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महाप्रबन्धक, नियोजन

(आ.सं. 10 मं. वि. 13)

1. निजी सचिव, प्रमुख सचिव, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश शासन/अध्यक्ष, कार्यकारी समिति, राज्य स्वास्थ्य समिति, उत्तर प्रदेश।
2. निजी सचिव, अधिशासी निदेशक, चिकित्सा, उत्तर प्रदेश।
3. निजी सचिव, सचिव, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश शासन।
4. निजी सचिव, परियोजना निदेशक, राज्य एवं संघ निदेशक, उत्तर प्रदेश, लखनऊ।
5. निजी सचिव, विशेष सचिव, वित्त, उत्तर प्रदेश शासन, लखनऊ।
6. निजी सचिव, अपर निदेशक, एनओआरएचएचओ एवं एनओएचएचएचओ।
7. समस्त महाप्रबन्धक/उप महाप्रबन्धक/वित्त निदेशक, एनओआरएचएचओ।
8. वित्त निदेशक, स्वास्थ्य सेवा महानिदेशालय/परिवार कल्याण महानिदेशालय, लखनऊ।

प्रतिनिधि निम्नांकित को संलग्नक सहित सूचनाएं एवं आवश्यक कार्यावाही हेतु प्रेषित :-
तद्विनिक
निदेशक
(अमित कुमार घोष)

भवदीय

संलग्नक-यथावत

प्रमुख सचिव, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश शासन/अध्यक्ष, कार्यकारी समिति, राष्ट्रीय ग्रामीण स्वास्थ्य मिशन, उत्तर प्रदेश की अध्यक्षता में दिनांक 01.10.2013 को सम्पन्न कार्यकारी समिति की बैठक का अर्जमादित कार्यवृत्त पत्र के साथ संलग्न कर आपकी इस आशय से प्रेषित किया जा रहा है कि कृपया अपने कार्यक्रम से सम्बन्धित विनियमों पर आवश्यक कार्यावाही करते हुए अनुपालन आख्या यथाशीघ्र उपलब्ध कराने का कष्ट करें।

महोदय,

01.10.2013 के कार्यवृत्त का प्रेषण।

विषय : राष्ट्रीय ग्रामीण स्वास्थ्य मिशन कार्यक्रम के अंतर्गत कार्यकारी समिति की बैठक दिनांक

पत्र संख्या : एचओपीएचएमओयू/नियोजन/7/2013-14 / दिनांक :

1. महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं, उत्तर प्रदेश, लखनऊ।
2. महानिदेशक, परिवार कल्याण, उत्तर प्रदेश, लखनऊ।
3. महानिदेशक, चिकित्सा शिक्षा, लखनऊ।
4. निदेशक, आईओपीएचएमओयू/बस्विक शिक्षा/मान्य विकास/पंचायती राज/आयुर्वेद, लखनऊ।
5. क्षेत्रीय निदेशक, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार, लखनऊ।
6. निदेशक, राष्ट्रीय कार्यक्रम, स्वास्थ्य सेवा महानिदेशालय, उत्तर प्रदेश, लखनऊ।
7. निदेशक, परिवार कल्याण/मार्ग एवं शिक्षा कल्याण/आईओपीएचएमओयू, परिवार कल्याण, लखनऊ।
8. निदेशक, राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान, इन्दिरा नगर, लखनऊ।

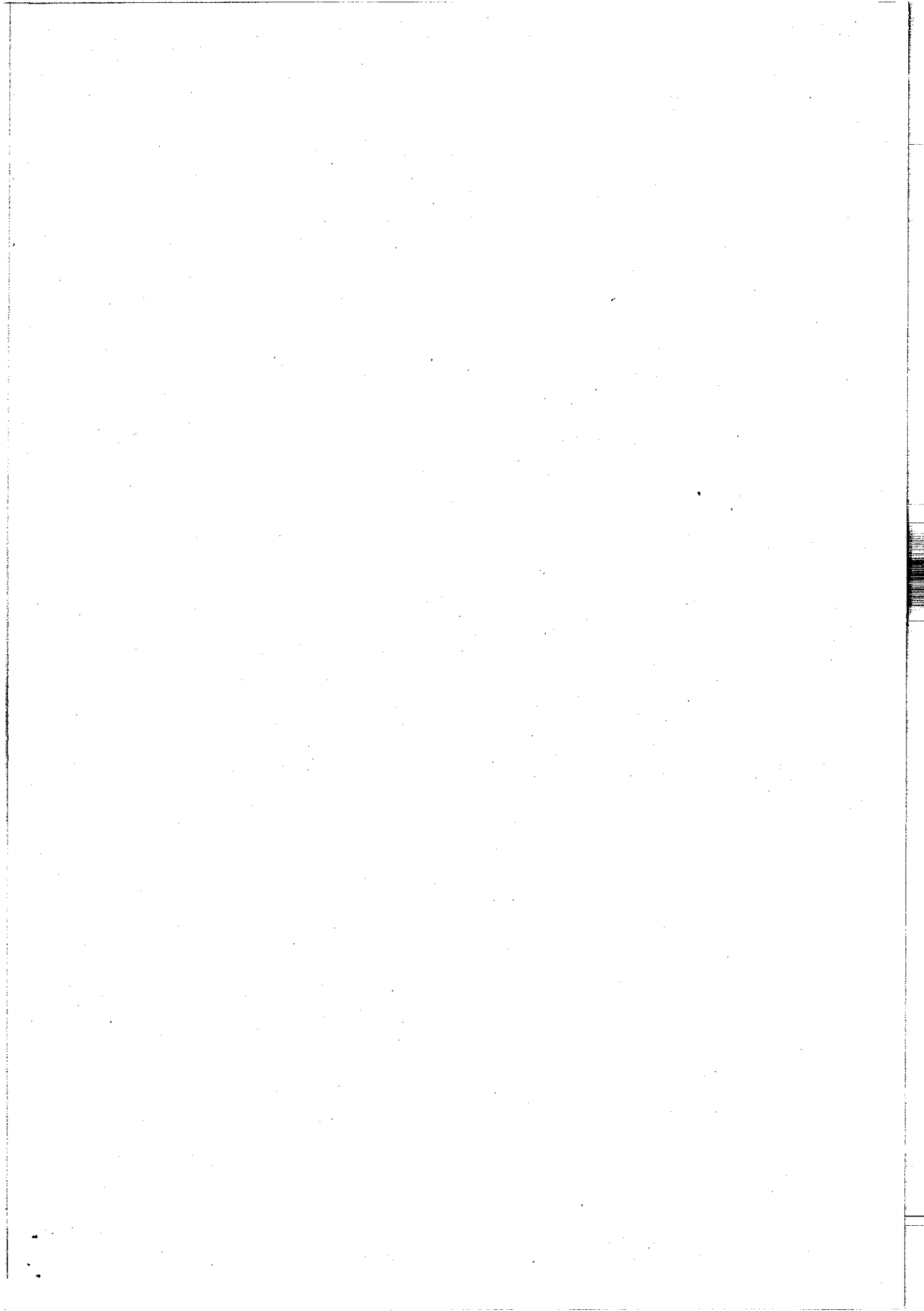
सेवा में,

लखनऊ

राष्ट्रीय ग्रामीण स्वास्थ्य मिशन, उओयू
विशाल कान्हाकर, 19-ए, विधान सभा मार्ग
निदेशक,

