



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, NAYAGARH

National Tuberculosis Elimination Programme (NTEP), TB Wing, Nayagarh

Phone no.:-06753, Fax: 06753-252189, E-mail: dtoornyg@tbcindia.nic.in & dtoornyg@rntcp.org

Advertisement No. 1844

Date 18/12/2023

EXPRESSION OF INTREST

District TB Unit invites Expression of Interest from entities registered under Societies Registration Act 1860 having experiences in health sector interested for providing ACSM activities on TB at community level in difficult villages in Nayagarh District through PPP mode under NTEP service implementation to District TB Unit, National Health Mission, Nayagarh. The detailed proposal along with the prescribed application format obtained from office of the undersigned should be submitted to District TB Unit, NTEP, O/o-The CDM&PHO, Nayagarh-752069 on or before 04/01/2024.....

1. Proposed ACSM activities:-

1. Sensitization/awareness activities for specific groups (one-to-one, one-to-group) with distribution of leaflets conveying TB messages Hand Hold Miking or Public announcement system (PAS)
2. Wall painting (5 Ft x 3Ft) in local languages displaying TB messages near school, market place, AWC, near play ground, etc.
3. Street plays (*Nukkd natak*) / Folk show
4. Display of TB messages through posters in strategic locations such as daily and weekly Haats / markets
5. Community meeting at village followed by rally holding placards
6. Mega event at GP level for screening and create awareness with IEC exhibition. Prior to organize this, a prepublicity by miking may be done at that GP level.
7. Group discussions using leaflets at VHND point
8. Leaflets containing information on TB may be distributed to SHG members for discussion / interaction at SHG meeting.
9. Installation of mini hoarding (4 ft x 3 ft) at local market / Haat.

2. Target audience:-

1. Local PRI Member
2. Faith healer/Religious healer/Quacks, etc.
3. Self-Help Group.
4. Paramedical Staff,ASHA,AWW, etc.
5. Daily wage labourers(Daily-weekly Haat / Markets)



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3. Budget:-

SL No.	Name of the activity	No. of units	Units of measure	Name of the FY	Total budget @Rs25000 per unit	Remark
1	ACSM activities	2	1 Unit=1 lakh population	FY-2022-23 & 23-24	Rs.50,000.00	

4. Eligibility criteria for the agency:-

The entities fulfilling the following criteria are eligible to apply:-

1. It must be registered under Society Registration Act, 1860.
2. The entities must have UniqueID Number through the portal NGO-DARPAN of NITI Aayog.
3. The entity must be in existence for at least 5 years as on 31st march 2023.
4. The entities must have 5 years field level experience in Health Sector programme on 31st march 2023.
5. The entities must have 2 years field level experience in TB control programme is an additional advantage.
6. The entity should have an annual average turnover of 2 lakhs per each year in the last three financial years (2020-21, 2021-22, 2022-23).
7. Income Tax acknowledgement of last three FY (2020-21, 2021-22, 2022-23).
8. The entity should have been registered under 12-A & 80G of Income Tax Act.
9. The entity must not have been "Black listed"/"Debarred" from participating in any selection process by any state govt/Central govt Institution and willing to conduct Advocacy Communication on Social Mobilisation activities on TB at community level in selected difficult villages in Nayagarh District under NTEP as stated in Annexure B.

5. Documents to be attached

- prescribed application format (Enclosed as Annexure A)
- Registration Certificate of the entity.
- Unique ID Number through the portal NGO-DARPAN of NITI Aayog.
- 12 A & 80G registration certificate.
- PAN Card of the entity.
- Front page of the Bank Pass Book.
- Last three years (FY 2020-21, 2021-22, 2022-23) Audit Report of the entity.
- Original Affidavit (in Rs20/- stamp paper) certifying that Agency is not blacklisted & willingness to conduct ACSM activities as stated in Annexure B.
- Experiences in Health Sector Activities/Involvement in TB control programme.



