

# **Request for Proposal (RFP) for Health Camps for 7 Districts of Odisha**

**RFP Number: TRY/HC/2024/118**

**Date Issued: 24/12/2024**

**Due Date: 29/12/2024**

**Organisation Name: - TRY**

Address: - Shreeji Enclave Gayatri Nagar, Sarna Road,  
Pundag, Ranchi, Jharkhand- 834002



[www.tryindia.in](http://www.tryindia.in)



| Sr No | Particular  | Details  |
|-------|---|--|
| 1     | Name of Work  | The objective of this RFP is to ensure the smooth organization, implementation, and management of Village Health Camps, ensuring accessibility, efficiency, and quality of healthcare services provided to the rural population. |
| 2     | Date of Publication of RFP Document   | 24.12.2024   |
| 3     | Last Date / Time for receipt of Proposals (Technical and Financial Proposals) | 29.12.2024 till 02:00 P.M.   |
| 4     | Date / time for opening of Technical Proposal                                 | 29.12.2024 at 02:30 P.M.   |
| 5     | Tender Submission   | Offline & (Online Email id:- <a href="mailto:associate@tryindia.in">associate@tryindia.in</a> )<br>Add:- Shreeji Enclave Gayatri Nagar, Sarna Road, Pundag, Ranchi, Jharkhand- 834002  |
| 5     | RFP Processing Fee (Non-refundable) (INR)                                     | INR 500.   |
| 6     | Earnest Money Deposit (EMD) Amount (INR)                                      | <b>INR 10,000</b><br><b>in favor of TRY Payable at Ranchi</b><br><b>(There is no need to pay EMD amount on giving certificate in MSME)</b>   |
| 7     | Contact details (Name, Designation, Email & Phone No.)                        | Sahil Raj, Phone:<br>9162077101,<br>Email- <a href="mailto:associate@tryindia.in">associate@tryindia.in</a>  |

## 1. Introduction

TRY is seeking proposals from qualified health service providers to organize and implement health camps for underserved communities in Odisha. The goal of the health camps is to provide essential healthcare services, including general health checkups, screenings, medical consultations, on preventive healthcare.

## 3. Scope of Work

### 1. Objective

The objective of this RFP is to ensure the smooth organization, implementation, and management of Village Health Camps, ensuring accessibility, efficiency, and quality of healthcare services provided to the rural population.

### 2. Scope

This RFP applies to all healthcare staff, volunteers, coordinators, and stakeholders involved in the planning, organization, execution, and follow-up of health camps in villages.



### 3. Roles and Responsibilities

- **Camp Coordinator:**
  - Overall responsibility for the health camp's success.
  - Coordination with local authorities CMOs.
  - Supervision of medical, administrative, and logistical teams.
- **Medical Team (Doctors, Nurses, Technicians):**
  - Conduct health screenings, consultations, and provide treatments.
  - Maintain medical records/attendance for all participants.
  - Ensure proper handling of medications and medical equipment.
- **Logistics and Support Team:**
  - Ensure the availability of necessary supplies (medications, equipment, transport, etc.).
  - Set up camp infrastructure (tents, seating, electricity, water, sanitation facilities).
  - Manage the camp's registration and patient flow.
- **Project Coordinator/Associate:**
  - Engage with local community to raise awareness about the health camp.
  - Assist in patient registration and facilitate communication between the community and healthcare providers.

### 4. Planning and Preparation

#### 1. Date and Time of the Camp:

- Preparation, Coordination & supervision of tentative roster before the start of Camp
- Choose a date that is convenient for the community, ensuring minimal disruption to their daily activities.
- The duration of the camp should be determined based on the number of expected attendees and the services offered.

#### 2. Coordination with Local TRY Branch/Villagers:

- Inform the Head Office of TRY at least 3-4 days in advance about the venue of health camp to ensure proper coordination between TRY & implementing agency.

#### 3. Please note:- It's the sole responsibility of implementing agency for mobilization & conducting camps.

#### 4. Recruitment of Medical and Support Staff:

- Ensure the availability of qualified healthcare professionals such as MBBS doctor, nurse, and pharmacist.
- Ensure the presence of all medical staff, including the doctor, nurse, and pharmacist at the camp site.

#### 5. Procurement of Medical Supplies and Equipment:

- Prepare a checklist of medical supplies, equipment, and medications based on the services to be provided.
- Procure and transport the necessary items, including basic medicines, diagnostic tools, and emergency supplies.