प्रश्नक,

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S. No	Reference	Provisions in 108 EMTS	Provisions in 102 NAS	Rationale/ Remarks by M/s RITES	Observations of EC
1.	Duration of Agreement	60 months	60 months	Same as 108 EMTS.	EC approved of the same.
2.	Bidding mechanism	2 Packet, Single stage bidding process for selection of Private Operator. 1 st stage: The proposals will be technically evaluated and will be tested for	2 Packet, Single stage bidding process for selection of Private Operator. 1 st stage: The proposals will be technically evaluated and will be tested for	Same as 108 EMTS.	EC approved of the same.

भारत राइट्स लिमिटेड के प्रतिनिधि द्वारा कार्यकारी समिति के समक्ष पावर प्वाइंट प्रजेंटेशन के माध्यम से ड्राफ्ट आरओएफ010 एवं अनुबंध की शर्तों का प्रस्तुतिकरण किया गया। बैठक में लिये गये निर्णय निम्नवत प्रस्तुत हैं:-

कार्यकारी समिति के सदस्यों को अवगत कराया गया कि परामर्शदाता के निर्धारित "टर्म्स ऑफ रिफरेंस" के कम में भारत राइट्स के द्वारा डीटल्ड प्रोजेक्ट रिपोर्ट (डीपीओआर0) प्रेषित की गयी। भारत राइट्स द्वारा अवगत कराया गया कि निजी सेवा प्रदाता के चयन के सम्बंध में ड्राफ्ट आरओएफ010 ड्राफ्ट, डीपीओआर0 पर आधारित है एवं इसे कार्यकारी समिति की बैठक दिनांक 19.09.2013 में लिये गये निर्णय के कम में तैयार किया गया है। सीओएम0सी0 द्वारा दिनांक 25.09.2013 को ड्राफ्ट आरओएफ010 ड्राफ्टमेंट की समीक्षा कर ली गयी है।

भद संख्या-3

(कार्यवाही सम्बन्धित महाप्रबंधक/वित्त निदेशक)

भारत राइट्स लिमिटेड के सदस्यों को अवगत कराया गया कि परामर्शदाता के निर्धारित "टर्म्स ऑफ रिफरेंस" के कम में भारत राइट्स के द्वारा डीटल्ड प्रोजेक्ट रिपोर्ट (डीपीओआर0) प्रेषित की गयी। भारत राइट्स द्वारा अवगत कराया गया कि निजी सेवा प्रदाता के चयन के सम्बंध में ड्राफ्ट आरओएफ010 ड्राफ्ट, डीपीओआर0 पर आधारित है एवं इसे कार्यकारी समिति की बैठक दिनांक 19.09.2013 में लिये गये निर्णय के कम में तैयार किया गया है। सीओएम0सी0 द्वारा दिनांक 25.09.2013 को ड्राफ्ट आरओएफ010 ड्राफ्टमेंट की समीक्षा कर ली गयी है।

भद संख्या-2

कार्यकारी समिति की बैठक दिनांक 19.09.2013 की कार्यवाही की प्रिंट की गई।

भद संख्या-1

बैठक में उपस्थित अधिकारियों की सूची संलग्न है। सर्वप्रथम मिशन निदेशक, राष्ट्रीय ग्रामीण स्वास्थ्य मिशन द्वारा अध्यक्ष महोदय एवं सीपी उपस्थित सदस्यों का स्वागत किया गया तथा अख्यक्ष-कार्यकारी समिति से बैठक प्रारम्भ करने हेतु अनुरोध किया गया।

58वीं बैठक दिनांक 01.10.2013 का कार्यवाही

प्रमुख सचिव, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण/अख्यक्ष, कार्यकारी समिति, राष्ट्रीय ग्रामीण स्वास्थ्य मिशन की अध्यक्षता में सम्पन्न कार्यकारी समिति की

		<p>responsiveness.</p> <p>2nd stage: The Financial Bids from technically qualified bidders will be evaluated and L1 bidder will be selected to Operate the 102 NAS.</p>	<p>responsiveness.</p> <p>2nd stage: The Financial Bids from technically qualified bidders will be evaluated and L1 bidder will be selected to Operate the 108 EMTS.</p>	<p>Eligibility to Bid</p>	<p>3.</p>
<p>EC approved of the</p>	<p>Similar technical criteria has been proposed although 3 years experience is being sought as against 2 years mentioned in 108 EMTS, as the earlier tender was floated in 2011-12.</p> <p>Under Financial capacity average annual turnover /gross receipts for 3 years is proposed as against annual turnover/ gross receipts for 2 years. This will even out variations in last three years, if any.</p>	<p>Technical Capacity:</p> <p>The Bidder should have at least three years experience of operating a minimum fleet of 100 ambulances supported by a centralized call centre of at least 35 seats for last three years set up by the bidder.</p> <p>Financial Capacity:</p> <p>The Bidder should have an average annual turnover/ gross receipts of at least Rs. 50.00 Crores for last three financial years.</p>	<p>Technical Capacity:</p> <p>The Bidder should have at least two years experience of operating a minimum fleet of 100 ambulances supported by a centralized call centre of at least 35 seats set up by the Bidder.</p> <p>Financial Capacity:</p> <p>The Bidder should have an annual turnover/ gross receipts (for the last two financial years) of at least Rs. 50.00 Crores.</p>	<p>Payment Terms</p> <p>Clause 2.3.3</p>	<p>4.</p>
<p>EC approved of the</p>	<p>Meeting Held on 19.09.2013, that in the earlier pattern (i.e. 108 EMTS) the operator is paid a fixed monthly amount and there is no inbuilt incentive for the operator to perform more than the minimum threshold of 4 trips per Ambulance per day. Payment per trip per ambulance will address this issue and it will be in the interest of the Government as people will not be denied</p>	<p>The Operator shall be entitled to receive the Fee per trip from the Authority for discharge of obligation and services as per the provisions of Management Agreement.</p>	<p>The Operator shall be entitled to receive the Fee per Ambulance per month from the Authority for discharge of obligation and services as per the provisions of Management Agreement.</p>		

