदेशक (नगरीय)
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S.No	City	Name of the UPHC
53	Bareilly	Gangapuram
54	Bareilly	Old City
55	Bareilly	Jagatpur
56	Bareilly	Harunagla
57	Bareilly	Peerbahora
58	Faizabad	Retiya
59	Faizabad	Janaura
60	Faizabad	Chakratherth Ayodhya
61	Firozabad	Nagla Bari
62	Firozabad	Ram Nagar
63	Firozabad	Kachcha Tundala
64	Firozabad	Nagla Kila
65	Firozabad	Rasulpur
66	Firozabad	Hazipura
67	Ghaziabad	East Jawhar Loni
68	Ghaziabad	Rajbagh Sahibabad
69	Ghaziabad	Karehda
70	Ghaziabad	Sarswati Colony
71	Ghaziabad	Koda Gaon Koda
72	Ghaziabad	Maharajpur- Pratham
73	Ghaziabad	Rajnagar
74	Ghaziabad	Sadek Nagar Nandgram
75	Ghaziabad	Khairati Nagar
76	Ghaziabad	Ambedkar Nagar
77	Ghaziabad	Arthala Mohan Nagar
78	Ghaziabad	Sadhana Enclave Khora
79	Ghaziabad	Vijay Nagar-Pratham
80	Ghaziabad	Kaila Bhatta
81	Ghaziabad	Shastri Nagar (Karte)


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 निदेशक(परिवार कल्याण)

S.No	City	Name of the UPHC
82	Ghaziabad	Harsaw
83	Ghaziabad	Ghukna
84	Ghaziabad	Brij vihar Muradnagar
85	Ghaziabad	New Defence Colony
86	Ghaziabad	Tilak Ram Colony
87	Gorakhpur	Goraknath
88	Gorakhpur	Shivpur Sahbaazganj
89	Gorakhpur	Mohaddipur
90	Gorakhpur	Nizampur
91	Gorakhpur	Civil Lines
92	Gorakhpur	Turkmanpur
93	Gorakhpur	Andhyaribagh
94	Gorakhpur	Jafahar Baazar
95	Gorakhpur	Jatepur
96	Gorakhpur	Humayunpur
97	Gorakhpur	Betiahata
98	Gorakhpur	Bichhiya
99	Gorakhpur	Islamchark
100	Gorakhpur	Chote Kazipur
101	Gorakhpur	Taramandal
102	Jhansi	Nagra
103	Jhansi	Rajghat
104	Jhansi	Chand Darwaza
105	Jhansi	Imlipura
106	Jhansi	Jhokanbagh
107	Jhansi	Puliya No-9
108	Jhansi	Talpura
109	Jhansi	Badagaon Gate Bahar
110	Kanpur	Gujaini

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निदेशक(परिवार कल्याण)

S.No	City	Name of the UPHC
111	Kanpur	Gawaltoli
112	Kanpur	Benajhabar
113	Kanpur	Cant
114	Kanpur	Dharipurwa
115	Kanpur	Dhobighat
116	Kanpur	Faithfulganj
117	Kanpur	Gangapur Gaon
118	Kanpur	Geeta nagar
119	Kanpur	Rambaag
120	Kanpur	Humayubag
121	Kanpur	Jarauli
122	Kanpur	Juhi Lal colony
123	Kanpur	Jyera
124	Kanpur	Kalyanpur
125	Kanpur	Krishnanagar
126	Kanpur	Maswanpur
127	Kanpur	Naubasta
128	Kanpur	Raipurwa
129	Kanpur	Rawatpur Gaon
130	Kanpur	Sajari
131	Kanpur	Sarvoday Nagar
132	Kanpur	Sujatganj
133	Kanpur	Usmanpur
134	Kanpur	Saraimita
135	Kanpur	Nankari
136	Kanpur	Kidwainagar
137	Kanpur	KPM Hospital
138	Kanpur	Nawabganj
139	Kanpur	Nehru nagar


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S.No	City	Name of the UPHC
140	Kanpur	Anwarganj
141	Kanpur	Ahirwan
142	Mathura	Laxmi Nagar
143	Mathura	Radheshyam Colony
144	Mathura	Hazia Hospital
145	Mathura	Sukhdev Nagar
146	Meerut	Kanker kheda
147	Meerut	Abdulla pur
148	Meerut	Sardhana
149	Meerut	Lallapura
150	Meerut	Naglabathu
151	Meerut	Police Line
152	Meerut	Cant
153	Meerut	Tarapuri
154	Meerut	Kaseru Baksar
155	Meerut	Sanjay Nagar
156	Meerut	Lakhi Pura
157	Meerut	Mailyana
158	Meerut	Jaibheem Nagar
159	Meerut	Jakir Colony
160	Mawana	Mawana
161	Moradabad	Mukarabpur
162	Moradabad	ESI Townhall
163	Moradabad	Fakeerpura
164	Moradabad	Kashiram Nagar
165	Moradabad	Chau Ki Basti
166	Moradabad	Kanoon goyon
167	Moradabad	Miyan Colony
168	Moradabad	Majholi


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 (डा० बट्टी विशाल)
 निदेशक(परिवार कल्याण)