#### 6. Public Awareness Campaign:

- Use mike for announcement before camp for mobilizing public.
- Use pamphlets, posters, or word of mouth to inform the community about the upcoming health camp.
- Ensure wall painting near camp sites. The work and its expense is to be born by vendor. Matter will be provided by TRY. Wall painting consist of awareness campaign line. Eg "Sab Padhe Sab Badhe". Wall painting should be in local language. (Matter Will be Shared with You)

### 5. Camp Setup



1. **Venue Setup:**

- Arrange for a clean, safe, and easily accessible space for the camp.
- Set up tents, seating, registration desks, and consultation areas.
- Ensure the availability of basic amenities like drinking water, toilets, and waste disposal systems.

2. **Staff and Equipment Setup:**

- Ensure that the medical and support staff are properly oriented on their roles and responsibilities.
- Set up medical stations, ensuring that all equipment is functioning and within easy reach for health professionals.

3. **Patient Registration:**

- Set up a registration desk where patients can sign up and provide basic demographic details (name, age, gender, medical history).

**6. Camp Operations**

1. **Health Screening and Consultations:**

- Conduct a basic health screening for all attendees (e.g., blood pressure, temperature, weight, height, ECG, Blood sugar).
- Based on the screenings, provide consultations, prescribe medications, and offer preventative services.

2. **Distribution of Medications:**

- Provide free medicines to attendees as per the prescriptions.
- Ensure that all medications are stored and administered according to prescribed standards.

3. **Emergency Care:**

- In case of any medical emergency, have an emergency protocol in place.

**7. Post-Camp Activities**

1. **Feedback Collection:**

- Collect feedback from participants to assess the effectiveness of the camp and identify areas for improvement.
- Engage with the local community for suggestions on improving future camps.

2. **Data Management:**

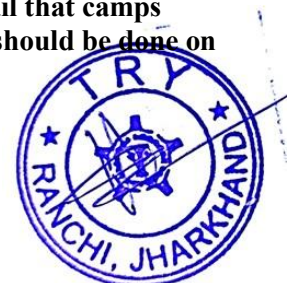
- Compile the data collected during the camp (e.g., number of patients, services provided, medications distributed).
- Analyze data to identify health trends or recurring issues in the community.

3. **Reporting:**

- Prepare a report detailing the outcomes of the health camp, including the number of patients treated, services provided, and any challenges faced, Use photographs of camps in report.
- Submit the report to TRY.

**9. Branding and Media coverage.**

- **Camp venue details should be provided three days prior so that media coverage can be arranged from TRY side.**
- **Once the camp finishes 5-6 good photographs should be shared on same day over mail to TRY stating the Location.**
- **Same photographs should be WhatsApp to TRY as well with camp location details with District and State name.**
- **Once camps finished in a particular state the agency to inform over mail that camps ..... number of camps has been completed..... This should be done on the same day. Final report can be sent later.**



## **Health Camp Check List.**

### **I. Staff Presence**

1. Medical Doctor (MBBS)
2. Staff Nurse
3. Pharmacist
4. Project Coordinator
5. Project Associate

### **II. Camp Location Arrangements**

1. Sitting arrangements for medical staff
2. Patients' waiting area with seating arrangements
3. Toilets (clean and functional)
4. Availability of Drinking Water

### **III. Medicines and Lab Equipment**

1. Medicines (as per the camp's requirements)
2. ECG Device
3. Stadiometer
4. Weighing Scale
5. BP Monitoring (Sphygmomanometer)
6. Glucometer
7. Pulse Oximeter

### **IV. Promotional Materials**

1. Banner with the camp's details



## V. Miscellaneous

1. First-aid kit
2. Waste disposal arrangements
3. Power supply and backup (if necessary)

**N:B –**

1. Please ensure that all the above-mentioned items are available and in working condition before the camp begins.
2. This document is for reference purpose only and one agency can infuse more good practices as per their wisdom.

**District Name: -**

|        |               |                |
|--------|---------------|----------------|
| Odisha | Jagatsinghpur | Jagatsinghpur  |
| Odisha | Jharasuguda   | Jharsuguda     |
| Odisha | Kandhamal     | Daringibadi    |
| Odisha | Kendrapara    | Marsaghai      |
| Odisha | Keonjhar      | Harichandanpur |
| Odisha | Mayurbhanj    | Rasgovindpur   |
| Odisha | Nayagarh      | Dasapall       |