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	<p>service and operator will be motivated to attend to more number of cases. The EC was informed that accordingly provisions have been made in the RFP at all relevant places.</p>			
<p>EC approved of the same.</p>	<p>In compliance to the recommendations of EC Meeting dated 19.09.2013 and as explained at point 4 above.</p>	<p>The Financial Bids are invited for the Project on the basis of the Lowest fee per trip (the Bid Amount) required by the Bidder for implementing the Project. The Bid Amount shall constitute the sole criteria for evaluation of Financial Bids.</p>	<p>The Financial Bids are invited for the Project on the basis of the Lowest fee per Ambulance per Month (the Bid Amount) required by the Bidder for implementing the Project. The Bid Amount shall constitute the sole criteria for evaluation of Financial Bids.</p>	<p>5. Payment Terms Clauses 3.3</p>
<p>EC approved of the same</p>	<p>The average distance per trip travelled by ambulance in 102 NAS will decrease as i) number of ambulances are more (almost double) and ii) the primary designated facility in the 102 NAS is a L 2 delivery point i.e. Block PHC</p>	<p>The operator shall in any calendar month, from the commencement date, undertake at least 4 trips per ambulance per day and 50 km per ambulance per day, on the average for fleet per district in the state.</p>	<p>The operator shall in any calendar month, from the commencement date, undertake at least 4 trips per ambulance per day and 60 km per ambulance per day, on the average for fleet per district in the state.</p>	<p>6. Minimum number of trips Schedule 1</p>
<p>EC approved of the same</p>	<p>The moratorium is required because of following reasons- i) The bid parameter is fee per trip thus the operator will be given payment as per actual and not at a fixed rate of per Ambulance per month as in case of 108 EMTS. ii) As all the 972 Ambulances are already operational in the field the operator is asked to</p>	<p>A moratorium of 6 months before the operator is penalized for less than 4 trips and 50 km per ambulance</p>	<p>N.A.</p>	<p>7. Penalties Schedule 5</p>

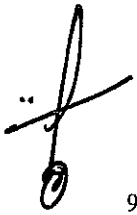
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<p>operationalize the first batch of ambulance within 1 month of Effective Date in comparison with 4 months in 108 EMTS. !!!) Because 108 EMTS is already quite popular, 102 operator shall be provided some time to conduct IEC/IPC activities to spread awareness.</p>	<p>Payment in 102 NAS is linked with number of trips served in comparison with number of ambulances in 108 EMTS. Therefore this clause has to be reworded. An allowance of 5% of total fleet of ambulance still remains and the operator will be penalized in the event where more than 5% of ambulances are non operational</p>	<p>EC approved of the same.</p>
<p>The monthly payment of Fee shall be calculated on the basis of number of trips served in a calendar month as per Schedule 1 of the Agreement. Repair and maintenance allowance of a maximum of 5% of the total fleet of ambulances shall be allowed to the operator. In the event of ambulances in the number of operational ambulances are less than 95% on any given day, the penalty as provided in Schedule 5 of this Management Agreement, shall be applicable additionally.</p>	<p>The Authority shall have the right to increase the number of ambulances beyond the present number of 1972 within 2 (two) years from the date of execution of the Management Agreement. In the event of any such increase in the number of ambulances by the Authority, the Operator shall operate and maintain the additional ambulances till the remaining term/duration of the Management Agreement, as part of the existing scope</p>	<p>This provision has been included as per recommendations of the EC meeting dated 19.09.2013. And it will ensure that the government will not be required to under take separate tender process for the additional Ambulances sanctioned under '102' service and there is no clash of geographical area, as the proposed '102' Ambulance service will cover the whole state by</p>
<p>The monthly payment of Fee shall be calculated on the basis of average number of Ambulances operating in a calendar month as per Schedule 2 of the Management Agreement, after allowing for 5% non operational ambulances. In the event of number of ambulances are less than 95% on any given day, the penalty as provided in Schedule 5 of this Management Agreement, shall be applicable additionally.</p>	<p>The Authority shall have the right to increase the number of ambulances beyond the present number of 1972 within 2 (two) years from the date of execution of the Management Agreement. In the event of any such increase in the number of ambulances by the Authority, the Operator shall operate and maintain the additional ambulances till the remaining term/duration of the Management Agreement, as part of the existing scope</p>	<p>This provision has been included as per recommendations of the EC meeting dated 19.09.2013. And it will ensure that the government will not be required to under take separate tender process for the additional Ambulances sanctioned under '102' service and there is no clash of geographical area, as the proposed '102' Ambulance service will cover the whole state by</p>
<p>Allowance for break down of Fee shall be calculated on the basis of average number of Ambulances operating in a calendar month as per Schedule 2 of the Management Agreement, after allowing for 5% non operational ambulances. In the event of number of ambulances are less than 95% on any given day, the penalty as provided in Schedule 5 of this Management Agreement, shall be applicable additionally.</p>	<p>Expansion of Fleet of Ambulances</p>	<p>Clause 2.2.13</p>
<p>9.</p>	<p>Expansion of Fleet of Ambulances</p>	<p>Clause 2.2.13</p>
<p>9.</p>	<p>Expansion of Fleet of Ambulances</p>	<p>Clause 2.2.13</p>