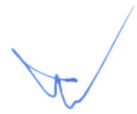
S.No	City	Name of the UPHC
169	Moradabad	Bangla Gaon
170	Moradabad	Nawabpura
171	Moradabad	Peetal Basti
172	Moradabad	Gadikhana
173	Moradabad	Majohla
174	Moradabad	Aadrsh Nagar
175	Moradabad	Kisroul
176	Moradabad	Naya Gaon
177	Moradabad	Jhajhanpur Harthala
178	G.B. Nagar	Raipur
179	G.B. Nagar	Tigdhi
180	G.B. Nagar	Chipyana bujurg
181	G.B. Nagar	Surajpur
182	G.B. Nagar	Baraula
183	G.B. Nagar	Sadarpur
184	G.B. Nagar	Kasna
185	G.B. Nagar	Bhangel
186	Saharanpur	Laxmanpuri
187	Saharanpur	Nehru Market
188	Saharanpur	Sadak dudli
189	Saharanpur	Labor Colony
190	Saharanpur	Himmat Nagar
191	Saharanpur	New Gopal Nagar
192	Saharanpur	Azad Colony
193	Saharanpur	Ramanandi
194	Saharanpur	Aman Vihar
195	Saharanpur	Ashok Vihar
196	Saharanpur	Sankarpuri
197	Shahjahanpur	Azizganj

संयुक्त निदेशक (नगरीय)
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(डा० बट्टी विशाल)

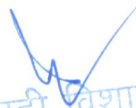
S.No	City	Name of the UPHC
198	Shahjahanpur	Kakra Khurd
199	Shahjahanpur	Tilhar
200	Shahjahanpur	JaliKothi
201	Shahjahanpur	Saraekaiya
202	Shahjahanpur	Lodhipur
203	Varanasi	Pandaypur
204	Varanasi	Shivpur
205	Varanasi	Koniya
206	Varanasi	Rajghat
207	Varanasi	Manduadih
208	Varanasi	Belupur
209	Varanasi	Durgakund
210	Varanasi	Town Hall(Pahariya)
211	Varanasi	Ardle Bazaar
212	Varanasi	Chauka Ghat
213	Varanasi	Beniya
214	Varanasi	Jaitpura
215	Varanasi	Madanpura
216	Varanasi	Anandmai
217	Varanasi	Sikruall
218	Lucknow	Aurangabad
219	Lucknow	Barawan Kalan
220	Lucknow	Chhitwapur (HP)
221	Lucknow	Chhitwapur (UFWC)
222	Lucknow	Doulatganj
223	Lucknow	Dudauli
224	Lucknow	Faizullaganj
225	Lucknow	IIM Road
226	Lucknow	Jankipuram


 Director, UPSC
 Ministry of Education
 Government of India


 (डा० वद्री विशाल)
 निदेशक

S.No	City	Name of the UPHC
227	Lucknow	Jugauli
228	Lucknow	Kasaibada
229	Lucknow	Khargapur
230	Lucknow	Lalbagh (UFWC)
231	Lucknow	Mahanagar (UFWC)
232	Lucknow	Maleshemau
233	Lucknow	Mawaiyya
234	Lucknow	Mukarim Nagar
235	Lucknow	Nadarganj
236	Lucknow	Naka (UFWC)
237	Lucknow	New Haiderganj
238	Lucknow	Para
239	Lucknow	Qila Mohammadi
240	Lucknow	Raheem Nagar
241	Lucknow	Raja Bazar (HP)
242	Lucknow	Rajendra Nagar (UFWC)
243	Lucknow	Saadatganj (UFWC)
244	Lucknow	Saadatganj (HP)
245	Lucknow	Sajjad Bagh (Jarhara)
246	Lucknow	Sewa Sadan (UFWC)
247	Lucknow	Suggamau
248	Lucknow	Tagore Marg
249	Lucknow	Telibagh
250	Lucknow	Triveni Nagar


 संयुक्त निदेशक (नगरीय)
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 (डा० बट्टी विशाल)
 निदेशक(परिवार कल्याण)

संलग्नक 2: PHC पर कार्य आरंभ करने से पूर्व संयुक्त रूप से हस्ताक्षर किए जाने वाले फॉर्म का प्रारूप

PHC का नाम:

Site Handover की दिनांक:

दिनांक से दिनांक के दौरान सेवा प्रदाता eVaidya Private Limited, Hyderabadके प्रतिनिधि श्री / श्रीमति द्वारा PHC..... जनपद का निरीक्षण किया गया और इस PHC को अनुबंधानुसार कार्य करने हेतु उपयुक्त पाया गया । इस दौरान सेवा प्रदाता के प्रतिनिधि को केंद्र पर उपलब्ध निम्नलिखित नैदानिक उपकरणों की सूची प्रदान की गयी जिनको सॉफ्टवेयर के माध्यम से EMR से जोड़ा जाएगा:

क्र०सं०	उपकरण का नाम	उपकरण मॉडल एवं मेक	उपकरण PHCकोड	उपकरण संख्या	टिप्पणी

अतः सेवा प्रदाता को PHC पर अनुबंध के अनुसार कार्य करने की अनुमति प्रदान की जाती है ।

हस्ताक्षर

सेवा प्रदाता के अधिकृत अधिकारी


हस्ताक्षर

प्राथमिक स्वास्थ्य केंद्र प्रभारी

1. अनुबंध अनुसार सेवा प्रदाता के KPI

Scope of Work


संयुक्त निदेशक (नगरीय)
परि... भाग ...
...