## 10. Eligibility Criteria

| Sr no                       | Eligibility criteria for Proposers per cluster / district   | Mandatory Documents to be submitted as evidence  |
|-----------------------------|---|--|
| <b>Recommended Criteria</b> |   |  |
| 1                           | The Proposer should be an established entity under Companies Act 1956/2013, Indian Societies Registration Act 1860, Indian Trust Act 1882, or LLP registered under LLP Act 2008 or registered under any other Act of India. | Self-attested copy of certificate of registration under any other law applicable under the laws of India.                                |
| 2                           | Certified copy of the MoA / deeds / bye-laws or such other document evidencing vision, mission, objective and rules and regulations   | Self-Attested copy of the MoA / deeds / bye- laws or such other document evidencing vision, mission, objective and rules and regulations |



|   |  |  |
|---|--|--|
| 3 | Experience of implementing health and/or social sector program with Public and/or Private agencies, in any three years of the last five Financial Years (2020-21, 2021-22, 2022-23 & 2023-24). | <ul style="list-style-type: none"> <li>• Registration document showing incorporation of the Proposer and Self Declaration by the Director/ Partner/ CEO or Authorized Signatory of the Proposer.</li> <li>• Copy of Agreement / Work Order / Letter of Notification of Award; and</li> <li>• Client's Certificate on satisfactory completion and/or satisfactory progress report of project</li> </ul> |
| 5 | The Proposer must have average annual turnover of–<br>a) Rs. 5,00,000 (Five lakh rupees) if Proposal for one district,   | Audited balance sheet and<br>(a) Statement of Income and Expenditure account . (if the Proposer is for non-profit entity)<br>(b) Statement of Profit and Loss (if the<br>(c) ITR Last 3 years (2021-22, 2022-23 & 2023-24)<br>(d) CA Turnover Certificate With UDIN  |

## Annexure 1

### 1. Proposer Information Form

*[The Proposer shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted.]*

Date: *[insert date (as day, month and year) of Proposal Submission]*  
Proposal Ref. No.: *[insert number of bidding process]*

|   |
|---|
| 1. Proposer's Name <i>[insert Proposer's legal name]</i>  |
| 2. Proposer's year of registration: <i>[insert Proposer's year of registration]</i>   |
| 3. Proposer's Address: <i>[insert Proposer's legal address]</i>   |
| 4. Proposer's Authorized Representative Information<br><br>Name: <i>[insert Authorized Representative's name]</i><br>Address: <i>[insert Authorized Representative's Address]</i><br>Telephone/Fax numbers: <i>[insert Authorized Representative's telephone/fax numbers]</i><br>Email Address: <i>[insert Authorized Representative's email address]</i> |
| 5. Name of Consortium Partner (if any) :  |



6. Attached are copies of original documents of *[check the box(es) of the attached original documents]*

- Self-attested copy of certificate of registration under any other law applicable under the laws of India,
- Self-Attested copy of the MoA / deeds / bye-laws or such other document evidencing vision, mission, objective and rules and regulations
- Certificate from Statutory Auditor & Audited financial statements shall be submitted by the Proposer for the stated financial years
- PAN Card
- Copy of Income Tax Return (with computation) filed and submitted by the Proposer for three financial years 2021-22, 2022-23 & 2023-24.
- MSME Registration Certificate
- Affidavit attested by Notary Republic or sworn before Executive Magistrate
- Proof of registration on NGO – DARPAN portal





**Authorization Letter for Signing of Proposal**  
**(On Non – judicial stamp paper of Rs ...../- duly attested by notary public)**  
**POWER OF ATTORNEY**

Know all men by these present, we..... (name and address of the registered office do hereby constitute, appoint and authorize Ms. / Mr..... R/o.....( address of residence) who is presently employed with us and holding the position of .....as our authorized representative, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to the Proposal of the firm/ organization, ..... for Health Camps in ..... districts in the state of .....” (the “Project”), including signing and submission of all documents and providing information / responses to Procurement Entity, representing us in all matters in connection with our Proposal for the said Project.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us. Dated this of month of 2024.

For .....

(Name, Designation, and address)

Accepted

... (Signature)

(Name , title and address of the Attorney)

Date:



Note:

(i) The mode of execution of the Power of Attorney (PoA) should be in accordance with the procedure, if any, laid down, by the applicable law and the charter documents of the executants and when it is so required the same should be under common seal affixed in accordance with the required procedure.

(ii) In case, an authorized director of the Proposer/agency signs the Proposal, a certified copy of the appropriate resolution/document conveying such authority may be enclosed in lieu of the Power of Attorney (PoA).



