

Invitation for Stakeholder Consultation to all interested organisations with experience in operating Mobile Medical Units (MMU) for providing Healthcare Services

National Health Mission (NHM) under Department of Medical Health and Family Welfare, Uttar Pradesh aims at implementing architectural changes in Public Healthcare Delivery System for addressing the health needs of underserved rural and urban areas. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels.

National Health Mission (NHM), Uttar Pradesh intends to operationalize 150 Mobile Medical Units (MMUs) under the National Mobile Medical Unit (NMMU) project for 30 Districts in Uttar Pradesh. The objective of NMMU project is to provide Primary HealthCare Services--Preventive, Promotive, Curative, Diagnostic and Referral Health Services to the un-served/underserved areas of the state with focus on JE/AES affected and High Priority districts.

With this objective, NHM intends to interact with prospective bidders (entities) having any or combination of the following experience:

- Experience of operating Mobile Medical Units for providing primary and secondary Healthcare services
- Experience of operating Ambulatory Services in India
- Experience of supplying or fabricating Mobile Medical Units & Ambulances
- Experience of operating 100 bedded hospital/s along with providing primary and secondary Healthcare services through Mobile Medical Units or Mobile Clinics or Tele-Medicine Vans.

The interaction would help NHM in gaining better market insight for ensuring greater participation of private players for the open tender planned for selection of MMU service provider. MMU operational model and related issues will also be discussed in the stakeholder consultation.

NHM requests interested entities with experience as mentioned above to attend the workshop scheduled to be held on 2nd, February, 2015 at 3:00 PM. The venue of workshop would be UP Sadan, Bir Tikendra Jit Marg, Chankyapuri, New Delhi - 110021. The last date for receiving confirmation on participation for the Stakeholder Consultation Meeting is as 30th January, 2015.

The participants representing the prospective bidders should preferably be Senior Officers or Director in Finance or Operations with experience of managing projects in the fields as specified above.

Not more than two members shall be nominated by the bidder for stakeholder consultation. The details of the nominated members along with the confirmation for participation should be sent to undersigned not later than 13:00 Hrs on 30th January, 2015.

All participants are requested to fill the stakeholder consultation questionnaire as given in **Annexure – A**. The stakeholder consultation form should be filled and signed by appropriate authority of the participating organisation. The stakeholder consultation questionnaire should be submitted to the under signed not later than 17:00 Hrs on 30th January, 2015.

For any further clarification kindly contact the undersigned:

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Annexure – A:

Participants Questionnaire: Stakeholder Consultation for National Mobile Medical Unit Project held on 2nd February, 2015

1.	Name of the Agency	
2.	Name of Contact person	
3.	Contact Details	Address: Contact No.: Tel: Mob: Fax: E-mail:
4.	Expected participation as Sole Bidder/ Prime Respondent / Consortium Partner	
5.	Experience of Operating Mobile Medical Units for <u>Central/State Health Department</u> in India (Yes/No) <i>*Average number of units in each of the last three financial years</i>	In case, Yes then chose one of the following options: a. More than 15 MMUs b. More than 25 MMUs c. More than 50 MMUs d. More than 75 MMUs e. More than 100 MMUs Additional Suggestion, if any.
6.	Experience of Operating Mobile Medical Units for <u>entities other than State Health Department</u> in India (Yes/No) <i>* Average number of units in each of the last three financial years</i>	In case, Yes then chose one of the following options: a. More than 15 MMUs b. More than 25 MMUs c. More than 50 MMUs d. More than 75 MMUs e. More than 100 MMUs Additional Suggestion, if any.
7.	Experience of Operating Ambulatory Services for <u>Central/State Health Department</u> in India (Yes/No) <i>* Average number of units in each of the last three financial years</i>	In case, Yes then chose one of the following options: a. More than 100 Ambulances b. More than 200 Ambulances c. More than 300 Ambulances d. More than 400 Ambulances Additional Suggestion, if any.
8.	Experience of Operating Ambulatory Services for <u>entities other than State Health Department</u> in India (Yes/No)	In case, Yes then chose one of the following options: a. More than 100 Ambulances