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<p>of work and upon the same terms and condition specified in the Management Agreement.</p>	<p>The EC was informed that the rider that "increase in the number of ambulances, beyond the present number of 1972, should be within 2 (two) years from the date of execution of the Agreement" as Operator will need a minimum of three years to recover its investment in the additional ambulances.</p>	<p>a single toll free number i.e. '102'. The EC suggested that the number of the replaced vehicle model shall be of same or higher standard/specification.</p>	<p>EC suggested that</p>	<p>10. Covenants of Operator Article 12.21)</p>	<p>11. Site Visit Clause 2.6.2</p>
<p>EC approved of the</p>	<p>This clause ensures that the number of ambulances in the fleet remains the same throughout the duration of the Agreement.</p>	<p>In the event of irreparable damage to any ambulance being operated under 102 NAS, the Operator shall ensure that a substitute ambulance (having standards similar but not inferior as of the ambulance which has been damaged) is promptly put into service and defective/irreparable ambulance is replaced with a new one within 30 (thirty) days of detection and reporting of such damage. The ambulance with the said irreparable damage can be disposed off by the operator and the proceeds from the same can be retained by the operator.</p>	<p>The applicants/bidders are encouraged to submit their respective bids after visiting the State of Uttar Pradesh and ascertaining health profile, health facilities in the state, the road conditions, traffic, conditions affecting transportation, health profile, health facilities in the state, the road conditions, traffic, conditions affecting transportation, State and ascertaining the health profile, health facilities in the state, the road conditions, traffic, conditions affecting transportation, after visiting the State and ascertaining the health profile, health facilities in the state, the road conditions, traffic, conditions affecting transportation, encouraged to submit their respective bids after visiting the State of Uttar Pradesh and ascertaining the health profile, health facilities in the state, the road conditions, traffic, conditions affecting transportation, Bidders are</p>	<p>encouraged to submit their respective bids after visiting the State and ascertaining the health profile, health facilities in the state, the road conditions, traffic, conditions affecting transportation, encouraged to submit their respective bids after visiting the State of Uttar Pradesh and ascertaining the health profile, health facilities in the state, the road conditions, traffic, conditions affecting transportation, Bidders are</p>	<p>The Bidders shall be given an opportunity to inspect the ambulances. In 102 NAS all of 972 vehicles are in operation and some of them are in operation for more than 2 years. In comparison to this for 108 EMTS the bidders were able to inspect the 159 ambulances during the applicable laws and</p>

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	<p>access, applicable laws and regulations, matter considered relevant by them. For ascertaining the condition of the existing 972 ambulances, the Authority may permit/facilitate the applicant/bidder to inspect the state/position of the said ambulances on two different dates. The date and time for the said inspection, if any, shall be fixed by the Authority during the pre-bid meeting.</p>	<p>EC Approved of the same</p>	<p>Bidder is required to deposit, along with its Bid, a security of Rs. 2,00,00,000/- (Rupees Two Crore) Only (the "Bid Security"), refundable not later than 270 (two hundred seventy) days from the Proposal Due Date.</p>	<p>12. Bid security</p> <p>Clause 2.13.1</p>	<p>Performance</p> <p>due and faithful performance of its obligations during the project duration</p>
<p>EC Approved of the same</p>	<p>According to the GOI guidelines, the Bid security shall be 1% of the total project cost. The total capex worked out in this project i.e. cost of procuring ambulances, cost of fabricating ambulances, cost of repairing old ambulances and cost of setting GCC) is estimated to be approx. Rs. 200 Crores.</p>	<p>EC Approved of the same</p>	<p>The Operator shall for due and faithful performance of its obligations during the project duration furnish Performance Security by way of an unconditional and irrevocable Bank Guarantee issued by a Schedule Bank, in favour of 'Mission Director, National Health Mission, Lucknow' of value Rs. 20,00,00,000 (Rupees Twenty Crore only).</p>	<p>13. Performance</p> <p>Security</p> <p>Clause 2.25.1</p>	<p>Performance</p> <p>due and faithful performance of its obligations during the project duration</p>
<p>EC Approved of the same</p>	<p>According to the GOI guidelines, the Performance security shall be 10% of the total project cost. The total capex in this project i.e. cost of procuring ambulances, cost of fabricating ambulances, cost of repairing old ambulances and cost of setting GCC) is estimated to be approx. Rs. 200 Crores.</p>	<p>EC Approved of the same</p>	<p>The Authority may provide as per the demand of the RITES has proposed</p>	<p>14. Mobilization</p> <p>Advance</p>	<p>The Authority may provide as per the value of Rs. 12,50,00,000 (Rupees Twelve Crore Fifty Lakhs only).</p>

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<p>Mobilization advance as same</p>	<p>25% of the total project cost. The total capex in this project i.e. cost of procuring ambulances, cost of fabricating ambulances, cost of repairing old ambulances and cost of setting CCC) is estimated to be approx. 200 Crores.</p>	<p>Operator an Interest free Mobilization Advance upto the maximum sum of Rs. 50 Crores towards the capital expenditure for provision of 102 NAS in the State of Uttar Pradesh.</p>	<p>demand of the Operator an Interest free Mobilization Advance upto the maximum sum of Rs. 30 Crores towards the capital expenditure for provision of EMTS in the State of Uttar Pradesh.</p>	<p>Article 10.1)</p>
<p>EC approved the same and also recommended that the operator shall indemnify government for all matters related to accidents and other services provided under 102 NAS. EC was later informed that Article 20 'Indemnity' of the Agreement already ensure that Govt. is indemnified of all actions, claims, liabilities, costs, damages and expenses of every kind and nature in respect of the death of any person employed directly or indirectly by the Operator or any subcontractor and their employees and third party deeds.</p>	<p>The 108 EMTS document specify that the operator shall abide by the law of the land but to make it more clear and comprehensive in 102 NAS, as human resource is a vital component for ambulance service, M/s RITES recommended the addition of applicable labor legislation in respect of the Manpower.</p>	<p>The Operator shall be responsible to comply with all applicable labor legislation in respect of the Manpower appointed or hired by the Operator in respect of execution and implementation of the Project and shall indemnify Authority for any claim, action or demand whatsoever in that regard.</p>	<p>N.A.</p>	<p>15. Manpower Article 9.2)</p>

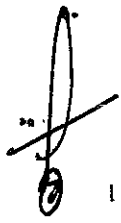
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<p>EC suggested that instead of constituting a separate Committee to review & monitor 102 NAS, provision should be made that the same will be put up as a separate Agenda item during the Executive Committee meeting at State level and similarly in EC of District Health Society. As suggested the EC of SHS will address bottlenecks and implementation shall be the final</p>	<p>Monitoring at state level and District level is necessary for successful operation of the project</p>	<p>M/s RITES proposed creation of State Project Monitoring committee chaired by PS and co chaired by MD, NHM and DG, FW, DG, MH, PPS experts and representatives of operators to remove implementation bottlenecks District Project Monitoring committee chaired by DM and co chaired by CMO and ACMO and representatives of health department and operators for review and supervise the operation of 102 NAS at district level</p>	<p>N.A.</p>	<p>17. Article 11 of Appointment</p>
<p>EC approved of the dated same meeting</p>	<p>As suggested in EC meeting for each subsequent year shall be determined by increasing of the Bid Amount in the respective year by an additional 10% does not absorb the human resource costs escalation and 102 NAS is very human resource intense service. And thus annual escalation of 10% as made in 108 EMTS is being retained.</p>	<p>Escalation Clause: The Bid Amount for each subsequent year shall be determined by increasing the amount of the Bid of the Bid Amount in the respective year by an additional 10% (Ten percent) as compared to the immediately preceding year. For the avoidance of doubt, the Bid Amount for all subsequent years shall be determined by increasing the Bid Amount by 10% as compared to the immediately preceding year. The first annual escalation shall be applicable on the first anniversary of the Final Commissioning Date as defined in Management Agreement.</p>	<p>Escalation Clause: The Bid Amount for each subsequent year shall be determined by increasing the amount of the Bid Amount in the respective year by an additional 10% (Ten percent) as compared to the immediately preceding year. For the avoidance of doubt, the Bid Amount for all subsequent years shall be determined by increasing the Bid Amount by 10% as compared to the immediately preceding year. The first annual escalation shall be applicable on the first anniversary of the Final Commissioning Date as defined in Management Agreement.</p>	<p>16. Annual Escalation</p>

