

राजस्थान-सरकार
चिकित्सा एवं स्वास्थ्य विभाग,
स्वास्थ्य भवन, तिलक मार्ग, सी-स्कीम, जयपुर

दूरभाष सं० : 0141-2224878 ई-मेल: rmsec.maniv@gmail.com
एफक04 (303)एमएनजेवार्ड / आदर्श पीएचसी / 2016-17 / 1076 दिनांक 30/6/16

अति-आवश्यक

समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
राजस्थान।

विषय:-जिले के अधीन आदर्श प्राथमिक स्वास्थ्य केन्द्रों पर संविदा पर क्लीनर रखे जाने हेतु।

उपरोक्त विषयान्तर्गत जिले के अधीन जिन आदर्श प्राथमिक स्वास्थ्य केन्द्रों में क्लीनर उपलब्ध नहीं हैं, के संबंध में लेख है कि मुख्यमंत्री निशुल्क जांच योजनान्तर्गत अद्योहस्ताक्षकर्ता के कार्यालय आदेश क्र0 एक04(एमएनजेवार्ड/फेज II/2013/2528 दि० 30.05.13 तथा श्रम विभाग से संबंधित दिशा निर्देश एवं लेबर एक्ट क्र0 40 दि० 18.03.13 के अनुसार पालना करते हुये इन कार्मिकों को अविलम्ब मेडिकल रिलीफ सोसाइटीयों के माध्यम से रखे जाने की कार्यवाही सुनिश्चित कराने हेतु निर्देशित किया जाता है।

संलग्न-उपरोक्तानुसार एवं क्लीनर के रूल्स एंड रेसपोन्सबीलीटीस के अनुसार कार्यवाही हेतु।

निदेशक (जन स्वास्थ्य)
चिकित्सा एवं स्वास्थ्य सेवाएँ
राजस्थान, जयपुर

क्रमांक: एक04(303) / एमएनजेवार्ड / आदर्श पीएचसी / 2016-17 / 1076 दिनांक : 30/6/16
प्रतिलिपि:

1. निजी सचिव, श्रीमान प्रमुख शासन सचिव, चि० एवं स्वा० विभाग, जयपुर।
2. समस्त संयुक्त निदेशक (जोन)।
3. वितीय सलाहकार(मुख्यालय), चिकित्सा एवं स्वास्थ्य सेवाएँ, जयपुर।
4. प्रभारी सर्वर रूम को विभागीय वेबसाइट पर अपलोड कराने हेतु प्रेषित है।
5. रक्षित पत्रावली।

निदेशक (जन स्वास्थ्य)
चिकित्सा एवं स्वास्थ्य सेवाएँ
राजस्थान, जयपुर



OUTSOURCING POLICY

Government of Rajasthan
Directorate, Medical & Health Services, Rajasthan, Jaipur

No.F.4()MNJY/Phase-II/2013/ 2528

Date: 30-5-13

Office Order

Government of Rajasthan has decided that basic investigations will be provided free of cost to all the patients visiting government health institutions under "Mukhyamantri Nishulak Janch Yojana". The scheme has been successfully implemented at Phase-I institutions and will be implemented at CHCs from 1st July and at PHCs from 15th August, 2013.

For proper implementation of MNJY, the instructions and outsourcing guidelines for equipments and man power at CHCs/PHCs and City Dispensaries are being enclosed as ready reference for necessary action.

CMHOs/PMOs/BCMHOs/PHCs and City Dispensary in-charges are advised to take action accordingly.

In case of any doubt please get in touch with control room at Directorate M & H Phone No. (0141-2225624).

Encl:- As Above.

Director (PH)
Medical & Health Department
Rajasthan, Jaipur

No.F.4()MNJY/Phase-II/2013/

Date:

Copy forward to the following:-

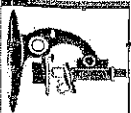
1. PS to Hon'ble Health Minister, Rajasthan.
2. PS to Principal Secretary, Finance Rajasthan.
3. PS to Principal Secretary, Medical Education, Rajasthan.
4. PS to Principal Secretary, Medical & Health, Rajasthan.
5. Secretary and MD NRRM, Medical & Health, Rajasthan.
6. All Divisional Commissioner, Rajasthan.
7. Joint Secretary, Finance (Expenditure-1) Dept. Rajasthan.
8. Dy. Secretary Medical & Health (Group-2) Dept. Rajasthan.
9. Managing Director, Rajasthan Medical Service Corporation.
10. All Collectors, Rajasthan
11. Financial Advisor (PH), Medical & Health.
12. All Principal and Controller, Medical College, Rajasthan.
13. All Superintendents Medical College attached Hospital, Rajasthan.
14. All Joint Director, Medical and Health Services (Zone), Rajasthan.
15. All Chief Medical & Health Officer, Rajasthan.
15. Director, Treasury & Accounts Rajasthan Jaipur.
17. All Treasury Officer/Sub Treasury Officer with reference to guideline no. 20
18. All PMOs/BCMOS/CHCs/PHCs/Dispensaries In-charge, Rajasthan.
19. Project Director/Nodal Officer, MNJY.
20. In-charge server room for uploading on Department's website and email to All.
21. Office Copy.

Director (PH)
Medical & Health Department
Rajasthan, Jaipur



INSTRUCTIONS AND OUTSOURCING GUIDELINES FOR EQUIPMENTS AND MANPOWER AT CHCs AND PHCs IN THE SECOND AND THIRD PHASE OF IMPLEMENTATION OF MUKHYAMANTRI NISHUUK JAANCH YOJANA (MNJY)

1. The state government has made sufficient fund provisions for purchase of equipments and consumables and hiring of manpower for the implementation of MNJY.
2. Out of the available pool of manpower, we are also in the process of rationalizing the existing manpower and training them so that much before the scheme is implemented, the trained staff is in position to manage the tests and reports in various CHCs/PHCs/DISPENSARIES which are to go on stream on the 1st July and 15th of August 2013.
3. As per instructions given during video conferencing, the meetings of the RMRS of the CHC and PHC are to be organized for assessing the gaps of manpower and equipments, reagents and infra structure.
4. Accordingly, the work for counters for registration, sample collection and result must have started by now. The funds for implementation of MNJY have already been indicated to all the institutions (CHCs/PHCs/Dispensary) concerned and have been made available to CMHOs. Moreover the CMHOs have informed that the budget has since been transferred to the institution concerned. The IN-CHARGE is authorized to use current balance with the RMRS till the funds actually received. In case any of institutions faces a shortfall of funds then they should send their additional requirements if any, to Director M&HS(PH) along-with a certificate countersigned by the accounts personnel (AAO/Accountant./Jr. Accountant) that the CHC/PHC/Dispensary is short of funds through the Collectors/CMHOs.
As directed by CS in the VC meeting held on the 9th February, 2013 and meeting held on the 8th of May, 2013 it should be presumed that the tests currently being undertaken are likely to double in number. Keeping this fact in mind the preparations should be made so that even a doubling of numbers does not result in a chaos inside the health institute testing areas.
5. However, there are chances that the turnout of patients increases even beyond the anticipated numbers. This increase may be well beyond the current capacity of the machines/manpower of the health institutions entrusted with the task of MNJY. Therefore the hospital administration and the RMRS are expected to carefully enlist the *available resources* and assess if there is any *shortfall*.
6. Therefore it is now incumbent on the local In-charges (Joint Directors/CMHOs/CHC & PHC In-charges), to make a careful assessment of the available resources and place timely orders for the manpower, equipments and consumables to be in a position to attend the patients. These arrangements are to be made in regular consultation with District Collectors by the CM&HOs.
7. For site preparation i.e. setting receipt and results counters, seating and minor repair of laboratory it is reiterated that the CHCs/PHCs/Dispensaries may use its funds for site preparation as these minor works will be the responsibility of the local In-charges of CHCs/PHCs/Dispensaries. These minor works can be executed through limited tender as a need based requirement. It is clarified that all the CHCs have labs therefore only minor repairs are to be undertaken and completed by 15th of June. The PHCs should also immediately start the work of setting up the laboratory without waiting for further instructions. This work of establishing a laboratory is to be completed by the 25th of June by the PHC in-charges. Those PHCs which do not have a laboratory (these are very few in number) will set up a laboratory in one of the existing rooms. This work is also to be completed by 25th of June.