(डा० बट्टी विशाल)
निदेशक(परिवार कल्याण)

संलग्नक 3: PHC पर लगाए जाने वाले आई०टी० इन्फ्रास्ट्रक्चर के विनिर्देश

Annexure-II

Minimum required Modernization Equipment at each UPHC (Site)

S.No	Item	Minimum technical requirements	Quantity
1	Desktop Computer	Intel Core i5 6th Generation Processor (6 MB cache) 4 GB DDR3 RAM, higher upgradable up to 16 GB, 1TB SATA Hard Drive 7200rpm, 6 USB port (with two in front), Integrated Gigabit (10/100/1000) LAN with RJ 45 Port, Integrated Intel Graphics ,OEM 18.5" LED colour monitor , DVD writer drive with controller, 104 Keys Keyboard OEM, Optical Mouse with scroll button (OEM), Windows 10 SL Operating System	04
2	UPS	1000 VA Off-Line with 2x 7AH/12 v battery backup, ISO Certified	04
3	Laser jet Printer	14 ppm 600x600 dpi	01
4	Biometric device	-	02
5	Display system to showcase patient queue	4 inch character height, shall display up to 4 digits at a time. Numeric display, Red or Amber color bright LED seven segment display. CAN / USB connectivity, Wall-mountable Powder-Coated Aluminium cabinet.	01
6	Network set up	-	As per requirement
7	External Hard Disk Drive/ DVD/ CD/ Pen Drive/ LTO cartridge for back up	-	As per requirement

In addition to the above, the Service Provider shall deploy all other equipment required to provide Modernization Services in accordance with the terms of this Agreement.

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(डा० बदी विशाल)
निदेशक(परिवार कल्याण)

संलग्नक 4: PHC पर लागू जाने वाले आई.टी. इन्फ्रास्ट्रक्चर की समय सीमा

Schedule D - Project Completion Schedule

The Service Provider is required to set up the Modernization Services at all the UPHCs within 6 (six) months from the Appointed Date ("Scheduled Project Completion Date").

Scheduled Milestone	Completion Date
Project Milestone 1: commencement of Modernization Services of at least 25% of the UPHCs	4 (four) months from Appointed Date
Project Milestone 2: commencement of Modernization Services of at least 70% of the UPHCs	5 (five) months from Appointed Date
Project Milestone 3: commencement of Modernization Services of 100% of the UPHCs	6 (six) months from Appointed Date

Detail execution plan is to be provided by Service Provider before Appointed Date, which shall form part of Schedule D.

संलग्नक 4 (नवीन)
 परियोजना समाप्त महतिदिनांक
 30/06, 2024

(सो वकी विद्याल)
 निदेशक (परिचार कक्ष)



संलग्नक 5: अनुबंध अनुसार सेवा प्रदाता के KPI
Schedule G - Key Performance Indicators

SN	Implementation activity/ Operational parameter	Threshold limit	Time for evaluation	Source for Measuring Data	LD/ Compensation / Penalty in case of default
1	Commencement of Operation (with respect to Project)	As per Schedule D subject to the provisions of Article 11	Once every month till Commencement of Operation (with respect to Project)	Project Completion Certificate or Milestone Completion Certificate issued by the Authority	0.1% (zero point one per cent) of the amount of Performance Security for delay of each day until such milestone is achieved subject to a maximum amount equal to Bid Security (This provision is not in addition to the provisions of Clause 11.2)
2	Operating hours & System availability (Except eUPHC software)- (Hardware downtime / replacement, etc)	Any issue should be resolved within a day from complaint registration	1st day of subsequent month for which assessment is being made	<ul style="list-style-type: none"> MIS Dashboard Periodic Status Report 	Rs. 200 for each hour's delay beyond one day for each centre
3	Data confidentiality	100% confidentiality	1st day of subsequent month for which assessment is being made	Complaints	Immediate Termination of the contract and the Service Provider shall pay liquidated damage of INR 10,00,000. Authority reserves the right to

SN	Implementation activity/ Operational parameter	Threshold limit	Time for evaluation	Source for Measuring Data	LD/ Compensation / Penalty in case of default
4	Feedback from personnel at UPHC using the system (Rating given by users on scale of 1(Extremely Dissatisfied) -5(Extremely Satisfied))	Average rating of 3.5 out of 5	1 st day of subsequent quarter for which assessment is being made	<ul style="list-style-type: none"> The Service Provider shall send an electronic feedback form to all users once in every quarter (with at least 2 reminders), results of which shall be accessible to the Authority and respective feedback provider 	For every decimal point rating below 3.5, 0.1% of performance security blacklist the Service Provider for any future contract in the state of Uttar Pradesh
5	Uptime of eUPHC, Number of hours eUPHC Software solution is non-functional / non-accessible / non-available/ nonresponsive in	Zero except periodic maintenance	1 st day of subsequent month for which assessment is being made	<ul style="list-style-type: none"> MIS Dashboard Periodic Status Report 	Rs. 1,000 for each hour's delay beyond 8 hours in a month

SN	Implementation activity/ Operational parameter	Threshold limit	Time for evaluation	Source for Measuring Data	LD/ Compensation / Penalty in case of default
6	Resolve Technical / IT issues through IT Hub (if the call received / complain registered in operational hours, otherwise in the first operational hour on next working day)	Within 1 hour	1 st day of subsequent month for which assessment is being made	<ul style="list-style-type: none"> MIS Dashboard Periodic Status Report Complain log 	Rs. 100/- for each hour's delay beyond 1 hour for each centre
7	Resolve Technical / IT issues – Onsite support (if the call received / complain registered in the last operational hour of the UPHC, otherwise in the first operational hour on next working day)	Within 4 hours	1 st day of subsequent month for which assessment is being made	<ul style="list-style-type: none"> MIS Dashboard Periodic Status Report Complain log 	Rs. 100/- for each hour's delay beyond 4 hours for each centre

If Modernization Services are unavailable at more than 10% of the UPHCs for a continuous period of 15 days or for a cumulative period of one month in a year for any reasons other than force majeure or Authority's event of default, the Authority shall have the right to terminate the contract.