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<p>authority to consider any revision arising out of changes in the policy, structure of the services, rational re-positioning of the ambulances.</p> <p>b. The Director General - Family Welfare will monitor and review the services of the Operator on monthly basis and will be responsible for the smooth implementation of the '102' NAS at State Level and CMOs at the District level.</p>	<p>EC approved of the same and also includes drop backs and it has a different payment mechanism i.e. facility transfer shall only be to a higher facility.</p> <p>moreover based on the practical learnings from the operation of 108 EMTS following mechanism was devised by M/s RITES.</p> <p>Refer Annexure 1</p>	<p>Subsequent to the EC decision dated 19.09.2013 M/s RITES proposed detailed mechanism for calculating trip. The details of the mechanism are provided in the Annexure. The mechanism incentivizes operator for inter district transfer to higher facility and inter district drop backs. The mechanism also encourages the operator to conduct multi patient drop back.</p>	<p>Definition of Trip Schedule 1.9.1</p>	<p>18.</p>	<p>19.</p>
<p>EC approved of the same.</p>	<p>The deadline of 1 month for phase 1 is manageable as the 972 ambulances are already procured and are running in all districts.</p> <p>Refer Annexure 2</p>	<p>The operator is provided with one month to operationalize 100 ambulances. The 1972 ambulances have to be operationalized in 8 months in 6 phases. The details are provided in Annexure-2</p>	<p>The operator was provided with four months to operationalize 133 ambulances. The total of 988 ambulances was to be operationalized in 6 months.</p>	<p>19.</p>	<p>20.</p>
<p>As per directives of EC "that a</p>	<p>The scope of work under 102 NAS is very limited</p>	<p>The equipment and consumables necessary for</p>	<p>Refer Annexure 3</p>	<p>Fabrication of Ambulances</p>	<p>20.</p>

<p>EC approved of the same</p>	<p>The intention is to position the new ambulances as per the same</p>	<p>The additional 1000 ambulance will be positioned rationally based</p>	<p>N.A.</p>	<p>23. Positioning of 1000 new</p>
<p>EC approved of the same</p>	<p>Information on Screens are more easily discernable and will ensure better monitoring and supervision.</p>	<p>The operator shall provide online access of information on ambulances to the office of the Principal Secretary (Medical Health and Family Welfare), Mission Director - National Rural Health Mission and Director General - Family Welfare with one screen each for real time monitoring.</p>	<p>The Operator shall share/provide an online link / access to the Authority which will allow the Authority to access the GPS/GPRS, GIS, AVTS, as the case may be for real time monitoring.</p>	<p>22. Provision of screens for real time monitoring Schedule 1</p>
<p>EC approved of the same</p>	<p>The intention was to modify and design reporting obligations such as they may be easily reflect on useful insights on the important parameters separately for different vehicles. Moreover the proposed changes have been made to accommodate change of scope of service. Also the proposed information has been sought in the formats which provide useful insights into the operation in comparison with the consolidated nature of information sought in 108 EMTS.</p>	<p>The major noticeable change in the reporting has been that the information is sought in templates designed for an ambulance i.e the operator submits important parameters separately for different vehicles. Moreover the proposed changes have been made to accommodate change of scope of service. Also the proposed information has been sought in the formats which provide useful insights into the operation in comparison with the consolidated nature of information sought in 108 EMTS.</p>	<p>N.A.</p>	<p>21. Reporting Formats Schedule 7</p>
<p>comparative table shall be made detailing the additions and omissions in the list of equipments in 108 EMTS are not required. comparison with 108 EMTS, the details are provided in Annexure 3.</p>	<p>and peculiar in comparison with 108 EMTS and therefore details are provided in Annexure 3</p>	<p>the beneficiaries under JSY and JSSK schemes have been recommended. The details are provided in Annexure 3</p>	<p>Schedule 6</p>	<p>and List of Consumables Schedule 6</p>



1. एल10ई0ई10 टी0वी0 स्थापित करने हेतु प्रस्तावित स्थल कलेक्ट तथा विकास भवन के स्थान पर जिला पुरुष/महिला/संयुक्त/मण्डलीय चिकित्सालय/अन्य बड़े चिकित्सालयों में स्थापित

उक्त धनराशि के सर्वप्रयोग हेतु समिति द्वारा निम्नलिखित निर्णय लिए गए :-

के अनुमोदन से समिति अवगत हुई, जो कि कमिटेड लाइब्रैरिटी के रूप में स्थित है। के उद्देश्य से भारत सरकार द्वारा वर्ष 2012-13 में एक0एन0आर0 कोड बी-10 में ₹ 175.00 लाख माल्य से जन समुदाय को स्वास्थ्य विभाग की विभिन्न योजनाओं के सम्बन्ध में जागरूक किये जाने 05 जनपदों (गोरखपुर, कुशीनगर, महाराजगंज, देवरिया एवं एटा) की 25 तहसीलों पर LED TV के प्रदेश के समस्त जनपदों में जिलाधिकारी कार्यालयों, मुख्य विकास अधिकारी कार्यालयों तथा

एल10ई10 मद संख्या-6

(कार्यवाही महाप्रबन्धक-आई0ई0सी0/वित्त नियंत्रक, एन0आर0एच0एच0)

द्वारा अनुमोदन प्रदान किया गया। स्थित कमिटेड लाइब्रैरिटी में से सूचना एवं जनसम्पर्क विभाग, उत्तर प्रदेश को किये जाने पर समिति कार्ययत्न हेतु कुल धनराशि ₹ 14,15,096.00 का अनुमान एन0एन0आर0कोड बी-10.5 में 'आशीर्वाद-बाल स्वास्थ्य गारंटी योजना' के अन्तर्गत पर 'समाचार पत्रों में प्रकाशित

एल10ई10 मद संख्या-5

(कार्यवाही महानिदेशक-पु0क0/महाप्रबन्धक-माव् स्वा10/वित्त नियंत्रक, एन.आर.एच.एम.)