8. It is repeated that it must be ensured by CHCs/PHCs In-charges that these works are completed within the scheduled time. In case of any delay the same should promptly be reported to DM&HS(PH) and the district In-charges appointed by the Secretary(M&H).
9. It has to be borne in mind that analysers/ECG machines/Cell counters etc being sensitive electronic devices are prone to break downs and require maintenance from time to time. They would require AMC and prompt attendance. The RMSCL will be setting up a control room in which emails can be sent and phone calls for non attendance by the supplier to equipments can also be made. CHCs/PHCs/Dispensaries In-charges should ensure that the equipments are adequately covered by maintenance agreements and all lab In-charges should immediately call the service engineers as soon as it is brought their notice that any machine is out of order. In case the machines are not attended promptly they should use the backup and call up the control room of RMSCL for assistance. We are in the process of creating a standby arrangement at the district/divisional level, should the machines need an immediate replacement. Moreover it is expected that in case the machines have failed then the collected samples are to be moved to the nearest utility for the tests to be performed. This will be ensured by the In-charge of the respective institution. In such cases the people need to be informed of the delay in processing the sample and likely time on the same day by which the reports will be given to them.
10. For the successful implementation of the MNJY the following guidelines are laid down for accessing manpower and man with machine or without through RMRS, wherever it is felt that the resources available with the health institute will not be in a position to cope with the rising demand for tests.
11. The RMSCL is already in advance stage of the rate contract process and would be in a position to supply the major equipments for MNJY. Those equipments and reagents that are not in the rate contract list of RMSCL are to be purchased by the institution themselves. It is therefore expected that all the decisions either for purchase or hiring/outsourcing of equipments will be completed after the assessment has been done. These purchases are to be done on a priority basis from the funds allotted to the CHCs/PHCs/DISPENSARIES In-charges. It is reiterated that required equipments, consumables & reagents that are not in Rate Contract List of RMSCL can be procured from tendering procedures. While purchasing the backup equipments, it must be ensured that both the machines are used in tandem and also with proper AMC. Therefore normally with critical equipment backups and proper maintenances, there should be no requirement for outsourcing of equipments at CHCs/PHCs/ DISPENSARIES labs.
12. The nature of supplies to be taken, specifications of equipments will be decided by a technical committee headed by the CM&HO, CHC/PHC In-charges and would essentially include the senior most accounts personnel in the office of the CMHO. The proposals of this technical committee will be approved by the Collector in consultation with the Treasury Officer of the district.
13. The health institutes will place the orders for equipments, consumables & reagents and if any other required equipments, consumables & reagents (which are not included in the list of Rate Contract of RMSCL) can be procured through bids. These orders must be placed in time by the CHC/PHC In-charges (Dispensary, TB Clinics) and ensure timely supply and installation of the machines, reagents and training of manpower.
14. All cases of outsourcing shall bear the approval of the concerning chairman of the RMRS (SDO/BDO/BCMO/CM&HOs) as the case may be in consultation with the TO/ATO/AAO of the concerning area. The outsourcing whether of manpower or machinery or man with machine shall be done in a transparent manner through a fifteen day tender notice in two local dailies or seven



days tender notice in three local news papers. The RMRS shall also inform the known local suppliers of equipment through mail/publishing on their website or hospital website and should state the website address in the advertisement.

15. It will at times be critical that installation of equipment or placement of manpower is to be done before a fixed date, such a date should be mentioned in the tender notice specially in case of manpower requirements. It is clarified that manpower requirements can be accessed through a placement agency or direct applications, where manpower agencies do not respond.
16. Apart from the equipments, there can also be a situation wherein there is paucity of specialists for example Radiographers/lab technicians etc or such para medical staff/manpower for short periods or longer durations. It is therefore considered necessary to put in place an enabling outsourcing policy. The main aim of these guidelines is to plug the shortages of machine and manpower through the RMRS.

17. The para medical staff is to be engaged on a visiting basis and paid visiting charges for the fixed hours of visit on per visit basis.

The rates of each of the categories are being displayed below.

S No	Manpower	Per visit consultation payment
1	LT (Recognized Degree)	*Rs. 400/- per visit, for a visit of eight hours per day.
2	Radiographer (Recognized Degree)	*Rs. 500/- per visit, for a visit of eight hours per day.
3	LAV/Guards	From ex-servicemen society/placement agency, to be used after training.
4	Data entry operator	Man with machine model of HD

*(These rates are in consonance with the rates recommended by the committee headed by Principal Secretary, Medical Education)

18. These are indicative rates and may vary depending on the supply and demand in the district. In case of any variation within 10% of the visiting fees the collectors are authorized to increase the rates of the manpower engaged to fill up the service gap.
19. It must be borne in mind that these are temporary stop gap arrangements and the department of Health will fill up these gaps as and when suitable manpower becomes available.
20. The budget allotted to CMHOs and others will be utilized through RMRS by giving advance to RMRS concern as was done in case of Hospitals so that these guidelines may also be effective for implementing scheme through RMRS for which budget had already been allotted.

