

जाहिरात

कार्पोरेशन इंटीग्रेटेड हेल्थ अँड फॅमिली वेलफेअर सोसायटी पिंपरी चिंचवड महापालिका अंतर्गत सुधारीत राष्ट्रीय क्षयरोग नियंत्रण कार्यक्रमांसाठी खालील NGO/PP Scheme अंतर्गत अशासकीय स्वयंसेवी संस्था व Private Practioner यांचेकडुन त्यांच्या लेटरहेडवर अर्ज मागविण्यात येत आहेत. त्यांनी दि.२१/०५/२०१३ पर्यंत शहर क्षयरोग नियंत्रण अधिकारी, शहर क्षयरोग नियंत्रण केंद्र, तालेरा रुग्णालय, चिंचवड पुणे ४११०३३ हया पत्त्यावर विहित नमुन्यात अर्ज सादर करावेत. सोबत NGO/PP Scheme बाबत संक्षिप्त माहिती जोडलेली आहे प्राप्त झालेल्या अर्जामधुन पात्रता धारक NGO/PP हयांना मुलाखतीसाठी बोलावुन निवड केली जाईल.

Sr. no	Name Of Scheme	Required NGO/PP Participate	Grant In Aid	Remark
1	S.C. Scheme: Sputum Collection Center	NGO/PP (5)	As per Central /State Gov. NGO/PP Scheme Guidelines	Location at outreach area of different PHIs
2	Transport Scheme: Sputum pick up and Transport scheme	NGO/PP (6+1)		Five NGO/PP for location at outreach area of different PHIs & Two NGO/PP for MDR TB Sample Transport
3	DMC Scheme "A": Designated Microscopy Center cum DOT Center Scheme	NGO/PP (2)		NGO/PP Should have New Adult OPD attendance more than 100/day
4	DMC Scheme "B": Designated Microscopy Center Scheme	NGO/PP (5)		Location at outreach area of different PHIs
5	LT Scheme : Strengthening RNTCP diagnostic services	NGO (1)		Location PCMC DMC as per requirement
6	Slum Scheme : Improving TB Control in Urban Slums	NGO (5)		Different 5 slum areas (each slum at least 20000 Population)
7	TB-HIV Scheme: Delivering TB-HIV interventions to high HIV Risk group. NGO running a NACP accredited / funded community care center for HIV with at least 10 beds	NGO (1)		NACP accredited / funded community care center for HIV with at least 10 beds

अटी व शर्ती :

- १) वरील क्र. १ ते ७ हया Scheme साठी राज्य क्षयरोग अधिकारी, महाराष्ट्र राज्य हयांच्या कडुन सदर Scheme साठी अनुदान तरतुद मंजुर झाल्यानंतर निवड झालेल्या NGO/PP हयांना सहभागी करुन घेतले जाईल. तसेच वरील पैकी क्र. ३ ते ७ हया Scheme साठी राज्य क्षयरोग अधिकारी, महाराष्ट्र राज्य हयांच्या मान्यतेनंतरच निवड झालेल्या NGO/PP हयांना सहभागी करुन घेता येईल.
- २) वरील क्र. ३ DMC A Scheme साठी NGO/PPच्या आरोग्य संस्थेकडे दरदिवशी किमान १०० नविन प्रौढ बाहयरुग्ण संख्या आवश्यक आहे. व संलग्न पॅथॉलॉजी लॅब्रोटरी असणे आवश्यक आहे.
- ३) NGO/PP Scheme अंतर्गत केंद्र/राज्यशासनाकडुन अनुदान प्राप्त झाल्यानंतर तसेच कामकाज समाधानकारक असल्यासच अनुदान अदा करण्यात येईल.
- ४) NGO/PP Scheme मध्ये सहभागी होताना निवड झालेल्या NGO/PP हयांना शासनाच्या निर्देशाप्रमाणे करार करावा लागेल.

- ॡ) नॉदणीकृत असलेल्या NGO व Private Practioner नी अर्ज सादर करावेत. एक NGO एकापेक्षा अधिक Scheme मध्ये अर्ज करु शकते. आरोग्य क्षेत्रातील कामकाजाचा किमान दोन वर्षांचा अनुभव आवश्यक, अशासकीय स्वयंसेवी संस्थांकडे मागील दोन वर्षांचा प्रमाणित लेखापरिक्षण अहवाल असणे आवश्यक आहे.
- ॢ) निवड झालेल्या NGO/PP हयांना दर महिन्यास कार्यक्षेत्रातील नियत्रीत मनपा आरोग्य संस्थेमार्फत कामकाज अहवाल सादर करावा लागेल.
- ॣ) सोबत NGO/PP Scheme बाबत संक्षिप्त माहिती पत्रक सोबत दिलेले आहे. अधिक माहिती www.tbcindia.nic.in हया वेबसाईटवर उपलब्ध आहे.
- ।) NGO/PP Scheme मध्ये सहभागाचा कालावधी किमान १ वर्ष राहिल व कामकाज समाधानकारक असल्यास आणि सुधारित राष्ट्रीय क्षयरोग नियंत्रण कार्यक्रम अंमलबजावणीच्या आवश्यकतेनुसार व मा. अध्यक्ष, कार्यकारी समिती, कॉर्पोरेशन इंटीग्रेटेड हेल्थ अॅन्ड फॅमिली वेलफेअर सोसायटी, पीसीएमसी हयांच्या मान्यतेनंतरच पुढील वार्षिक मुदतवाढ देण्यात येईल.