ढतयक 6: Scope of Work

Schedule A - Scope of the Project

(Refer Article 2)

- 1) The Service Provider shall provide communication networks, IT peripherals, eUPHC software and other requisite software at all Sites with the following minimum requirements:
 - i. Enable scheduling of appointments
 - ii. Alert the patient of upcoming appointment at periodic intervals through SMS
 - iii. Create and update Electronic Medical Records of the patient
 - iv. Shall integrate with diagnostic equipment for error free capture of results.
 - v. Inventory tracking at the UPHC
 - vi. Shall integrate with DVDMIS (Drugs and Vaccine Distribution Management System) UPHMIS/HMIS, and MCTS/RCH Portal.
- 2) Ensure system readiness including availability of operational manpower/ staff, Computers with power backup, printers, printing stationary, printing cartridges, internet connectivity broadband / data card with backup, LAN, network switches, at the UPHC and IT Hub. A list of minimum requirement of equipment at each Site is provided in Annexure-II of Schedule A. All the equipment deployed by the Service Provider to fulfill its obligations under this Agreement shall be branded and new.
- 3) The Service Provider shall arrange all types of server hardware (The Service Provider may use a physical server or cloud based technology), software, database, data storage for all data collected during the Term of the Project, connectivity, networking equipment, antivirus, intrusion software and security audit, required for central server.
- 4) The Service Provider shall use high end capacity server hardware, software, internet connectivity of sufficient bandwidth and also provide backup internet connectivity facility etc.
- 5) The Service Provider shall provide printers for printing of prescription, diagnosis reports captured through eUPHC software to be provided to the patient.
- 6) The Service Provider shall establish and operate an IT Hub which houses technical support staff. The IT Hub should be operational at minimum throughout the operational hours of the UPHC. The operational hours of the UPHC shall be 9 am to 5 pm. The Authority may modify the operational hours post providing due notice to the Service Provider, within 7 days of such notice, the Service Provider shall modify the operational hours of the Project.
- 7) The Service Provider shall develop a consolidated MIS for Authority. The MIS shall have the KPIs and its compliance status, as defined in the Agreement. The damages shall be calculated using MIS in accordance with the provisions of this Agreement. The Service Provider shall develop this and provide the details to the Authority including admin log in within 45 days of commencement of Modernization Services.
- 8) Licences of software designed/ developed/ procured/ deployed, under this Agreement shall revert back to the Authority at the end of the program as per the terms of Article 24 of this Agreement.

ढतयक 6 (ढतयक ढतयक ढतयक)
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- The Authority should be able to run the services without any hindrances post termination/expiry of the Agreement, as the case may be. The Service Provider shall ensure smooth migration of all data as per the requirement post Termination/expiry of the Agreement. All data must be retrievable in user readable format.
- 9) The Service Provider shall make adequate arrangements for onsite support at the UPHCs through Technical and IT experts. Such experts are not required to be deployed at UPHC but shall have to be available as and when required.
- 10) The Service Provider shall resolve queries within one hour (which can be resolved remotely through IT hub) but not later than 4 hours (if onsite support / in person visit is required by IT / Technology Expert) during operational hours. In case, the query is received during the last operational hour of the UPHC which requires onsite support, the same shall be required to be resolved by the end of first working hour of the next working day.
- For illustration:*
- In case, the operating hours of the UPHC are 8am to 2pm, the Service Provider will have to resolve any query received before 1pm on the same day and in case the query received post 1pm, the same should be resolved before 9 am on the next working day.
- 11) The Service Provider shall develop and maintain complain log for registering any complain related to IT and Technology.
- 12) The Service Provider shall procure and maintain all Modernization Equipment, as defined in this Agreement, in good working condition during the contract period. The Service Provider shall be responsible for annual maintenance, periodic maintenance and routine maintenance of all Modernization Equipment as installed by the Service Provider during the Terms of the Agreement.
- 13) Training Requirements
- i. The Service Provider shall provide training to system users (doctor and other staff) to efficiently use the IT system installed under this Project.
 - ii. The Service Provider shall also provide IT related training to system users (doctor and/or other staff) on using the diagnostic equipment.
 - iii. Training needs to be conducted based on a requisite mix of theory & practical operational sessions. The trainings should be conducted in Hindi/English.
 - iv. The Service Provider shall finalise the schedule for training in consultation with the Authority for each year. In consultation with the Authority the Service Provider shall conduct minimum 6 trainings during the Term.
 - v. The training must be provided to all users for operating IT systems and EMR within first 3 months from the Commencement of Operations.
 - vi. In case of any update, the Service Provider shall provide training to all users for the same.
 - vii. The Service Provider shall also have trainings for the users having issues in operating the IT system and EMR.
 - viii. The Service Provider shall be responsible for arranging venue and transportation of personnel from respective UPHCs at its own cost.