These guidelines issued with the concurrence of Finance (Exp-I) Department vide their ID No. 101302346 dated 29-05-13.

Director (PH)
Medical & Health Services
Rajasthan, Jaipur



मुख्यमंत्री निःशुल्क जांच योजना
चिकित्सा एवं स्वास्थ्य विभाग,
स्वास्थ्य भवन, विलक मार्ग, सी-स्कीम, जयपुर

एक 04()एमएनजेवाई/2013/2588

दिनांक 04-06-2013

दिशा निर्देश

आदेश क्रमांक 2528 दिनांक 30.05.2013 के द्वारा उपकरण एवं श्रम शक्ति को आकट सोर्स करने हेतु प्रदान किए गए निर्देशों में विन्दु संख्या 17 में मेन पावर के प्रति विजिट कन्सल्टेशन मुगलान के बारे में निर्देश प्रदान किए गये हैं। कई स्थानों पर उपयुक्त मेनपावर(रिकोगनाइज डिग्री) उपलब्ध नहीं होने के कारण निम्नलिखित संशोधित दिशा निर्देश जारी किए जाते हैं।

1. जिन संस्थानों पर मेनपावर की निविदा जारी करने के पश्चात् भी उपयुक्त मेनपावर(रिकोगनाइज डिग्री) तैब डेविनशियन उपलब्ध नहीं हो पा रहे है, वहाँ अनुभव प्राप्त न्यूनतम सैकण्डरी एंव तैब टेक्नालोजी डिप्लोमाधारी (1 वर्ष या 9 माह प्रशिक्षण) को श्रम विभाग के आदेश क्रमांक: एक.5(6)चूवे/श्रम/2002/पार्ट जयपुर, दिनांक: 08.2012 के अनुसार नियोजन अधिकरण (व्लेसमेंट एजेंसी) के माध्यम से उच्च कुशल श्रेणी में रखते हुए सहायक तैब डेविनशियन के रूप में लिए जा सकता है जो कि वरिष्ठ तैब डेविनशियन के सुपरविजन में कार्य सम्पादन करेगे।
2. जिन संस्थानों पर मेनपावर की निविदा जारी करने के पश्चात् भी उपयुक्त मेनपावर(रिकोगनाइज डिग्री) रेडियोग्राफर उपलब्ध नहीं हो पा रहे है, वहाँ अनुभव प्राप्त डिप्लोमाधारी को श्रम विभाग के आदेश क्रमांक: एक.5(6)चूवे/श्रम/2002/पार्ट जयपुर दिनांक: 08.2012 के अनुसार नियोजन अधिकरण (व्लेसमेंट एजेंसी) के माध्यम से कुशल श्रेणी/उच्च कुशल श्रेणी(उपलब्धता के आधार पर) में रखते हुए सहायक रेडियोग्राफर के रूप में लिए जा सकता है जो कि वरिष्ठ रेडियोग्राफर के सुपरविजन में कार्य सम्पादन करेगे।

निदेशक (जन स्वा0)
चिकित्सा एवं स्वास्थ्य सेवारत
राजस्थान, जयपुर
दिनांक

एक 04()एमएनजेवाई/2013/

1. निजी सचिव, मा0 मंत्री महोदय, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान जयपुर।
2. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य सेवारत, जयपुर।
3. निजी सचिव, प्रबंध निदेशक, आर.एम.एस.सी.एल, जयपुर।
4. समस्त जिला कलेक्टर, राजस्थान।
5. निजी सहायक, निदेशक (जन स्वा0) राजस्थान, जयपुर।
6. परियोजना निदेशक, एमएनजेवाई, राजस्थान।
7. समस्त संयुक्त निदेशक जोन, राजस्थान।
8. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान।
9. समस्त प्रभाषी सागु0 स्वा0 केंद्र, राजस्थान।
10. कार्यालय पत्रावली।