अनुमोदनापरान्त धनराशि अवसूचना कर दी जाए। उपलब्ध करा दी जाए जिसके कम में जिला स्वास्थ्य समितियों के खाल में मिशन निदेशक के जनपदवार उपकेन्द्रों की संख्या तथा किये के अनुमान की धनराशि की फाट एच0पी10एच0पी0 को गया। समिति द्वारा निर्देशित किया गया कि महानिदेशक, परिवार कल्याण के स्तर से एक सप्ताह में हेतु स्वीकृत ₹ 148.53 लाख की धनराशि पर कार्यकारी समिति द्वारा एकमुहल अनुमोदन प्रदान किया कोड संख्या-बी. 4.3 में ₹ 250.00 प्रति उपकेन्द्र किये की दर से वित्तीय वर्ष 2013-14 में 12 माह प्रदेश के 4951 उपकेन्द्रों के किये का अनुमान हेतु मिशन फ्लैकसीपूल के एक0एन0आर0

मद संख्या-4

(कार्यवाही अपर मिशन निदेशक-अरबन/उपमहाप्रबन्धक-ई0एन0टी0एच0)

कार्यकारी समिति द्वारा उपरोक्तानुसार आर0एच0पी0 लैक्यूमेंट पर अनुमोदन प्रदान किया गया एवं निर्देशित किया गया कि डॉक्ट आर0एच0पी0 लैक्यूमेंट एवं अनुबन्ध का न्याय विभाग, उत्तर प्रदेश शासन से विहीन किया जाय। कार्यकारी समिति द्वारा मिशन निदेशक-एन0आर0एच0एच0 की अधिकृत किया गया कि न्याय विभाग से विहीन उपरान्त निर्दिता निस रत्काल प्रकाशित करा दिया जाय एवं इस सम्बन्ध में कुल कार्यवाही से आगामी कार्यकारी समिति को अवगत करा दिया जाय।

Ambulances	Schedule 8	on population and distance, IMR/ MMR data and half yearly data generated from 102 NAs.	IMR/MMR data and load observed by the Govt.	
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राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
अध्यक्ष, कार्यकारी समिति
विक्रमा, स्वास्थ्य एवं परिवार कल्याण /
प्रमुख सचिव,
(परीर कमार)

राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
मिशन निदेशक,
(आरत कमार शर्मा)

अंत में धन्यवाद प्रस्ताव के उपरान्त बैठक सम्पन्न हुई।

उपमहाप्रबंधक-ई0एम0टी0एच0

(कार्यवाही अपर मिशन निदेशक-अरबन/वित्त नियंत्रक-एन0आर0एच0एच0)

इस अनुमोदन प्रदान किया गया।
जून 2013 की 20 प्रतिशत अवधि अन्यायिता रु0 4,62,38,400.00 के मुताबिक पर कार्यकारी समिति
अप्रैल 2013 के प्रतिशत विल के सापेक्ष 80 प्रतिशत अन्यायिता रु0 9,24,76,800.00 एवं मई 2013 तथा
108 समाजवादी स्वास्थ्य सेवा हेतु सेवा प्रदाना जी0बी0के0 ई0एम0आर0आई0 द्वारा माह

अन्य बिन्दु संख्या-1

(कार्यवाही-महाप्रबंधक, आई0ई0सी0)

अवगत कराया जाए।
(UPSACS) द्वारा किये गये कार्य को आधार मानते हुए कार्यवाही की जाए। तदनुसार आगामी बैठक में
पर उपरोक्त जाना अधिक आधिकारपूर्ण होगा। इस कार्य हेतु उत्तर प्रदेश राज्य एड्स कंट्रोल सोसाइटी
याना करते हैं, जो कि हमारा लक्षित वर्ग है। अतः उक्त संदेश रिजर्वेशन विनियम के स्थान पर टिकट
के संदेश प्रकाशित करवाए जाने के संबंध में निर्णय लिया गया कि अधिकार यात्री अनास्थित श्रेणी में
“रेलवे रिजर्वेशन रिकॉर्डिंग” फार्म पर राष्ट्रीय ग्रामीण स्वास्थ्य मिशन, उ0एम0 की योजनाओं



एन0एच0 मद्द संख्या-7

(कार्यवाही-महाप्रबंधक, आई0ई0सी0/महाप्रबंधक, हैच सिफसा /
वित्त नियंत्रक, एन.आर.एच.एम.)

- आवश्यकता अनुसार सामग्री को अद्यतन किये जाने में सिफसा का सहयोग लिया जाय।
2. एल0ई0सी0 टी0बी0 का साइज 42 इंच/46 इंच तक होगा वैन ड्राइव के माध्यम से
ही रहेगी। जनपदवार स्थल की संख्या पत्रावली पर मिशन निदेशक द्वारा निर्धारित की जाएगी।
स्वास्थ्य सन्वैधी फिक्स/संदेश प्रसारित करने का प्राविधान अवश्य ही। इसका कय, स्थाना एवं
किथीलाता हेतु विस्तृत दिशा निर्देश एवं अन्यायिता जनपदों को मिशन निदेशक के
अनुमोदनोपरान्त उपलब्ध करा दी जाए। समिति द्वारा मिशन निदेशक को अधिकृत किया गया
कि वे अपने स्तर से एल0ई0सी0 टी0बी0 की अधिकतम दर निर्धारित कर मुख्य विक्रमा
आधिकारियों को भेजे जाने वाले दिशा-निर्देशों में अंकित कर दिया जाय।
 3. जन समुदाय को एन0आर0एच0एम0 की विभिन्न योजनाओं के सम्बन्ध में जागरूक किये जाने
के उद्देश्य से एच0पी0एच0/सिफसा में उपलब्ध पत्रा-प्रसार सामग्री उपयोजित की जाय।