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राज्य स्वास्थ्य विभाग
एम्आर प्रणाली (भा.वि.)
गुणवत्ता नियंत्रण

iv. Registration and Authentication of Patients- The EMR system should be able register first time patients. Aadhaar number shall be used to generate a Unique Health Identifier case episodes to facilitate continuity of care.

iii. Identify and maintain a patient record: The EMR system should be able to uniquely identify patient, maintain patient demographics and records for multiple encounters and disease maximum of 24 hours.

ii. The EMR shall support offline capture of data. In case of non-availability of internet connectivity, the data shall be captured offline and shall be updated to the server once the internet connectivity is available. In case of power outage, the personnel at UPHC shall capture the data physically and update in the system later. The system shall have the functionality to later update the data, which would have been captured manually during the power outage. The system shall allow the user to backdate such data (captured physically during power outage) by a

- The details of diagnostic equipment is provided in Annexure-III of this Schedule.
 - 9. Shall capture results obtained with the equipment provided by the Authority at the UPHC.
 - 8. Shall maintain data back up during the Term of the Project
 - 7. Interaction with other stakeholders within the eco-system
 - 6. Master Reports, Change Password, Other Modules as per the requirements
 - 5. Download data (Month/ Year – Anyone/ All; District – Anyone/ All)
 - 4. User Management (Administrator, State, District, Health Institution I/c, Computer operators)
 - 3. Powerful Search tool (based on OPD Registration)
 - 2. Registration, Investigation, Follow-up visit, Referral modules etc for consultation with respective doctor in FIFO (First-In-First-Out) manner.
 - 1. Master Record Management (indicative master records: State, District, Block/ Tehsil, Year, Month, Institute Location, Institute Location Type, Login User, User type, Specialist, Specialist type, Doctor, Patient, Aadhaar numbers of Patients/doctors etc)
- i. Major modules to be covered under the EMR

14) Functional Requirement of eUPHC Software/ EMR Software

- ix. The Service Provider shall inform the Authority of its intent to organise training for personnel at an UPHC at least 45 days before the expected day for training and request the Authority to provide names and contact details of personnel who are to be trained at the UPHC.
- x. The Service Provider shall inform the Authority regarding time and place of a training and mode of transportation arranged for the personnel at least 15 days before the said training; and
- xi. The Service Provider shall finalize the training schedule with Authority within 30 days of Appointed Date.

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- ix. Manage clinical documents and notes: The system is able to manage clinical documents and notes for the patients and has the ability to capture external clinical document. The providers.
 - viii. Medication List – The EMR should provide ability to maintain medication list (long term, per-episode, active- inactive) allergy list, write prescriptions, and automatically alert the practitioners about any drug allergy. Should have prescription writer and support prescription sharing with patient (email, message), and medication history. Automatic drug interaction checking should also be made available (drug-drug, drug food), should enable creation of practitioner specific medication list, provide drug information such as side effects, adverse reaction, overdose, dosage, forms supplied. Ability of the user to add new drugs prescriptions to the systems, generation of reports by patients, medications and drugs prescriptions to the systems, generation of reports by patients, medications and providers.
 - vii. Diagnosis- Maintains the problems list (long term, per episode), support guideline based advice, provides access to knowledge-based resources (e.g. practice guidelines). Facilitate generation of reports by patients, providers and diagnosis.
 - vi. The system shall have the provision for personnel at UPHC to modify registered patient mobile number. The personnel will have to authenticate the patient through Aadhaar card or any other valid identification details produced during registration or authentication of registration. Only after the patient enters the date of birth correctly, shall the personnel gain rights to modify.
 - v. The system shall capture at minimum the following patient data during registration.
 - a. Name
 - b. Age
 - c. Sex
 - d. Marital Status
 - e. Preferable Language
 - f. Name of the Spouse
 - g. Occupation
 - h. Father's Name
 - i. Number of male children
 - j. Number of female children
 - k. Chronic conditions (if any)
 - l. Relevant previous medical history
 - m. List current long term medication used by the patient
 - n. Food & Drug Allergies (if any)
 - o. Location of UPHC where registration is done.
- The Service Provider shall to the extent possible register / authenticate patients with Aadhaar number, however the Service Provider shall not deny any patient in absence of Aadhaar Card.
- (UHID), in the absence of Aadhaar mobile number or Ration card number shall be used.

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- x. scope of this includes outpatient, inpatient, ambulatory care services and any procedure performed.
- x. Lab/X-Ray/Pathology Features-Permits uploading of orders to other public health facilities, maintains profiles of available test/indications, flags abnormal lab results, Permits creation of panels- disease specific, patient specific and population specific. Generate alerts for redundant testing, generates report by patient, medication provider. Should support uploading, sharing and exchange of any lab reports of previously carried out tests provided by the patient that are relevant. Should support uploading, sharing and exchanging of radiology images.
- xi. Preventive Health features- Capture patient intervention history, permits design of interventions protocols by sex, age, disease state, permits guidelines based protocols, provides user-friendly alerts. Ability to generate report by patient, provider, diagnosis and protocol.
- xii. Referral Creation – Maintains list of referral sites/ providers by specialty, reason for referral, location. Captures referral history (patient, provider, site and reason/diagnosis). For avoidance of doubt it is clarified that the referral sites shall be public health facilities
- xiii. Guidelines and Protocols: Manage guidelines, protocols and patient-specific care plans, generate and record patient-specific instructions
- xiv. EMR shall have the provision for a progress note that needs to be filled after every consultation. The system records progress notes utilizing a combination of system default, provider customizable, and provider-defined templates
- xv. EMR shall have the capability to automatically update other sections of the record with data entered in the progress note
- xvi. Progress note shall at the end of every consultation by capture the details of the MBBS doctor/ AU doctor/ Specialist doctor at the centre providing the consultation.
- xvii. The progress note at minimum shall capture patient demographics, city, chief complaint, symptoms, and details of the consulting physician, physical examination findings, diagnosis, and prescriptions for medication and lab tests if any during every consultation.
- xviii. EMR shall allow system enables progress notes to be sorted for viewing in chronological or reverse chronological order by encounter date.
- xix. The EMR shall provide view and comment only access to previous medical records of a patient to the doctor
- xx. EMR shall enable Authority to remotely view the status of services (patient served, medicines dispensed etc.,) at each UPHC by the first operational hour of the next working day for the data captured up to previous day.
- xxi. The system should capture date and time stamps of all entries and modifications along with details of person entering the data.