**Particulars Of The Proposer's Organisation**

|  |  |
|--|--|
| Name and full address of the organization  |  |
| Details of Registered Office Address<br>Telephone No(s) Fax<br>No(s)<br>E-mail address( <i>Official</i> ):<br>Organization e-procurement portal: Year of<br>Incorporation: |  |
| Turn Over of the Organization (in lacs)<br><b>2021-22:</b><br><b>2022-23:</b><br><b>2023-24:</b>   |  |
| Income Tax Registration number (PAN)   |  |
| Type of organization (Company/Society/Trust)   |  |
| Registered in Planning Commission Portal for<br>NGOs/NGO Darpan  |  |
| Name and addresses and designation of the persons who will<br>represent the Proposer while dealing with the Procurement<br>Entity<br>(Attach letter of authority)          |  |
| Has the organization blacklisted by any state or central<br>government entity or any of its undertakings   |  |
| (Authorized Signatory)<br>Name: _____<br>Designation & Authority: _____<br>Place: _____<br>Date: _____<br>Stamp: _____   |  |



**Declaration by Proposer**

**Format for Affidavit Notary attested or sworn before executive magistrate certifying that Entity/Promoter(s) / Director(s)/Members of Entity are not Blacklisted (On a Stamp Paper of INR .....)**

**Affidavit**

I, M/s....., (the names and addresses of the registered office) hereby certify and confirm that we or any of our promoter(s) / director(s) are not blacklisted/barred/convicted by any court of law for any criminal or civil offences /DHS or any other entity of GoI or any entity of state government or Govt. of India, or any local self-government body or public undertaking in India for participating in future Proposals for unsatisfactory performance, corrupt, fraudulent or any other unethical business practices or for any other reasons, as on date of submission ( upload) of online Proposal document.

And that we are hereby, declaring all ongoing litigations (if any) where our promoter(s)/director(s) are involved, and as mentioned below:

- 1.
- 2.
- 3.
- 4.

We further confirm that we are aware that, our Application for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the contract period and the amounts paid till date shall stand forfeited without further intimation.

Dated this..... Day of....., 2022

Name of the

Proposer/agency.....

Signature of the Authorized

Person:.....

Name of the Authorized

Person:..... Designation of the

Authorized Person:.....



| Sl No. | Unit Camp Cost   | Unit | Unit Cost/Camp | Proposed budget for agency |
|--------|--|------|----------------|----------------------------|
| 1.1    | Lab Equipment Rental (ECG Device, Stadiometer, Weighing Scale, BP Monitoring (Sphygmanometer), Glucometer, Pulse Oximeter) | 1    | 5000           | 5000                       |
| 1.2    | Prescription Pad Printing with Branding  | 1    | 500            | 500                        |
| 1.3    | Medicines (medicines include Antibiotics, Antipyretics, Anti-Inflammatory, Lifestyle diseases related, multi-Vitamins)     | 1    | 3500           | 5000                       |
| 1.4    | Random Blood Sugar Test Strips (150 tests for Rs 20 per test)  | 150  | 10             |                            |
| 1.5    | IEC/BCC activities(3 Wall Paintings at each camp location, Leaflets & Banner)  | 1    | 1000           | 1000                       |
| 1.6    | Camp Location Cost (Site rent, sitting Arrangements and water)   | 1    | 2000           | 2000                       |
| 1.7    | Medical Doctor (MBBS)  | 1    | 4000           | 7000                       |
| 1.8    | Staff Nurse  | 1    | 1000           |                            |
| 1.9    | Pharmacist   | 1    | 1000           |                            |
| 2      | Project Coordinator  | 1    | 1000           |                            |
| 2.1    | Project Associate  | 0    | 0              |                            |
| 2.2    | Refreshments for the camp team (7-8 persons and 2 times meal)  | 1    | 1500           | 1500                       |
| 2.3    | 3 Days Hotel (Only for PC & PA)  | 1    | 3000           | 3000                       |
| 2.4    | TA -Local & Sifting to another city (Only for PC & PA)   | 1    | 1000           | 1000                       |
|        | <b>Total</b>   |      |                | <b>26000/-</b>             |
|        | <b>Miscellaneous</b>   |      |                | <b>9000/-</b>              |
|        | <b>FINAL COST PER CAMP</b>   |      |                | <b>Rs. 35000/-</b>         |
|        | <b>Cost for 7 camps (7 x 35,000)</b>   |      |                | <b>Rs 2,45,000/-</b>       |

### **Proposed budget for Implementation of Health Camp.**



## **FINANCIAL PROPOSAL TEMPLATE**

### **Financial Proposal**

| <b>Sl No</b> | <b>Item</b> | <b>Quantity</b> | <b>Per Camp Renumeration (Fixed) In INR</b> | <b>Service Charges (3% to 7% Max)</b> | <b>Total Cost</b> |
|--------------|-------------|-----------------|---|---------------------------------------|-------------------|
| 1.           | Health Camp | 1               | 35,000/-                                    |                                       |                   |
|              |             |                 |   |                                       |                   |
|              |             |                 |   |                                       |                   |
|              |             |                 |   |                                       |                   |

**Name :**

**Position ;**

**Signature**

**Stamp:**