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6. Documents to be attached at the time of payment

Sl No.	Name of the ACSM activity	Required Document		
1	Sensitization/Awareness meeting	Proceeding	Photo	Signature of the village PRI Member & local Medical Authority with seal
2	Wall Painting	-	Photo	Signature of the village PRI Member & local Medical Authority with seal
3	Street plays(Nukkd Natak)/Folk show	Proceeding	Photo	Signature of the village PRI Member & local Medical Authority with seal
4	Display of TB Poster	-	Photo	Signature of the village PRI Member & local Medical Authority with seal
5	Community Rally by holding placards	-	Photo	Signature of the village PRI Member & local Medical Authority with seal
6	Mega event	Proceeding	Photo	Signature of the village PRI Member & local Medical Authority with seal
7	Group discussion	Proceeding	Photo	Signature of the village PRI Member & local Medical Authority with seal
8	Distribution of Leaflets	-	Photo	Signature of the village PRI Member & local Medical Authority with seal
9	Installation of Mini hoarding	-	Photo	Signature of the village PRI Member & local Medical Authority with seal

7. How to apply

Interested entities fulfilling the eligibility criteria need to collect the application format from District TB Unit, NHM, O/o-The CDM&PHO, Nayagarh and needs to apply within seven days during office hour through regd. post/speed post/courier/by hand from the date of publication of the advertisement in office notice board. The application should be super scribed "Expression of Interest to conduct ACSM activities on TB at community level of difficult village in Nayagarh District under NTEP".

[Handwritten Signature]
18/12/23

Chief District Medical & Public Health Officer,
Nayagarh

Memo No 1645 // Dt 18/12/2023

1. Copy submitted to the Collector & District Magistrate, Nayagarh for favour of kind information.
2. Copy to all Superintendent, CHCs under Nayagarh District for information and necessary action.
3. Copy to Notice Board for information & guidance.

[Handwritten Signature]
18/12/23

Chief District Medical & Public Health Officer,
Nayagarh

APPLICATION FORMAT

PROFILE OF THE AGENCY

(To be furnished in the proposal)

1	Name of the Agency	:	
2	Address of the Agency	:	
3	Act under which the Agency Registered	:	
4	Agency Regd. No with year of Regd.	:	
5	Agency Unique ID Regd. No. under NGODARPAN Portal of NITI Aayog.	:	
6	Whether registered under 12 A, If Yes State Details	:	
7	Whether registered under 80 G, If Yes State Details	:	
8	Agency PAN Number	:	
9	Bank details (Name of the Bank, Account number, IFSC Code and address of the bank)	:	
10	The Annual Report of the last 3 financial years (For FY 20 20 -21, 20 21 -22, 2022 - 23)	:	
11	An original affidavit as stated in Annexure B	:	
12	Experiences in Health Sector Activities/ Involvement in TB control programme if Any	:	

Signature of the President/ Secretary with seal

C/S
RUPY
14/12/23

(To be furnished along with the proposal)
(On Non Rs20/- Non Judicial Stamp Paper)

Affidavit

I,..... (Chief Functionary of the Agency), (the names and addresses of the registered Agency) do hereby solemnly affirm and sincerely state as follows:-

- (a) That, I or any other office bearer on behalf of the Agency has not been convicted by any court of law in India or abroad for any criminal offence.
- (b) That, The Agency has not been blacklisted by any Government or Department or Agency in India.
- (c) That I, on behalf of the agency stat herewith and given my consent to sign the agreement abiding by all norms and undertake to conduct Advocacy Communication on Social Mobilization (ACSM) activities on TB at community level in difficult villages under NTEP in Nayagarh District.
- (d) That our proposal for the captioned Project would be liable for rejection if any misrepresentation is made or discovered at any stage of the selection Process or thereafter by the contracting authority i.e. District TB Unit, National Health Mission, O/o- The CDM&PHO, Nayagarh shall be liable for termination the agreement in addition to other legal recourse available under the law of the land.
- (e) That the facts stated above are true to the best of my knowledge

DEPONENT

U/s
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18/12/20