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निदेशक(परिचर कक्षा)

राज्य निदेशक (नायक)
परिचर कक्षा महानिदेशक,
लखनऊ, उत्तर प्रदेश

- xxii. The system should be able to update and availability of doctors on real time basis
- xxiii. The system should support HIPAA standards for electronic transactions
- xxiv. The system should include extensive error checking of all user input data, including, but not limited to:
 - 1.ICD-10 (Check diagnosis against gender, age, other as necessary)
 - 2.ICD-10 procedure checking against diagnosis"
- xxv. EMR shall include a standard template for prescription. At minimum the template shall include
 - 1. Name of the patient
 - 2. Age
 - 3. Sex
 - 4. Contact Number
 - 5. Name of the consulting doctor
- xxvi. EMR shall auto populate data fields of the prescription with patient demographics and name of the consulting doctor
- xxvii. Prescription needs to have details of the doctor and shall be stored as a part of patient's EMR. EMR shall have the provision of printing prescriptions and patient records when required.
- xxviii. EMR shall be updated every time after medicine is dispensed against a prescription
- xxix. All diagnostic reports generated at the UPHC shall be updated in the EMR
- xxx. Role based access shall be provided to all users of the EMR
- xxxi. Lab technician at the UPHC shall be able to view a list of pending diagnostics tests and demographic details of corresponding patients
- xxxii. The information required to be collected by EMR system shall be finalized by the Service provider in consultation with the Authority
- xxxiii. The Authority shall have the right to use the EMR and other related applications by way of licence without any resultant cost, during the Term and thereafter in accordance with Clause 24.2;
- xxxiv. EMR shall capture the reason for referral and the details of referral central if any for the patient
- xxxv. EMR shall highlight all instances where a patient has been referred to a medicine dispensary or Diagnostic centre for medicine or tests that are not available at the UPHC
- xxxvi. Medicine Dispensation and Inventory Tracking
 - 1. The pharmacist at the UPHC shall be able to view a list of prescriptions to be filled and demographic details of corresponding patients from that UPHC.

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राज्य स्वास्थ्य विभाग (उत्तर प्रदेश)
प्रमुख, स्वास्थ्य विभाग, उत्तर प्रदेश, गोरखपुर

The EMR shall comply with Electronic Health Record Standards 2016 and any amendment thereof issued by Ministry of Medical Health and Family Welfare, Uttar Pradesh.

2. The system shall be updated every time a medicine is dispensed along with the quantity and type of medicine and UHID of patient.
3. If medicine is dispensed against a prescription that is not issued at the UPHC, the pharmacist shall register the patient through EMR and capture a digital image of the prescription in the EMR.
4. The system shall generate a report on inflow and outflow of medicines on request.
5. Shall have provision to record the inflow of medicines and other consumables at UPHC.
- xxxxvii. The system shall have provision to capture patient feedback at the end of every consultation
- xxxxviii. The system shall be integrated with SMS gateway and Email: For information or notification of case to the concerned person (e.g: UPHC.aaa@gmail.com).The Service Provider shall setup an email gateway and SMS gateway, as required, to fulfill its obligations under this Agreement and shall bear the related costs.
- xxxxix. The solution shall preferably be built with open source technology and inter-operable. All display should be in English and Hindi language. The personnel at UPHC should be able to choose their preferred display language between English and Hindi
- xi. As per the industry standard user authentication system and user roles framework, as the users are located across the various locations/ levels in the state.
- xii. The system shall support multiple concurrent user transactions.
- xiii. The system shall be capable of handling text, image, structured document, and vector data among others.
- xliiii. The system shall capture attendance of personnel at UPHCs through biometric devices.
- xlii. The Service Provider shall provide training to the users at the end of contract period.
- xli. The EMR system shall have patient queue system functionality. A digital display system shall be deployed at each Site (UPHC) by the Service Provider. The first patient of the day shall be assigned number 1, the second patient 2 and so on. Post completion of each consultation the display system shall update to the token number of the next patient.
- xli. Standards & Compliances for EMR

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राष्ट्रीय निदेशक (भा. नि. कक्षा)
परिवार कल्याण मंत्रालय, भारत

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Sr no	Transaction and Code Set Standards	Standards Approved by Ministry of Health & Family Welfare, GOI
1	Unique Health Identifier – to act as Patient Identifier	UHID Aadhaar shall be used to generate UHID, if Aadhaar is not available, mobile phone number or Ration card number or any other identifier agreed with the Authority may be considered
2	Interoperability Between Standard or Vocabulary	UMLS
3	Lab Order Resulting	LOINC
4	Lab Interface/Messaging	HL7, ASTM E1238n and CEN TC251
5	Disease classification (Diagnosis - classification for all general epidemiological)	WHO ICD 10
6	Clinical Terminology (Clinical Findings & Clinical Terms)	SNOMED – CT
7	Procedure Terminology for Payer Claims	CPT 4
8	Clinical Procedure Coding System	WHO – PCS
9	Drug classification, and drug Information Framework	ATC/ RxNorm
10	Classification of functioning, disability & health	WHO – ICF
11	Content Exchange Standard - Electronic Health records	CDA, CCR, CCDA
12	Content Exchange Standard – Messaging for interoperability between Administrative, Financial, Clinical, Lab, Dietary or other disparate Hospital systems	HL7 Ver 2.5.1

Sr no	Transaction and Code Set Standards	Health & Family Welfare, GOI
13	Content Exchange standard- Digital Imaging	DICOM

