

NOTICE FOR

EXPRESSION OF INTEREST (EOI)

INSTITUTIONS/ORGANISATIONS/FIRMS

For becoming a knowledge/ Training partner for Standardisation of health facilities

EOI NO: 900

Issued by

Chief District Medical and Public Health Officer, Dhenkanal, Odisha
H&FW Department, Govt. of Odisha


12/12/2017

1. Background

The Hon'ble Prime Minister, with the objective of expeditiously transforming all the Aspirational Districts, launched the "Transformation of Aspirational District" programme in January 2018. In total 117 districts in 28 States have been identified as Aspirational Districts. Health is one of the five sectors included for transformation and the weightage is given 30%. **13 Key Performance Indicators (KPIs)** have been identified under the Health Sector. In Odisha, there are 10 aspirational districts and Dhenkanal is also one among them.

(Health infrastructure and health indicators of Dhenkanal district)

Though the district of Dhenkanal has achieved tremendous progress in terms of providing qualitative, affordable and accessible health care to all as per the mandate of Govt. of Odisha. Yet there are so many areas where the district needs a massive improvement. The launch of "transformation of Aspirational Districts" programme has provided an unique opportunity to address the exiting gaps in the health systems at one hand and also to strengthen the exiting healthcare service delivery.

Dhenkanal district aspires to become a district with the vision in line with the "Transformation of Aspirational Districts" wherein its health facilities are standardized; key areas like labour room, OT, IPD areas are managed by trained staff.

1. Scope of Work

CDM & PHO, Dhenkanal looks for a professional agency who has the requisite experience and expertise and who can support as a knowledge partner to the district. The training will be conducted at block level @ 50 person per batch for two days. The broad scope of work of this assignment are as follows.

WHO growth standards are based on?

The WHO growth charts are standards; they identify how children should grow when provided optimal conditions. The WHO standards are based on a high-quality study designed explicitly for creating growth charts. The WHO standards were constructed using longitudinal length and weight data measured at frequent intervals. Growth standards are prescriptive and define how a population of children should grow given the optimal nutrition and optimal health. These describe the growth of children at that time. They represent how children are growing rather than how they should be growing.

- a. Capacity building of FLWs (AWWs & ASHAs) as per the WHO standard in terms of Height/Weight measure which will enable the AWWs & ASHAs to provide.

Guidance and counseling will be given to care givers. Timely action will prevent early onset of undernutrition. Counseling will involve guidance on IYCF, management of Diarrhoea, ARI and seeking medical support etc. Mother Child Protection card (MCPC) and individual growth charts will be maintained by the AWW in order to



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track the growth trajectory of every child. AWW is responsible for explaining the MCPC to the mothers and caregivers; she will ensure and promote the use of MCPC as a self-monitoring tool for family and mothers.

Care of Children who are underweight: AWWs will weigh all children; ANM/ASHA will screen children for severe acute malnutrition (SAM) and provide appropriate treatment through the health system. AWWs will be responsible for follow up of all children who have rehabilitated at NRCs. In areas other than 200 high burden districts where Sneha Shivir (community based approach for reduction in severe and moderate underweight) will be carried out (as in JE affected districts) she will anchor the programme with support from link workers ICDS supervisor, local groups, AIMSCs at the cluster level. She will monitor all enrolled children and maintain child wise data of weight change.

Home Visit: She will undertake home visit for two hours every day, especially to reach out to the under threes. Home based counseling and guidance which will include counseling for;

- a) **Infant and young child feeding (IYCF)** AWW will pay special attention on promotion of early initiation of breastfeeding, exclusive breast feeding for six months, and introduction of complementary feeding after six months she will also ensure that age appropriate feeding is continued with breastfeeding at least till two years.
- b) **Early stimulation and development:** AWWs should provide home based guidance to parents on early stimulation and use of the MCP card to monitor development milestones of each child. In doing so she will be able to identify children with any visible disability or developmental delays and refer children for child Health Screening and Early Intervention Services under Rastriya Bal Swasthya Karyakaram (RBSK), a new initiative under NRHM.
- c) **Counseling of Pregnant and lactating women:** AWWs would help in early registration of pregnant women, counsel pregnant and lactating women on diet, rest and importance of weight gain, compliance to IFA and at least 4 antenatal checkups during pregnancy. She will monitor weight gain of pregnant women. In case of any visible danger sign, she will refer these cases to health facility in consultation with ANM.