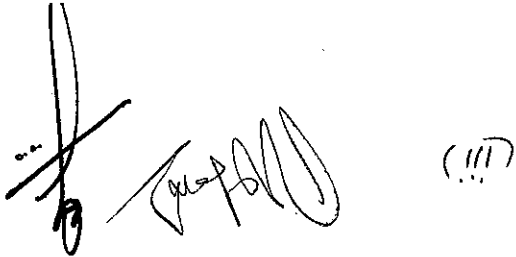
SI.	Key Point of Change	108 EMTS	102 NAS
1	Defining a "Trip"	<p>i. Journey from the base point to the site of emergency and onwards to the hospital/CHC with the patient;</p> <p>ii. In case the hospital/CHC advises that the patient be taken to another medical facility, as referred by the on duty doctor, the journey to the other medical facility;</p> <p>iii. Journey from the base point to the site of emergency, where the patient is stabilized on the spot and patient is not required to be taken to CHC/hospital.</p>	<p>i. Journey from the base point to the site to pick up the patient and dropping to the nearest facility.</p> <p>ii. In case the health facility advises that the patient be taken to another health facility, as referred by the on duty doctor/Nurses, the journey to the other higher health facility;</p> <p>iii. Journey from the health facility to home for dropping the patient</p>
2	Calculation of Trip	<p>Each trip will be counted as one trip</p>	<p>i. Journey from the base point to the site to pick up the patient and dropping to the nearest facility.</p> <p>a. The operator shall transport only one beneficiary in this situation</p> <p>b. Each such journey shall be counted as 1 trip</p> <p>ii. In case the health facility advises that the patient be taken to another health facility, as referred by the on duty doctor/Nurses, the journey to the other health facility;</p> <p>a. The operator shall transport only one beneficiary in this situation</p> <p>b. Each inter facility transfer within district where ambulance is stationed shall be considered as one trip and shall be considered as 2 trip in the case of otherwise.</p> <p>iii. Journey from the health facility to home for dropping the patient</p> <p>a. The operator shall transport a maximum of three beneficiaries in this situation</p> <p>b. If operator transports one patient at a time per vehicle for drop back it will be counted as 0.80 trip</p> <p>c. If operator transport two patients at a time per vehicle for drop back it will be counted as 1.50 trip</p>

(11)

	3	<p>Minimum number of Trip</p> <p>and 60 km per day per ambulance on an average in a month in a district</p>	<p>4</p> <p>Project Phasing</p>
<p>d. If operator transport three patients at a time per vehicle for drop back it will be counted as 2.00 trip</p> <p>iv. Drop back the patient to another district will be counted double trip for each case given above in iii a, b, c.</p>	<p>Minimum number of trip shall be 4 trip</p> <p>and 50 km per day per ambulance on an average in a month in a district.</p> <p>Moratorium of 6 months given for achieving the minimum number of trip</p>	<p>Phase I - 4 months from the Date of signing the Agreement</p> <p>i. Identify critical areas in each district with incidence of accidents, medical emergencies.</p> <p>ii. Conduct a district-wise route mapping exercise to determine the best routes and locations to reach the patient and to travel to the government hospitals.</p> <p>iii. Finalization of Standard Operating Procedures and Standard Ambulance Operating procedures and approval by the Authority.</p> <p>iv. Commission and operate 100 ambulances in select districts head quarter along with CCC to cater to manage the operations.</p> <p>Phase II - 6 months from the Date of signing the Agreement</p> <p>i. Commission and operate 298 more Ambulances in Agra, Mirzapur, Bareilly, Jhansi, Chitrakoot, Kanpur divisions of</p>	<p>Phase I - 1 months from the Date of signing the Agreement</p> <p>i. Identify critical areas in each district with incidence of maternal mortality and identify the areas where demand for 108 transport service by pregnant women is more.</p> <p>ii. Conduct a district-wise route mapping exercise to determine the best routes and locations to reach the patient and to travel to the government hospitals.</p> <p>iii. Finalization of Standard Operating Procedures and Standard Ambulance Operating procedures and approval by the Authority.</p> <p>iv. Commission and operate 100 ambulances in select districts head quarter along with CCC to cater to manage the operations.</p> <p>Phase II - 2 months from the date of signing the agreement</p> <p>i. Commission and operate 200 Ambulances in select districts along with CCC.</p>

(111)



<p>Provided that in the first 3 months of operation, the targets for Jhansi, Chitrakoot and Mirzapur Divisions shall be achieved.</p> <p>4 trips per Ambulance per day and 60 KM per Ambulance per day, average for the fleet per District, whichever is not achieved.</p> <p>A proportionate deduction shall be made for each case of less than the target number of cases for the month based on 4 trips per Ambulance per day and 50 KM per Ambulance per day, average for the fleet of state, whichever is not achieved.</p> <p>Provided a moratorium of 6 months given for achieving the minimum</p>	<p>If the Operator from the Commencement Date fails to meet a target of 4 Trips per Ambulance per day and 60 KM per Ambulance per day; on the average for fleet per district, in any Calendar month.</p> <p>A proportionate deduction shall be made for each case of less than the target number of cases for the month based on 4 trips per Ambulance per day and 60 KM per Ambulance per day, average for the fleet per District, whichever is not achieved.</p> <p>If the Operator from the Commencement Date fails to meet a target of 4 Trips per Ambulance per day; on the average for fleet per district, in any Calendar month.</p> <p>A proportionate deduction shall be made for each case of less than the target number of cases for the month based on 4 trips per Ambulance per day and 60 KM per Ambulance per day, average for the fleet of state, whichever is not achieved.</p> <p>Provided a moratorium of 6 months given for achieving the minimum</p>	<p>5</p>	<p>Penalties</p>
<p>Phase III - 3 months from the date of signing the agreement</p> <p>i. Commission and Operate 200 Ambulances in select districts.</p> <p>ii. At least one meeting with ASHAs in each block for awareness on 102 Ambulatory Transport Service</p> <p>Phase IV - 4 months from the date of signing the agreement</p> <p>i. All 972 ambulances services shall be fully functional in all the districts of the state along with minimum 100 seats CCC.</p> <p>Phase V - 4 months from the date of signing the agreement</p> <p>i. Commission and operate additional 500 ambulance</p> <p>Phase VI - 4 months from the date of signing the agreement</p> <p>i. Commission and operate another 500 ambulance</p>	<p>the State along with ERC services to cater to manage operations in 9 divisions.</p> <p>Phase III - 8 months from the Date of signing the Agreement</p> <p>i. All 988 Ambulance services shall be fully functional in all the divisions of the State.</p> <p>ii. Establish one or two exclusive ERC of minimum capacity of 100 seats, which should be fully functional and equipped to handle calls and manage operations in the entire State.</p>		

(14)

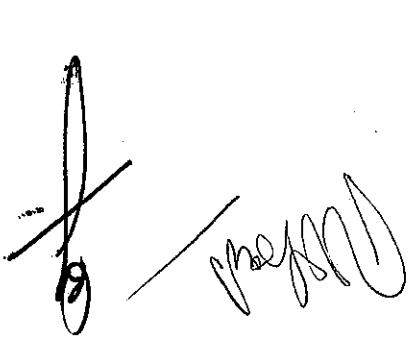
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<p>number of trip. Penalty of impose in the moratorium period of 6 months</p>	<p>be 2 trips per Ambulance per day and 30 KMs per Ambulance per day, average for the fleet per Division.</p> <p>Provided the Authority may review the above target of 2 trips per Ambulance per day and 30 KMs per Ambulance per day relating to Jhansi, Chitrakoot and Mirzapur Divisions after initial period of 3 months for its continuation for further period which shall not be more than 6 months beyond the date of issue of Completion Certificate of Phase II of the Project.</p>	
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Project Phasing Activities