अध्यक्ष
कार्यकारी समिती
कॉर्पोरेशन इंटीग्रेटेड हेल्थ अॅन्ड फॅमिली वेलफेअर सोसायटी
पिंपरी चिंचवड महानगरपालिका

Ref.No. RNTCP/CTC/NGO/PPScheme/Advt.No.1/2013,
Dt. 04/05/2013

प्रति,
शहर क्षयरोग नियंत्रण अधिकारी,
शहर क्षयरोग नियंत्रण केंद्र,
तालेरा रुग्णालय, चिंचवड पुणे ३३

विषय : सुधारीत राष्ट्रीय क्षयरोग नियंत्रण कार्यक्रमांतर्गत NGO/PP Scheme : -----
(स्कीमचे नाव नमुद करावे) अंतर्गत सहभागी करुन घेणे बाबत.

महोदय,

वरील विषयानुसार सुधारीत राष्ट्रीय क्षयरोग नियंत्रण कार्यक्रमांतर्गत NGO/PP Scheme मध्ये -----(Scheme चे नाव नमुद करावे) सहभागी होण्यासाठी अर्ज सादर करित आहे. त्यामध्ये खालीलप्रमाणे माहिती सादर करित आहोत.

विहित अर्जाचा नमुना

१) अशासकीय स्वयंसेवा संस्था / Private Practitioner पूर्ण नाव :-----

२) संपुर्ण पत्ता दुरध्वनीसह :-----

३) आरोग्य क्षेत्रातील कामकाजाचा अनुभव (सविस्तर माहिती) :-----
(अशासकीय स्वयंसेवी संस्था करीता)

४) मागील दोन वर्षांचा लेखापरिक्षण अहवाल आहे किंवा नाही :-----
(अशासकीय स्वयंसेवी संस्था करीता)

५) सुधारीत राष्ट्रीय क्षयरोग नियंत्रण कार्यक्रमातील अर्ज केलेल्या Scheme बाबत आपला कृती आराखडा (कार्यक्षेत्र, लोकसंख्या, सुधारीत राष्ट्रीय क्षयरोग नियंत्रण कार्यक्रमाचे आपले उद्दीष्ट व कृती कार्यक्रम व कृती आराखडा (शब्द मर्यादा ३५०))

अर्जासोबत खालील छायांकित प्रती आवश्यक आहेत.

१) नोंदणी प्रमाणपत्र

२) अनुभव प्रमाणपत्र

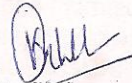
सही

Revised GOI Schemes for NGOs and Private Providers

Sr. no.	Name of the Scheme & Eligibility in brief	Grant-in-aid
1	<p>ACSM Scheme: TB advocacy, communication, and social mobilization: Any registered NGO with capacity and commitment with at least 2-3 years experience in social mobilization activities and grass root level activities. Local presence and familiarity with local culture will be desirable. The activities should reach an area with a minimum of 5,00,000 (0.5million) population, but preferably should cover 10,00,000 (1million) population or greater.</p>	Rs 1,50,000 per 1 million population per year, prorata for population covered
2	<p>SC Scheme: Sputum Collection Centre/s: Any institution in "underserved" areas with convenient access at appropriate times to the population served. The institution should have a conducive area for sputum collection, including well ventilated open spaces for sputum expectoration.</p>	Rs 60,000 per annum, per centre
3	<p>Transport Scheme: Sputum Pick-Up and Transport Service: NGO / Community Based Organisation (CBO) with outreach workers, or private organization with the capacity to transport sputum specimens as per RNTCP guidelines.</p>	Rs 24,000 per annum (for a maximum of 20 visits per month)
4	<p>DMC Scheme: Designated Microscopy Cum Treatment Centre (A & B)</p> <p>A. <u>Designated Microscopy and Treatment Centre for a NGO/Private lab &</u></p> <p>B. <u>Designated Microscopy Centre - Microscopy only:</u> The NGO must be registered under the Societies Registration Act, and should have a minimum of 3 years experience in the area of operation</p> <ul style="list-style-type: none"> - Availability of necessary infrastructure including a room of at least 10' x 10' size with laboratory facilities (water, sink, etc.). - Necessary equipment including a Binocular Microscope to undertake smear microscopy - Necessary staff including at least one Medical officer and one Laboratory technician and/ or volunteers required in the field. 	<p>A. Annual grant-in-aid of Rs 1,50,000 .</p> <p>Or</p> <p>B. DMC (microscopy only) Rs 25 per slide, but subject to a cap and revocation if fewer than 5% of suspects examined are found to be AFB positive. The laboratory has to agree to EQA under the RNTCP.</p>
5	<p>LT Scheme: Strengthening RNTCP diagnostic services: Any registered NGO with capacity and commitment to provide sustained support for at least 3 years - providing contractual laboratory technician(s) who will be recruited and maintained by the partner NGO</p>	As per existing RNTCP contractual Lab Technician salary, + 5% overhead, and recruitment cost reimbursement equal to one month salary.
6	<p>Culture and DST Scheme: Providing Quality Assured Culture and Drug Susceptibility Testing Services: An existing well-functioning mycobacterial culture and DST laboratory in the private/NGO sector can apply under this scheme. The applicant laboratory should have adequate infrastructure, equipment and staff to undertake the sputum culture & DST activities. The laboratory should be willing to undergo the process of accreditation under the existing "RNTCP Accreditation Mechanism for Medical Colleges' / culture and DST laboratories" (www.tbcindia.org), and also to undergo routine quality assurance and annual proficiency testing with an RNTCP National Reference Laboratory (NRL) as per RNTCP guidelines.</p>	The fee payable for sputum / smear, culture, species identification and drug susceptibility testing for at least the 4 first line anti-TB drugs, namely Rifampicin, Isoniazid, Ethambutol, and Streptomycin, will be Rs.2,000/- per specimen, and for undertaking smear, culture and species identification will be Rs.400/- per specimen.