Growth monitoring and promotion and use of Mother Child Protection Card (MCPC): All eligible children 0-3 years (monthly) and 3-6 years (Quarterly) will be weighed at the AWC. She will be assisted by additional AWW/Link worker, if present. AWW will help in mobilizing mothers and caregivers for this activity. Weight recording, plotting and identification of growth faltering in children will be a crucial activity. **Special days prior to VHND need to be assigned for growth monitoring and promotion, those unable to come for weighment at the Center will be followed up and weighed during home visit.** Caregivers of children with growth faltering require attention and counseling. Reason for faltering to be identified and appropriate.

2. Tools for measuring SAM & MAM and study materials has to be provided to the FLWs with refresher training after six months i.e. year in any innovative mode.



3. Audio visuals to be displayed at each VHND session site and in any other forum available for IEC & BCC purpose
4. A comprehensive checklist to be distributed among the FLWs to capture the line listing data of her catchment area/ population on monthly basis to identify the SAM & MAM child based on WHO standard growth monitoring parameters.
5. Flip books to be provided to all FLWs like ASHAs & AWWs for counseling of mothers & family members during home visit.
6. Project areas

Entire Dhenkanal district will be cornered under this assignment. All blocks Panchayats & Villages based on the coverage of the activity if where are declared tribal blocks/village. Educationally Backward blocks being covered under the activities in this proposal please specify.

Block Parjang, Hindol, Kamakhya Nagar, Kankadahad, Sadar, Gondia, Odapada.

Total Participants to be trained-3354 (2200-AWWs & 1154 ASHAs)

Panchayat:-212

Villages: ~ 1208

Municipal Corporation/ Municipality/ Nagar Parishad: 4

b. Eligibility Criteria

Interested Institutions/ Organizations/ such as professional organizations/ Training Agencies etc. or from individuals who have demonstrated skills and expertise in Training, Certification, Organisational development in the health sector can apply.

The eligibility criteria are as follows.

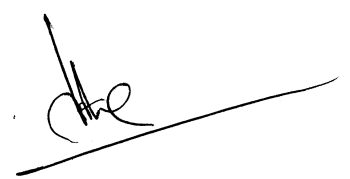
1. Should be existence for minimum of 03(three) years prior to the issuance of this EOI
2. Should have experience in of performing similar tasks (Organisational development/ Quality improvement/ Training) in health sector or hospitals.
3. Should not have been blacklisted by any State/ Central Government Department.
4. Should have at least one Paediatrician as the resource person.
5. Should have one Nutritionist in the team
6. Should have HR to be engaged in each Block (8 blocks) for monitoring of service.
7. Should have an annual turnover of minimum of Rs. 10 lakhs for each year during the last 03(three) financial years (audited financial statements along with Income Tax Returns)
8. Copy of Registration Certificate.
9. Copy of GST Registration Certificate
10. No HR should be above 40 years of age.

Workplan presentation is preferable for EoI

Note: Documentary evidences for each of the above is to be submitted.

Selection Criteria

50% weightage for technical evaluation and 50% for financial distribution



c. **Timeline for submission of EOI**

All the proposal in response to this EOI must be sent in the format as specified at Annexure-I. The last date for submitting the Expression Of Interest (EOI) with a detailed profile of your Agency is 28.03.2024 at 05.00 p.m. EOI with requisite documents should be sealed, signed and hard bounded in an envelope clearly superscripted as “Expression of Interest for Institutions/ Organisations/ Firms for becoming a knowledge/ training partner for Standardisation of health care workers” and submitted through **speed post/ registered post / Courier** only to the following address:

**Name & Address: CDM & PHO,DHH,Dhenkanal,Dakhinakali Road, Dhenkanal
Pin-759001**

PRICE BID FORMAT

SI No	Item	Price to be quoted in Rs. Per Batch
1	Working Lunch	Rs. _____ (
2	Training Kit(Pen, Pad, Folder & Reference Training Manual)	Rupees _____) in words
3	RP Fees	
4	TA & DA to Participants as per NHM norms	
5	Tools to be developed to help the FLWs to evaluate the growth rate as per WHO standards	
6	Innovation, if any for post training follow up.	

EOI SUBMISSION TIME

EOI Invitation Date: 14.03.2024

EOI Submission Last Date: 28.03.2024 at 05.00 p.m

EOI Opening date: 03.04.2024 at 11.30 a.m