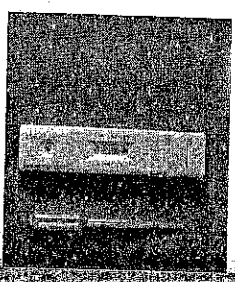
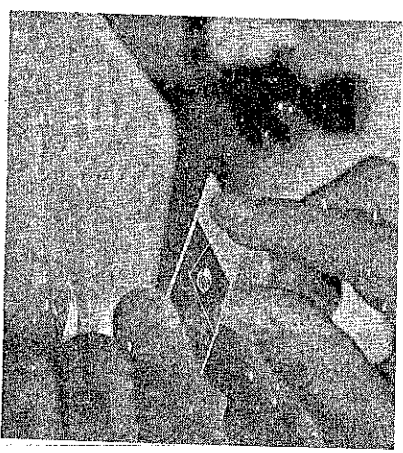
निदेशक (जन स्वा0)
चिकित्सा एवं स्वास्थ्य सेवारत,
राजस्थान, जयपुर



PRIMARY HEALTH CENTER

Tests to be conducted at PHC level.

SN	Name of Test
1	Hemoglobin estimation Clinical Pathology
2	Total leucocyte count (TLC)
3	Differential leucocyte count (DLC)
4	Malaria parasite by blood smear (MP)
5	ESR
6	B1 & CT
7	Blood group ABO and Rh typing Biochemistry
8	Blood sugar (Glucometer) Microbiology
9	Widal slide test
10	VDRL rapid test
11	HIV Card test
12	Sputum for AFB Urine Analysis
13	Urine for albumin and sugar
14	Urine pregnancy test Stool Analysis
15	Stool for ova and cyst



1. Infrastructure/Space requirements

- Location- Existing lab space of PHC will be used for free investigation purpose
- Section/Compartments of Laboratory and size
 - ✓ The present laboratory space may be divided through partition by aluminum into sample collection corners and areas for equipments storage & testing, Storage of reagents/chemicals and records
 - ✓ Reception Counter with window outlets-one for patients coming for investigations (sample deposition area) and another for report collection (Report dispatch counter).

2. Man Power at Primary Health Center (PHC)

Name of Post	Number
Lab Technician	1
Lab Cleaner	1

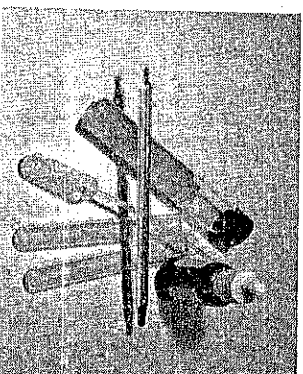


Roles & responsibilities

Post	Responsibilities
Lab Technician (1)	<p>Sample Collection, Sample labeling, sample storage, entry in sample collection register</p> <p>Testing, Report Generation, Record keeping</p> <p>Disposal of sample as per Bio waste management norms, Equipment maintenance, Proper storage of chemicals/reagents, timely receiving and forecasting of supplies. Stock Register, Help in quality control, Entry in test register, signature on receipt, signature on test reports</p>
Cleaner (1)	<p>Helping lab technician</p> <p>Cleaning of total laboratory premises, Disposal of waste products, other work assigned by doctor or technician</p>

3. Investigation/Diagnostic Equipments

- Sahl's Hb meter
- Binocular Microscope
- Neubaur's counting chamber
- Glucometer
- Disposable ESR pipette with stand
- Refrigerator
- Centrifuge Machine
- Needle & syringe destroyer



4. Reagents/Material Required for Investigation

- Glucostrip
- Pregnancy Test Card
- Urine Strips for Albumin and Sugar
- VDRL rapid kit
- HIV rapid Kit
- Leishman's Stain, Buffer for leishman's Stain
- Anti-A, Anti-B and Anti-D for Blood Group
- Trisodium citrate 3.8%
- Z.N. Kit for AFB
- Lancet, Disposable gloves, spirit, Cotton roll, Gauze roll, Instrument tray with cover, Disposable Syringes, Tournaquet, Blood Collection tubes (Vacutainer)
- Glass Slides, Urine/Sputum container plastic, cover slips, Filter Paper, WBC pipettes, Neubauer's Chamber, Capillary Glass tubes
- Pheny!, 2.5% Sodium Hypochlorite, Biomedical waste bags and bins