	* Average number of units in each of the last three financial years	<ul style="list-style-type: none"> b. More than 200 Ambulances c. More than 300 Ambulances d. More than 400 Ambulances Additional Suggestion, if any.
9.	Suggested Organizational Type for the Prime Bidder (Company registered under Companies Act, 1956/ Society Registration Act, 1860/ Partnership Firm) If other others, please specify.	
10.	Suggested past experience in terms of recruitment of medical and para-medical manpower. * Average number of recruitment in each of the last three financial years	Suggested Experience in recruitment of the medical and para-medical manpower, one of the below mentioned options: <ul style="list-style-type: none"> a. More than 50 Medical and Para-Medical Staff b. More than 100 Medical and Para-Medical Staff c. More than 150 Medical and Para-Medical Staff d. More than 200 Medical and Para-Medical Staff Additional Suggestion, if any.
11.	Suggested past experience in terms of experience in vehicle supply and fabrication etc.	(Yes/No)
12.	Number of projects executed with <u>State Health Departments</u> for providing <u>Mobile Medical Unit Services and ambulatory services</u> (Please provide the details as per Annexure 1)	Total no of MMU projects completed (i.e. at least six month of operation from the date of contract signing) in last 3 financial years: Total no of Ambulatory Services projects completed (i.e. at least six month of operation from the date of contract signing) in last 3 financial years:
13.	Number of projects executed for <u>entities other than state health department</u> for providing <u>Mobile Medical Unit Services only</u> (Please provide the details as per Annexure 1)	Total no of MMU projects completed (i.e. at least six month of operation from the date of contract signing) in last 3 financial years: Total no of Ambulatory Services projects completed (i.e. at least six month of operation from the date of contract

		signing) in last 3 financial years:
14.	Suggested Average Annual Turnover (in INR) for last 3 financial years for bidder's qualification. In case of consortium, the Annual Turnover of the lead bidder should be suggested.	
15.	Suggested Average Annual Turnover for the prime bidder/ sole bidder (in INR) for last 3 financial years from <u>Mobile Medical Units operations only (if applicable)</u>	
16.	Suggested average Annual Turnover for the prime bidder/ sole bidder (in INR) for last 3 financial years from <u>Ambulatory Services operations only (if applicable)</u>	
17.	Suggested average Annual Turnover for the prime bidder/ sole bidder (in INR) for last 3 financial years from operation of minimum <u>100 bedded hospitals only (if applicable)</u>	
18.	Suggested Net worth of the Prime Respondent (in INR) for bidder's qualification	
19.	Suggested technical strength of prime bidder/ sole bidder in terms of minimum number of medical professionals (Doctors & Para-Medical Staff)	
20.	Tie up/ Partnership details with agencies for:	
	a. Supply of lab reagents and surgical consumables	Please fill the details in Annexure 2.
	b. Supply of Vehicles for Mobile Medical Units or Ambulances	Please fill the details in Annexure 2.
	c. Fabrication of MMUs and Ambulances	Please fill the details in Annexure 2.
	d. Recruitment Agency for medical/ para-medical staff	Please fill the details in Annexure 2.
	e. Supply of Medical Equipment	

**Last Three (3) Financial Years implies 2011-12, 2012-13 and 2013-14*

Annexure A-1

Project Credential (To be filled separately for each project)		
Information Required	Project Details	Additional Remark (if Any)
Name of the Project		
Nature of work in Brief		
Nature of Work (MMU / Ambulance Services)		
Client Organisation: (State Health Department/ Private Organisation/ Hospitals/ NGOs)		
No. of MMUs/ Ambulances		
Contract start date		
Contract completion date		
Status of completion (On-Going, Completed)		
Contract Value		

Annexure A-2

Sl No.	Operational heads	Tie up/ Partnership Status (If Yes , please mention details	Details of projects undertaken by the Prime Bidder/ Sole Bidder
1.	Drugs	(Yes/ No)	(May mention example of more than one project)
2.	Surgical Consumables		
3.	Lab Reagents		
4.	Equipment		
5.	MMU/ Ambulance Vehicle		
6.	Fabricator		
7.	Technical Manpower (Medical / Para-Medical Staff)		