Sr. no.	Name of the Scheme & Eligibility in brief	Grant-in-aid
7	<p>Adherence scheme: Promoting treatment adherence NGOs: The NGO must be registered under the Societies Registration Act, (1860) should have a minimum of one year experience in Outreach work in health or in related fields and have the necessary infrastructure. The NGO must provide a plan of action and should preferably have volunteers who live or work in the area. NGO must agree to provide services for patients in atleast one tuberculosis unit. Private Providers: PP should preferably have undergone training in at least the RNTCP module for Private Practitioners, or at least staff from the clinic should have undergone RNTCP DOT provider module training.</p>	<p>NGOs supervising DOT services: Administrative and additional treatment support functions: Rs 40,000 per lakh population per annum For DOT: (to PP / individual volunteer for cured or treatment completed patient)</p> <ul style="list-style-type: none"> - Cat 1, 2, and 3: Rs250 - (PPs with responsibility of initial home visit & default retrieval will receive Rs.400) - Cat 4 : Rs 2500/- (Rs 1000/- for IP and Rs 1500/- for CP)
8	<p>Slum Scheme: Improving TB control in Urban Slums Any NGO/Community based organization/Self help group/Private practitioner with capacity and commitment to provide sustained support for at least 3 years.</p>	<p>Grant-in-aid: Rs.50,000 per 20,000 population per annum (pro-rata for slum population size).</p>
9	<p>Tuberculosis Unit Model: The NGO must be registered under the Societies Registration Act, having a minimum of 3 years experience in health care. It should have the infrastructure, staff, or volunteers required in the field. The NGO should give a specific undertaking to the District Health Society indicating its commitment to provide effective, uninterrupted service in the area. The NGO must have an established health facility with a proven track record. All diagnosis, treatment, recording, reporting, and supervision must be done according to the RNTCP policy. Drugs and all other services under the RNTCP must be provided free of cost to patients. The NGO must submit a detailed plan of action, including available staff, expected TB caseload, diagnostic policies and treatment procedures.</p>	<p><i>Start-up Activities (one-time only): Rs. 200000</i> Amount available for annual assistance Rs. 5,30,000</p>
10	<p>TB-HIV Scheme: Delivering TB-HIV interventions to high HIV Risk groups (HRGs): NGOs already undertaking NACP Targeted Intervention in the following identified HIV high populations and catering to a minimum of 1000 target population of Commercial sex workers, MSM (Men having Sex with Men), and/or IDUs (Intravenous Drug Users). OR</p> <ul style="list-style-type: none"> - NGOs running a NACP accredited/funded Community Care Centre for HIV, with at least 20 beds. - NGO should already be providing HIV care, including clinical care to the above described High risk populations and undertaking outreach activities in these populations - NGOs being offered the RNTCP scheme should willing to undertake delivery of comprehensive TB care i.e. all components as described in the booklet 	<p>Grant-in-aid: Rs 1,20,000 per NGO per 1,000 Target population (or one NACP-approved Community Care Centre); increased pro-rata for larger populations</p>

Note: Details can be seen in booklet which can be downloaded from www.tbcindia.org


**City Tuberculosis
Control Officer**
 Pimpri-Chinchwad Municipal Corporation
 Talera Hospital, Pune-411 033.