



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 CHC's from 1st July and at PHC's 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.

CMHO's/PMO's/BCMHO's/PHC's 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 NRHM, 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 Collector's, 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.
16. 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.

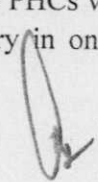

Director (PH)
Medical & Health Department
Rajasthan, Jaipur

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**INSTRUCTIONS AND OUTSOURCING GUIDELINES FOR EQUIPMENTS AND
MANPOWER AT CHCs AND PHCs IN THE SECOND AND THIRD PHASE OF
IMPLEMENTATION OF MUKHYAMANTRI NISHULK 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.
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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

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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	LA/ Guards	From ex-servicemen society/placement agency, to be used after training.
4	Data entry operator	Man with machine model of FD

*(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 incase 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-1) Department vide their ID No. 101302346 dated 29-05-13.


Director (PH)
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Rajasthan, Jaipur