15) Functional Requirements of MIS Dashboard

- The dashboard shall showcase number of patients (today, till date)
- The dashboard shall showcase number No. of investigations (today, till date)
- The dashboard shall showcase number no. of patients suffering from each disease (today, till date)
- District wise no. of patients (today, till date)
- User Management System (User-role, Access rights): Application will capable to de-assign / modify the user credentials.
- Generate real time MIS Information of any case on the basis of following parameters like- Session ID, Session Date, Patient Name, Patient Mobile No., Gender, Address, characters, District, UPHC location.
- Include provision of query by form in the software for the generation of any kind of dynamic reports (downloadable/ exportable). Dynamic reporting should be incorporated in the software, so that queries can be generated on various fields
- Generation of daily report, weekly report, fortnightly report, monthly report, quarterly report and yearly report. Report will be export in multiple formats like PDF, EXCEL, and WORD.
- The Dashboard should provide role-based access to various levels of users as per their role into the system
- It should also be possible that Dashboard provide ability to generate various types of charts and graphs which can be customized by the users as per the need.
- Below is the indicative list of reports

- Month wise location wise Register/ Statistics/ Summary
- Disease/ Specialist/ District wise Register/ Statistics/ Summary
- Patient Category Register/ Statistics/ Summary
- Disease wise Register/ Statistics/ Summary
- Investigation wise Register/ Statistics/ Summary
- Gender wise Register/ Statistics/ Summary
- Age wise Register/ Statistics/ Summary
- Revisit Statistics/ Summary
- Dash board for important indicators (Registration, Male/ Female, Patient category, Disease).
- Daily Patient Statistics
- Utilisation report of manpower employed as part of the Project
- System Availability

राष्ट्रीय निदेशक (राष्ट्रीय)
 पब्लिक हेल्थ सर्विसेस
 डीएम, गवर्नर

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(राष्ट्रीय निदेशक)
 पब्लिक हेल्थ सर्विसेस
 डीएम, गवर्नर

निदेशक (परिचालन एवं प्रशासन)
(राज्य स्वास्थ्य विभाग)

राज्य स्वास्थ्य निदेशक (नारीय)
पुस्तक संकलन महाविद्यालय,
उदुपी, कर्णाटक

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Termination

i. Regular AMC of hardware/ software/ communication channels etc. for the smooth operations. Hand-over of complete operational system at the end of the Term or early

17) Maintenance

- i. Relevant redundancy measures need to be taken by the Service Provider to ensure no data loss due to any unforeseen events. All these information is extremely sensitive & the Service Provider is strictly advised to follow all norms of information confidentiality.
- ii. Store and provide consolidated monthly data backup to State HQ and same should be kept safe also with themselves. The storage media in the form of External Hard Disk Drive/ DVD/ CD/ Pen Drive/ LTO cartridge shall be provided to the Authority at the end of every month.
- iii. All the data collected by Service Provider shall be stored in an encrypted format. All the data collected by the Service Provider during the operations of the Project needs to be handed over to the department in decrypted, unlocked, readable and extractable format upon expiration of Agreement.

16) Data Storage and Backup

- i. Activities pending, if any
- ii. Activities assigned, if any
- iii. MIS Reports
- iv. Link to allowable modules/activities for particular User

key sections as-

- n) Each user of HIMS solution should have a customized MIS view on logging into the system with generate different kind of static and dynamic reports based on the user needs
- m) The user should be able to drill-down, slice, dice, roll-up and pivot data (OLAP) and compare data up to the most granular level as per the need. The system should be able to define data marts and and trends of disease throughout a population group
- l) The Dashboard should be able to detect the presence of infectious diseases/ change in pattern for any disease, symptom etc. at an early stage of an outbreak in addition it should provide insights into the patterns combinations and detect the presence of infectious diseases/ change in pattern for any disease,
- k) The Dashboard should support map-based analysis where data (multiple indicators) could be plotted over maps where it can be drilled down up to most granular level on the map.
- iii. Complaints Registered, time taken for resolution
- xiv. Other District/ State Register/ Statistics/ Summary
- xv. Reports should be exportable/ downloadable in MS Excel/ PDF format
- xvi. Login Trail (All/ Selection based)
- xvii. Any other report as and when required/desired by the Authority

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- ii. SP WAF should be able to block invalidated requests.
 - i. Web Application Filter for OWASP Top 10 protection
- 19) Web Application Firewall as Service

- viii. The bandwidth at the DR shall be scaled to the level of Data center when DR is activated.
- vii. at DR site shall be equivalent to DC
Whenever there is failover from primary to secondary, compute environment for the application of Electronics and Information Technology in May 2017 while engaging a cloud service provider; Empanelment of Cloud Service Offerings of Cloud Service Providers (CSPs) issued by Ministry shall comply with requirements stipulated in the "Invitation for Application/Proposal for articulated properly and shared by GSP (Cloud Service Provider) if any. The Service Provider requests should be routed through that site. The pre-requisite to route request to DR should be in the event of a site failover or switchover, DR site will take over the active role, and all strategy. The storage should be 100% of the capacity of the Primary Data Centre site.
- vi. basis and shall be available in full (100% of the PDC) as per designed RTO/RPO and replication shall be installed and ready for use. DR Database Storage shall be replicated on an ongoing resources required for a functional DR as per the solution offered. The application environment for the application in DR shall be available but with minimum possible compute site will not be performing any work but will remain on standby. During this period, the compute During normal operations, the primary data centre will serve the requests. The disaster recovery the RPO requirements.
- iv. There shall be asynchronous replication of data between Primary DC and DRDC and the SP will be responsible for sizing and providing the DC-DR replication link so as to meet the RTO and should not be any data loss.
- iii. Primary DC to disaster recovery centre (DRC) or vice-versa (regular planned changes), there The key transaction data shall have RPO of 15 minutes. However, during the change from RPO should be less than or equal to 2 hours and RTO shall be less than or equal to 4 hours
- ii. (Recovery Point Objective) and RTO (Recovery Time Objective) requirements.
- i. The Service Provider shall be responsible for disaster recovery services so as to ensure continuity of operations in the event of failure of primary data centre (DC) and meet the RPO