Phase	Timelines	Milestone
Phase I	Within 1 months from the execution date	<ol style="list-style-type: none"> 1. Identify critical areas in each district with incidence of maternal mortality and identify the areas of demand from MCTS data and track the details of the pregnant women and sick neonates and accordingly schedule and prioritize pick up of the emergency cases. 2. Conduct a district-wise route mapping exercise to determine the best routes and locations to reach the patient and to travel to the government hospitals. 3. Finalization of Standard Operating Procedures and Standard Ambulance Operating procedures and approval by the Authority. 4. Commission and operate 100 ambulances in select districts head quarter along with CCC to cater to manage operations.
Phase II	Within 2 months from the execution date	<ol style="list-style-type: none"> 1. Commission and operate 200 Ambulances in select districts along with CCC to cater to manage operations.
Phase III	Within 3 months from the execution date	<ol style="list-style-type: none"> 1. Commission and Operate 300 Ambulances in select districts along with CC to cater to manage operations. 2. At least one meeting with ASHAs in each block for awareness on 102 Ambulatory Transport Service.
Phase IV	Within 4 months from the execution date	<ol style="list-style-type: none"> 1. All 972 ambulances services shall be fully functional in all the districts of the state along with minimum 100 seats fully functional and equipped CCC.
Phase V	Within 6 months from the execution date	<ol style="list-style-type: none"> 1. Commission and operate additional 500 ambulance
Phase VI	Within 8 months from the execution date	<ol style="list-style-type: none"> 1. Commission and operate another 500 ambulance

(v)



(1A)

SI. No	Name of Medical Equipment	108 EMTS	102 NAS	Remarks
1	Suction pump (Electrical)	Yes	No	Needed in the accident case, bleeding due to injury etc.
2	Suction pump (Manual)	Yes	Yes	In-case of emergency
3	Laryngoscope with Blade	Yes	No	Not require for the scope of service
4	Oxygen Cylinder "B" Type	Yes	Yes	
5	Artificial Manual Breathing Unit (Adult)	Yes	Yes	
6	Artificial Manual Breathing Unit (Child & neonatal)	Yes	Yes	
7	Collapsible Chair cum Trolley Stretcher	Yes	Yes	
8	Stretcher Scoop	Yes	Yes	
9	Pneumatic Splints set of 6 adult size	Yes	No	Require for fracture case
10	Gauze Cutter	Yes	Yes	
11	Magill's forceps	Yes	Yes	
12	Cervical collar	Yes	No	Require in the accident / injury cases
13	First aid bag	Yes	Yes	
14	Spinal Board	Yes	No	Require in Accident /injury cases
15	Double head immobilizer for scoop stretcher	Yes	No	Require in Accident /injury cases
16	Oxygen cylinder "D" type	Yes	No	One Oxygen cylinder is sufficient (SL4)
17	Disposable Delivery Kit	Yes	Yes	
18	LCD TV	No	Yes	Given for IEC on post natal and neonates care

Changes in the Equipments for Ambulance

प्रमुख शिक्षक, विभिन्न विषय एवं परिवार कल्याण, उत्तर प्रदेश शासन की अध्यक्षता में
दिनांक 01.10.2013 को आयोजित कार्यकारी समिति की बैठक में उपस्थित अधिकारियों

क्र.सं.	नाम	पदनाम	विभाग का नाम	दूरभाष नं०	संकेत
1.	Dr. Sanjay Mishra	Sp. Secy	Health & FW	9454412450	
2.	Dr. D.K. Singh	DA MH	M&H Div.	945176545	
3.	Dr. B.S. Singh	DA FW	M&H Div.	9454412450	
4.	Dr. P.K. Singh	DCM	SPMU	845192512	
5.	Dr. V.P. Chandra	SPMO	SPMU	9838812049	
6.	Dr. S.K. Saxena	JDC (Staff Officer + Tempd)	DA Family Welfare	9415001495	
7.	PANKAJ AGARWAL	GM	RITES	9811992458	
8.	YASH DASH	AM	RITES	8130420404	
9.	Arun Kumar	Assistant	RITES / JCS Consulting	9435507320	
10.	Alok Ranjan	DC (Staff Officer)	DA (W&H)	9415008420	
11.	Dr. D.A. Malik	Secy / Director	Uttar Pradesh	9450526263	
12.	Dr. Ved Prakash	GM (Cell)	SPMO, NRMH	8005192557	
13.	Dr. Madhu Sharma	GM (F&P) DPT	SPMU	8005192557	
14.	Dr. Vijay Kumar	Att. Secy	Att. Secy	8715098339	
15.	SUDHAN CHANDOLA	Joint Director	Paralegal Reg.	9454412450	
16.	Dr. Col. Manoj Yadav	GM (MIS)	SPMU	8005192529	
17.	P.K. Srinivasan	DA	France	9454413926	
18.	Dr. P. P. Singh	DA	SPMU	9415005558	

क्र.सं.	नाम	पदनाम	पता का नाम	दूरभाष नं०	उपस्थिति
38.					
37.					
36.					
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33.					
32.					
31.					
30.					
29.	DR. D. O. Dixit	GM (H)	50 MC	9839171943	HA
28.	Dr. Nayak	GM (H)			HA
27.	Dr. Chandrakant Wankar	GM (H)			HA
26.	डॉ. चिंता	डी.डी. (एच.डी.)	59 कृष्णा नगर, को. वि. 5.9.1117	9454411595	HA
25.	Dr. J. K. Patil	डी.डी.	को. वि. (एच.डी.)	8835035576	HA
24.	Dr. P. K. Mohan	डी.डी.	डी.डी. (एच.डी.)	9335903599	HA
23.	डॉ. जयदेव गोविंदराव	डी.डी. (एच.डी.)	डी.डी.	8573002265	HA
22.	डॉ. वि. वि. वि.	डी.डी. (एच.डी.)	डी.डी. (एच.डी.) - को. वि.	9415719500	HA
21.	Dr. K. K. Mittal	डी.डी. (एच.डी.)	डी.डी. (एच.डी.)	9839010531	HA
20.	Narendra Kumar	डी.डी. (एच.डी.)	डी.डी. (एच.डी.)	9415248829	HA
19.	Dr. Manoj Kumar	डी.डी. (एच.डी.)	डी.डी. (एच.डी.)	9415601622	HA