18) Disaster Recovery Management

- ii. Keeping a watch on the health of the system to ensure minimum downtime of each of the components and to keep sufficient reserve stock of hardware devices.
- iii. Conduct server and database maintenance activities at central server in a scheduled manner and during off-peak hours (preferably on Saturday/ Sunday or Holiday with prior permission and information display on web-portal)
- iv. Service provider shall maintain the Modernization Equipment in compliance with this Agreement, the Manufacturer Manuals and Good Industry Practice

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सर्वोच्च निदेशक (नारीय) भारत सरकार, नवी दिल्ली

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- b) Determine systematic measures implemented to control and secure access
- a) Functionality audit

Application audit:

- i. Assessment of authentication mechanism provided in the application/components/modules
- ii. Assessment of data encryption mechanisms implemented for the solution
- iii. Assessment of data access privileges, retention periods and archival mechanisms protected.
- iv. Server and Application security features incorporated etc.
- v. Application Security mechanisms should be accessed in compliance with the IT Act 2000, 2008 Amendment and IT rules 2011, such that it maintains data/information Integrity, Confidentiality, Non-repudiation.
- vi. Audit of Security mechanisms so that they are in compliance with the latest Guidelines by Controller of Certifying authority (CCA), IT Act, and ISO27001.
- vii. The Service Provider shall engage STQC (Standardisation Testing and Quality Certification) to conduct the assessment/ review of the system before implementation and ensure procurement of a successful STQC certification. Specifically, STQC shall look into:

Review:

The Service Provider shall ensure that software developed/customized shall be audited from a security and controls perspective. Such audit shall also include the IT infrastructure and network deployed for the project. Following are the broad activities to be performed as part of Security

Security Review: (20)

- iii. SP WAF should have manual control over IP/Subnet, i.e., Allow or Deny IP/Subnet from accessing website.
- iv. The attackers should receive custom response once they are blocked.
- v. SP must offer provision to customize response of vulnerable requests.
- vi. SP WAF should be able to monitor attack incidents and simultaneously control the attacker IP.
- vii. SP WAF should be able to Greylist or Backlist IP/Subnet.
- viii. SP WAF should be able to set a limit to maximum number of simultaneous requests to the web server & should drop requests if the number of requests exceed the threshold limit.
- ix. The WAF should be able to set a limit to maximum number of simultaneous connections per IP. And should BAN the IP if the threshold is violated.
- x. Should be able to set a limit to maximum length of path to URL.
- xi. Should be able to limit maximum size of request to kilobytes.
- xii. SP WAF should be able to limit maximum time in seconds for a client to send its HTTP request.
- xiii. Should be able to BAN an IP for a customizable amount of time if the HTTP request is too large.
- xiv. Should be able to limit maximum size of PUT request entity in MB

(सो वरु निर्यात) (निर्देशिका) (मन्त्रालय)

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viii. The Service Provider shall maintain a valid STQC certification throughout the Term of the Agreement. The Service Provider shall ensure that assessment/ review by STQC is carried out post any major updation.

- a) Review of backup process, including schedule, storage, archival and decommissioning of media
- b) Physical access controls review (over DC and other critical area)
- c) Incident management process - covering identification, response, escalation mechanisms
- d) Anti-virus (malware) controls - patching, virus definition file update
- e) General computer controls review
- f) Audit of IT Infrastructure will include monitoring the deployment of IT infrastructure at various locations including Data centre and Disaster recovery centre
- g) Performance Audit - whether the actual level of performance of the services is the same as specified in the Agreement
- h) Identify the key issues / bottlenecks in the system and suggest mitigation plans.
- i) Overall compliance to obligations set forth in the Agreement

Review and Implementation of Security Policies and Controls will include:

- a) Penetration and vulnerability testing
- b) Security exposures to internal and external stakeholders
- c) Installation of requisite prevention systems like Intrusion Prevention Systems (IPS), etc.

Review of Network will include:

- i. Classification of data in terms of sensitivity & levels of access
- ii. Security measures over database installation, password policies and user roles and privileges
- iii. Access control on database objects – tables, views, triggers, synonyms, etc.
- iv. Database restoration and recoverability
- v. Audit trails configuration and monitoring process
- vi. Network connections to database
- vii. Review of database structure including:
 - c) to the application programs and data including password controls, user authentications, roles and responsibilities, audit trails and reporting,
 - d) configuration and interface controls, etc.
 - e) Review of database structure including:

21) Integration requirements:

- i. eUPHC software should have all the data elements of DVDMs, MCTS/ RCH and UPHMIS/HMIS to ensure interoperability;
- ii. eUPHC software shall follow LGD (local government directory) for defining geographic locations;
- iii. eUPHC software should have capability to be integrated with Central Patient Portal (CPP); and
- iv. The eUPHC software should have the capability to integrate with any other applications / portal as may be requested by Authority.

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 वडोदरा, गुजरात

(Signature)

निदेशक (महिलार कल्याण)
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